26th Annual Nurses Day at the General Assembly was a huge success. Secretary of Health and Human Resources, Dr. William Hazel addressed students on the steps of the state capitol.

26th Annual Nurses Day Photos continued on page 6
It doesn’t get any better than this! Nursing is at the crossroads of its greatest opportunity to lead change and advance health for the communities we serve. With the publication of The Institute of Medicine (IOM): the Future of Nursing, Leading Change, Advancing Health report there has never been a more robust body of evidence that nurses change lives and effect outcomes for patients. So much is aligned to facilitate the ability for nurses to take the lead and move the health care agenda forward.

Your professional organization, the Virginia Nurses Association, is poised to advocate for the changes needed. You can be proud of the Virginia Nurses Association 110th Delegate Assembly House of Delegates for passing bylaw changes that will allow the organization to be more flexible and responsive to members’ needs and the nurses of the Commonwealth. The new bylaws allow for a governance structure that is prohibited by hierarchy and barriers. Instead, the bylaws provide a governance structure that is being designed by the members with the ability to develop chapters around geography or special interest groups. This flexibility will provide the ability to meet the changing needs of nursing, the nursing profession and the health care communities we serve. Furthermore, beginning in 2011, all members will have a vote and voice in VNA.

The Institute of Medicine (IOM): the Future of Nursing, Leading Change, Advancing Health report could not have been published at a better time. The report is a two year collaborative partnership of the Robert Wood Johnson Foundation and the Institute of Medicine research and evidence with four key messages. Fortunately, this report was issued in time to be incorporated and reviewed by the Virginia Healthcare Reform Initiative (VHRI) Advisory Council. This statewide key initiative, appointed by Governor McDonnell and Chaired by Secretary, Health and Human Resources, Dr. Bill Hazel has issued recommendations for how healthcare reform may take place in Virginia. A full copy of their report may be found at [website address].

The Institute of Medicine: The Future of Nursing, Leading Change, Advancing Health Report’s four key messages:

1. Nurses should practice to their full scope of education and training
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless educational progression
3. Nurses should be true partners with physicians and other health professionals in redesigning health care in the US.
4. Effective workforce planning and policy require better data collection and an improved information infrastructure

A Steering Committee will be established by VNA Board to provide oversight for the implementation of these initiatives in Virginia. VNA is taking the opportunity to work with other partners to design and implement the recommendations and changes in the report applicable to Virginia Nurses. VNA has a collaborative relationship with the Virginia Council of Nurse Practitioners and will continue to advocate seeing regulations expanded to allow Advance Practice Nurses to practice to the full scope of education and training. The Virginia Magnet Consortium has assumed the role of moving the achievement of higher levels of education and training. VNA will look for all avenues for nursing to be at the table with all health professionals to redesign health care. Virginia is ahead in the data collection and the information infrastructure with the Department of Health Professions Workforce Data Center and the newly created Virginia Workforce Development Authority.

The VHRI developed 28 recommendations that have been submitted to the Secretary of Health and Human Resources. Many of the recommendations align with the IOM Future of Nursing Report. The recommendations include a multi-dimensional comprehensive study of team based care delivery models designed to allow all health professions to practice to the full extent of their education and training and also to see that health professions are educated in interdisciplinary models. The VHRI Advisory Council understands how important nurses are to the delivery of health care and outcomes for the citizens of the Commonwealth.

Therefore, you see that we are at a crossroads where we can leverage all current initiatives to enable the nursing profession to drive the change needed while elevating the value and practice of nursing and promoting excellence and healthy environments for practice.

I will quote the words of our famous President John F. Kennedy—If not us, who? If not now, when? This is an exciting time in health care and in nursing and an exciting time for you to be involved. You receive the VNT because you are a licensed professional nurse in the Commonwealth, but the work that we need to do requires you to join other members of our professional organization. I invite you to join me on the journey to take our profession to the next level and become a member of VNA.

The mission of the VNA is to promote education, advocacy and mentoring for registered nurses to advance professional practice and influence the delivery of quality care.

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VNA Mission Statement
The mission of the VNA is to promote education, advocacy and mentoring for registered nurses to advance professional practice and influence the delivery of quality care.
Updates for the New Year

James A. Pickral Jr.
Pickral Consulting, LLC

On December 17th, 2010, Governor McDonnell presented his amendments to the current budget during a joint meeting of Senate Finance and House Appropriations. The Governor began by giving an overview of the Commonwealth's recent financial history. The Governor remarked that Virginia trimmed 1.8 billion dollars from the budget in 2010. Since then the Commonwealth has realized a revenue surplus of 403 million dollars and has created a net of 55,000 new jobs. Virginia's unemployment rate also remains three points below the national average. However, the Governor stated that he was far from pleased with the economic condition of the Commonwealth and was insistent that there was much more work to be done.

The Governor stated that projections show the Commonwealth realizing 283 million dollars in net new revenue over the current biennium. On top of this, the Governor's amendments will seek to save and reprioritize an additional 191.9 million dollars. The focus of the current amendments rests in four priority categories:

1. Government Reform
2. Economic Development and Job Creation
3. Transportation Infrastructure (Four billion dollars over the next three years)
4. Higher Education (Focused on affordability and accessibility)

In addition to the above, the Governor focused on changes to the Virginia Retirement System which will result in state employees paying 2% toward their retirement. It was noted that Virginia is only one of four states that don't require all of their state employees to contribute something to this benefit. The Governor also focused on the cost of health care. To reduce health care costs the Governor will work on controlling medical inflation and future enrollment. The Governor also announced his intention of extending Medicaid Managed Care to all recipients. Study groups will be formed to explore new models of care management.

Of general interest to health care were several amendments. They are detailed below:

- Mandatory electronic claims submission and mandatory acceptance of electronic funds transfer (EFT).
- $1,350,000 to conduct an independent audit of DMAS, Department of Health, Social Services, and Behavioral Health
- The Department of Corrections will study whether or not in house health care provision would be less expensive than contracted providers.
- The Governor has offered language that would give DMAS the authority to extend Medicaid Managed Care to all enrollees.

Keep in mind that these amendments require the approval of the General Assembly. We will be working diligently to mitigate any negative impact and will keep you informed as to the progress of these amendments during the 2011 General Assembly. Please let me know if you have questions or need more information.
Virginia's hospitals and health systems provided more than $2 billion in community benefit programs and services and accounted for $25 billion in economic activity in 2009. According to the Virginia Hospital & Healthcare Association's third annual statewide report, the amount of community benefit provided by Virginia's tax-exempt hospitals exceeds the value of the tax exemptions they receive by more than $430 million. The economic benefit includes $14 billion in direct spending, which generated an additional $11.3 billion in indirect spending by other businesses and individuals.

"Virginia's hospitals and health systems are committed to providing high quality health care to all," says John P. Duval, chief executive officer of MCV Hospitals of VCU Health System in Richmond and chairman of VHHA. "In addition, this report demonstrates they are vital to their communities by serving as safety net providers, community health advocates and economic engines. They are committed to improving the overall health and well-being of their patients and the communities they serve, and investing in these communities in extraordinary ways to ensure a bright future."

The report data is based on hospital costs, not charges, and includes all acute-care and certain specialty hospitals in the state. "Community benefit" was defined using the Internal Revenue Service definition that took effect in tax year 2009. For Virginia this represents:

- Charity Care: $491 million
- Medicaid Shortfall: $205 million
- Other Means-Tested Programs: $3 million
- Subsidized Health Services: $58 million
- Community Benefit Programs and Services: $263 million

The economic impact is measured through the dollars spent on payroll, other operating expenses and capital projects, all of which are recirculated in the economy through consumer spending, purchases by suppliers and contractors and other forms of economic activity. The health care and social services industry represents 12 percent of statewide economic activity. The health care and social services industry represents 12 percent of statewide economic activity. The health care and social services industry represents 12 percent of statewide economic activity.

Community Benefit

By their presence, hospitals and health systems provide the most basic of community benefits—the ability to obtain health care when it is needed. But the impact extends beyond the care they give:

- Quality of life is improved by the many community benefit programs and services they provide.
- They have a significant economic impact as employers and consumers of goods and services, and this impact generates additional economic activity throughout the community.

Community Benefit

Using the Internal Revenue Service (IRS) definition that took effect in tax year 2009, the value of the community benefit programs and services provided by all acute-care Virginia hospitals exceeded $1 billion in 2009.

The IRS definition of community benefit includes:
- Charity Care
- Medicaid Shortfall
- Community Benefit Programs & Services

The amount of community benefit provided by Virginia's tax-exempt hospitals exceeds the value of the tax exemptions they receive by more than $430 million. All of the information in VHHA's community benefit report is based on costs (not charges), and the costs are net costs (i.e., they take into account any revenue a hospital may receive for a particular service).

Programs that hospitals and health systems offer as part of their marketing efforts are not included. There are other contributions that hospitals make that fall outside the IRS definition of community benefit but are necessary to provide a complete picture of the contributions made by Virginia hospitals to their communities:
- Medicare Shortfall: $522 million
- Bad Debt Expense: $376 million
- Community Building: $82 million
- Taxes Paid: $174 million
- Community Building: $2 million

*Some part of bad debt expense can legitimately be considered charity care

Economic Impact

The total economic impact of the state's hospitals and health systems was $25 billion in 2009. This includes $14 billion in direct spending, which generated an additional $11.3 billion in indirect spending by other businesses and individuals.

Health care-related employment is another way to gauge the economic impact. Virginia Hospital & Healthcare Association members employed more than 122,000 people in hospitals, ambulatory care centers and nursing homes in 2009, which statewide accounts for 12 percent of all employment. Health care facilities are among the top three employers in 60 percent of the localities in the state.

Job creation is another way to measure economic impact. Due to the multiplier effect, the approximately 122,000 positions in hospitals and health systems created almost 72,000 jobs elsewhere in the state.

Frequently Asked Questions

The Impact of Virginia Hospitals & Health Systems on their Communities

An Annual Report on Community Benefit and Economic Impact

January 2011

How was this report put together?

The community benefit data analysis in this report is based on FY 2009 data submitted by VHHA members. Community benefit data presented are based on the instructions and worksheets for Schedule H of the Internal Revenue Service Form 990 which took effect in Tax Year 2009.

Where did the data come from?

Data sources include audited financial statements, Medicare and Medicaid cost reports and tax rate data from the Weldon Cooper Center at the University of Virginia.

What type of data is used?

All data in VHHA's community benefit analysis:
- Is based on costs (not charges)

VHHA Annual Update continued on page 5
How was the value of tax-exempt status calculated?
The methodology used to calculate the value of services provided by hospitals was developed by Verite Consulting and was tested by comparing results to similar in-house efforts undertaken by some tax-exempt members, and by comparing the model's results to actual taxes paid by proprietary hospitals or health systems.

Which hospitals are included in VIHHA's report?
The data reflects information for all of Virginia's acute care hospitals and certain specialty hospitals regardless of tax status.

Will VIHHA provide data for individual hospitals and health systems included in this analysis?
The VIHHA report is intended to provide only a statewide aggregate analysis of the amount of community benefit provided by hospitals and health systems in Virginia. We believe it is more appropriate for individual hospital or health system data to be made make available by that organization.

Definitions
Charity care is the free or discounted care provided by hospitals to individuals who are uninsured or underinsured as a result of limited coverage and high deductibles and co-pays.
- At a minimum, hospitals offer free care to individuals whose incomes are at or below 100 percent of the federal poverty level. Many provide free care to patients whose incomes are 200 percent of FPL or higher. For those whose incomes are too high to qualify for free care, hospitals discount the cost of the care through sliding fee scales or other adjustments.
- Virginia hospitals admitted more than 106,000 uninsured patients in 2009.

Medicaid shortfall is the amount by which Virginia hospitals are underpaid by the state for the care provided to Medicaid patients.
- In 2009 Virginia's Medicaid program paid hospitals 75 cents for every dollar spent on inpatient care and 80 cents for every dollar spent on outpatient care.
- Services to Medicaid patients account for about 14 percent of hospital admissions statewide.

Community benefit programs and services are activities that meet the strict criteria of the Internal Revenue Service definition of community benefit. They fall into one of the following categories:
- Community health improvement
- Community benefit operations
- Health professions education
- Subsidized health services
- Research
- Cash and in-kind contributions

Medicare shortfall is the amount by which hospitals are underpaid by the federal government for care provided to Medicare patients, who are 65 and older regardless of income or disabled. On average hospitals are paid 89 cents for every dollar spent providing care to these patients.

Bad debt is the cost that hospitals incur as a result of services provided to patients whom payment was expected but not received, after attempts were made to collect the amount due. Some portion of bad debt may be more accurately considered as charity care.

Community building is a type of activity that many hospitals engage in that falls outside the strict definition of community benefit. It includes, among other things, disaster readiness, support for housing and economic development, child care and mentoring programs.

Taxes paid is the amount of federal, state and local taxes paid by Virginia hospitals and health systems. In 2009 this totaled $174 million. Of this amount, about $158 million was paid by for-profit hospitals.
Thank You to all of our Supporters for making the 26th Nurses Day at the General Assembly A Huge Success!

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Sallie Eissler, President of the Virginia Nurses Foundation with Bonnie Vencill, AORN Legislative State Coordinator VA participate at the annual Legislative Day at the General Assembly.

Cindy Fagan, President of the Virginia Council of Nurse Practitioners gives 600+ students and nurses a Legislative update on what is happening in the General Assembly.

Keynote speaker for the Annual Emily Couric Address, Dr. Karen Daley, PhD, MPH, RN, FAAN, President American Nurses Association. President Daley also accompanied the 600+ nurses and student nurses to the state capitol to hear Dr. William Hazel speak about healthcare in the Commonwealth.

VNA Commissioner on Government Relations, Linda Ault, MSN, RN, Commissioner on Government Relations spoke on “How to approach and talk to your Legislator—Helpful hints for your visit to the Capitol.

VNA members greet Dr. Hazel on the steps of the state capitol: (Left to Right) Lucia Fernandez, president of District 9, Sallie Eissler, President of VNF, Dr. William Hazel, the Commonwealth’s secretary on Health and Human Resources, Linda Dedo, VNA Commissioner on Nursing Education and Tom Haller, former VNA President.

Nurses who went to meet with Legislators include (Left to Right) Lucia Fernandez, BSN, HTP,HN, RN, President District 9; Linda Dedo, MSN/MHA,RN, VNA Commissioner of Nursing Education; Shirley Gibson, MSNA, RN, FACHE, VNA President and ANA President, Karen Daley, PhD, MPH, RN, FAAN.
American Nurses Association—National Nurses Week News
National Nurses Week to be Celebrated May 6-12

National Nurses Week begins each year on May 6th and ends on May 12th, Florence Nightingale's birthday. These permanent dates enhance planning and position National Nurses Week as an established recognition event. As of 1998, May 8 was designated as National Student Nurses Day, to be celebrated annually. And as of 2003, National School Nurse Day is celebrated on the Wednesday within National Nurses Week (May 6-12) each year.

The nursing profession has been supported and promoted by the American Nurses Association (ANA) since 1896. Each of ANA's state and territorial nurses associations promotes the nursing profession at the state and regional levels. Each conducts celebrations on these dates to recognize the contributions that nurses and nursing make to the community.

The ANA supports and encourages National Nurses Week recognition programs through the state and district nurses associations, other specialty nursing organizations, educational facilities, and independent health care companies and institutions.
How the Health Care Reform Law Affects APRNs

by Lisa Summers, DrPH, CNM
From The American Nurse • May/June 2010

Now that the health care reform bill has been signed into law, it is a good time to review ANA’s advocacy for health system reform and take a look at how advanced practice registered nurses (APRNs) were recognized in and incorporated into the “Patient Protection and Affordable Care Act” (PPACA).

PPACA was the culmination of many years of policy and advocacy work on the part of ANA and its members. In the 2008 elections, ANA published a Health System Reform Agenda that updated principles first disseminated in the early 1990s, calling for guaranteed access to high-quality, affordable health care for everyone. In addition, ANA worked in concert with the nursing community to develop Commitment to Quality Healthcare Reform: A Consensus Statement from the Nursing Community, which included many recommendations specific to APRNs. ANA members held elected officials to their promise of universal health coverage by joining ANA’s health reform team and contacting members of Congress, testifying at hearings, sharing personal stories, and attending rallies and events. And in the process, APRNs had a seat at the table with Congress and their staffs about the value of APRNs.

There are many important provisions of interest to ANS on the new law relating to education, new models for patient care delivery, and reimbursement. Some of the highlights include the following:

• $50 million a year to establish graduate nurse education (GNE), including programs for each of the four APRN roles.

• A mandatory funding stream for Title VIII, which includes advanced nursing education grants that prepare nurse practitioners (NPs), clinical nurse specialists (CNSSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs).

• A demonstration grant to create a one-year residency program for NPs in federally qualified health centers (NFHCs).

• 850 million in grants for NMHCs.

• A grant program for school-based health centers.

• The recognition of NPs and CNSSs as “Accountable Care Organization (ACO) Professionals.”

• A 10 percent bonus payment under Medicare for primary care practitioners, including NPs and CNSSs.

ANA joins with our newest organizational affiliate, the American College of Nurse-Midwives, in its celebration of success in a long-fought battle for payment equity. Since the original recognition of CNM under Medicare in 1988, CNMs were reimbursed at 65 percent of the rate paid a physician for the same services. Effective January 2011, the reimbursement rate for CNSSs for covered services will be 100 percent, increasing access to midwifery care for disabled and senior women in need of reproductive health services and maternity care.

Many important details are not spelled out in the legislation, but will be left to the regulatory process, during which various agencies will be responsible for issuing rules. Some of those details, such as the formulation of the interdisciplinary team in the medical home and requirements for ordering durable medical equipment, are particularly important to APRNs.

This “rule making” is a complicated and often a long process (typically as long as 18 months), although the administration is moving forward quickly. ANA is following the process closely and will provide updates to members. Likewise, we are following the formulation of various commissions and will work to ensure that the interests of nursing are represented.

While this is much to be celebrated, not all our legislative priorities for APRNs were addressed in PPACA, notably the certification of home health services and Medicaid reimbursement.

For more information, refer to the Health Care Reform Toolkit at www.nursingworld.org which includes summaries and detailed coverage of PPACA, a timeline for implementation, and the key provisions related to nursing, including APRNs. If you have questions relating to ANA’s work on behalf of APRNs, contact Lisa Summers, DrPH, CNM, senior policy fellow, department of Nursing Practice and Policy, at lisa.summers@ana.org.

Lisa Summers is a senior policy fellow, Department of Nursing Practice and Policy at ANA.

A Priority Workforce Issue

by Loressa Cole, BSN, MBA,CNEA, FACHE
VNA Commissioner of Workforce Issues

As we approach a new year with many challenges/issues before us, we must first recognize the power of US nurses. There are currently more than three million licensed registered nurses in the United States and 25 percent are working full time. This number represents more practicing nurses than ever before to elevate matters of importance to our profession. Another impressive statistic is the number of practicing nurses is growing in incidence and studies now support the harmful effects of lateral violence are student nurses and the novice nurses. In one study 34 percent of student nurses reported an incidence of lateral violence (Leiper, 2006), and another demonstrated that 35 percent of all nurses have witnessed nurse-on-nurse violence in the previous six months (Nursing, 2006). It is therefore not surprising that more than 25 percent of all nurses will leave their first employer within the first year of hire! Unfortunately it is often the preceptor that is implicated by the novice nurse as the perpetrator of harmful behaviors. The time is now for all nurses, particularly to recognize workplace violence for what it is. If there is a victim, then it is violence, and violence may be manifested by both overt and subtle behaviors. Overt signs are often evidenced by verbal abuse, sabotage, back stabbing, and non-verbal innuendo. More subtle, but equally harmful behaviors can include withholding information, broken confidences, exclusion, gossiping and unfair assignments. Experienced nurses have a responsibility to take a leadership role in maintaining a healthy work environment that is not conducive to any form of violence. We must first understand contributing factors that drive lateral violence, and seek to raise the awareness of all practicing nurses to recognize and confront these behaviors for what they are, a detriment to our profession at large and the patients we serve.

The Center for American Nurses (Feb, 2008), states “it is the position of the CENTER that there is no place in a professional practice environment for lateral violence and bullying among nurses or between health care professionals. All health care organizations should implement a zero tolerance policy related to disruptive behavior, including a professional code of conduct and educational and behavioral interventions to assist nurses in addressing disruptive behavior.” The Center provides a “bullying in the workplace tip sheet” at www.centerforamericanurses.org. Indeed, our own ANA Code of Ethics for Nurses (2001) prohibits “any form of harassment or threatening behavior or disregard for the effect of one’s actions on others.”

As we address the many issues before us in 2011, let us agree that nurse-on-nurse violence must first be understood to be prevented. Cultures that support healthy work environments are attainable, despite the many stressors in our workplaces. Educational plans and clear strategic goals should exist in every workplace to address violence and to communicate to all health care providers zero tolerance for behaviors that harm. Our guiding professional organizations provide many tools to stop lateral violence and to preserve our rich heritage and future. In 2011 let us all commit to prioritizing lateral violence to an immediate issue in every workplace.
As essential providers throughout the healthcare delivery system, it is important that advanced practice nurses (APNs) consider the risk management policies they have in place. Having the right professional liability coverage will alleviate some of the risk involved with every day practice, and will provide the APN with an added level of protection. Professional liability insurance typically pays for a defense attorney and any settlement or judgment against the APN, up to the policy limits. Depending on the policy, the APN may also be covered for licensure defense should the APN be reported to the Board of Nursing.

Even if an APN has coverage provided by an employer, the coverage terms may not be adequate, and unless an APN has a personal policy, there is no guarantee that the APN’s interests will be protected.

In preparing to select the right professional liability coverage, the following tips may provide a framework from which the APN can better select a professional liability insurer or agent:

• **The Agent:** Choosing the right agent is important. Professional liability coverage can be complicated and it may be better to select an agent who specializes in handling professional liability coverage. A homeowner or automobile agent may not be as well versed in the intricacies of professional liability coverage.

• **The Practice Setting:** Be certain the agent or insurance carrier fully understands the practice setting and business model. The professional liability needs of an APN employed by a hospital are different from the APN who owns a practice, and it is important the agent has a comprehensive understanding of the practice.

• **Licensed in Virginia:** It’s always best to choose insurers and agents that are licensed to do business in Virginia. The State Corporation Commission’s Bureau of Insurance can verify that an insurer and agent’s licensing information is accurate and up-to-date.

• **Type of Coverage:** Know what type of coverage will work best for you. The two standard types of coverage are typically called ‘occurrence coverage,’ and ‘claims-made’ coverage. Occurrence coverage requires that the claim incident occurs during the period the policy is in force. Under occurrence coverage, if the incident occurred while the policy was in force, but the claim was made after the policy period, the claim would be covered. Claims-made coverage differs from occurrence in that the incident and the claim must be made during the policy period.

• **Tail Coverage:** An extended reporting period endorsement (‘tail’ coverage) provides an additional amount of time in which a claim can be reported, even if the policy is no longer in effect.

• **Policy Premiums:** Discuss the policy premium with the insurer or agent. It is important to know what options are available and what happens if the policy is canceled. Make certain to clarify the date when the premium will increase and what will happen in the event of a claim.

• **Deductibles:** Discuss deductible options with the insurer or agent. Some insurers provide a lower monthly premium for policies with higher deductible amounts.

• **Limits of Liability:** Professional liability policies typically have two sets of liability limits. The first is a per occurrence limit, which sets the terms for how much the insurer will pay for any one claim. The second is the aggregate limit which sets the limit for what the insurer will pay in total for all claims against the insured. Make certain your liability limits are adequate.

• **Classes or Programs:** Ask if the insurer provides risk management classes or programs. Attending these classes or programs may help lower your costs and reduce exposure to risk.

• **Employer Provided Coverage:** In situations where the APN is covered by an employer’s policy, it is important that the APN fully understands the terms of the policy to assure adequate coverage.

Today’s APN plays an integral and ever-growing role in the delivery of healthcare in a wide range of practice settings. With this increased role comes increased risk, and mistakes can happen, even to the best clinicians. Obtaining professional liability coverage will help protect the APN’s interests and help safeguard their ability to practice.

Michele Satterlund is an employment and health care attorney with Macaulay & Burtch, P.C. in Richmond, Virginia. She can be reached by telephone at 804-649-8847 or by email at msatterlund@macbur.com.
Congratulations to Kathryn Ganske, PhD, RN and VNA Member

NEW ETHICS ADVISORY BOARD

MEMBERS APPOINTED

The American Nurses Association (ANA) announced the appointment of new members to ANA’s Center for Ethics and Human Rights Advisory Board for the 2010-2014 term. The advisory board is a deliberative body of experts who focus on providing direction for the Center concerning issues of current ethical concern to nursing practice, education, research, administration, and other matters related to the Center’s mission and goals. The Ethics Advisory Board’s appointees include the following:

Chairperson Sharon Sweeney Fee, PhD RN
Fee is a nurse informatics specialist, who is helping to implement an electronic health record at a rural health care system in Livingston, MT.

Barbara Chamberlain, PhD, APRN, MBA, CCRN, WCC
Chamberlain has more than thirty years of experience as a staff nurse, nursing supervisor, educator, corporate director, clinical nurse specialist, and statewide program manager. She is currently the program manager for Transforming Care at the bedside, a statewide program funded by the Robert Wood Johnson Foundation and housed at the New Jersey Hospital Association in Princeton, NJ.

Kathryn Ganske, PhD, RN
Ganske has 16 years experience in nursing education and has served as director of the Division of Nursing at Shenandoah University for the past three years. A Virginia Nurses Association member, she teaches both graduate and undergraduate classes in bioethics and genomics and is currently completing work on a qualitative study of moral reasoning in clinical nurses.

Marge Hegge, EdD, RN
Hegge has more than 30 years experience serving in diverse leadership roles and is currently a tenured distinguished professor and assistant undergraduate department head for the accelerated program at the College of Nursing, South Dakota State University.

Bette K. Idemoto, PhD, ACNS-BC, CCRN
Idemoto has been a cardiovascular clinical nurse specialist for 20 years at University Hospitals Case Medical Center in Cleveland, Ohio working with critically ill patients in the Surgical ICU and surgical post-op telemetry. A member of the Ohio Nurses Association (ONA), she has presented and published extensively on cardiovascular topics. She has recently completed a four-year elected term as a member of the ANA Congress on Nursing Practice & Economics (CNPE). Her committee work while on the CNPE included revision of the ANA Social Policy Statement.

Cynthia Ann Lasala, MS, RN
Lasala, a member of the Massachusetts Association of Registered Nurses has more than 35 years of experience as a staff nurse, educator, and advanced practice registered nurse in acute care public and private health care settings. She is currently a clinical nurse specialist in Medicine at Massachusetts General Hospital (MGH) in Boston.

Continuing on the board until June 2012 are: Vicki D. Lachman, PhD, MBA, APRN, and Kevin Daughtry Hook, BSIN, MA, RN, both with the Pennsylvania State Nurses Association; Karen Heminger, PhD, FNP, a member of the Indiana State Nurses Association; and Col. John S. Murray, PhD, RN, a member of FedNA.

The Center for Ethics and Human Rights, established by ANA in 1990, works to disseminate information, both theoretical and practical, designed to address issues in ethics and human rights at the state, national, and international levels in collaboration with ANA constituents. The Center remains responsive to the changing realities within health care and the nursing profession and is committed to addressing professional, ethical, and human rights challenges, and ultimately, to improving the quality of care rendered to patients and their families.

To learn more about the Ethics Advisory Board, please visit http://www.nursingworld.org/MainMenuCategories/EthicsStandards/AboutBoard.aspx.

VCU Nurse Executive Chosen for Nurse Practitioner Advocate Award

VNA President Shirley Gibson, MSHA, RN, FACHE, associate vice president of nursing for the Virginia Commonwealth University Health System, has been awarded the 2011 American Academy of Nurse Practitioners NP Advocate Award for her leadership and advocacy of nurse practitioners in Virginia.

Each year, the AANP recognizes a nurse practitioner and a nurse practitioner advocate in each state. The award recognizes the efforts of individuals, other than nurse practitioners, who have made a significant contribution toward increasing the awareness and acceptance of the nurse practitioner.

“Shirley has dedicated her career to the advancement of nursing practice and the health of the citizens of the Commonwealth,” said Deborah Zimmermann, chief nursing officer and vice president of Patient Care Services at the VCU Health System.

“Her superb leadership has led to improved access, better communication among clinical disciplines and has opened up channels of communication with policy makers.”

Gibson has advocated for removal of scope of practice barriers between the Virginia Council of Nurse Practitioners professional organization, regulatory agencies, organized medicine and other key stakeholders.

Her health care career spans more than 40 years, beginning as a staff nurse. She also serves as director of professional development in the School of Allied Health Profession’s Department of Health Administration Graduate program and president of the Virginia Nurses Association.

In addition, she has served on the Governor’s Virginia Health Reform Initiative Advisory Council, charged with the task of providing recommendations for implementing federal health reform in Virginia.

Gibson will receive the award in June at the AANP’s national conference in Las Vegas.

The AANP was founded in 1985 and is the oldest and largest full-service national professional organization for nurse practitioners of all specialties.

For more information, visit www.aanp.org.
**District 9**

Rounding out 2010 we celebrated with nursing students from our local area. Our annual career night entails sharing various career choices within nursing that is available to them to pursue after graduation. Our transitional nurse from student to RN this year was Jeri Pugh RN. She is a graduate from Blue Ridge Community College. She presently works at Augusta Health’s emergency room. Jeri shared the process from being a student to working as a RN. Other speakers included Lori Mays RN, a medical/surgical nurse who spoke about being an acute float nurse for the UVA Medical Center. Lori was able to show how a firm foundation with a med/surg experience enhanced her abilities to cross over into a float/pool position. Nancy Stikes, MSN, RN (district secretary), brought her various experiences from being a military nursing to her present position as student health nurse at Washington & Lee College. I spoke of various critical care positions, hospital float being cross-trained in special procedures, military time, industrial nursing to presently working as clinical instructor and night supervisor at UVA Medical Center. The night was filled with great questions, good food and an enjoyable time held by all.

The spring meeting will be held at Hibachi Restaurant in Staunton on February 28, 2011 at 5:30pm. Designated topic is the District to Chapter process and prospects.

Remember to check out the website (www.virginianurses.com) for updates and coming events in the districts.

Lucia Fernandez, MSN, RN
President District 9

**Central Virginia, District 5**

All meetings begin at 5:30 p.m. unless otherwise noted

March 17, 2011—General Membership meeting
Bon Secours Heart Institute
7001 Forest Road and Glenmere Drive
Richmond, VA 23230

May 19, 2011—General Membership Annual Banquet
Sheraton South
9901 Midlothian Turnpike
Richmond, VA 23235
$30.00 per person

**VNA at the ANA Advocacy Institute**

Twenty-four individuals from 17 states completed the face-to-face portion of the second annual American Nurses Advocacy Institute (ANAI) October 24-26 in Washington, DC. The Institute is a year-long mentored program designed to groom nurses with some grassroots experience to become a political leader within their state. The annual program limits attendance and all participants are screened by the CMA for endorsement. ANAI Fellows spend the year honing their advocacy skills while working on a state specific project determined by the CMA’s agenda.

The Institute provided an experienced cadre of speakers including Minnesota Representative, Erin Murphy (RN) as well as former Wyoming legislator and current ANA PAC chair, Mary Behrens. Illinois Nurses Association’s lobbyist who is also an RN, Sue Clark as well as Shaun Flynn, the Governmental Affairs Director for the New York State Nurses Association also spoke as well as serve as mentors. Rounding out the experience was delivery by George Washington University professor and JD of a session on effective strategies for creating and sustaining policy change followed by media training and an interactive session on messaging. Fellows returned home to conduct a political environmental scan to determine next steps.

Representing Virginia Nurses Association was Carolyn Guinn, MSN, RN (District 12 Board Member and past President) and Bonnie Vencill, RN (Legislative State Coordinator for VA/DC Association of Operating Registered Nurses).
Membership News

Dues Increase Began January 1st

In 2004, the American Nurses Association's (ANA) House of Delegates passed an automatic dues escalator that increases the ANA Assessment Factor based on the Consumer Price Index for Urban Consumers (CPI-U). The rate change is computed using the 12 months percentage change from June to June each year. It stipulates that the change for any year cannot go below 0% and there is a 2% cap on any increase.

Although this computation is made each year, the policy states that the dues increase is only to be implemented every three years.

VNA had not increased its membership dues since 2008. ANA's dues increase is $4.00. For full-time members, the total dues amount is now $248.00 per year. That's 91.47 per day, which is less than the average cup of coffee at your favorite café.

The New Dues Schedule is as follows:

**Regular Member**

- $248.00/year or $21.17 deducted monthly
- Any RN who is currently employed full or part-time.

**Reduced Member**

- $212.00/year or $18.50 deducted monthly
- Any RN who is currently unemployed, a full time student or retired and making more than Social Security allows; or
- Any new graduate who has graduated from school within the last six months.

**Special Member**

- $65.00/year or $5.92 deducted monthly
- Any RN who is disabled and unemployed or retired and over 62 years of age.

Members may choose the Electronic Dues Deduction Plan; which deducts 1/12 of the annual dues from your bank account on a monthly basis, To utilize this there is a $6.00 annual billing fee computed in your Membership Dues.

Welcome New & Returning Members

**District 1—Far SouthWest**
- Regina Davis
- Deborah Edmonds
- Henry Viers

**District 2—New River/Roanoke**
- Pam Bernardo
- Sarah Byrd
- Carol Patrick
- Wendy Quarles

**District 3—Central Virginia**
- Laurie Blake
- Melanie Cowart
- Martha Davis
- Tasha Marion

**District 4—Southside Hampton Roads**
- Janelle Anthony
- Mary Baber
- Stacey Childress
- Diana Chukey
- Cindy Estes
- Kelley Mullaney
- Monica Morris
- M. Nunley
- Zebulynn Wilson

**District 5—Richmond Area**
- Sandra Adenholt
- Terri Bennett
- Janet Davis
- Deborah Denmark
- Brenda French
- Peggy Journigan
- Ann McAte
- Linda Mayhew
- Frankye Meyers
- Elizabeth Petri
- Connie Puryear
- Charles Reeder
- Jill Rivers
- Carrie Waltman
- Julie Zeh
- Sheri Zinski

**District 6—Mid-Southern Area**
- James Emerson
- Paula Janey

**District 7—Piedmont Area**
- Barbara Barry
- Teresa Park
- Ann Williamson

**District 8—Northern Virginia**
- Lanelis Bradfield
- Janet Breslin
- Robin Brewster
- Elaine Caswell
- Traci Crawford
- Norina Cukon-Lyons
- Judith Dahl
- Carole Denner
- Martha Desrosiers
- Teresa Dungey
- Patricia Durr
- Phyllis Harris
- Lorraine Hudd
- Katie Jurich
- Kimberly Krakowski
- Teresita Sariguy
- Nora Skiba
- Lynn Soderstrom

**District 9—Mid-Western Area**
- Linda Bizzarre
- Donna Hahn
- Cynthia Nuckols

**District 10—Peninsula Area**
- Sheryl Bouhall
- Sharon Caldwell
- Sally Rips
- Patricia Jarvis
- Michael O'Neal
- Morgan Weston

**District 11—Eastern Shore**

**District 12—Northern Shenandoah Valley**
- Mary Sim Curry
- Emily De Faria
- Mary Jo Whitacre ◆

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SNA membership # ______________________

Choice of Payment (please check)

☑ E-Pay (Monthly Electronic Payment)

This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize ANA to charge the credit card listed in the credit card information section for the annual dues on the 1st day of the month when the annual renewal is due.

☐ Full Annual Payment

☐ Monthly Electronic Deduction

☐ Automated Annual Credit Card Payment

This payment plan is available only where there is an agreement between your employer and the association to make such deduction.

☐ Payroll Deduction

Certificate of Payroll Deduction

Please mail your completed application with your payment to VNA or to:

P.O. Box 17026

Baltimore, MD 21297-0405

* By signing the Monthly Electronic Deduction Authorization, or the Automated Annual Credit Card Payment Authorization, you are authorizing ANA to charge the amount of $21.17 full/$10.83 reduced by giving the above-suggested 30 days advance written notice. Above signed may cancel this authorization without prior receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA will charge a $5 fee for any returned drafts or chargebacks.

☐ Choice of Payment (please check)

☐ Check (payable to ANA)

☐ Visa

☐ MasterCard

☐ State nursing association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, that percentage of dues used for lobbying by the CMA is not deductible as a business expense. Please check with your CMA office for exact amount.

☐ Totally disabled

☐ 62 years of age or over and not employed

☐ New graduate from basic nursing education program, within six months after graduation (first membership year only)

☐ Full Time Student

☐ Employed - Full Time

☐ Employed - Part Time

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