Board service is a privilege, commitment and a journey. Each Board is unique due to the organization’s mission, needs of the membership and the strength of the organization’s resources, which include Board Members and professional staff as well as outside influences.

Why am I focused on Board service? My answer is twofold:
1) It is vital that nurses serve on Boards. Yes, on a variety of Boards!
2) My own reflection on the service and accomplishments of your current Board to the FNA membership.

We understand that nurses can bring unique skills and insights to any Board. The question is are you ready to serve? Here are some assessment questions to ask yourself:

- Are you willing to invest your time, talent and personal resources to the mission?
- Can you project a positive image and serve as a role model to others?
- Can you question and advocate about issues with assertiveness and diplomacy?
- Are you willing to listen and understand viewpoints of others?
- Can you work effectively and diligently with a large volume and variety of information?
- Communicate in a logical and concise manner?
- Can you remain calm and reasonable in tense and/or stressful situations?
- Are you comfortable about making judgments or reaching conclusions about matters that require specific actions?
- Are you comfortable with reading balance sheets and profit and loss statements?
- Can you inspire new levels of creativity within the organization to positively effect outcomes?
- Are you willing to invest your time, talent and personal resources to the mission and personal dedication, commitment and engagement to an organization and mission you believe in! If you think you are interested or want to get involved and learn more let us know. FNA is ready to assist you in your professional growth and is committed to the Nurses on Boards Coalition initiatives. As of July 2019, we have reported 6,319 nurses serving on Boards!

When I was installed as President, I had goals that I hoped to address. However, the saying “things don’t always go according to the plan” was true. I found that the needs of the Florida Nurses Association (FNA) involved not only keeping our commitment to the nurses of Florida to represent their interest and advocate on their behalf, but also evaluating where we were and refocusing for the future. Some of the important work accomplished was:

- Organizational Analysis: Examined where we are and looked towards the future by engaging Sue Fern, Fern Management Associates.
- Bylaws: Completed review and necessary revisions for compliance with state law and ANA.

Message from the President continued on page 3
What if there was no FNA?

Willa Fuller, RN
FNA Executive Director

Several years ago, Dr. Janice Hess, chose to do her DNP project on the legislative history of the Florida Nurses Association. This was a win-win for us as we knew the accomplishments of the organization but we had never had the time or opportunity to aggregate them into one comprehensive document. Dr. Hess, who has been a loyal member for many years found herself amazed at the evidence of the effectiveness of a committed and organized group of nurses as she collected historical data by examining old documents, legislative reports and newsletters since the inception of the Florida Nurses Association.

In 1939, the first Florida Nurses Practice Act came into existence and between 1951 and 1952, with some resistance, Licensed Practical Nurses were included in the Nurse Practice Act. In March of 1954 the first official publication of FNA was the Bulletin of the Florida Nurses Association. During this year FNA outlined employment standards for RN’s which included maternity leave without pay for up to six months without a loss of employment status, vacation time, etc. In 1955, a more formal legislative program was implemented and the focus was on mobilizing grassroots of nursing to work on improving the standards for nursing in Florida. In 1956, FNA battled an occupational license tax that was levied on RN’s. FNA won this suit and it was upheld by the Florida Supreme Court.

Throughout the documentation Dr. Hess also confirmed the cyclical nature of the nursing shortage and often found evidence of work from FNA and the nursing community regarding this issue, including forecasting and warning the stakeholders about this threat. In 1959, due to the Cold War, FNA conducted disaster training to prepare nurses for nursing attack. This was of course also a theme after the attacks on 9-11. This was also the year that FNA purchased land on the corner of Shine and Concord for the FNA memorial building. Move in day was February 2, 1960. One thing that is not so evident are the bills and initiatives that FNA engaged in to protect the profession and/or patients. Protection of the Practice Act or revising of the practice act in nursing’s favor has been ongoing work of the association. Sometimes this included efforts by other associations, such as the American Nurses Association.

In the 1960’s FNA was supportive of the emergence of home care and also educated nursing and others regarding the emergence of the associate degree nursing. Nursing salary surveys were conducted and FNA participated in initiatives advocating better pay.

Notes from the Executive Director continued on page 10
2019 Calendar of Events
View full calendar at www.floridanurse.org/events

FNA Annual Membership Assembly
September 12-14, 2019
Mission Inn Resort, Howie-in-the-Hills, FL

LGBTQ Health Education Conference
September 20-21, 2019
St. Petersburg College Allstate Center, St. Petersburg, FL

West Central Region Legislative Forum
October 10, 2019
Banquet Masters, Clearwater, FL

South Region Legislative Forum
October 14, 2019
Miami-Dade College

Florida Nursing Students Association Annual Convention
October 24-26, 2019
Hilton Daytona Beach Oceanfront Resort, Daytona Beach, FL

Foundations of Therapeutic Touch
November 1-2, 2019
Florida Nurses Association, Orlando, FL

Northwest Region Legislative Bootcamp
November 20, 2019
University of West Florida

FNA Webinars Now Available on Demand!
Go to www.floridanurse.org/ProfessionalDevelopment for more info.

We welcome all nursing students and Registered Nurses regardless of membership status to all of our events unless otherwise noted. For registration and more information about FNA events, go to www.floridanurse.org/events

For the members of FNA please invest in your future by:

• Attending the Membership Assembly September 12-14, 2019 at Mission Inn Resort, Howey-in-the-Hills, FL (www.floridanurse.org/MembershipAssembly). Attend informative education sessions and vote on new Dues and Bylaw changes.

• Engaging in our ongoing work in Advocacy. We have made gains but our work is not done as we continue to work on our priorities (www.floridanurse.org/Advocacy). This is the time of year that we need to focus on health policy and professional advancement for nurses in Florida. We are a critical component for the health of our citizens and vulnerable populations.

As I reflect on this Board’s accomplishments, I am amazed and inspired by the talent and commitment to the work we achieved with the support of Willa Fuller, FNA Executive Director and our professional staff. My sincere appreciation to Willa Fuller, Executive Director and the members of the 2017-2019 Board who have served: George Peraza-Smith, Anne Peach, Ann-Lynn Denker, Barbara Russell, Janice Adams, Justin Wilkerson, Jill Van Der Like, Pamela Delano, Carmen “Vicky” Famil, Marti Hanuschik, Susan Torres, Hannah McRoberts, Darlene Edic-Crawford, Shirley Hill, Rhonda Goodman, Jan Hess, Jose Alejandro and LERC Liaisons: Debbie Hogan and Marsha Martin. You are a wonderful and dedicated group of professionals and I am proud of the decisions made by all. Thank you for your work on our behalf!

BENEFITS INCLUDE

• 36 Paid days off each year
• Relocation reimbursement up to $5,000
• Student loan forgiveness eligibility
• Low-cost health insurance for you and your family
• Tuition fee waiver program at any Florida public university
• Retirement options available - pension or investment plan
• Educational leave
• Florida has no state income tax and is a member of the Enhanced Nursing Licensure Compact!

BENEFITS INCLUDE

• Strategic Plan: Established new plan with goals and measurable objectives.
• Dues: Evaluated and adopted new dues model from ANA to add additional dues options.
• Membership: Refocused and established initiatives to increase membership.
• Advocacy: Engaged Gray/Robinson as our lobbyist and upped FNA’s legislative presence and advocacy efforts with the Florida Legislature and State Agencies.
• Collaboration: Increased our collaboration with other organizations for the future of nursing.
• Technology: Invested in new computer system, redesigned website, and improved member access.
• Staff: Committed to invest in hiring the best and to support of our excellent team of professional staff with training and opportunities.
• Professional Development: Increased programs and opportunities to stay current with regulatory compliance and new health care trends.

Seeking Nurses to Practice in Beautiful Florida Near Jacksonville and Tallahassee

Join Florida’s State Mental Health Treatment Facilities as a Licensed Practical Nurse or Registered Nurse. Be part of a high-quality mental health treatment team with a holistic approach to care. Locations in Macclenny, Gainesville and Chattahoochee, Florida.

Enter keyword “Registered Nurse” or “Licensed Practical Nurse” and location of either “Macclenny” or “Chattahoochee.” Entry-level and supervisory positions available.

For more information please contact Kevin Bist, Recruiting Consultant, kevinbist@myflfamilies.com, 850-717-4266
Region News

North Central Region Update

Hello Florida Nurses! I can scarcely believe that my term as the North Central Region Director has come to a close. It has been such an honor to serve as your representative on the Board of Directors of the Florida Nurses Association. Throughout my time as a nurse, and certainly through this time on the board, I have learned that being a professional nurse is much more than just the care I deliver to my patients. It is above all else a commitment to the service of others. One of my favorite quotes by Ghandi is “the best way to find yourself is to lose yourself in the service of others.” So, I would be remiss if I did not use this opportunity to encourage each of you to find ways to serve your communities and your profession; to be a part of something bigger than yourself. We have but a brief moment which is our lives to contribute to the fabric of society and to leave this world better than we left it. I hope you find ways that are meaningful to you to do just that. Thank you again for this wonderful opportunity to serve and I look forward to working with each of you in the years to come.

East Central Region Update

The East Central Region will be hosting a Foundations of Therapeutic Touch Basic Seminar on November 1-2 at FNA Headquarters in Orlando.

Therapeutic Touch (TT) is a holistic, evidence-based therapy that incorporates the intentional and compassionate use of universal energy to promote balance and well-being. This seminar is a 12-hour course held over two days that will introduce the participant to the theoretical foundations and philosophical assumptions of TT.

Participants will be given the chance to practice TT concepts at the end of the seminar. Participants who successfully complete the course will receive a Certification in Foundations of Therapeutic Touch. More information and registration can be found at www.floridanurse.org/events.

South Region Update

South Region will be hosting a BLI Legislative Boot Camp on October 14. The Boot Camp is an educational program that prepares nurses to serve as grassroots advocates. It is a great opportunity for those who are interested in becoming more involved in advocacy efforts (and a perfect warm-up for FNA Advocacy Days in January)! The program will begin with a brief history of FNA’s legislative advocacy efforts and successes. The day will continue with instructions and role-play on the most effective ways of communicating with legislators. We will be inviting local legislators to speak at the program and provide their insights into the legislative process. Please join me on October 14 at Miami-Dade College for this educational event! More info at www.floridanurse.org.

Northwest Region Update

Hello Northwest Region,

I’d like to recognize the efforts of a region member changing the culture for scholarly nursing engagement for community health. Dr. Cynde Gamache is the Vice President/Chief Nursing Officer for Baptist Health Care (BHC) in Pensacola, Florida. She has led efforts to promote the outcomes of the BHC Nursing Research Council with a dedicated team of council members. Dr. Gamache is an inspiration for caring science within our region, and we are currently developing an interprofessional project for better understanding on the needs of care for nursing students, and nursing residents. Please let me know if you are interested in participating.

Dr. Cynde Gamache
West Central Region Update

The WCEN Summer Meeting was July 25, 2019 at 7:30 pm. Florida Nurses Association Regional Director, Dr. Jan Adams presented “A webinar presentation on Mentoring as a Tool to Address RN Staffing.” The Fall Dinner meeting planning committee is hard at work. Dr. Ed Briggs will present “A Legislative Bootcamp” on October 10, 2019 6:00-8:30 pm. Local legislators will be on hand to talk to you about nursing concerns in the West Central Region. Location to be announced soon.

Contact Jan Adams, DNP, MPA, RN, WCEN Region Director for additional information or questions about our regional activities. More information to come.

FNA West Central is collaborating with other nursing organizations to present an LGBTQ Health Conference to be held in Saint Petersburg, September 21, 2019. More details at www.floridanurse.org. Please feel free to contact Dr. Jan Adams at jadams7264@gmail.com with any questions.

Southeast Region Update

I was appointed to fill the vacancy for the Regional Director in February 2019. It was my pleasure to step in and assist. I have attended the three Board meetings since my appointment. We were able to host a mental health seminar in conjunction with Keiser University – many thanks to the Nursing Program chair there and to Debbie Hogan, our LERC Representative, for making that event happen. We had a great showing from our Palm Beach County Nursing Community for the Nurses Week Proclamation in the Chambers of the Palm Beach County Board of Commissioners. I was able to do two state-wide webinars on measles.

Plans for the coming year, should I be honored to serve my region again, are to become more involved for the Martin and St. Lucie County members. We can do so much more together than we can as a single person. Thank you for all that you do.

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Southwest Region Update

Greetings! I hope all of our members and their families had a wonderful summer remembering all those who have and those who still are serving our country on Memorial Day, and celebrated July 4th safely.

The Southwest Region is working on a workshop with Barbara Lumpkin Boot Camp. Some things included:
• How to communicate with your legislator,
• What is grassroots lobbying,
• Participating in campaigns,
• How to write an op-ed or letter to the editor

Please look for the date, location, and agenda in the coming weeks.

Looking forward to seeing many members and members to be, and networking at the FNA Membership Assembly in September.
The Indian Health Service is the largest integrated provider of health services for American Indians and Alaska Natives.

IHS nurses serve a critical role in clinics, hospitals and public health outreach programs that are vital to the health of American Indian and Alaska Native individuals, families and communities.

Our nurses live and work in some of the most beautiful areas of the country. These communities have deep traditions and are located mainly, but not exclusively, in rural settings. If you are a new graduate nurse or experienced nurse looking for new challenges, we have a place for you!

Recruitment and/or Relocation incentive(s) may be authorized. There are also opportunities to participate in the Loan Repayment Program.

The Florida Nurse September 2019

WE ARE HIRING NURSES!

Licensed Practical Nurse
Registered Nurse
• Obstetrical
• Intensive Care
• Emergency Room
• Operating Room
• Medical/Surgical
• Public Health
Advanced Practice Nurse
• Nurse Practitioner
• Certified Nurse Midwife
• CRNA
Supervisory Clinical Nurse

Must possess a current, active, full, and unrestricted license or registration as a professional nurse from a state, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States.

To contact the Indian Health Service Nursing Recruiters, send us an email at ihsrecruiters@ihs.gov or visit www.ihs.gov/nursing/
The Florida Nurses’ Political Action Committee (FN-PAC) exists to raise funds to support candidates that will work with us on issues related to nursing, patients and healthcare. A PAC is a powerful tool in making nurses’ voices heard. Before an election, the PAC gathers with our lobbyists to interview candidates regarding issues on our Legislative Agenda. The Agenda is usually a multi-year plan which can be general in nature so that it includes issues that may arise during session so we can support or oppose them.

Because of the length of time it often takes, we may leave items on our Agenda for years. Often we may be strategizing and working with stakeholders to make inroads into the legislation.

One thing that nurses MUST understand is that it takes VOTERS to influence legislation. As nurses who vote, you can make a difference in your future as well as the care you deliver to your patients. Participation in the association and donations to the PAC are a key element in this kind of advocacy. You can become knowledgeable and have input into the agenda by being a member, by contacting your legislator and becoming a resource and a conduit from the association to the legislator.

The FNA website has a page dedicated to political advocacy as a resource to members, students and other interested nurses. You can access this at www.floridanurse.org/Advocacy.

We invite you to explore this page, “Find your Legislator” (click on the link on the website) and ask to meet with them. We can provide you with talking points and information to help you make the connection. Going with the name of the professional association behind you can help you have the confidence to become the advocate leader we need in the profession.

You have to remember, if you are not intimidated by caring for patients and saving lives in real time, how could politics be more difficult? We hope that you will consider attending the 2020 Advocacy Days Program. It is the “how-to” program for both novice and seasoned nurse advocates.

Many years ago, visionary nurses were able to conceive of and initiate a functional, effective PAC from which legislators seek support during each election cycle. We need YOUR support to continue to make an impact on healthcare in this state. If you give a little, it helps a lot! Go to www.floridanurse.org/donations to donate!

For more information on the next Advocacy Days, please contact us at (407) 875-3700.

Thank you for your continued support during each election cycle. We need your help to continue creating the effective PAC from which legislators seek support during each election cycle.

FNPAC Trustees 2019
Carol Amode, Chair
Barbara Russell
Lynn Landseadel
Marsha Martin
Belita Grassel
Diana Openbriër
Isabel Francis
Meghan Moroney
Pam Delano

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Pam Delano
Focus on the Foundation

Foundation Seeks New Trustees: Looking to the Future

The Florida Nurses Foundation has had a busy year with Scholarships and Grants and support of the Annual Research Conference. The scholarships and grants will be awarded at the 2019 Membership Assembly at the Mission Inn in Howey-in-the-Hills, FL. We would like to thank our reviewers who volunteer their time and expertise in this important work. This year we awarded 31 scholarships and six research grants. The Foundation would like to welcome new Trustee, Dr. Selma Verse who joined us this year. We look forward to working with her as we look to grow the Foundation in the upcoming year. There are some exciting opportunities on the horizon which we hope to share with you soon.

We are currently seeking to fill several Trustee positions on the Foundation. Please go to the website to download the Trustee Application at www.floridanurse.org/foundation

Nurses must be an FNA member in good standing to serve on the Foundation. Fundraising or other experience on Foundation or other boards is not required but is a plus. We also have great mentors. Bold, innovative ideas are welcome and we would love to have a recent graduate on the board to get the perspective of early career nurses as we move toward the future.

Board of Trustee meetings are held quarterly. There is usually one face-to-face meeting with the rest being held electronically by video conference or conference call.

The Foundation has given over $300,000 in scholarships and grants during its 33 year history. This Foundation was built by nurses with hard work and determination and we are looking for members who are motivated to take it to the next level.

Finally, a foundation must take in a certain amount of donations to maintain its non-profit status. Have you given this year? Nurse philanthropy built the Foundation and it will help it to continue to thrive. Please help us by donating.

FNA Health Nurse Healthy Nation Project

Please help us by sending us your favorite healthy recipe! We will be assembling a cookbook to sell as a fundraiser for the Florida Nurses Foundation. Please send us recipes for the following categories:

- Soups and Stews
- Healthy meat dishes
- Seafood Specialties
- Salads
- Adaptations (Recipes you made healthy)
- “Healthy” Desserts
- Healthy Holiday Dishes

This will be an “ebook” or a “print-on-demand” hard copy for those who prefer it.

Also include any fun stories you may have to accompany your recipe. Photos are appreciated.

Either photos of you or of your dish.

Submit your recipe to Bibi Lowton at govt@floridanurse.org

We look forward to your delicious submissions.

New Online DNP Program

With a focus on real-world relevancy, The University of Tampa’s new Doctor of Nursing Practice program is designed for APRNs living in Florida. This convenient, online program can be completed in six semesters.

UT’s DNP graduates gain:
- Advanced health policy and management skills
- Expert clinical practice skills
- Improved leadership capacity
- New tools in evidence-based disease management
- Preparation for academic careers

The program’s online format, with only three required visits to campus, allows students to continue their full-time careers in their clinical practice. UT nursing faculty are respected researchers and practitioners, and are committed to students’ educational mastery and career advancement.

Learn more at www.ut.edu/nursing or by calling (813) 258-7609.

Support the Next Generation of Nursing...

The Florida Nurses Foundation provides annual scholarships and grants for Florida graduate and undergraduate students enrolled in ACEN or CCNE accredited nursing education programs. Your generous donations to the Foundation support future generations of nurses and research initiatives led by nurses.

Please help us continue funding the future of nursing by donating today.

DONATE TO THE FLORIDA NURSES FOUNDATION

Check (payable to FNF) | Visa | MasterCard | American Express | Discover

Mail to: Florida Nurses Foundation
PO Box 54535 | Orlando, FL 32855
(Or Fax to 727/672-9462)

Donate to the Florida Nurses Foundation.
The Florida Nurse Page 9

Violence Against Nurses in the Workplace

By John Berry, Director of Labor Relations & Governmental Affairs

The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as “violent acts (including physical assaults and threats of assaults) directed towards persons at work or on duty.” The health care industry is the number one setting for acts of workplace violence, and the most likely of all health care workers to be assaulted are nurses.

One would assume that the health care setting would be the least likely place for a threat of violence to occur. It should be a place where employees should always feel safe. But at times it is a place where emotions run high, resulting in undesirable behavior. Some of the reasons behind acts of violence in health care settings are staffing shortages, patients who are under the influence of drugs and alcohol, individuals with a history of violent behavior, and patients who may be suffering from cognitive impairment. The Joint Commission analyzed 33 homicides, 38 assaults, and 74 rapes in health care workplaces from 2013 to 2015. Health care workers identified in these events included 18 nurses, two physicians, three security employees, and seven other health care workers. In U.S. hospitals, there has been an increase in violent crime, from 2.0 events per 100 beds in 2012 to 2.8 events per 100 beds in 2015. Approximately 60% of reported threats and assaults occur between noon and midnight.

A factor that should also be considered when discussing violence in the workplace are those events that are not reported, and nurses’ rationale for not doing so. Nurses will often forgive the act of violence against them because they feel that the act was not intentional. The National Advisory Council on Nurse Education and Practice 5th report from Health and Rehabilitation Services Administration (HRSA) cites a survey of emergency room nurses in which 76% said their decision to report would be based on whether the patient was perceived as being responsible for their actions. By not reporting an event, you are failing to protect not only yourself, but your colleagues. These actions also make it more difficult to prevent evidence to get legislation passed, to initiate prevention programs in your workplaces and to enforce your collective bargaining agreements. Another barrier that is often cited to implementing a workplace violence prevention program can be the perception of management that workplace violence does not exist or is not an issue in their facility. For this reason, it must be imperative that the leadership in each facility take an active role in violence prevention. Management, in partnership with staff, should make it a priority to institute policies and procedures that not only protect staff, but the patients as well. One important strategy is to increase monitoring security in areas that have the potential for violence.

In 2017, through the efforts of organized labor, OSHA agreed to pursue standards on workplace violence prevention for health care and social service workers after receiving petitions for its Compliance Officers on workplace violence and has revised its guidelines. But our work isn’t finished yet.

Over the years in discussing this issue with nurses before we were able to get legislation passed in New York State, the question was, why didn’t you report it? If you were assaulted out on the street you would call the police, so why not now? Two of the most common answers we received from our nurses was that they felt it was part of the job, and the patient didn’t mean to do it. Those who did report an event were often told by security as well as law enforcement that nothing was going to happen because it was a patient that committed the act. This is why FNA filed legislation in the past that would make it a felony to assault a nurse. No one should ever go to work thinking, and feeling like this could be the day that I might be attacked. Every workplace should be a safe haven to do your job.

In a real life example, James Nicholson, a nurse of 29 years and a long-time FNA member, was physically attacked and placed under arrest by an off duty policeman for refusing to re-admit a patient (the policeman’s niece). The policeman has since been fired and sentenced for this violation. In many cases, there are no repercussions for attacking or even injuring a nurse. Nurses are true champions when it comes to advocating for their patients and their practice. Now it’s time to ramp up the efforts to advocate for their safety.

Resources:
http://innetwork.com/journals/jama/article-abstract/2536676
https://wwwn.cdc.gov/wpvhc/Course.aspx/Slide/Unit3_12
http://wwwn.cdc.gov/wpvhc/Course.aspx/Slide/Unit3_11
http://www.safetyandhealthmagazine.com/articles/15172-osha-agrees-to-pursue-standard-o
for nurses based on other industries. They also worked to get nurses appointed to key committees through gubernatorial appointments. This is work we continue to do today. FNA also participated in a national effort with ANA about the inadequacy of nurses salaries.

FNA also worked diligently on the medical care of the elderly, a bill was passed but was not funded. In 1964 the Governor signed a resolution encouraging all nurses in the state to join their professional association. This was due to the effective advocacy work by nurses at that time.

Notably in 1998, FNA joined with FMA to defeat a new category of healthcare worker called the Registered Care Technician. This was an effort by the American Medical Association to help with the nursing shortage, but FNA and ANA wanted to highlight the fact that we needed more registered nurses rather than more ancillary personnel to supervise.

Other highlights of FNA’s work includes the protection of the title nurse for only RN’s and LPN’s in 1999. Additionally, FNA has worked to protect the practice of registered nurse first assistants multiple times over the past 20 years. When the practices of several psychiatric clinical nurse specialists were endangered by a change and interpretation of the practice act, FNA provided legal assistance to those nurses and their practices were protected.

FNA also opposed legislation that would have prevented doctorally prepared advanced practice registered nurses (APRNs) from using their titles in the workplace. Additionally, FNA was a part of the Florida Coalition of Advanced Practice Nurses who worked together to achieve controlled substance prescribing for APRNs. In the subsequent years, the same group worked on the title change for ARNP to APRN and also garnered full APRN status for Clinical Nurse Specialists in Florida.

This brief article is a synopsis of the detailed work that FNA has done over the past 110 years to advance nursing. We continue to keep issues such as Safe Staffing, Health Work Environment and Workplace Violence as key issues on the Legislative Platform. We need the voice of VOTING nurses from all parties to join Staffing, Health Work Environment and Workplace Violence as key issues on the Legislative Platform. We need the voice of voting nurses from all parties to join the Association to present one united voice to make a difference for nurses and health care. They are:

Annette M. Bourgault, PhD, RN, CNL
Tori M. Chesnut, EdD, MS, MEd, MSN, RN
Victoria Wochna Loerzel, PhD, RN, DSN
Debra Lynch Kelly, PhD, RN, OCN, CNE
Stephen J.A. McGhee, DNP, MS, PGCE, RNT, RN, VR
Hsiao-Lan Wang, PhD, RN, CMSRN, AGACNP-BC
Linda J. Washington-Brown, PhD, EJD, MSN, APRN-C, FAANP

Seven members of FNA were selected as fellows for the American Academy of Nursing in honor of their accomplishments and contributions to health care. These nurses are:

Linda J. Washington-Brown, PhD, EJD, MSN, APRN-C, FAANP
Debra Lynch Kelly, PhD, RN, OCN, CNE
Stephen J.A. McGhee, DNP, MS, PGCE, RNT, RN, VR
Hsiao-Lan Wang, PhD, RN, CMSRN, AGACNP-BC
Linda J. Washington-Brown, PhD, EJD, MSN, APRN-C, FAANP
Nurses' Roles in Climate Change: A Personal Perspective

Leah S. Kinnaird, EdD, RN  
FNA Representative to QUIN council

As a nurse, I like to stay on top of what is happening in the world. I like to lead change, not just react to it. I like to advocate for health of individuals and the community. But I was asleep to climate change as “the biggest global health threat of the 21st century,” Watts et al. (2018). I was distracted by politics, while the literature, the facts, and the realities took shape. After all, I live in a temperature-controlled home in a food-filled community. I did notice a warm winter and storms chasing storms across the US. I’m paying more attention.

In December 2018 Lancet published an authoritative account of climate and health by 27 academic institutions, the UN, and world-renowned scientists/clinicians. The report addresses how climate change impacts nutrition/food security, mental health, cardiovascular and respiratory diseases, harmful algal blooms, vector-borne diseases, and the social determinants of health. It’s complicated, and it’s compelling.

There is growing literature in the health sector about climate. Zalon (2019) details how older people in the US are vulnerable, while The Lancet covers worldwide impact. Weather crises (especially flooding and droughts) put not only humans, but also animals and food production at risk. Heat waves interrupt worker health and labor capacity. Data are increasingly convincing about a global health threat.

So what can I do as a nurse?

1. Think globally and act locally. After attending a meeting by The CLEO Institute, a non-profit organization in South Florida, I stopped wasting food, making a conscious decision to buy only what we need and consume what we have before buying more. This one small step alerted me to how much one family sends to a landfill, the third largest source of methane in the US (according to Wikipedia).

Every family can do something... recycle, compost, avoid single-use plastics, drive less/cycle more, choose electric/hybrid vehicles, and seek renewable energy sources. You can charge a phone on a stationary bike...so far, not me.

2. Advise your patients. Exposure to extreme heat is especially risky for people whose work is outside. Advice about hydration, sun protection, access to shade and rest is essential. Precautions need to be taken for malignant skin melanoma. Vector-borne diseases (including dengue fever, malaria, and cholera) are on the rise in travel destinations. Sea temperature rise brings water-borne infections, a concern in Florida with the largest shoreline surface of any US state. Preparation for environmental disasters is well-known to us in Florida, especially with hurricane season approaching.

3. Exercise your advocate role. Join others, like the Florida Clinicians for Climate Action (FCCA), an organization of nurses and physicians who advocate for policy change toward a healthy and sustainable future. (https://states.ms2ch.org/fl/fcca/)

Sign the pledge at FloridaClimatePledge.org

Start or join a group/committee within your organization that supports environmental protection. Nurses can be the key change agents in healthcare organizations.

Until people feel vulnerable, they are not inclined to take action. A perfect example is the empty grocery shelves once a hurricane is imminent. Climate data are sounding the alarm. Action now will prepare for global adaptation and better health today and for generations to come.

References
CLEO Institute - https://www.cleoinstitute.org/
Recently, there have been increased cases of Hepatitis A, especially among our at-risk populations. In 2017, a total of 1,521 outbreak-associated HAV cases were reported from California, Kentucky, Michigan and Utah with 1,073 (71%) hospitalizations and 41 (3%) deaths with the majority of cases among persons reporting homelessness and injection drug use. (http://www.nhchc.org/faq/official-definition-homelessness/).

Hepatitis A Prevention: A Public Health Imperative

Hepatitis A is a vaccine-preventable, communicable disease of the liver caused by the hepatitis A virus (HAV). It is usually transmitted person-to-person through the fecal-oral route or consumption of contaminated food or water. Hepatitis A is a self-limited disease that does not result in chronic infection. Most adults with hepatitis A have symptoms including fatigue, low appetite, stomach pain, nausea, and jaundice, that usually resolve within two months of infection; most children less than six years of age do not have symptoms or have an unrecognized infection. Antibodies produced in response to hepatitis A infection last for life and protect against reinfection. (www.cdc.gov)

HAV infection is associated primarily with the fecal-oral route either through contaminated food or water or contact with an infected individual. Populations at risk include the homeless population, international travelers to areas with endemic Hepatitis A disease or close contact with an adoptee from an endemic country, men who have sex with men, users of injection and non-injection drugs, persons with chronic liver disease, persons with clotting factor disorders, and persons doing research with Hepatitis A virus. Persons experiencing homelessness are at higher risk for severe HAV infection and severe outcomes. Those experiencing homelessness are at risk due to lack of access to clean toilet facilities, regular handwashing as well as crowded living conditions. (https://www.cdc.gov/mmwr/volumes/68/wr/mm6806a6.htm)

State Employees continued on page 25

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9. ASN ID
10. Select one: 
   - RN
   - ARNP
11. Employer
12. Employer Phone
13. Referrer by

Select your membership type

2. Full Membership
   - $291 Annual
   - $346.75 Semi-Annual
   - $167.75 Monthly

3. Reduced Price Membership
   - Not currently employed, full-time student or new graduate
   - $145.50 Annual
   - $74 Semi-Annual
   - $37.50 Monthly

4. Retiree Membership
   - $37.75 Annual

5. FNA Only Membership
   - $59 Annual
   - $16.83 Monthly

6. FNSA New Grad
   - Former member of Florida Nursing Student Association
   - Free first year*
   - *must apply within 60 days of graduation

Select your payment method

3. Annual or Semi-Annual Plan
   - Check (payable to FNA)
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   - Exp. Date: ____________________________
   - Security Code: ____________________________

   By signing below, I authorize the Florida Nurses Association to change the credit card indicated in this authorization form according to the terms outlined. This payment authorization is for services described in this form, for the amount indicated only, and is valid for monthly dues only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form. FNA is authorized to charge the amount by giving the undersigned 30 days written notice. The undersigned may cancel this authorization by written notification of termination to the Florida Nurses Association within 30 days prior to deduction date.

   Auth. Signature

Monthly Direct Debit Plan

Deductions will be on or before the 20th of each month. Enrolled is the first month's payment for processing of further deductions. FNA is authorized to change the amount to give the undersigned 30 days written notice. The undersigned may cancel this authorization by written notification of termination to FNA within 30 days prior to deduction date.

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Account #:
Routing #:
Auth. Signature

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   - $5: Donate to FNAC Monthly
   - $15: Donate to FNI Monthly
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Choose your region

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   - Boulder, Gilchrist, Hamilton, Lafayette, Leon, Liberty, Madison, Marion, Suwannee, Taylor, Union, Wakulla

   - North Central

   - West Central
   - Baker, Choctaw, Hamilton, Highlands, Hillsborough, Manatee, Pasco, Pinellas, Polk, Sarasota

   - Southeast
   - Indian River, Martin, Okeechobee, Palm Beach, St. Lucie

   - Southwest
   - Charlotte, Collier, Glades, Hendry, Lee

   - South
   - Broward, Palm Beach, Monroe

Tell us what you're passionate about

5. Join a Special Interest Group (SIG) and make a difference
   - Clinical Nurse Specialist SIG
   - Ethics SIG
   - Health Literacy SIG
   - Health Policy SIG
   - Nursing Research SIG
   - New Grad SIG

Legislative Update

Advocacy Days Is Just Around the Corner!

January 22-23 • Tallahassee, FL
www.floridanurse.org/AdvocacyDays

What is Advocacy Days?

FNA Advocacy Days is an annual event that empowers nurses to have a VOICE about legislative issues that affect their profession and serve their patients.

Each Advocacy Days, nurses from across the state gather in Tallahassee during legislative session to learn about current legislative issues and particular bills that may affect their practice or the overall healthcare environment in Florida. They then have the opportunity to meet with their legislators one-on-one to discuss these issues and advocate for nursing.

Advocacy Days is a great opportunity for both upcoming and seasoned nurses to get involved in advocacy work, regardless of whether they have prior experience in this realm or not.

Why is it Important?

The Florida Nurses Association, officially established in 1909, has a long history of advocacy on behalf of nurses. Some of the most impactful legislation for the nursing profession, including the Nurse Practice Act, passed in part due to the advocacy work of members over the past century. FNA members have also helped protect the nursing profession by blocking the passage of legislation that would impede their practice (see Message from the Executive Director). It is important for nurses to carry on this advocacy work and to continue to stay vigilant of proposed legislation. It is especially important for nurses to be a part of the healthcare policy dialogue in order to maintain and enhance nurses’ pivotal role in the delivery of healthcare. Public officials are more attuned than ever to the views of their constituents and, in particular, large constituent groups. When nurses’ voices are united, they can make an impact.

Advocacy Days gave us the opportunity for our voices to be heard, and to let our politicians be aware of the voting power of nurses to affect change.” –Mark Roberts, BLI Scholarship Recipient (2019)

“Advocacy Days is just around the corner...” –Tori Toledo, BLI Scholarship Recipient (2019)

If we are to fulfill our professional obligation and ensure that all nurses can practice to the full extent of their education and licensure, we must learn how to navigate the world of politics and take effective action.” –Isabel Francis, BLI Scholarship Recipient (2019)

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Partnership Opportunities

The Florida Nurses Association would like to build the collective voice of nurses by offering a collaborative opportunity for partnership for the 2020 Advocacy Days. Partners will support the success of Advocacy Days and will headline the event along with FNA. Florida nurses must create a unified and active presence so that TOGETHER our voices are stronger and have more of an impact in the legislative arena.

Multiple tiers of partnership are available and include varying levels of benefits. Please contact Kaitlin Scarbary at kscarbary@floridanurse.org for more information regarding partnerships or visit www.floridanurse.org/AdvocacyDays.

“We are all nurses, we are all citizens, we are all voters, we all have voices...” –Tori Toledo, BLI Scholarship Recipient (2019)

If we are to fulfill our professional obligation and ensure that all nurses can practice to the full extent of their education and licensure, we must learn how to navigate the world of politics and take effective action.” –Isabel Francis, BLI Scholarship Recipient (2019)

BLI Scholarship

Every year, the Barbara Lumpkin Institute (BLI) is proud to provide scholarships to support FNA members to attend Advocacy Days. The purpose of the Barbara Lumpkin Institute is to educate nurses about public policy and increase involvement by nurses in legislation action and advocacy. Recipients of the scholarship will receive a $250 award for registration to Advocacy Days. Please contact Kaatlin Scarbary at kscarbary@floridanurse.org for more information regarding the application process or visit www.floridanurse.org/AdvocacyDays.

“Partnership Opportunities” – The Florida Nurse 
Deadline for applications is December 1, 2019.
In 2017, the Florida Legislature directed the Florida Center for Nursing (FCN) to evaluate program-specific data for all approved and accredited nursing education programs in the state, including graduate passage rates on the National Council of State Boards of Nursing Licensure Examination (NCLEX). This report is a companion to the report published in January 2019 – Review of Florida's Nursing Education Programs, Academic Year 2017-18 and discussed previously. Together the two reports complete the nursing program review, mandated by statute, for Academic Year 2017-2018 and Calendar Year 2018.

**Background**

Since 2009 the Legislature has made several statutory changes with the intent to increase the number of approved nursing education programs to address Florida's shortage of nurses. One established performance standard requires that each program's graduate passage rate for first-time NCLEX takers is not more than 10 percentage points lower than the national average passage rate for graduates of comparable degree programs during the same calendar year. If a program's passage rate does not meet the requirement for two consecutive calendar years, it is placed on probation and must submit a remediation plan and increase its passage rate to meet or exceed the required passage rate within timeframes specified in statute.

**Findings**

The information contained herein provides program-specific nursing licensure exam data for all licensed practical and registered nurse (associate degree and bachelor degree) education programs in Florida for the 2018 calendar year. Data include each program's passage rate for graduates who took the NCLEX for the first time in 2018.

**Implications**

- Florida is experiencing a critical shortage of registered and licensed practical nurses which is expected to worsen as demand increases. It is imperative that the passage rate trend of Florida RNs (74% in 2017 and 73% in 2018) and LPNs (75% in 2017 and 76% in 2018) be reversed.
- Review of 2017 and 2018 data revealed that 37 LPN, 62 ADN, and 11 BDN programs have had passage rates at least 10 percentage points below the national average for two consecutive years. By law, the Florida Board of Nursing shall place these programs on probationary status pursuant to Chapter 120 and the program directors shall appear before the board to present a plan for remediation.
- Low passage rates of private programs compared to the higher than average rate of public programs indicate that the majority of licensed graduates prepared to work as nurses in Florida are coming from public programs.
- Florida's elected and appointed leadership should consider all available options to improve the production of a viable, quality nurse workforce. This may require an assessment of the return on investment of Florida's dollars spent.
- To date, the evidence does not suggest that the statutory changes initiated in 2009 to address Florida's shortage of nurses have increased the production of quality nurses. However, the mechanisms to measure quality implemented since 2009 should contribute to the achievement of that goal.

All Florida Center for Nursing reports can be accessed on our website: [www.FLCenterForNursing.org](http://www.FLCenterForNursing.org).

**Average NCLEX Passage Rates for Public and Private Schools by Program Type and For-Profit Status, Compared to National Average**

<table>
<thead>
<tr>
<th>Program</th>
<th>FL Public</th>
<th>FL Private</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCLEX Avg.</td>
<td>#</td>
<td>NCLEX Avg.</td>
</tr>
<tr>
<td>LPN</td>
<td>86.7%</td>
<td>61</td>
</tr>
<tr>
<td>AD-RN</td>
<td>88.6%</td>
<td>31</td>
</tr>
<tr>
<td>BD-RN</td>
<td>93.7%</td>
<td>11</td>
</tr>
</tbody>
</table>

**To access electronic copies of The Florida Nurse, please visit [http://www.nursingaid.com/publications](http://www.nursingaid.com/publications)**
Welcome New FNA Members!

Northwest

Robin Akerman  Accurisa Baldassano  Hollie Bennett  Nancy Creeker  Emily Dupont  Carolyn Hartley  Lisa Hoffman Stella  Kimberly Kasper  Trisha Kinbal  Katherine Moxwell  Lindsey Mc丹nals  Alice Perritt  Brandie Prostero  Tracy Rushing-Hamilton  Joe Safat  Nicole Santos  Kathy Savell  Amber Smith  Marc Vitale

Central

Ahrea Brehnsah  Jessica Connell  Melissa Dolan  Francis Gail  Monica Maria  Gonzalez  Catherine Green  Jennifer Garry  Scott Hamilton  Marie Joseph  Jedda Jone  Danielle Morrison  Mildred Myrtle  Debra Paar  Erika Pickett  Tiffany Remillard  Laura Retherb  Carl Routtreen  Amelia Schlak  Jeffrey Schultz  Deborah Sellers  Joa Spannring  Lori Sumner  Ashley Theore  Julia Tortorice  Renda Webb  Diana Wilcox  Caitlin Williamson  Ashton Kate Harrell  Wilson  Christina Wright

Northeast


West Central


Southeast


Welcome New FNA Members continued on page 16

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South


Welcome New FNA Members continued on page 16

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South

Cristian Adam  Jacqueline Joyt Battles  Amy Callahan  Diane Cincoti  Gayle Deane  Rhonda Dolen-Hooker  Brandi Hershberger  Kelly Hubbell  Flora Loomis  Sally Mathews  Margaret Miller  Grant Miller  Elizabeth Nino  Sherrie OCcallaghan  Kelby Osborn  Tawm Price  Cheryl Price  Nancy Redenius  Alexandra Reinhardt  Kimberly Scott  Bernadette Serafini  Katlin Ward  Monica Woodward  Luberto  Cassandra Zacke

Welcome New FNA Members continued on page 16

The Florida Nurse  Page 15

South

Tosin Ailleru  Samantha Alonso  Chadwick Anderson  Sherry Blakely  Michelle Augustin  Marieta Bayudan  Carla Belasco  Karen Bennett-Myndy
FNA Early Career Professionals: Planting Seeds for the Future

Hannah McRoberts-Rutherford, BSN, RN
Justin Wilkerson, BSN, RN-BC, CHPN, CCRN
Darlene Edic-Crawford, DNP, MSN, BSN
Belita "B" Grassel

Over the years, we have worked diligently to engage students and new graduates in the work of their professional association. In the 90’s, our members’ expressed concern regarding their transition into FNA. During that time, a membership committee was convened which took an aggressive approach to recruiting new graduates. Across the country, this issue was being explored and several factors emerged as themes in the phenomena of new graduate non-participation. These were the demands of the transition from education to practice, financial status, lack of mentoring or role models, little or no support or encouragement from employers to participate, and competition from specialty organizations. One other key factor was a lack of access to the students by the association after they graduated and moved into the workforce.

The committee addressed these issues in several ways. One was to offer free membership for the first year of practice if the student was a member of the pre-professional nursing organization, FNSA. One rationale was that it provided us with their contact information in order to maintain communication with them, through our publications and other means. We also formed a group for Graduates to be established and exist in the community in which we engaged and operated multiple programs to get them in the activities of the association. This group created a New Graduate Survival Kit that was sent to schools upon request for each graduate from that program. The kit was developed by the new graduates, seasoned members and the FNA staff and was utilized in the first year of practice. Several years later, it morphed into a booklet that was funded by advertisers but contained all the information in the packet in a more accessible and usable form. They also developed a Mentoring Manual that was designed to help groups create mentoring programs in their groups and facilities. In addition to this part of the program, we engaged faculty by providing benefits and additional discounts to FNSA Consultants who are also FNA Members to reward them for their commitment. We provided FNA pins to graduating FNSA members who joined FNA through our special program all with the goal of engaging and keeping them as members. We would also participate in pinning ceremonies across the state by having staff or local members attend and pin graduating FNSA members. There are still a few schools that request this. We also established a legacy award for FNSA Consultants who are FNSA members by placing their name on a plaque in FNA Headquarters. This award called “They Walk the Walk” is on display at FNA Headquarters and we ask for those consultants to be submitted each year so they can be recognized. The FNA President or a representative attends the FNSA Convention each year and is recognized at an opening House of Delegates. And since 1981 FNSA has met at FNA headquarters. Additionally, the FNSA board is invited to the FNA Membership Assembly and the FNSA President sends greetings to the Assembly.

We have seen some success in our programs over time. Although we continue to seek greater engagement, we celebrate what we consider to be significant accomplishments since our early efforts. Currently we have three former FNSA Board Members on the current FNA Board.

Darlene Edic-Crawford has returned to the Board to fill a vacancy but is also on the ballot for a position at the time of this writing. She has been an active member since her Board service and has served as a webinar presenter on public health topics. Justin Wilkerson has been engaged off and on since graduation and has served as North Central Region Director and is on the ballot at the time of this writing for the office of Vice President. He is the current chair of the Reference Committee and is an early career nurse. Hannah McRoberts-Rutherford is a past president of FNSA and is the current FNA Board member representing recent graduates. She has spearheaded several activities related to new graduates including a new mentorship group on Facebook which has grown to over 130 members. We have also formed a New Graduate Council to engage and keep them as members. We would also like to acknowledge Karen Dolly who is the FNA Early Career Professionals and Mentors representative on Meetup.com, join us at this past year. Anthony King, who was on the FNSA board several years ago, was elected to the ANA Nominating Committee last year. He has since moved to New York but we are proud of his Florida history. We would also like to acknowledge Kelly Hunt who has been a vital and active board member. Lee sunset Smith is the NSNA Imprint Editor, both of whom ran for ANA office in a previous election. Other members who are also FNA Members to reward them for their commitment. We provided FNA pins to graduating FNSA members who joined FNA through our special program all with the goal of engaging and keeping them as members. We would also participate in pinning ceremonies across the state by having staff or local members attend and pin graduating FNSA members. There are still a few schools that request this. We also established a legacy award for FNSA Consultants who are FNSA members by placing their name on a plaque in FNA Headquarters. This award called “They Walk the Walk” is on display at FNA Headquarters and we ask for those consultants to be submitted each year so they can be recognized. The FNA President or a representative attends the FNSA Convention each year and is recognized at an opening House of Delegates. And since 1981 FNSA has met at FNA headquarters. Additionally, the FNSA board is invited to the FNA Membership Assembly and the FNSA President sends greetings to the Assembly.

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As an anesthesia provider for 12 years, I have cared and provided anesthesia to three transgender individuals. Even as a member of the LGBTQIA community, I did not have any education, training, or experience prior to interacting with a transgender individual as a Certified Registered Nurse Anesthetist (CRNA). Many questions and challenges developed regarding how to care for transgender patients, such as terminologies and pronoun use, gender preference, the phase of transition, state of Hormone Replacement Therapy (HRT), and stage of gender reassignment surgery. There is a considerable need identified among clinical practitioners, including Registered Nurses (RNs) and Advanced Practice Registered Nurses (APRNs), to be proficient and competent in the care of a transgender patient within the healthcare continuum. This review provides an overview to practicing RNs and APRNs on how to enhance patient care with transgender patients through cultural competency as part of the many initiatives of the Florida Quality and Unity in Nursing (QUIN) Council’s Faces of the Vulnerable Population.

Inclusive Practices

Many times, clinical practitioners may hesitate and/or refuse to perform a task that is unfamiliar or unknown (Shires, Stroumsa, Jaffe, & Woodford, 2018; Smith, 2016). Anecdotally, there could be uncertainty or unwillingness among RNs and APRNs to professionally identify, interview, and provide care to transgender patients may occur at first encounter. All healthcare providers need exposure, education, and training on clear cut policies, standards, guidelines, and best practices for the transgender individual. Inclusive practices are discussed in detail in the following subsections.

Communication and Care on the First Encounter

In the professional setting, Miller (2016) identified communication as an area that needs improvement regarding the relationships between primary care physicians and transgender patients. Goldhammer, Malina, and Kourogenis (2018) mentioned that there is an “increasing visibility of transgender people and others who do not conform to traditional gender norms …” (p. 559), which can cause confusion when first meeting the patient. Per the University of California, Davis campus (2018), gender identity is no longer binary-restricted (i.e., girl/woman and boy/man), rather can be non-binary (Briggs, 2017).

Shires, Stroumsa, Jaffe, and Woodford (2018) conducted a study, which reported transgender patients having undesirable experiences in health care. Gender dysphoria commonly afflicts transgender patients. According to the World Professional Association for Transgender Health (WPATH) (SOC, 2017), gender dysphoria is defined as “discomfort or distress that is caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth” (p. 2). A transgender patient could be in the middle of the transition process, hence will require understanding of the appropriate pronouns to use. One intervention, aligned with the recommendations listed in a case study essay by Goldhammer and colleagues (2016), is to avoid the utilization of specific gender identifiers like ‘miss’ or ‘mister.’ Eliminating the use of binary pronouns of ‘he’ or ‘she’, ‘him’ or ‘her’, ‘himselves’ or ‘herself’ and asking direct questions such as what name and pronoun they request to be addressed is highly encouraged in clinical practice (Tollinche, Walters, Radix, Long, Galante, . . . & Voh, 2018). The use of ‘they’, ‘them’, and ‘themself’ are acceptable singular nonbinary pronouns (Tollinche et al., 2018). Guessing the gender identity is no longer binary-restricted (i.e., girl/woman and boy/man), rather can be non-binary and competent in the care of a transgender patient should be avoided all the time (Smith, 2016).

These name and pronoun requests must be noted on all health care records, including electronic medical records with appropriate software identifying gender preference. There are electronic medical record software being utilized by a few healthcare institutions with extra drop down
Phases of Transition

A transgender individual may decide to transition in the following manner: male to female (MtF) or female to male (FtM) (SOC, 2017). These transitions can be at different phases, which can be evidenced by physical, emotional, psychological, and social changes on the individual. According to Equality Florida’s Executive Director, 50% of transgender patients battled with depression, 40% have attempted suicide during the transition, 20% have been refused care, 27% do not have health insurance, and 30% have postponed medical care for fear of being marginalized (G. Duncan, personal communication, November 11, 2017). Knowledge and understanding of the different phases of transition with transgender patients can alleviate some of the confusion that occurs in the clinical arena. On the primary level of the transition process, with either MtF or FtM, it could be as simple as changing their manner of dress that parallels social tradition. The secondary level of transition includes hormone therapy (HRT) with the final stage following with sex reassignment surgery/surgeries (SOC, 2017).

Transgender patients come in to any clinical setting not only for gender reassignment procedures, but are also affected by the usual predicaments of the general population, such as appendicitis, urinary tract infection, and so forth. Identification of the patient’s phase of transition will provide the RN and APRN an understanding of which medications and coexisting medications associated with diabetes mellitus (DM), hypertension, and so forth (SOC, 2017). Homelessness, sexually transmitted infections, and other psychotropic related medications. Preventive measures and precautions apply with every patient contact and are critical in the care of transgender patients on HRT to systematically evaluate if these effects warrant further work up or if needing surgery, to the operating room table, or if needing surgery, to the operating room table (e.g., MRI or CT scan), or if needing surgery, to the operating room table. Hence, move and position patients with extreme care, and document accordingly. Standard precautions apply with every patient contact (Tollinche et al., 2018).

Contour Shaping

Transgender patients who come in for care present with varying levels of contour shaping (SOC, 2017). Breast binding or tattooing, genital tucking or penile prosthetics, “padding of hips or buttocks” (SOC, 2017, p. 10) can present multiple issues to healthcare providers. Evaluation of body contouring gender expression, paraphernalia, or equipment must be established during the initial assessment to avoid surprises when needing further care. Furthermore, consent with accurate documentation in the health record must be established prior to removal or alteration of these external expression, paraphernalia, or equipment (SOC, 2017).

Also, transgender patients who had prior sex reassignment procedures done or have external body contouring gender expressions, paraphernalia, or equipment may present a challenge with transfers from stretcher to the room or any radiology bed (e.g., MRI or CT scan), or if needing surgery, to the operating room table. Hence, move and position patients with extreme care, and document accordingly. Standard precautions apply with every patient contact (Tollinche et al., 2018).

Medications and Coexisting Diseases

Transgender patients may be taking anti-depressants, anti-anxiety, anti-psychotics, and other psychotropic related medications. Pre-exposure prophylactic drugs and Human Immunodeficiency Virus (HIV) drugs may also be included in the mixture aside from the usual coexisting medications associated with diabetes mellitus (DM), hypertension, and so forth (SOC, 2017). Homelessness, sexually transmitted diseases, and drug abuse may also be present and must be adequately addressed in the clinical setting (Tollinche et al., 2018). Medications with MtF HRT (i.e., estrogens, progesterones, anti-androgens, etc.) and with FtM HRT (i.e., testosterone cypionate, androgen, androgen, etc.) may come with cardiovascular (e.g., venous thromboembolism and hypertension) and endocrine (e.g., DM) risks. A detailed history and physical, including laboratory-blood work (Hematocrit, Hemoglobin, HRL, LDL, ALT, AST, lipid panel, and kidney function tests) (Tollinche et al., 2018) must be completed for transgender patients on ongoing assessment to accurately evaluate if these effects warrant further work up prior to any procedure. Most importantly, if the patient has no documented HRT medications listed, then the RN and APRN must always ask the question about self-medication with hormones (Smith, 2016). With most individuals, the physical manifestations could be seen and evaluated, but being accurate could influence changes in the overall plan of care. Venous thromboembolism (VTE) or pulmonary embolism is a major clinical concern.
due to the use of HRT medications (Smith, 2016). These hypercoagulable states, seen with both MTF and FTM HRT medications, can lead to cerebrovascular accidents (CVA) and/or can potentiate preexisting coronary disease. Prophylactic anti-coagulation must have been established prior to the utilization of sequential stockings/compression devices with bed bound and/or surgical patients are a must (Tollinche et al., 2018).

Side effects from HRT (e.g., mood swings, elevated liver enzymes, decreased libido, insulin sensitivity, etc.) have been documented (Smith, 2016). If a patient is about to undergo any surgical procedure, Tollinche and colleagues (2018) found, that there have been no published interactions where a patient may have a reaction to anesthesia medications, but this needs to be further investigated.

Anecdotal evidence exists, that testosterone therapy must be discontinued with FTM transgender patients for at least two weeks prior to the procedure or the patient may exhibit post-operative delirium during emergence similar to that seen with adult gender确认 transgender patients (Baker, St. John, St. John, Jaffe, & Woodford, 2018) or hesitation to provide care for transgender patients in certain sectors in our society. Canner and colleagues (2018), published that the need for care for transgender patients increased. To decrease these practice inconsistencies, in the delivery of care, we must continue to seek opportunities for formal training on best practices in the care of transgender patients. The desired state would be an increased knowledge and awareness on transgender terminologies, gender diversity, and transition, state of HRT, and stage of gender reassignment surgery to foster trust and diminish ambiguity in the care of transgender patients in the clinical arena, which has tremendous potential in producing better outcomes. Education and training of all RNs and APRNs will increase proficiency and competency in the care of transgender patients with continued promotion of a safe, respectful, and holistic approach to healthcare delivery.

Furthermore, most healthcare facilities do not have existing policies on best practices in place about the care of transgender patients. On a national level, the protected rights of all patients are mentioned in the Affordable Care Act, Centers for Medicare and Medicaid Services, and the Health Insurance Portability and Accountability Act (Smith, 2016). The Joint Commission is the exception, with the provision of rules that ban discrimination. First and foremost, we are nurses. The skills and knowledge that we provide to our patients are administered regardless of sexual orientation, race, creed, ethnic background, status and stage in life, and disability (Smith, 2016). Inherently, we are at the forefront of this endeavor. We are beginning to understand a transgender individual’s intrinsic self with their physical, emotional, social, spiritual, intellectual, environmental, financial, and psychological aspects.

Tools for workplace sensitivity training, academic curriculum training, are being published and made available to the public. As we continue to see the best method, there is still willfulness (Baker, St. John, St. John, Jaffe, & Woodford, 2018) or hesitation to provide care for transgender patients in certain sectors in our society. Canner and colleagues (2018), published that the need for care for transgender patients increased. To decrease these practice inconsistencies, in the delivery of care, we must continue to seek opportunities for formal training on best practices in the care of transgender patients. The desired state would be an increased knowledge and awareness on transgender terminologies, gender diversity, and transition, state of HRT, and stage of gender reassignment surgery to foster trust and diminish ambiguity in the care of transgender patients in the clinical arena, which has tremendous potential in producing better outcomes. Education and training of all RNs and APRNs will increase proficiency and competency in the care of transgender patients with continued promotion of a safe, respectful, and holistic approach to healthcare delivery.

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Conclusion

We, as a population, are diverse. Yet, we can all still be inclusive in the provision of healthcare services to all our patients. During the Transgender Health Care for Advanced Practice Nurses meeting last November 2017, one of the questions raised by one of the participants was whether we are going to cater to every sector of the population’s needs? I believe that the answer is yes. The transgender members of our population are underrepresented and are often misunderstood and disrespected. First and foremost, we are nurses. The skills and knowledge that we provide to our patients are administered regardless of sexual orientation, race, creed, ethnic background, status and stage in life, and disability (Smith, 2016).

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Lastly, research can be another avenue to provide information regarding transgender patients on HRT and its implications on acute and long-term care outcomes. There are just a few of the challenges and opportunities for RNs and APRNs. There is still a long road ahead of us, but we should embrace these challenges to avoid reclusion and seclusion to this underserved section of APRNs. We must continue to invest in education and awareness on inclusion amidst adversity to deliver clinical and culturally competent care based on existing policies, standards, and best practice guidelines.

References
(There this was adapted from the two-part column originally published in the AANA NewsBulletin, March 2019, pages 14-15; and May 2019, pages 12-14)
HIV testing is now part of your routine health care as recommended by the U.S. Centers for Disease Control and Prevention (CDC) in its 2006 Revised Recommendations for HIV testing and as provided for in Florida Statute 381.004(2)(a)1.

Separate informed consent for HIV testing is no longer required in health care settings. Patients need only to be notified that the HIV test is planned and that they have the option to decline. When patients opt out of HIV testing it must be documented in the medical record. Examples of notification for opt-out HIV testing in health care settings can include, but are not limited to: information on HIV testing in the general medical consent; a patient brochure; exam room signage; and/or verbally notify the patient that an HIV test will be performed.
Focus on New Grad

The FNA Early Career Professionals of Gainesville were able to have a Meet Up in June and casually share experiences over delicious pizza. It was energizing to socialize and discuss topics such as career development opportunities, collective bargaining units, and how to access FNA’s educational webinars. We look forward to hosting similar events in the future around Florida. You can keep up to date with our future Meet Ups by downloading the app “Meetup” and finding our group under “Florida Nurses Meetup for Young Professionals.”

FNA is also working towards fostering mentorships between early-career nurses and experienced mentors. We recently started a Facebook Group as the initial step in this process to provide a place for networking. This group can be found at Facebook.com and search for “FNA Early Career Professionals and Mentors.”

Navigating the Nurse Licensure Compact: Licensure by Endorsement

When declaring a new primary state of residence (PSOR) or obtaining a license in another state:

- Is your new primary state of residence (PSOR) a member of the Nurse Licensure Compact?
  - No
    - Apply for licensure in the desired state.
  - Yes
    - Apply for RN or LPN license in your new primary state of residence.
      - Was your previous PSOR a compact state?
        - Yes
          - Apply for an RN or LPN license in your new primary state of residence.
        - No
          - Your new multistate license is valid for practice only in the state of issuance.

- You may not practice in a non-compact state until you receive a temporary or permanent license.
- You may hold multiple licenses for non-compact states.
- Your former license will be inactivated upon receipt of a new home state license.
- You may hold one multistate RN or LPN license but may hold multiple non-compact state licenses.
- Your new multistate license grants the privilege to practice in all NLC states contingent upon remaining a resident of the issuing state.

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September 2019

The Florida Nurse
Research Conference Recap

FNA 5th Annual Nursing Research and Evidence-Based Practice Conference Highlights

Lois Marshall, PhD, MN, RN

On July 13, 2019 nearly 100 RNs, APRNs, and nursing students attended FNA’s 5th Annual Nursing Research and Evidence-Based Practice Conference at the beautiful Harry Leu Gardens in Orlando, FL. The excitement and enthusiasm of the attendees was palpable as 48 nurse researchers from across the state and beyond, exchanged valuable knowledge and findings from their fields of research. Dr. Susan McMillan kicked off the conference with a keynote presentation on “A Program of Research in Symptom Management.” Her enthusiastic presentation not only gave the participants a window into Dr. McMillian’s research and findings, but it also allowed us to see how to create a research and funding path for our careers.

Following the opening keynote, there were four additional podium presentations:

- The Lived Experience of the Hospice Care Nurse as Primary Provider of End-of-Life Care: Phenomenological Research by Ellen Reinhart, PhD, RN, BSN, MBA, LHRM
- Cultural-Sensitivity in Health Education: Using a Faith-Based Health Devotional to Increase Perceptions About Hypertension Among African Americans by Gina Daye, PhD, APRN, FNP-C
- Increasing Nurses’ Knowledge of the ANA Code of Ethics for Nurses Through Storytelling by Nadine Garcia, MSN, RN; Harriet Miller, PhD, RN, APRN, CPN, CCRP; Cynthia Klig, MSN, APN-CNS, CCNS, CGRN-K, CPN
- Managing Postoperative Pain While Limiting Opioid Prescriptions by Deborah Tedesco, DNP, APRN, ANP-BC, CWS

Each podium presentation was unique, creative, and met a need/answered a question related to nurse’s impact on healthcare issues and/or professional nursing issues. Both qualitative and quantitative studies were presented. The presenters provided the participants with opportunities to hear about the research and evidence-based process in action. While each presenter had a different “journey” to their research, the common goal of research and evidence being the guiding force of practice and the profession of nursing was most evident.

In addition to the keynote and podium presentations, the conference held two poster sessions with 26 abstracts presented during those sessions. The poster presenters were:

- Katelin Arnold, BSN, RN, CEN, PCCN
- Kirsten Arrendale, BSN, RN, BMTCN
- Martha Bertin, DNP, APRN, FNP-BC
- Mariana Block, BSN, RN
- Clara Bordá, BSN, RN
- Jeni Bowlin, BSN, RN, CBC
- Javier Carrillo-Olín, BSN, RN
- Patricia Casalduc, BSN
- Rachel Costa, DNP, RN, FNP-C
- James Clayman, BSN, RN, JD
- Linda Connelly, PhD, MSH, APRN, CNO
- Gregory Cook, DNP, FNP-BC
- Jean Davis, PhD, DNP, FNP-BC, PHCN5-BC
- Jessica Del Toro, BSN, RN
- Alyssa Doring, BSN, RN
- Chima Ekwueme, DNP, FNP-BC, MPH, MBA
- Daisy Galindo-Giron, PhD, RN
- Liliana Garvalos, BSN, RN
- Patricia Geddie, PhD, APRN, AOCNS, FCNS
- Karen Grissinger, MSN, RN, NEA-BC, CPN
- Yulien Guntin, BSN, RN
- Vaneker Johnson, RN, BSN, CN
- Amy Jones, RN CPEN
- Lyn Juarez, BSN, JD, RN
- Nancy Phillips, MSN, ANP-BC, AOCNP, BCN
- Joanne Laframboise-Otto, PhD, RN
- Sandra Lyons, BSN, RN-BC, NE-BC
- Tara Mahramas Hunt, MSN, APRN-CNS, CCNC, CCNS
- Alexandre Mendes, BSN, RN
- Harriet Miller, PhD, APRN, CPN, CCRP
- Martha Liliana Moreno, MSN, RN
- Rachel Oldham, BSN, RN-BC
- Maria Ojeda, DNP/PhD, MPH, BA, APRN, NP-C, BC-ADM
- Ellen Reising, MSN, APRN-CNS, ACCNS-AG, RN-BC
- Kayleigh Ross, BSN
- Suzette Suarez, BSN, RN
- Armiel Suriaga, MSN-RN
- Christine Swartzman, MSN, APRN-CNS, CCRN, ACCNS-AG
- Rocio Taveras, BSN, RN
- Deborah Tedesco, DNP, APRN, ANP-BC, CWS
- Parnduangai Thaidumrongdet, Ph.D., RN
- Michelle Todman, BSN, RN
- Angela Wright, PhD, APRN, FNP-BC

The poster presentations were diverse in area of focus as well as research method. Poster presentations included both qualitative and quantitative research and evidence-based projects, and were from both state, national, and international sites. There were completed studies and studies in progress presented. There were studies from clinical, academic, and community environments. Each presenter had time for participants to view their posters and ask questions. It was a great opportunity to see the types of work that is being done by the diverse Florida nurse.

So, start thinking now for next year’s Research and Evidence-Based Conference. The call for abstracts usually goes out in March. For members who are new(er) to writing abstracts, FNA provides an abstract writing webinar given in both April and May, to assist and encourage everyone to submit.

Each year the FNA Research and Evidence-Based Conference has grown in number of submitted abstracts, number of podium and poster presenters, and number of attendees. Let’s keep this trend going and make the 6th Annual Conference the biggest yet. On behalf of the FNA Research Special Interest Group and the staff of FNA, we hope to see you next year for great presentations, networking, continuing education, and of course lots of fun.

Save the Date

FNA 6th Annual Nursing Research & Evidence-Based Practice Conference

July 25, 2020

Harry P. Leu Gardens, Orlando, FL
Essential Clinical Dataset Reduces Documentation by Narrowing Scope of Intake Questions

Sheila Ferrall, MS, RN, AOCN
Trish Gallagher, RN MSHS CPHQ CPHIMS
Nicole Gitney, MS, RN, CPN
Amy McCarthy Rosa, DNP, MSMI, RN
Cindy Quackenbush, MBA, BSN, RN, FACHE

Four health systems in Florida: BayCare Health, Clearwater; Baptist Health, Jacksonville; Ascension-St. Vincent's, Jacksonville and Moffitt Cancer Center, Tampa were part of a Cerner collaborative of over 190 facilities which led to the Essential Clinical Dataset, (ECD). The effort decreased documentation time by reducing the number of questions nurses ask patients during intake. Nurses at Moffitt Cancer Center were frustrated, “Some of the information collected in our admission history was never reviewed or utilized again,” noted Sheila Ferrall, Sr Director, Nursing Practice, Education, & Clinical Effectiveness. We were collecting information because it was historically documented by nurses without critically evaluating the relevance.”

The team at Ascension-St. Vincent's, Jacksonville participated in the ECD as nursing productivity was becoming an important metric for clinical leadership. “The focus was to get nursing back to the bedside more. We also noticed we had similar information being collected in multiple areas of the EMR. ECD made sense to get our nurses back to the bedside,” was the conclusion from Trish Gallagher.

Approach utilized:
1. Evidence Based Practice Review of literature
2. Regulatory Review
3. Practice Based Evidence Review

Guidelines:
• Did the information need to be collected on Admission? If yes, was the RN the appropriate member of the care team to collect it?
• Supporting nurse practice at the top of licensure and allowing each discipline to practice appropriately within their respective domain.

Results:
BayCare – Face-up documentation fell by 48%, leading to an 11% reduction in overall clicks.
Baptist Health – Admission history intake process for nurses went from a 30-minute task to 11 minutes per patient per admission.
Moffitt – Time spent documenting an admission was reduced by 18% and the average number of clicks reduced by 24%.
Ascension – St. Vincent’s Saved 805 hours with a 38% decrease in documentation, eliminating an average of 649,700 clicks per year, per nurse, respectively.

“All results reported are validated and maintained according to metric definitions, efficiency and quality measures developed via the project.”

“The ECD didn’t just help nurses who were frustrated with documentation but also helped improve the patient experience,” according to BayCare’s Nicole Gitney.

Next was maintaining the gain. “At Baptist, we instituted a more rigorous approach to the nurse executive team has been instituted to oversee documentation requests to be built within the EMR,” per Amy Rosa, DNP, RN, Vice President & Chief Nursing Information Officer, Baptist Health.

In Gitney’s words, “The ECD has been an important factor in workforce satisfaction and retention as we collaborate with Cerner to improve efficiencies at BayCare Health System.”

Essential Clinical Dataset Reduces Documentation by Narrowing Scope of Intake Questions continued on page 24

FNSA Pre-Convention and Leadership Retreat

Saturday, September 21st
8:00am – 3:00pm
University of Central Florida

The FNSA Pre-convention Workshop is the Annual Meeting that assist school chapters in preparing for the Annual Convention. It is a day packed with information and resources for Convention preparation including how to run for office, parliamentary procedures, awards and scholarships process and many other activities related to Convention.

FNSA 2019 Annual Convention
“Painting the Picture of Compassionate Nursing”
October 24-26th
Hilton Daytona Beach Oceanfront Resort

The Florida Nursing Students Association is one of the largest constituents of the National Student Nurse’s Association and holds one of the largest state conventions with over 1,000 attendees from all over the state. More information and registration is available at www.floridanurse.org/events
**Sheila Ferrall, MS, RN, AOCN**

Sheila is a Senior Director of Nursing Practice, Education, and Clinical Effectiveness, has served in a leadership position at Moffitt Cancer Center for more than 20 years. In her role as Senior Director, she is responsible for oversight of both nursing quality and practice. Sheila is an FNA member.

**Trish Gallagher, RN MSHS CPHQ CPHIMS**

Trish has been a Registered Nurse for over 30 years with 20 years in Informatics as a Health System leader. At the time of the Ascension St. Vincent initiative, she was CNIO for St. Vincent’s Healthcare in Jacksonville, FL and is now Sr. Director Clinical Products for Ascension’s Design Studios.

**Nicole Gitney, MS, RN, CPN**

Nicole is the Director of Nursing Informatics for BayCare Health System. She specializes in design, workflow, implementation, and optimization of clinical technology systems. Nicole works with individual departments and nurse leaders to create innovative ways to utilize technology in the clinical setting for the entire system.

**Amy McCarthy Rosa, DNP, MSMI, RN**

A registered nurse for twenty-four years, Dr. Rosa has consistently held positions in the healthcare industry, making a difference in the quality of care and safety of patients in her community. Dr. Rosa serves as Vice President, Chief Nursing Information Officer, Baptist Health System, and Adjunct Professor, nursing informatics, Jacksonville University.

**Cindy Quackenbush, MBA, BSN, RN, FACHE**

As a Regional Clinical Executive for Cerner in the South-East region, Cindy focuses on advancing clinical strategies within the client base and working with Cerner’s internal business units, but also as an industry thought leader, influencing change and innovative approaches in health policy and clinical professional organizations.
Psychiatric-Mental Health Nursing:
Real Nursing or Not?

Michael Wolf, MSN, RN-BC

In 2000, I began my professional nursing career and after working in many specialties throughout the years, I have found a home in Psychiatric-Mental Health Nursing. I have always believed that our patients are the most disenfranchised because of the stigma of mental illness. It’s also worth noting that the stigma of mental illness is attached to how nurse—psychiatric-mental health nurses are viewed negatively by our nursing colleagues. Bluntly speaking, this professional stigma is real and we are often referred to as “not real nurses.”

A 2017 Australian study conducted by Harrison and colleagues suggested that in order for us to attract nurses to work in the field of psychiatric-mental health, we must first address and break down the stigma of psychiatric-mental health nursing. Over the years, I have attended many professional conferences, networking events, and community gatherings. When I was working in a nursing specialty such as Critical Care, Emergency, or Interventional Radiology, I often garnered a lot of accolades for being able to do what I did. Not necessarily the same response I got when I became a psychiatric nurse. There were many nursing colleagues who said “I couldn’t do that type of nursing.” But I have also been told “Oh, you’re not a real nurse.” The truth is no matter what specialty we choose to work in, what separates a good nurse from an excellent nurse is the passion that we have for our specific patient population and the willingness to go out of our way to provide the best possible care for them.

Much like other nursing specialties, psychiatric-mental health nursing is both an art and a science. Psychiatric nurses form strong therapeutic relationships with their patients so they can treat the whole person, not just the illness. As knowledge workers, psychiatric nurses remain current and maintain basic knowledge in scientific advances such as genetics and neuroscience to influence their practice. The nursing profession is diverse and provides limitless career opportunities. And each of us must find an area of nursing that we are passionate about and strive to be the best nurse there is. When we are lucky enough to find our nursing specialty, we must aim to become the best professional nurse that we can be, I am one of the fortunate ones as early on in my career that search has ended and my professional journey has led me to psychiatric-mental health nursing. As a psychiatric nurse, the work that I do every day with my patients and their families is nothing short of real nursing because without mental health, there is no health. Most importantly, we save lives too!

Author’s Bio:
Michael Wolf, MSN, RN-BC is nurse manager of the child and adolescent inpatient psychiatric unit at Wolfson Children’s Hospital in Jacksonville, FL. He is also co-chair of the RN Practice Council of the American Psychiatric Nurses Association (ANPA) Florida Chapter, and a nationally certified instructor for NAMI F2F (National Alliance for Mental Illness Family-to-Family). Email: Michael.Wolf@bmcjax.com

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Hello FNA members! My name is Cassidy Camden and I am the 2019-2019 FNSA Treasurer. I am a recent graduate of AdventHealth University, who is pursuing a career in Emergency Medicine. An important role that I have as Treasurer is to fundraise for FNSA scholarships. These scholarships are handed out to FNSA members every year at Convention, which is a great opportunity for us to give back to our members. You have the amazing opportunity to become Sustaining Members of FNSA and with this membership you directly donate to the FNSA scholarship fund! As a FNA member you have the amazing ability to help out future nurses. Sustaining Memberships are $30.00 for the whole year. A Sustaining membership includes: bi-monthly Hotline (FNSA newsletter), the FNSA email blast, Convention updates, fundraising drives, and other events that FNSA has planned! Again, this is an amazing opportunity to know what FNSA is doing and to help support the FNSA scholarship fund. Steps to apply for a sustaining membership can be found on our website, FNSA.net. If you have any questions, please email me at fnsatreasurer@gmail.com. The FNSA executive board and members thank you for your continued support!
Strategies for reducing patient violence and creating a safe workplace

Patient violence: It's not all in a day's work

By Lori Locke, MSN, RN, NE-BC; Gail Bromley, PhD, RN; Karen A. Federspiel, DNP, MS, RN-BC, GCNS-BC

Reprinted from American Nurse Today, Volume 13, Number 5

Robert, a 78-year-old patient, requests help getting to the bathroom. When the nurse, Ellen, enters the room, Robert's lying in bed, but when she introduces herself, he lunges at her, shoves her to the wall, punches her, and hits her with a foot stool. Ellen gets up from the floor and leaves the patient's room. She tells her colleagues what happened and asks for help to get the patient to the bathroom. At the end of the shift, Ellen has a swollen calf and her shoulder aches. One of her colleagues asks if she's submitted an incident report. Ellen responds, "It's all in a day's work. The patient has so many medical problems and the risk of being victimized.

Alarming statistics

The statistics around patient violence against nurses are alarming. 67% of all nonfatal workplace violence injuries occur in healthcare, but healthcare represents only 11.5% of the U.S. workforce.

Emergency department (ED) and psychiatric nurses are at highest risk for patient violence. 25% of psychiatric nurses experience disabling injuries from patient assaults. At one regional medical center, 70% of 125 ED nurses were physically assaulted in 2014.

Consequences of patient violence

In many cases, patients' physical violence is life-changing to the nurses assaulted and those who witness it. (See Alarming statistics.) As a result, some nurses leave the profession rather than be victimized—a major problem in this era of nursing shortages.

Too frequently, nurses consider physical violence a symptom of the patient's illness—even if they sustain injuries—so they don't submit incident reports, and their injuries aren't treated. Ultimately, physical and psychological insults result in distraction, which contributes to a higher incidence of medication errors and negative patient outcomes. Other damaging consequences include moral distress, burnout, and job dissatisfaction, which can lead to increased turnover, increased inefficiency, higher rates of patient errors, and increased consequences for the hospital or facility involved.

Workplace violence prevention

Therapeutic communication and assessment of a patient's increased agitation are among the early clinical interventions you can use to prevent workplace violence. Use what you were taught in nursing school to recognize behavioral changes, such as anxiety, confusion, agitation, and escalation of verbal and nonverbal signs. Listening carefully to how these behaviors reside in thoughtful responses. Your calm, supportive, and responsive communication can de-escalate patients who are known to be potentially violent or who are annoyed, angry, belligerent, demeaning, or are beginning to threaten staff. (See Communication strategies.)

Other strategies to prevent workplace violence include applying trauma-informed care, assessing for environmental risks, and recognizing patient triggers.

Trauma-informed care

Trauma-informed care considers the effects of past trauma patient experiences and encourages strategies that promote healing.

The Substance Abuse and Mental Health Services Administration says that a trauma-informed organization:

- realizes patient trauma experiences are widespread;
- recognizes trauma signs and symptoms;
- responds by integrating knowledge and clinical competencies about patients' trauma;
- resists retraumatization by being sensitive to interventions that may exacerbate patient interactions.

This approach comprises six principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues. Applying these principles will enhance your competencies so that you can verbally intervene to avoid conflict and minimize patient retraumatization. For more about trauma-informed care, visit samhsa.gov/nctic/trauma-interventions.

Environmental risks

To ensure a safe environment, identify objects in patient rooms and nursing units that might be used to hurt oneself or others. Chairs, footstools, IV poles, housekeeping supplies, and glass from lights or mirrors can all be used by patients to hurt themselves or others. Remove these objects from all areas where violent patients may have access to them.

Patient triggers

Awareness of patient triggers will help you anticipate how best to interact and de-escalate. (See Patient triggers.) Share detailed information about specific patient triggers during handoffs, they're able to alleviate stress.

Effective communication is the first line of defense against patient violence. These tips can help:

- To build trust, establish rapport and set the tone as you respond to patients.
- Meet patients' expectations by listening, validating their feelings, and responding to their needs in a timely manner.
- Show your patients respect by introducing yourself by name and addressing them formally (Mr., Ms., Mrs.) unless they state otherwise.
- Explain care before you provide it, and ask patients if they have questions.
- Be attentive to your body language, gestures, facial expressions, and tone of voice. Patients' behavior may escalate if they perceive a loss of control, and they may not hear what you say.
- Control your emotions and maintain neutral, nonthreatening body language.
- Strive for communication that gives the patient control, when possible. Example: "Which of your home morning routines would you like to follow while you're in the hospital? Would you like to wash your hands and face first, eat your breakfast, and then brush your teeth?"
- Offer a positive choice before offering less desirable ones. Example: "Would you prefer to talk with a nurse about why you're upset, or do you feel as though you will be so angry that you need to have time away from others?"
- Only state consequences if you plan to follow through.
- Listen to what patients say or ask, and then validate their requests.
- Discuss patients' major concerns and how they can be addressed to their satisfaction.

Communication strategies

Despite these strategies, patients may still become upset. If that occurs, try these strategies to de-escalate the situation before it turns violent.

Nonverbal communication. "I see from your facial expression that you may have something you want to say to me. It's okay to speak directly to me."
- Challenge your preconceptions. "My goal is to be helpful to you. If you have questions or see things differently, I'm willing to talk to you more so that we can understand each other better, even if we can't agree with one another."
- Perceptions of an incident or situation. "We haven't talked about all aspects of this situation. Would you like to talk about your perceptions?"
Recognizing and understanding patient triggers may help you de-escalate volatile interactions and prevent physical violence.

**Common triggers**
- Expectations aren’t met
- Perceived loss of independence or control
- Upsetting diagnosis, prognosis, or disposition
- History of abuse that causes an event or interaction to retraumatize a patient

**Predisposing factors**
- Alcohol and substance withdrawal
- Psychiatric diagnoses
- Trauma
- Stressors (financial, relational, situational)
- History of verbal or physical violence

in interdisciplinary planning meetings, and with colleagues in safety huddles.

**What should you do?**
You owe it to yourself and your fellow nurses to take these steps to ensure that your physical and psychological needs and concerns are addressed:

- Know the definition of workplace violence.
- Take care of yourself if you’re assaulted by a patient or witness violence.
- Discuss and debrief the incident with your nurse manager, clinical supervisor, and colleagues.
- Use the healthcare setting’s incident reporting to document violent incidents and injuries.
- File charges based on your state’s laws.

Your organization should provide adequate support to ensure that when a nurse returns to work after a violent incident, he or she is able to care for patients. After any violent episode, staff and nurse leaders should participate in a thorough discussion of the incident to understand the dynamics and root cause and to be better prepared to minimize future risks. Effective communication about violent patient incidents includes handoffs that identify known risks with specific patients and a care plan that includes identified triggers and clinical interventions.

**Influence organizational safety**
You and your nurse colleagues are well positioned to influence your organization’s culture and advocate for a safe environment for staff and patients. Share these best practices with your organization to build a comprehensive safety infrastructure.

**Advocate for the workplace you deserve**
Physically violent patients create a workplace that’s not conducive to compassionate care, creating chaos and distractions. Nurses must advocate for a culture of safety by encouraging their organization to establish violence-prevention policies and to provide support when an incident occurs.

You can access violence-prevention resources through the American Nurses Association, Emergency Nurses Association, Centers for Disease Control and Prevention, and the National Institute for Occupational Safety and Health. Most of these organizations have interactive online workplace violence-prevention modules. (See Resources.) When you advocate for safe work environments, you protect yourself and can provide the care your patients deserve.

**Resources**
- American Nurses Association (ANA) (goo.gl/NkshPW): Learn more about different levels of violence and laws and regulations, and access the ANA position statement on incivility, bullying, and workplace violence.
- Centers for Disease Control and Prevention (CDC.gov/niosh/topics/vio-lence/training-nurses.html): This online course (“Workplace violence prevention for nurses”) is designed to help nurses better understand workplace violence and how to prevent it.
- Emergency Nurses Association (ENA) toolkit (goo.gl/oJuYsb): This toolkit offers a five-step plan for creating a violence-prevention program.

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