

Provided to Virginia's Nursing Community by VNA. Are You a Member?

# VIRGINIA Nurses Today



The Official Publication of the Virginia Nurses Association  
Circulation 95,000 Registered Nurses and 2,300 Student Nurses

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May 2011



VNA President Shirley Gibson seated with Governor McDonnell (Center) and Delegate Chris Stolle (Right) during the signing of HB 1690, Assault against an ER Health Care provider. The Bill was signed on April 5th in the Governor's conference room in the Patrick Henry Building.

Other participants: (back row, left to right,) Mary Menafra, James Pickral, Aimee Seibert, James Jenkins, Dr. Tamera Barnes, President of VA College of Emergency Physicians, Toni Higgans, Renee Farmer, Kathy Fox.

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## President's Message

"Remember this day, mark it on your calendar—it is the day that we have come together to lay the last cornerstone to ensure safe, quality care for patients." The day was November 30, 2010, the event was the Robert Wood Johnson Foundation (RWJF) National Summit Advancing Health through Nursing and those words were the opening remarks by Dr. Risa Lavizzo-



Shirley Gibson

Mourey, President and Chief Executive Officer of the RWJF. Dr. Lavizzo-Mourey challenged the nursing community and other leaders to implement the recommendations of the landmark report on nursing published by the Institute of Medicine—The Future of Nursing: Leading Change, Advancing Health. At the National Summit five states were selected to be pilot sites in the 1st cohort of Regional Action Coalitions (RAC). The RWJF and AARP Center for Champion Nursing have launched RACs throughout the U.S. in phases, beginning with the five pilot states, California, Michigan, Mississippi, New Jersey and New York.

The RACs are a part of the Future of Nursing: Campaign for Action to ensure that the healthcare workforce can deliver high quality, patient-centered care to every American. The focus is on preparing health professionals to lead the change that will improve the healthcare system. It aims to maximize the contributions of health professionals to practice and collaborate in interprofessional teams across the spectrum of care. This also aligns with the goals and recommendations of the Virginia Health Reform Initiative. The RACs are comprised of diverse groups of stakeholders from a variety of sectors focused on interprofessional collaboration, health professionals ability to practice to the full extent of their education and training, strengthening nurse education and

training and increasing the participation of nurses as leaders.

The Virginia Nurses Association took a lead role in submitting an application in February for the second round of cohort states. The application demonstrated nursing's robust partnerships with other stakeholders and in particular with AARP VA as the co-lead for the application. Bill Kallio, AARP VA Senior State Director and David DeBiasi, Associate State Director will be co-leads along with Susan Motley, CEO, VNA and Shirley Gibson, President, VNA. Virginia was one of the 10 states selected in the second cohort from a pool of 20 applications. Virginia is well poised to meet the challenge given to all states by Dr. Lavizzo-Mourey to implement the recommendations of the Institute of Medicine—The Future of Nursing: Leading Change, Advancing Health report of 2010 which serves as a roadmap for future direction and action. Virginia was selected because of the diverse group of stakeholders already addressing the recommendations of the report. RWJF and AARP Center for Championing Nurse will lend technically support to the state RACs in order to share best practices across the nation.

The structure of Virginia's Regional Action Coalition (VA RAC) will be through an Advisory Committee that will have stakeholders and co-chairs of various workgroups that will address the five goals of the VA RAC. The goals include: practicing to the full extent of education and training for all nurses; strengthening nurse education and training through seamless progression, increasing nurses prepared at the baccalaureate level, and residency programs for nursing increasing; participation of nurses as leaders from the bedside to the boardroom; designing care delivery systems and sustaining workforce data to support demand and supply modeling and policy. Virginia is positioned well with our data analysis with the Department of Health Professions Workforce Data Center and the Department of Health Workforce Development Authority.

This is your opportunity to get involved and make a difference, this is your opportunity to change nursing for the future. Governor McDonnell refers to our state as a Commonwealth of Opportunities. The VA Regional Action Coalition provides nursing with an opportunity to lead the way to assure that the people of the Commonwealth have a nurse when they need one. If you are interested in knowing more about this work, go to [www.vaifn.org](http://www.vaifn.org) and sign up to work with us on changing nursing for the Commonwealth. This is my challenge to you! ♦

# VIRGINIA Nurses Today

is the official publication of the Virginia Nurses Association: 7113 Three Chopt Road, Suite 204 Richmond, Virginia 23226, a constituent member of the American Nurses Association.

[www.VirginiaNurses.com](http://www.VirginiaNurses.com)

[VNA@VirginiaNurses.com](mailto:VNA@VirginiaNurses.com)

Fax: 804-282-4916

The opinions contained herein are those of the individual authors and do not necessarily reflect the views of the Association.

**Virginia Nurses Today** reserves the right to edit all materials to its style and space requirements and to clarify presentations.

### 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.

### BOARD OF DIRECTORS:

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### VNA Staff

Susan Motley, CEO  
Kathryn Mahone, Administrator  
Celine Barefoot, Office Assistant

### VNT Staff

Susan Motley, Managing Editor

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## CEO Communiqué

### Susan Motley, CEO

In the last issue of the *Virginia Nurses Today*, Lindsay Cardwell provided you with an update of the chapter transition workgroup which she chairs. I am happy to report to you that at the April 8 board meeting, the VNA board of directors accepted the proposal from the work group regarding the best way to proceed with the transition of districts to chapters.



Susan Motley

By the time you read this, the district presidents will have received a packet from VNA explaining to them how to make the transition from a district to a chapter. First priority will be given to those districts that want to remain as chapters in terms of staff support to make the transition. The current elected leadership of each district will make the decision on the final dispensation of funds for any member dues that remain in their district treasuries. The districts have the option to return the funds to the VNA earmarked to the chapter development fund, donate them to the Virginia Nurses Foundation, or retain them at the district under guidelines that comply with current IRS regulations for tax exempt organizations.

Moving forward, beginning July 1, the former "district dues" will be retained at VNA in a special "chapter development fund." This will allow chapter activities to continue to be funded as well as allow for the development of new chapters and activities that will be open to all members. Many of you have expressed interest in starting a virtual chapter, new grad chapter, nursing educators' chapter, information technology chapter along with other great ideas. The guidelines for developing a new chapter are published in this issue of the *VNT*. They will also be maintained

on VNA's website at [www.virignianurses.com](http://www.virignianurses.com). If you are interested in starting a chapter, please contact [kmahone@virignianurses.com](mailto:kmahone@virignianurses.com) or 804-282-1808 and we will be glad to assist you.

This governance transition is a culmination of work that has been led by a number of the association's visionaries over the last three years. The bylaws changes that enabled this new structure were voted on at the VNA House of Delegates in 2010. In developing the guidelines the workgroup used the "philosophy of change" provided by Bennet, M. (1975). *Methods for improvement in hospitals*. New York, NY: Preston Publishing Company.

The principles below were shared by my colleague Judy Huntington from the Washington State Nurses Association during our work with the ANA dues task force and were adopted by the chapter transition workgroup. The principles include:

1. Change can improve service to members
2. Improving associations requires a conscious and continuous effort
3. Leadership is expected to develop and implement new ideas
4. There is always a better way
5. Quality driven principles should be applied to all aspects of an association
6. Open-mindedness and challenging the status quo are necessary for growth and progress
7. Improvement is not criticism of the past
8. All involved must be contribute to productive change
9. Organizational development must focus on the good of the entire group

We hope these principals are indeed evident to each VNA member as we move forward with this transition. We welcome your feedback on how we can improve the process and communication regarding this change. The VNA staff and leadership realize that we will need to be flexible in order to make this

work for everyone and to engage as many members as possible in the future of nursing in Virginia.

Finally, you will see a consent to serve form in this issue of the *VNT*. In the past, districts have elected delegates that in turn voted for VNA's elected leadership. This year, for the first time, every VNA member will have the opportunity to vote. Watch your email for instructions on how to exercise this important membership right.

We are grateful to all of you who provided your time and talent to the organization in helping us make this change to assure that VNA remains a viable organization to meet the needs of nurses in Virginia. There has never been a better time to be a member of the Virginia Nurses Association! ♦

VIRGINIA NURSES ASSOCIATION



## ONE STRONG VOICE FOR NURSING IN VIRGINIA.

### THE BENEFITS OF VNA MEMBERSHIP

#### Legislative Advocacy

- Lobbyist representing nurses and nursing issues at the Virginia General Assembly
- Enhance recognition of the nursing profession
- Ensure a positive legislative and regulatory climate for nursing practice
- Addressing the nursing shortage through increased funding for nursing scholarships and work force development
- Public policy E-Newsletter

#### Professional Development and Continuing Education

- Free and reduced cost continuing education opportunities
- Leadership development, networking and mentoring from nurse leaders
- Opportunities to participate at a reduced cost in VNA's statewide events, the VNA Annual Legislative Day and Annual Education Day
- Chapter and special interest group meetings that provide networking, continuing education opportunities, and the chance to discuss nursing trends and issues at the local level
- Developing conflict resolution skills, team building skills and delegation skills
- Virginia Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation

#### Advancing Nursing Practice

- Empower nurses to attain a positive work environment
- Publication of VNA's *Workplace Advocacy for Nurses*
- Promote evidence based nursing practice to achieve nursing excellence
- Opportunities to participate in specialty councils, develop position statements, and discuss practice issues
- Opportunities to have a voice in the formation of nursing policy on the state level



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**MISSION STATEMENT** *The mission of the Virginia Nurses Association is to promote advocacy and education for registered nurses to advance professional practice and influence the delivery of quality care. We hope you will become a member and join us in this mission.*

For information on how to join,  
please visit [www.virginianurses.com](http://www.virginianurses.com)

## VNA Opportunities and Upcoming Events



### National Nurses Week May 6-12, 2011

All across the United States, Registered Nurses were honored.

On May 6, 2011, the Virginia Nurses Association joined the American Nurses Association in celebrating **Nurses Trusted to Care**, as part of National Nurses Week, which is held May 6-12, every year. The purpose of the week long celebration is to raise awareness of the value of nursing and help educate the public about the role nurses play in meeting the health care needs of the American people.

In honor of the dedication, commitment, and tireless effort of the nearly 3.1 million registered nurses nationwide to promote and maintain the health of this nation, the ANA and VNA are proud to recognize registered nurses everywhere for the quality work they provide seven days a week, 365 days a year.

National Nurses Week begins each year on May 6th and ends on May 12th, Florence Nightingale's birthday. These permanent dates 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.

Traditionally, National Nurses Week is devoted to highlighting the diverse ways in which registered nurses, who comprise the largest health care profession, are working to improve health care. From bedside nursing in hospitals and long-term care facilities to the halls of research institutions, state legislatures, and Congress, the depth and breadth of the nursing profession is meeting the expanding health care needs of American society. ♦

## ANNUAL MEETING—SAVE THE DATE

On **September 23, 2011** come and be a part of history as VNA holds its **111th Annual Meeting**. We will gather at the **Jefferson Hotel in Richmond**. You are invited to come, meet your VNA leadership and see firsthand how the Chapter Development Plan is progressing.

The following day, Saturday, September 24 will

offer everyone a chance to attend the VNA Education Day.

Please save the dates and plan to attend. Additional information including registration forms and sponsor information will follow in the August edition of the *VNT* as well as being posted on our website at [www.virginianurses.com](http://www.virginianurses.com) ♦

Hilton Richmond Hotel & Spa

June 16, 2011

### Annual Roundtable on Nursing Practice, Education and Research

What does the IOM Report on the Future of Nursing mean for Nurses in Virginia?

- |              |  |
|--------------|--|
| 1:00 PM      | Welcome and Introductions  |
| 1:15-2:15 PM | Keynote Address: What does the IOM Report mean for Virginia's Nurses today?<br>Andrea Brassard, Center to Champion Nursing   |
| 2:15-3:15 PM | Future of Nursing: Campaign for Action, Virginia's Regional Action Coalition (RAC) designation<br>Shirley Gibson, MSHA, RN, FACHE, President of the Virginia Nurses Association<br>David DeBiasi, RN; Associate State Director, AARP |
| 3:15-3:30 PM | Break  |
| 3:30-4:00 PM | Healthcare Workforce Data Center<br>Elizabeth Carter, PhD<br>Director HWDC<br>Commonwealth of Virginia,<br>Department of Health Professions  |
| 4:00-4:30 PM | Virginia's New Healthcare Workforce Authority<br>Keisha Smith, MPA<br>Health Care Workforce Programs Manager, Virginia Dept. of Health   |
| 4:30         | Closing Remarks and Reception ♦  |

# VNA Opportunities and Upcoming Events



## Call For Nominations!

VNA will be electing new officers to the Board of Directors. The following positions are up for election:

President Elect

Vice President

Treasurer

Director at Large –Staff Nurse\*

Commissioner on Government Relations

Commissioner on Policies and Resources

2 positions are available for the Nominations Committee

8 positions are available for VNA Delegate to the American Nurses Association

For more information (job descriptions) on these positions, please contact either the VNA office at [admin@virginianurses.com](mailto:admin@virginianurses.com) or a member of the VNA Nomination Committee, (listed below).

If you are interested in running for office, you must complete the **Consent to Serve** form found on this page of the VNT and return it to the VNA office no later than **June 25, 2011**.

### Nominating Committee:

Richardean Benjamin, PhD, MSN, MPH, RN  
[rbenjami@odu.edu](mailto:rbenjami@odu.edu)

Kathleen Crettier, MSN, RN  
[kathy636@juno.com](mailto:kathy636@juno.com)

Theresa Gaffney, BSN, MPA, RN  
[tgaffney@gannetthq.com](mailto:tgaffney@gannetthq.com)

Ronnette Langhorne, MSN, RN  
[langhorner@tncc.edu](mailto:langhorner@tncc.edu)

Kathryn Tagnesi, RN, BSN, MA (chairman)  
[ktagnesi@valleyhealthlink.com](mailto:ktagnesi@valleyhealthlink.com)

\*DAL Staff Nurse position is to fill an open position and is for a one year term. ♦



## Biography & Consent to Serve Form for VNA Elected Officials—2011

*(Offices elected in odd numbered years shown in shading)*

Attach Resume/Statement

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

Employer: \_\_\_\_\_ Title/Position \_\_\_\_\_

VNA Member?  Yes  No Preferred EMAIL: \_\_\_\_\_

VNA District: \_\_\_\_\_

Education: \_\_\_\_\_ School/College \_\_\_\_\_

Degree/Diploma \_\_\_\_\_ Date \_\_\_\_\_

Relevant Experience: (or attach resume)

Professional: \_\_\_\_\_

Civic: \_\_\_\_\_

Organizational: \_\_\_\_\_

VNA District & State Levels:

Other:

I wish to run for the following office of the Virginia Nurses Association. I understand the duties and responsibilities involved in this office and, if elected, I agree to serve, abiding by the VNA Bylaws, the VNA House of Delegates and Board policies and actions, and the ANA Code for Nurses.

- |  |  |
|--|--|
| <input type="checkbox"/> <b>President-Elect</b>  | <input type="checkbox"/> Commissioner on Work Force Issues                                   |
| <input type="checkbox"/> <b>Vice President</b>   | <input type="checkbox"/> Commissioner on Nursing Education                                   |
| <input type="checkbox"/> Secretary   | <input type="checkbox"/> <b>VNA Committee on Nominations (5)<br/>(2 elected in odd year)</b> |
| <input type="checkbox"/> <b>Treasurer</b>  | <input type="checkbox"/> Commissioner on Nursing Practice                                    |
| <input type="checkbox"/> <b>ANA Delegate</b>   | <input type="checkbox"/> <b>Commissioner on Government Relations</b>                         |
| <input type="checkbox"/> <b>Director at Large<br/>–Staff Nurse (1 year<br/>term to fill a vacancy)</b> | <input type="checkbox"/> <b>Commissioner on Policies and Resources</b>                       |

Here is my statement on what I think the duties and priorities for this office are and relevant experience I have had: (please attach separate sheet):

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_ Signature of District President/Officer \_\_\_\_\_ Date \_\_\_\_\_

# VNA Opportunities and Transitions

## How to create a VNA Chapter

If you are interested in creating a Chapter, please follow the steps below.

1. Obtain a copy of the VNA bylaws by going to: [www.virginiannurses.com](http://www.virginiannurses.com)
2. Identify the purpose of the Chapter in development. (Chapters can be created around special interests, geography, hospital systems, academic settings, practice areas, etc. VNA Chapters created around special interests and specialty practice areas do not replace the value of belonging to your specialty organizations.)
3. Develop a roster of a minimum of 10 current VNA members, who would like to be a member of the developing chapter.
  - a. If there are Registered Nurses interested in joining the chapter, who are not VNA members, they can join VNA by going to: [www.virginiannurses.com](http://www.virginiannurses.com)
  - b. Membership verification can be completed by contacting the VNA Headquarters at 804-282-1808.
4. Select a Chapter Chair who will serve as the contact person to VNA Headquarters.
5. Create a Chapter Name that identifies the purpose of your Chapter.
6. Submit a VNA Chapter Development Application to VNA Headquarters.
7. The Chapter Development Committee will review all VNA Chapter Development Applications and submit to the VNA Board to approve or decline the application. The Membership Development Committee will notify Chapter applicants of the VNA Board's decision.
8. After a Chapter has been approved, it is eligible to apply for funding from the Chapter Growth and Development Fund by submitting a Chapter Growth and Development Grant Application. ♦

## Chapter Development Application

**Chapter Name:**

Chapter Chair:

ANA Member Number:

Address:

Phone Number:

Email:

**Chapter Purpose:**

**Chapter Members:**

Name	ANA Member Number	Address	Phone Number	Email
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

# Virginia Nurses Foundation

## SAVE THE DATE!

On September 24 plan to be in Richmond for the **VNF Gala at the Jefferson Hotel in Richmond**. We will also host the Annual Meeting and Education Day on September 23.

Please save the dates and plan to attend. Additional information will follow in the August edition of the *VNT* as well as being posted on our website at [www.virginianurses.com](http://www.virginianurses.com).



## Nominees sought for Nancy Vance Award

The Virginia Nurses Association's highest award is the Nancy Vance Award. Created in 1948, the award is meant to inspire nurses to the same selfless service that Miss Vance practiced so successfully throughout her life. As a leader in nursing in Virginia during the early twentieth century, Miss Vance created the five point program for health for Virginia school children. Her leadership resulted in improved health for thousands of Virginia's children. Her personal commitments were to maternal child health and to improving the care of people with cancer. The award, the five point star is a constant reminder of nursing excellence.

Nominations of nurses who exemplify Miss Vance's excellence can come from any field of nursing. The nomination consists of a letter outlining the nominee's sustained contributions to nursing and a resume/vita. Nominations must be submitted to VNA headquarters no later than **July 15, 2011**. The selection committee will conclude its work by August 15, 2011. The Nancy Vance Award recipient will receive the award at the VNF Gala on September 24, 2011 at the Jefferson Hotel in Richmond, Virginia. ♦

## Call for Nominations

The Virginia Nurses Association recognizes an unusual and outstanding member every two years with the awarding of the Nancy Vance Pin. The award consists of a small replica of the original pin which is retained permanently by the recipient. The original Nancy Vance Pin is used for the ceremony.

The Award Committee is normally chaired by the last recipient of the Nancy Vance Pin. The last recipient was Judith B. Collins in 2009. Nominations may be made by individuals, groups or through a VNA District. The data sheet for required information accompanies this announcement and is also on our website at [www.virginianurses.com](http://www.virginianurses.com).

The Award Committee will consider those nominations submitted to the committee chairman by **July 15, 2011**.

The criteria used by the Committee in the selection of the recipient are as follows:

The nominee shall have

- been actively engaged in professional nursing for at least 5 years immediately preceding the award;
- been a member of the VNA for at least five years immediately preceding the award;
- exemplify Miss Vance's characteristics: character above reproach; demonstration of unusual qualities of unselfishness in service;
- accomplishment of outstanding results in practice area; and demonstration of an unusual ability to work with others.

To assist with the search for nominations, VNA previously used the following description, originally

published in 1964 in the *Virginia Nurse Quarterly*. "The Nancy Vance Award is dear to the hearts of nurses in Virginia because it perpetuates the memory of a courageous and outstanding Virginia nurse of achievement." In 1925 a pearl studded five point star pin was awarded to Nancy Vance by Dr. Ennion Williams, Virginia's first Commissioner of Health. Miss Vance was a public health nurse in the Bureau of Maternal and Child Health. She was responsible for developing the Five Point Health Program in Virginia public schools, which helped to improve the health status of school children in the state.

The career of Nancy Vance was brought to an early end by illness but her concern for the health and welfare of others continued to her last days. Just before her death, Miss Vance gave her cherished five point star pin to her friend, Ellen Harvie Smith, who wanted to see the pin used as an award on a continuing basis. She presented it to the Richmond Professional Institute (now Virginia Commonwealth University) for that purpose. Nora Spencer Hamner, Executive Secretary of the Richmond Tuberculosis Association was selected as the first recipient for her outstanding work as a public health nurse. When the Public Health Nursing course was discontinued at the college, VNA was asked to accept the honor and responsibility of awarding the Pin.

To nominate a deserving nurse for this prestigious award, you may do one of the following:

- Go to [www.virginianurses.com](http://www.virginianurses.com) download, complete and email the form to [admin@virginianurses.com](mailto:admin@virginianurses.com) on or before July 15, 2011.
- Use the nomination form below and send it to Nancy Vance Award, Virginia Nurses Association, 7113 Three Chopt Road, Suite 204, Richmond, VA 23226

If you have questions, please call the VNA office at 804-282-1808 or contact Judy Collins, current committee chair at [jebcollins@verizon.net](mailto:jebcollins@verizon.net) ♦



VNA awards the pin to a nurse who has rendered valuable service to the state in any field of nursing. Former recipients of the Nancy Vance Pin are:

1942	Nora Spencer Hamner
1948	Jessie W. Fans
1949	Sabra Sadler Russell
1950	Elizabeth Buxton Styron
1952	Mary Jane McCone
1954	Mabel E. Montgomery
1956	Katherine R. Gary
1958	Marguerite G. Nicholson
1960	Roy C. Beazley
1962	Mildred L. Bradshaw
1964	Elizabeth Mackenzie
1966	Virginia L. Williams
1968	Clarice B. Spindle
1970	Bertha S. Corr
1972	Nellie B. Carwile
1974	Sara S. Luster
1976	Margaret L. Cavey
1978	Doris B. Yingling
1980	Willie Elizabeth Nelson
1982	Dorsye E. Russell
1984	Kitty P. Smith
1986	Ann L. Wilbourne
1988	Ruth B. Bear
1990	Anne H. Bishop
1992	Joanne M. Jorgenson
1994	Evelyn C. Bacon
1999	Joanne K. Henry
2001	Kathleen Fletcher
2003	Shirley T. Gibson
2005	Corinne F. Dorsey
2007	Rebecca Bowers-Lanier
2009	Judith B. Collins ♦

### NOMINEE FOR NANCY VANCE PIN AWARD

Name:	
Address:	
Total Number of Years Active in Nursing:	Total Number of Years Active in VA:
Educational Preparation: (List in Chronological Order)	
Professional Nursing Experience: (List current or last employment first, include dates held in each position)	
<b>PLACE OF EMPLOYMENT &amp; DATES</b>	<b>POSITION TITLE &amp; DUTIES</b>
Membership in Professional Organizations: (List length of time memberships held)	
Participation in nursing organizations (offices held, committee memberships etc.)	
Membership in Honorary Society and Honors Received	
Contributions to nursing as a profession:	Civic and Community Affairs:
Personal Interests and Hobbies:	

Sponsored By: Name \_\_\_\_\_ Title: \_\_\_\_\_  
 Agency/Organization \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_

# Virginia Nurses Foundation



## Fundraising Gala

September 24, 2011

### Sponsorship Opportunities

#### Presenting—\$5,000

- Presenting sponsor recognition on printed materials pertaining to the event which would include: invitation, attendee registration form, signage at the event, and event program
- One table of 10 at Saturday evening's Gala
- One table top display at Education Day
- Presenting sponsor logo on Virginia Nurses website
- Presenting sponsor recognition in the electronic newsletter—*VNA Voice*
- Presenting sponsor recognition in the "booklet" (distributed in September)
- Five registrants for education day, September 24th

#### Circle of Excellence—\$3,500

- Sponsor recognition on printed materials pertaining to the event which would include: invitation, attendee registration form, signage at the event, and event program
- Five tickets to Saturday evening's Gala
- One table top display at Education Day
- Sponsor recognition on Virginia Nurses website
- Sponsor recognition in the electronic newsletter—*VNA Voice*
- Sponsor recognition in the "booklet" (distributed in September)

#### Hall of Fame—\$2,500

- Sponsor recognition on event signage and in the event program
- Four tickets to Saturday evening's Gala
- Sponsor recognition on Virginia Nurses website
- Sponsor recognition in the electronic newsletter—*VNA Voice*
- Sponsor recognition in the "booklet" (distributed in September)

#### Shining Star—\$2,000

- Sponsor recognition on Gala event signage
- Sponsor recognition in Gala event program
- Two tickets to the event
- Sponsor recognition in the electronic newsletter—*VNA Voice*

#### Caring Contributor—\$1,000

- Sponsor recognition on Gala event signage
- Sponsor recognition in Gala event program ♦



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**Saturday, September 24, 2011**

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## Virginia Nurses Foundation Now Accepting Nominations for First-ever “40 Under 40 Awards” To Honor the Next Generation of Nursing Excellence

**RICHMOND, VA (April 26, 2011)**—The Virginia Nurses Foundation (VNF) is now accepting nominations for its first-ever “40 Under 40 Awards.” The awards will recognize 40 Virginia Registered Nurses (RNs) under the age of 40.

VNF is calling for statewide nominations of RNs in a wide range of healthcare settings from hospitals to home health agencies and others. It is striving to highlight RN’s who positively represent their profession by actively participating in the community as well as professional organizations.

“I think the time has come, because there are so many young nurses out there who have a vision and a passion for their profession and for the health of their community,” said Chelsea Savage, an under 40 member of the Virginia Nurses Association who is helping promote nominations for the awards. “This is their stage and platform to be recognized for all they do.”

Nursing leaders from all over Virginia will be selecting award winners based upon the following criteria:

- Vision and Leadership
- Innovation and Achievement
- Impact
- Growth and Development Strategy
- Community Involvement and Contribution

Awards will be presented to the winners at the fourth annual VNF Gala on Sept. 24, 2011 at the Jefferson Hotel in Richmond, VA.

To nominate a Virginia RN for the “40 Under 40 Awards” go to [www.virginiannurses.com](http://www.virginiannurses.com) and complete the nomination form by June 1, 2011. Nominees also have the opportunity to submit up to one letter of recommendation in an electronic format to [admin@virginiannurses.com](mailto:admin@virginiannurses.com).

The future of nursing and the way health care is delivered is currently a focus in Virginia and these awards will help us recognize who will be leading the effort in the years to come,” said Shirley Gibson, MSHA, R.N., FACHE, Associate Vice President of Nursing, VCU Health System, and co-leader of the Virginia Regional Action Coalition, a collaboration created by the Robert Wood Johnson Foundation and

the AARP Foundation, to implement solutions to the challenges facing the nursing profession and build upon nurse-based approaches to improving quality and transforming the way Americans receive health care.

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### **About Virginia Nurses Foundation and Virginia Nurses Association**

The Virginia Nurses Foundation honors nurses and their passion for quality health care. It provides them with new opportunities in terms of professional development, scholarship and research. For more than a century the Virginia Nurses Association has been dedicated to nurses and nursing. Building on the legacy of giving of our early pioneers, the VNA established the Virginia Nurses Foundation to continue programs of support and innovation for nurses and nursing in the Commonwealth. The VNF is dedicated to finding and/or creating programs that support the goals of nurses and nursing in contemporary settings in today’s complex healthcare environments. ♦

# Cabaniss Campaign Announced—A Challenge To VNA Members

by Corinne F. Dorsey, RN, MS

The Nursing Division of the Medical College of Virginia Alumni Association of the Virginia Commonwealth University (MCVAA of VCU) and the Virginia Commonwealth University School of Nursing have announced a campaign to raise four million dollars to be used for scholarships, professorships and a chair for the position of the dean of the School of Nursing. A steering committee comprised of alumni leaders and faculty representatives, chaired by Corinne Dorsey, (Diploma 1954, MCV; BS in Nursing 1965, RPI) will oversee the Cabaniss Campaign, which has as its theme: *Honoring Our Legacy, Building Our Future*. The steering committee expects to announce the completion of the campaign in 2013 at a gala celebration to honor both Sadie Heath Cabaniss and Nancy F. Langston, who plans to retire that year. It is anticipated that an announcement will be made to name the School of Nursing building for Cabaniss, thus returning the name to a building that is dedicated solely to nursing. To help kick off the campaign and show my commitment to the effort, I made an initial pledge of \$10,000 at the end of 2010 and I am offering a challenge to my fellow members of the Virginia Nurses Association (VNA) to join me by raising an amount of money similar to that the members raised to honor Cabaniss in the 1920s.

Following the death of Cabaniss in 1921, the Graduate Nurses Association of Virginia, now the Virginia Nurses Association undertook to raise \$50,000 to honor Cabaniss. As a result, that goal was reached and in 1928, a professorship was established in her name at the University of Virginia, where the Cabaniss Memorial School of Nursing Education under its Department of Education opened that year. The purpose of the Cabaniss Memorial School of Nursing Education was to further prepare well-qualified nurses as supervisors, administrators and teachers. Louise Oates, RN, was the first Cabaniss Professor and today the Cabaniss Professorship is reserved for the Dean of the School of Nursing at the University of Virginia. If the members of the Virginia Nurses Association could raise \$50,000 between 1923 and 1928 to contribute to the education of nurses in the Commonwealth of Virginia, surely we can do it again and perhaps, raise even more. We stand on the shoulders of those who preceded us and we owe much to them. To reiterate, I have made my commitment to this campaign and I challenge my fellow VNA members to once again honor this leader by raising at least another \$50,000. Details of how to donate to the Campaign will be found at the end of the article.

For more than eighty years there has been a building on the MCV Campus of VCU in Richmond with the name "Cabaniss Hall." From 1928 until 1967, Cabaniss Hall housed several classrooms, administrative offices and the nursing student dormitory. The name Cabaniss Hall was transferred to a new dormitory building that was opened in 1967 to provide housing for the nursing students. The former Cabaniss Hall became the Nursing Education Building. The rooms were altered to provide classrooms and faculty offices for the growing VCU School of Nursing. In more recent years, the newer Cabaniss Hall has become a dormitory for individuals other than nursing students and the Nursing Education Building was demolished when the decision was made to erect a new building for the School of Nursing. In 2007, the VCU School of Nursing Building was opened. Subsequently, the Nursing Division of the MCVAA of VCU voted to take the steps necessary to name the new building for Sadie Heath Cabaniss and thus assure that a building for the education of nurses on the MCV Campus would continue to honor this outstanding Virginia nursing leader.

What makes Sadie Heath Cabaniss so special that she deserves continuing recognition and honor in Virginia? She might well be described at the quintessential nurse among a group of outstanding founders and leaders of the late 19th and early 20th centuries. Born in 1865 in Petersburg, Virginia, Sadie Heath Cabaniss was a graduate of the Johns Hopkins School of Nursing. She came to the Old Dominion Hospital in Richmond (today the Virginia Commonwealth University Medical Center) to be the supervisor of the operating room. Her strengths and abilities were soon recognized and she was asked to organize a "training school" for nurses. She established a program based on the Nightingale system and graduates of this school were soon taking their places in leadership roles in nursing. Today, this school is the Virginia Commonwealth University

School of Nursing. While still with the School, Cabaniss organized the "Nurses Settlement" where her students provided care, under her direction, for citizens of Richmond who had little or no access to care. She resigned from her position with the School in 1901 and devoted her efforts to the Settlement. The Settlement exists today and is known at the Instructive Visiting Nurses Association (IVNA).

Not content with these two achievements, Cabaniss was active with the American Nurses Association (ANA) from its beginning, largely because of her association with the Johns Hopkins Alumnae Association and with Isabel Hampton Robb, Director at Johns Hopkins and first President of the American ANA. She was well aware of a national movement to organize state nurses associations. Under her leadership, a group of nurses met on June 13, 1901 at the Nurses Settlement "to organize the Virginia State Association (later the VNA) of nurses with the purpose in view of elevating the standard of the nursing profession, strengthening their power and usefulness by cooperating and mutual interest, and obtaining legal recognition as a professional body." Cabaniss was elected president at that meeting and Virginia joined Illinois and New York as the first three states to have state nurses associations. In 2001, the VNA celebrated its Centennial and this year marks its 110th anniversary.

The VNA immediately began the process of obtaining a "registration law" or a "Nurse Practice Act" in Virginia. Cabaniss worked with her cousin, Charles T. Lassiter, a member of the General Assembly, to develop the language of the bill that became Virginia's first Nurse Practice Act. It was adopted by the General Assembly and signed into law by Governor Andrew Jackson Montague on May 14, 1903. The first four laws governing the practice of nursing in the United States were enacted that year in North Carolina, New Jersey, New York and Virginia. The Virginia law was unique in that it was the only one of the four where all of the five members of its Board were nurses. Cabaniss was elected as first president of what is today known as the Virginia Board of Nursing and served two five-year terms on the Board.

Cabaniss continued her career in public health positions in Virginia, North Carolina, Georgia and Florida. She returned to Virginia after World War I and worked in Virginia until shortly before her death in 1921. In addition to the honors mentioned above, the VCU School of Nursing has a Cabaniss Society that recognizes significant donors to the School. As part of the Centennial Celebration of the VNA, she was named a Pioneer Nurse by the VNA in 1999 and inducted into the Virginia Nursing Hall of Fame with its first class in 2001. She has been a member of the ANA Hall of Fame since 2002.

The completion of the Cabaniss Campaign will also honor Dean Nancy Langston as she retires from her position with the School of Nursing. The Steering

Committee intends to recognize her leadership and contributions to nursing by establishing the Cabaniss Langston Endowed Professorship/Chair to be held by future VCU School of Nursing deans. It is easy to connect Langston and Cabaniss. Cabaniss began the educational program for nurses that is the VCU School of Nursing in the 19th century. Langston was Dean of the School when it celebrated its Centennial and plans to leave that post during the 120th year of the School. Langston has brought national and international recognition to VCU and to nursing in Virginia through her service as president of the National League for Nursing. Her influence is seen in the increase in endowments for the School and the acquisition of moneys for research at the School. Her commitment to the recognition of the contributions of diverse individuals and groups continues to be a presence in the mission of the School. Michael Rao, President of VCU, has said of Langston's tenure: "the school has moved to the forefront of nursing research...This commitment... improves the educational experience for our nursing students, teaching them valuable lessons about lifelong learning and commitment to improving health care for all." In addition, he said that "the establishment of an endowed chair will go a long way toward helping us attract an exemplary dean to continue Dr. Langston's accomplishments after her retirement." What better way to celebrate Langston's retirement than to report achievement of a goal of four million dollars to be used for scholarships, professorships and a chair for the position of the dean! What better way to welcome a new dean than to announce this achievement at a celebration in 2013!

To donate to the Cabaniss Langston Campaign, please make a check payable to the VCU School of Nursing with a notation: for the Cabaniss Campaign-VNA. If enough is raised through the efforts of the VNA members, we will establish the VNA Scholarship Fund. Mail the check to James T. Parrish, Director of Development, VCU School of Nursing, P O Box 980567, Richmond, VA 23298-0567. For more information, or if you wish to discuss planned gifts or multi-year pledges, contact Parrish at (804) 828-5172 or [jtparrish@vcu.edu](mailto:jtparrish@vcu.edu). For credit card donations, visit the VCU School of Nursing's website: [nursing.vcu.edu](http://nursing.vcu.edu) and click on the Give Now button. ♦

## Legislative Update

*by James A. Pickral, Jr.  
of Pickral Consulting, LLC*

The Virginia General Assembly has wrapped up its 2011 session work and moved in to special session to deal with redistricting and the Governor's amendments and vetoes to legislation passed during the regular session. The Governor vetoed four bills and made recommendations 134 more including 86 amendments to the budget.

Of interest in health care are the Governor's vetoes of SB 771 and HB 1459 which deal with increasing the current medical malpractice cap. During the gubernatorial campaign, Governor McDonnell pledged to veto any bill which would increase the medical malpractice cap. However, over the last two years the Medical Society of Virginia, the Virginia Trial Lawyers Association, and the Virginia Hospital and Healthcare Association worked to craft compromise language that became SB 771 and HB 1459. Even though the affected parties were in support of the bills, the Governor felt that he should stay true to his campaign pledge in order to continue work on more comprehensive reform. The Governor's veto was defeated by a wide margin in the House of Delegates and by a smaller but still substantial margin in the Senate. Additionally, the Governor added language to HB 2434 dealing with coverage for abortion. HB 2434 set up a framework for health benefit exchanges as part of national health care reform. The Governor added language to prevent coverage of this type. The amendments passed easily through the House of Delegates but met with a 20-20 tie in the Senate. This allowed Lt. Governor Bolling to cast the tie breaking vote which went in favor of the Governor's amendments. ♦

## Practice Information

The month of May invites the Nurse Leadership Institute of Virginia (NLI) to reflect on progress and think about the future. On May 18th this year, the NLI says best wishes to the Class of 2011 and, at the same time, looks forward to receiving applications from prospective Fellows for the Class of 2012.



The NLI, a program of the Richmond Memorial Health Foundation, provides an intensive leadership development opportunity for nurse managers and emerging nurse leaders throughout Virginia. Approximately 30 nurses participate in a 9-month leadership development program each year to strengthen the skills needed to address critical issues nurses encounter daily—training, educating and supervising staff; monitoring patient outcomes; and, budgeting and financial management. When the fourth cohort graduates on May 18th, nearly 110 nurse leaders from across the Commonwealth will have completed the program. May 18th is also the deadline for prospective Fellows for the Class of 2012 to submit NLI applications ([www.VirginiaNLI.org/application](http://www.VirginiaNLI.org/application)).

The NLI continues its work at a time when healthcare dominates the headlines—health reform, the recent release of *The Future of Nursing: Leading Change, Advancing Health* report, the continuing nursing shortage and the 65th birthdays of many Baby Boomers in 2011 call for more nurses to provide compassionate, quality patient care.

Addressing the nursing shortage, NLI goals requires multiple strategies, including increasing the capacity of nursing education programs and increasing the number of nurse faculty who educate new and returning nurses. The shortage cannot be solved solely by increasing the number of new nurses. A real and lasting solution to the problem includes retaining great nurses in the nursing workforce. Building nurses' leadership skills helps managers more effectively lead staff, increasing the likelihood that both the nurse manager and his or her staff stay in nursing.

Fellows, who are nominated by their employers, participate in six (6) face-to-face sessions in Richmond, VA, engage in distance learning activities, develop and implement a Change Project and work closely with a Preceptor during their NLI experience. NLI Fellows are nurses who serve as, or have been identified as having the potential to be, a nurse manager or a member of the management team. The Class of 2011 includes 32 nurse leaders from 17 hospitals and long-term care facilities across the Commonwealth—from Virginia Beach to Blacksburg.

NLI staff, Denise Daly Konrad, MS and Amy B. Gillespie, RN, MSN, EdD, work closely with Virginia's nurse leaders to ensure that the curriculum is relevant and prepares nurses to serve effectively as leaders in a variety of practice settings. The NLI is fortunate to have many established and well-respected nurse leaders serve as faculty, including Rebecca (Becky) Bowers-Lanier, EdD, MPH, RN, B2L Consulting LLC; Judith (Judy) B. Collins, RN, WHNP, FAAN; Immediate Past Chair, Richmond Memorial Health Foundation; Rebecca (Becky) Culver Clark, PhD, RN, Carilion Roanoke Memorial Hospital; Sallie Eissler, RN, MSN, CPNP, Kaiser Permanente; Dorrie Fontaine, RN, PhD, FAAN, UVA School of Nursing; Margaret Lewis, RN, MHA, HCA Capital Division and HCA Virginia; Beth Nease, RN, MSN, BC, Bon Secours Richmond Health System; and, Deb Zimmermann, DNP, RN, NEA-BC, VCU Medical Center. ♦



**NLI Class of 2011**



**NLI HCA at 2010 Graduation**

To learn more about the NLI, please go to: [www.VirginiaNLI.org](http://www.VirginiaNLI.org) or contact Denise Daly Konrad @ 804.282.6282 or [dkonrad@VirginiaNLI.org](mailto:dkonrad@VirginiaNLI.org). Applications may be downloaded from [www.VirginiaNLI.org/application](http://www.VirginiaNLI.org/application) and submitted via mail or email. Fellows' applications must include a nomination form from their Chief Nurse Executive or equivalent. Please ensure complete applications are received by 5 pm on Wednesday, May 18, 2011. For more information about The Richmond Memorial Health Foundation, visit [www.rmhfoundation.org](http://www.rmhfoundation.org).

## Practice Information

# Plans for HRSA's New National Center for Health Workforce Analysis

**Q&A with Ed Salsberg, NCHWA Director**

**by Laura Trude, HWIC Information Specialist**

The Affordable Care Act established the National Center for Health Workforce Analysis (National Center) to collect and analyze health workforce data and related issues, create a uniform health professions data set, evaluate relevant programs, and maintain a database of Title VII grants along with longitudinal performance data. Ed Salsberg, formerly the director of the Center for Workforce Studies at the Association of American Medical Colleges, was chosen as director for the new National Center for Health Workforce Analysis. He discusses his vision for the National Center, how it plans to coordinate work with similar organizations, what the National Center is currently working on, and his visions for the Center's future work.

### What is your vision for the National Center for Health Workforce Analysis?

The National Center is intended to be the focal point for health workforce data and information, a place where people can go to find the most up-to-date information and data on supply and demand and distribution. In doing this, we'll work closely with other federal agencies, health profession associations, and other organizations to gather and analyze the available data. The key goal is to be a trusted source of data and information on the health workforce.

### How do you envision the National Center working with other related initiatives such as the National Health Care Workforce Commission (National Commission) and the State and Regional Centers for Health Workforce Analysis?

The National Commission is clearly an important part of the health workforce information and data infrastructure for the nation. They are specifically charged in the Affordable Care Act with producing regular reports that are designed to help inform the nation. We expect to work closely with them. Since HRSA has ongoing responsibility around data collection and analysis, we think that the Center's focus will be on data collection and analysis and that we would work with the Commission to provide them with the data they need. I view this very much as a partnership between the Commission and the Center.

The states play a particularly critical role. The health reform legislation authorized a series of grants for states to do health workforce planning and development. HRSA awarded twenty-five planning grants and one implementation grant in September 2010 to states. The concept here is that states are

really in the best position to understand their local needs and develop local solutions. Our role at the national level is to provide data and information that informs states, local communities and education and training organizations who have to make decisions about specific programs.

We'll look at the general supply and demand trends in the nation, but it's really up to the states to decide what to do with that data. For example, we may look at nursing and assess the overall trends in supply, demand and use as well as the educational pipeline of nurses, but it's going to be up to each state to decide what it means for their state. If they need more nurses, for example, they will have to determine the best strategy for their state to increase their supply.

The National Center will work to provide information and data to the states. I see us producing state health workforce profiles that will allow a state to see their data in comparison with other states. Often a state will know something about their own supply of health professionals, but it's very hard for them to know how that compares to other states of similar size or in the same region. At the national level, we can provide them with data, information and tools that will help them do quality state-level health workforce planning.

The regional workforce centers also have a significant role to play. There are some centers that were funded in previous years that have an infrastructure around workforce data analysis and planning studies. There may also be other state and regional centers that will develop over time with newer programs or projects that will build capacity. When we think about the general idea of state and regional centers, I want to be clear: we are not just talking about the ones that were previously funded. The statute broadly defines entities eligible for funding as state and regional centers, so this really is an opportunity for other states and research units to develop their capacity.

We hope to have sufficient funds to contract with other organizations to help us with data collection and analysis. One of our priorities is to encourage different health occupations and professions across the nation to use the minimum data set guidelines when they collect workforce-related data. There is going to be a need for guidance and support for states and others on how to collect and analyze the data in a standard manner.

### Is this the uniform health professions data reporting system you are referring to?

Yes, we are designing a uniform minimum data set. We have a contract to help develop this. We've brought in a number of researchers and experts to help advise us about the most important data to collect and how to gather it most effectively. The goal is to encourage data collection that facilitates analysis and comparison over time and across states, jurisdictions, and professions. We want to make sure everyone is asking the basic questions in the same manner so the data can be compared across professions and areas. Some of that is pretty straightforward, like asking a health professional how many hours per week they work.

### What about the states who don't already have a mechanism in place to collect data? Will there be funding for them?

At this point, we don't have new funding for states to improve their data collection but it is really in their interest to improve the quantity and quality of data they collect. There are some good models out there of states and associations that have developed data reporting or collection systems. It's very important within the profession or the state to have quality data to guide their own decision making. The cost of improving health workforce data collection when linked to licensure re-registration is quite small especially when compared to the potential benefits. We want to develop a national database, but the minimum data set is not just about building a national data set, it is to help states and professions do a better job in their own data collection in order to understand their workforce needs.

### Would the state profiles draw off the data the states would be collecting or would that be from additional research conducted by the National Center?

What we have in mind is for the National Center to produce some of these state health workforce profiles with national data sets that would, wherever possible, inform states. So if the report were about the supply of nurses, it would provide the nursing per-capita supply ratio and maybe the nursing educational capacity across states. It would use national data sources in order to inform the individual states.

The first step we have undertaken is to look at all the potential data sources that are presently available. Granted, many of them use different definitions or jurisdictions which make it difficult to compare, but at least it provides some data. For example, the Bureau of Labor Statistics has a lot of information about employment and jobs and job growth. That's very different from educational or practice data which may be at the individual level. Someone can work two jobs or work part-time, so a job or vacancy is not the same as an individual, which makes comparison difficult. But we can certainly present the information on jobs as well as on individuals.

### Where is the National Center at on developing performance measures for workforce programs?

That work is underway. We had a lot of internal activity to try and identify the right metrics and measures to assess performance. We are developing and will shortly be implementing strategies to evaluate the outcomes of the health workforce-related programs. We consider this a top priority for the Bureau of Health Professions.

We greatly appreciate the support for our Title VII and Title VIII programs and we recognize how critical it is to make sure we have systems in place to evaluate the performance of these programs.

### Is there anything else the National Center is currently working on that you would like to highlight?

We recognize that the data collection and analysis are only the first two pieces. The third piece is the dissemination of the information. We are looking at the issues and options related to getting information out. Obviously, this is an issue near and dear to the heart of the Health Workforce Information Center. If we've got the data, how do we reach the people who need the data? How do we put the data in a format that's understandable and very usable to states, universities, colleges, individuals? If we're going to project supply and demand and gaps, how do we make sure that information reaches people who can make decisions to address those gaps? We are looking at the alternatives for packaging, presenting, and disseminating that data.

One other issue worth mentioning is the area of primary care. The National Center is concerned about the whole range of workforce issues—supply and demand and shortages from entry-level direct care workers to the most advanced higher education professions. But we have particular concerns about primary care, recognizing that improving the design of the delivery system and increasing efficiency and effectiveness requires an adequate supply and distribution of primary care practitioners. Primary care is an area of particular emphasis within the Bureau of Health Professions and the Health Resources and Services Administration. We're assessing what data we have, what we know about the supply and distribution, what the projections are, and using that to help guide planning and policies here.

Contact information:

Edward Salsberg

Director, National Center for Health Workforce Analysis

Bureau of Health Professions; Health Resources and Services Administration

[esalsberg@hrsa.gov](mailto:esalsberg@hrsa.gov)

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Joely Lee, Outreach Coordinator  
Health Workforce Information Center  
The University of North Dakota Center for Rural Health  
School of Medicine and Health Sciences Room 4508  
501 N Columbia Road, Stop 9037  
Grand Forks, ND 58202-9037  
[joely@hwic.org](mailto:joely@hwic.org)  
[www.hwic.org](http://www.hwic.org) ♦

## Practice Information

# Study Confirms ANA Goal to Match Nurse Staffing Levels to Patients' Needs

SILVER SPRING, MD—A new study that evaluates hospital nurse staffing by each shift and unit shows that inadequate staffing is tied to higher patient mortality rate—a conclusion that reinforces the American Nurses Association's (ANA) principles that call for nurse staffing to be flexible and continually adjusted based on patients' needs and other factors.

The study, published today in the *New England Journal of Medicine*, supports the findings of previous nurse staffing studies. It differs significantly in that it examines registered nurse (RN) staffing on individual shifts around-the-clock on 43 hospital units in one hospital. This makes it a much stronger study than previous ones that measured staffing based on averages rather than shift-by-shift actual nurse staffing. The study also finds that higher than typical rates of patient admissions, discharges, and transfers during a shift were associated with increased mortality—an indication of the important time and attention needed by RNs to ensure effective coordination of care for patients at critical transition periods.

"This study demonstrates that hospitals must implement staffing systems that are flexible enough to meet the individual needs of each patient for every shift, every unit, and every day," said ANA President Karen A. Daley, PhD, MPH, RN, FAAN. "It shows that nurse staffing should not be viewed as a cost to be minimized, but as a critical factor in producing quality patient outcomes—ultimately saving lives."

The study, conducted by researchers from three universities and the Mayo Clinic, confirms ANA's long-standing recognition that the collection of data and evaluation of patient care at the individual nursing unit level is crucial in determining nurse staffing and improving the quality of care and patient outcomes.

ANA's National Database of Nursing Quality Indicators® (NDNQI®) contains unit-level nursing sensitive measures, such as hospital-acquired pressure ulcers. And ANA has backed an RN staffing bill in several sessions of Congress, including the current one, that would require hospitals to create unit-by-unit nurse staffing plans based on multiple factors, such as the number of patients on the unit,

severity of the patients' conditions, and experience and skill level of the RNs.

ANA applauds the recommendation by the study's authors that health policy experts should now shift the focus from examining whether nurse staffing levels affect patient outcomes to determining how the health care payment system can provide incentives that reward hospitals' efforts to ensure adequate staffing and improve the quality of care.

"Nurse Staffing and Inpatient Hospital Mortality," by Jack Needleman, Peter Buerhaus, V. Shane Pankratz, Cynthia L. Leibson, Susanna R. Stevens, and Marcelline Harris, appears in the March 17, 2011 issue of *The New England Journal of Medicine*. ♦

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*The ANA is the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses through its constituent and state nurses associations and its organizational affiliates. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.*

## New Virginia Coalition Focuses on Changing the Way Health Care is Delivered

### Virginia RAC Named Campaign for Action - Regional Action Coalition to Help Ensure a Prepared and Effective Health Care Workforce

RICHMOND, VA—The Virginia RAC has been selected as a Regional Action Coalition by the Future of Nursing: *Campaign for Action* (CFA), a collaboration created by the Robert Wood Johnson Foundation and the AARP Foundation, to implement solutions to the challenges facing the nursing profession and build upon nurse-based approaches to improving quality and transforming the way Americans receive health care. To turn growing momentum and nationwide interest in the health care workforce into action, the Regional Action Coalitions have been convened to advance key issues at the local, state and national levels.

The Virginia RAC, which includes support from the Virginia Nurses Association, AARP Virginia, Virginia Council of Nurse Practitioners, Virginia Partnership for Nursing, Virginia Organization for Nursing Executives and Leaders, nursing education groups and statewide health care and non-health care related groups, will work with CFA to implement the recommendations of the Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*. Specifically, the Virginia RAC aims to increase access to health care and improve health outcomes for all Virginians by working to implement the goals and objectives of the IOM/Initiative on the Future of Nursing report including:

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners with physicians and other health professionals in redesigning health care in the United States.
- Effective workforce planning and policy making require better data collection and an improved information infrastructure.

"The diversity of our coalition and our proven capacity were key factors in being selected," said Shirley Gibson, MSHA, R.N., FACHE, Associate Vice President of Nursing, VCU Health System, and co-leader of the Virginia RAC. "As a participant in the movement to maximize the contributions of the nurses who deliver health care in our state and nation, the Virginia RAC is excited to bring its energy and ideas to the table."

The Virginia RAC joins Regional Action Coalitions in these states:

- New York
- Utah
- New Jersey
- Colorado

## FUTURE OF NURSING Campaign for Action

- Michigan
- New Mexico
- Mississippi
- Illinois
- California
- Indiana
- Washington
- Louisiana
- Idaho
- Florida

Regional Action Coalitions function as the campaign's field operation. Their mission is focused on fostering interprofessional collaboration, the ability of all health care professionals to practice to the full extent of their education and training, strengthened nurse education and training and the increased participation of nurses as leaders

"The *Campaign for Action* was developed to realize a vision of improved health care for all Americans," said Susan B. Hassmiller, Ph.D., R.N., F.A.A.N., senior advisor for nursing at the Robert Wood Johnson Foundation. "The groundswell of support demonstrated by the creation of Regional Action Coalitions all across the country—beginning with five last fall and now expanding to 15 and beyond—shows the vigor and commitment that is driving this effort."

The Virginia RAC was selected in February in this round of Regional Action Coalition selections. CFA aims to ultimately engage groups in all 50 states. To help build and sustain momentum across the country, states that have not yet become Regional Action Coalitions have access to campaign materials and communications for use in the change efforts they have initiated in their states.

According to David DeBiasi, Associate State Director, Virginia AARP, and co-leader of the Virginia RAC, "we are honored to have our efforts recognized in this way and look forward to working with our partners to maximize the contributions of nurses in Virginia."

Visit [www.thefutureofnursing.org](http://www.thefutureofnursing.org) to learn more about the *Campaign for Action's* local, state and national efforts or [www.virginianurses.com](http://www.virginianurses.com) for information about the Virginia RAC. ♦

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*Regional Action Coalitions are convened to advance the Future of Nursing: Campaign for Action. Comprised of diverse groups of stakeholders at the state level that can effect long-term sustainable change, Regional Action Coalitions will further the overall effort by capturing best practices, determining research needs, tracking lessons learned and identifying replicable models.*

## Practice Information

### Employment Contracts

**Michele Satterlund, Esq.**

**As the role of nurses continues to expand, more nurses are finding themselves a party to an employment contract—an agreement that helps ensure the terms of employment are clearly understood.**

An employment contract, an agreement between an employer and an employee that spells out the terms and conditions of the employment relationship, has become a regular aspect of the nursing profession. While nurses in the past have relied on verbal agreements, more nurses are negotiating written contracts in an effort to decrease the chance of a misunderstanding between the parties and to provide a written record of the terms of employment.

Before signing on the dotted line, a nurse should give thoughtful consideration to the various provisions of the employment contract and should understand the impact of the contract on his or her ability to practice. Today's nurses have many choices in terms of practice settings and practice arrangements, and understanding the advantages and disadvantages of each will lead to a more satisfactory career. Of course, this article does not provide an exhaustive list of what a nurse should



**Michele Satterlund**

look for or expect to find in an employment contract, and each nurse should seek legal advice specific to his or her situation.

A number of essential terms can be found in a typical employment contract. These terms include the compensation package, including bonus or incentive plans; termination provisions; the nurse's responsibilities and duties; benefits, including stock options; and details regarding probationary periods. The nurse should also note the effective date of the contract and the term of the contract—the effective date of the contract may not occur until the nurse is credentialed at a particular practice site, and if an error or mistake occurs in the credentialing process, this may impact the validity of the contract.

There are other important provisions a nurse should understand before signing a contract, such as whether the contract includes an arbitration clause and what state law governs the contract. In some instances, an employer may have a practice site located in a bordering state, and it's important to know what law governs the contract.

Additionally, nurses should pay particular attention to any restrictive covenant provisions, such as a non-compete clause, found in the contract. A non-compete clause typically limits where a nurse may practice, as well as the type of nursing that may be practiced once the nurse leaves the employer. A non-compete clause generally encompasses a particular geographic area and is usually effective for a specified duration, and a nurse will want to consider whether the non-compete clause is reasonable in terms of the nurse's ability to earn a living.

Another key provision—professional liability coverage—should be addressed in an employment contract. While most employers provide professional liability coverage, the employment contract should specify who pays for malpractice “tail” coverage if the nurse leaves the employer. In some instances, an employer may pay for tail coverage, sometimes splitting the cost with the nurse. Further, the nurse should ensure the coverage provided by the employer is adequate, and whether the coverage limits other activities such as volunteer work.

Numerous other provisions should be considered in an employment contract, including whether the nurse is permitted to practice elsewhere, such as in a volunteer setting, and how disputes will be resolved and who will pay the costs. In addition, the contract should detail the parties involved, and whether the nurse is an employee of the employer, or works in a locum tenens arrangement, in which the nurse works on an as-needed, independent contractor basis in different practice settings.

If a nurse is aware of what to look for, an employment contract can be a useful tool that balances the interests of both the nurse and the employer—leading to fewer misunderstandings and a more stable practice environment. ♦

*Michele Satterlund is lobbyist and 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.*

## Virginia Council of Nurse Practitioners

### Scope of Practice Regulatory Change Needed to Increase Access to Primary Health Care Services

**Submitted by: Cynthia Fagan, RN, MS, FNP-BC**

Nursing has the opportunity to play a pivotal role in transforming the health care delivery system to provide seamless, affordable and high quality care accessible to all citizens of the Commonwealth. National forces have aligned for the nursing profession with Health Care Reform Legislation and the release of the Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*. The national momentum has provided opportunity for nursing to take its rightful place to lead change to transform the health care system.

Health care reform focuses on increasing access to coverage, controlling health care costs and improving the health care delivery system. The challenges are complex and numerous, as the number of primary care physicians decline, the first wave of “baby boomers” turn 65, and the number of individuals seeking health care rise. Nurse practitioners (NPs) seek to eliminate scope of practice regulatory burdens that constrain opportunities to help fill the gap in primary care services. Approximately 80% of NPs provide primary care services throughout the United States. There are more than 6 million visits to nurse practitioners annually, studies show that NPs provide safe, high quality and cost effective care, and patients report satisfaction with their care. NPs are also the mainstay providers of Medicare and Medicaid primary care services to needy and vulnerable populations and are particularly prepared to manage problems of patients with chronic diseases.

Scope of practice regulatory burdens must be addressed to promote improved access to primary health care services. Current regulatory burdens



**Cynthia Fagan**

include the provision that NPs must be supervised and directed by physicians regardless of educational background, training and abilities. This has led to policies and procedures that negatively affect access to NP health care. It also prevents NPs from leading nurse-led clinics and medical homes. In order for NPs to prescribe drugs, a physician can only supervise 4 NPs and must regularly practice in the same setting. These unnecessary ratios again limit the ability of NPs to provide health care services. Regulatory burdens constrain access to health care by NPs and limit provider choice particularly in rural and underserved areas. Virginia is one of only 12 states requiring NPs to be supervised. The October 2010 IOM report has called for the reform of scope of practice regulations by state legislatures.

The statutes governing NPs in Virginia have not been updated since 1973. I think that we can all agree that health care has evolved appreciably over the past three and a half decades since these scope of practice regulations were enacted. Scope of practice is statutorily defined in each state law in the form of practice acts. State legislatures have the authority to modify practice acts to thereby remove scope of practice burdens. The Virginia Council of Nurse Practitioners (VCNP) is promoting and lobbying for changes in the scope of practice regulations. In addition, VCNP has engaged in dialogue with the Medical Society of Virginia to partner to be a part of the solution to the health care challenges in Virginia. We are discussing scope of practice burdens and the systemic challenges of access to health care, particularly in the medically underserved areas. The Virginia Regional Action Coalition (RAC) has also been formed to implement the recommendations of the IOM report with VCNP participating as a stakeholder group. VCNP will work with nursing and non-nursing leaders and other stakeholder groups to leverage efforts to advance the four key goals identified in the IOM report.

Nurse practitioners want to be a part of the solution to the health care crisis. We appeal to our

nursing colleagues to join with us to advocate for change by contacting legislators to educate them about these regulatory burdens and request scope of practice reform to allow NPs to practice to the full extent of their education, training and abilities. The message to convey to legislators is that these regulatory changes will mean timely access to high-quality primary care services by NPs. I urge each of you to contact your legislator today. If you do not know who represents you, find out by using [Who's My Legislator](#). ♦



**VCNP Conference 2011 – Cynthia Fagan and Shirley Gibson**

## Agencies/Organizations Approved by VNA as Providers of Continuing Nursing Education:

American Association of Managed Care Nurses  
 American College of Nurse Practitioners  
 American Society of Extracorporeal Circulation (AmSECT)  
 Association of Nurses in AIDS Care  
 Association of Occupational Health Professionals in Healthcare, Virginia Chapter  
 Bon Secours Memorial Regional Medical Center  
 Breastfeeding Outlook  
 Capital Caring  
 Carilion Clinic  
 Centra Health, Professional Development and Nursing Research  
 Chesapeake General Hospital  
 Children's Hospital of the King's Daughters  
 CJW Medical Center  
 Fairfax Falls Church Community Services Board  
 Fauquier Hospital  
 Florida Atlantic University, Christine E. Lynn College of Nursing  
 George Washington University Medical Center  
 Henrico Doctors Hospital  
 INOVA Health System, INOVA Fairfax Hospital  
 Institute for Natural Resources  
 Kaiser Permanente  
 Lactation Education Resources  
 Lewis-Gale Medical Center  
 Martha Jefferson Hospital, Department of Nursing Education  
 McGuire Veterans Affairs Medical Center  
 Medix Health System - Mary Washington Hospital  
 National Hospice and Palliative Care Organization  
 New Mexico Nurses Association  
 Pharmaceutical Education and Research Institute, Inc.  
 Prince William Hospital  
 Reed Bisbee Group, Inc.  
 Reston Hospital Center  
 Riverside Health System  
 Sentara Healthcare  
 Shenandoah University  
 Southside Regional Medical Center  
 University of Virginia Health System Nursing Education Services  
 University of Virginia School of Medicine  
 Utilization Review Accreditation Commission (URAC)  
 Valley Health  
 VCU Health System & School of Nursing  
 Virginia Association of Community Psychiatric Nurses  
 Virginia Association for Hospice Care  
 Virginia Council of Nurse Practitioners (VCNP)  
 Virginia Hospital Center ♦

*Virginia Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.*

## News Briefs

### District 9

#### Greetings From District 9

This maybe nearly the last time I will be addressing you with that title. The district will be transitioning into a chapter or should I say many chapters. This will allow many of you to form chapters closer within your area and yet allow you to visit and be apart of others with similar interests. Since our biggest turnout has always been the Legislation Dinner we would like to submit a chapter dedicated to this topic—Politics. I am hoping that many of you will take this opportunity to begin a chapter with interests and passions for others to share within our district boundaries.

Then I hope we can collective meet for the Educational Day/Gala in the fall and Legislation Day in the winter both in Richmond. Also, continue to nurture and participate in our local Legislation Dinner in Augusta County.

As you saw in the last VNT Legislation Day was a great success. Since then we have spoken to the Blue Ridge College nursing students on the many processes of the VNA. Also, we spoke on how a bill is made and the voice of a nurse as an individual and collectively through the VNA. I will continue to assist in this transition and bringing you the latest in the process.



**Linda Edwards, MSN, RN Nursing Instructor and fellow instructor, Lucia Fernandez, MSN, RN, President of VNA District 9 & Council of District Presidents with Senior Nursing Students at Blue Ridge Community College.**

Details on applying for your local chapter will be explained at a later date. Please continue to check out the website for the latest news. Feel free to contact me or the VNA headquarters for any questions related to the changes ahead.

Congratulations to all that will be graduating this spring and enjoy you journey ahead of you in the wonderful career of nursing. ♦

Sincerely yours,  
 Lucia M. Fernandez RN MSN  
 President of District 9/CODP

## News Briefs

### Bon Secours St. Francis Medical Center Announces American Nurses Credentialing Center Pathway To Excellence™ Designation

Bon Secours St. Francis Medical Center is pleased to announce it has achieved Pathway to Excellence™ designation by the American Nurses Credentialing Center (ANCC).

The Pathway to Excellence designation identifies the elements of work environments where nurses can flourish. The designation substantiates the professional satisfaction of nurses at Bon Secours St. Francis Medical Center and identifies it as one of the best places to work.

*"The nurses at St Francis Medical Center are committed to being the market leaders for providing compassionate, innovative, quality care to all those we serve. Our focus is to exceed our patient's expectations and to deliver World Class Nursing outcomes. The team's engagement in advancing the professional, clinical and managerial realms of nursing has helped to propel our caring practices to be collaborative, autonomous, and innovative."*—Shelly Buck-Turner VP Patient Care/Chief Nurse Executive

The Pathway to Excellence designation is granted based on the confirmed presence of



**Shelly Buck-Turner, Vice President and CNE at Bon Secours, St. Francis announces their achievement of obtaining Pathways to Excellence Designation.**

characteristics known as "The Pathway to Excellence Criteria." For an organization to earn the Pathway to Excellence distinction, it must successfully undergo a thorough review process that documents foundational quality initiatives in creating a positive work environment—as defined by nurses and supported by research. These initiatives must be present in the facility's practices, policies, and culture. Nurses in the organization verify the presence of the criteria in the organization through participation in a completely confidential online survey.

As a Pathway to Excellence™ designated organization, Bon Secours St. Francis Medical Center is committed to nurses, to what nurses identify as important to their practice, and to valuing nurses' contributions in the workplace. This designation confirms to the public that nurses working at Bon Secours St. Francis Medical Center know their efforts are supported. The honor encourages other nurses to join their colleagues in this desirable and nurturing environment.

The Pathway to Excellence designation is perfectly suited to small and medium-sized healthcare organizations, but is attainable by all healthcare facilities around the world. ♦

#### **About Bon Secours St. Francis Medical Center**

St. Francis Medical Center opened in September 2005 as the first hospital built south of the James in 20 years. We're proud of the efforts of the hundreds of staff members that helped get the hospital open and who are continuing to provide the excellent and compassionate care the Greater Richmond area has come to expect from a Bon Secours Facility.

#### **About ANCC**

The American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA), provides individuals and organizations throughout the nursing profession with the resources they need to achieve practice excellence. ANCC's internationally renowned credentialing programs certify nurses in specialty practice areas; recognize healthcare organizations for promoting safe, positive work environments through the Pathway to Excellence Program™; and accredit providers of continuing nursing education. In addition, ANCC provides leading-edge information and education services and products to support its core credentialing programs. [www.nursecredentialing.org](http://www.nursecredentialing.org)

# Membership News

## Welcome New & Returning Members

**District 1—**

**Far SouthWest**  
 Connie Anderson  
 Constance Banks  
 Susan Canning  
 Kathy DeBord  
 Ann Lawson  
 Amanda Moore  
 Kristen Thompson-Whitt

**District 2—**

**New River/Roanoke**  
 Wendy Downey  
 Terri Maguire-Keister  
 Michelle Marks  
 Sherry Tompkins

**District 3—**

**Central Virginia**  
 Ellen Boling  
 Cheryl Burnette  
 Jamie Chappell  
 Carol Driskill  
 Lauren Martin  
 Mark Smith

**District 4—Southside Hampton Roads**

Glenda Asterilla-White  
 Bernice Baxter  
 Peggy Braun  
 Dana Brown  
 Mark Coles  
 Stephanie Alexandra Collazo  
 Jennifer Dixon  
 Deborah Eaton  
 Kendra Erin Kellermann  
 Debra Lyon  
 Shelly McBrayer  
 Elizabeth McGowan  
 Barbara Mace  
 Nancy Marquez  
 Trula Minton  
 Devereux Montgomery  
 Debra Moore  
 Sheila Ong  
 Kathryn Pond  
 Kelly Slone  
 Rosa Vega  
 Bernice Wynn

**District 5—**

**Richmond Area**  
 Andree Aboite  
 Gloria Adams  
 Christina Blottner  
 Beverly Bzdek-Smith  
 Barbara Colleen  
 Dennis Connell  
 Susan Copsetta  
 Crystal Crawford  
 Meredith DeLong  
 Jana Green  
 Junyane Griffin  
 Lori Hagaman  
 Laura Hoyt  
 Hanan Kallash  
 Pia Luedecke  
 Lunan McDonald  
 Stacey Wayne Melnick  
 Jeanne Minetree  
 Kalayvanie Naidoo  
 Ramon Navarro  
 Tashika Nixon  
 Kate Ray  
 Heidi Ritter  
 Deanna Waldron  
 Susan Willoughby

**District 6—**

**Mid-Southern Area**  
 Elizabeth Deaver  
 Amanda Frazier  
 Whitney Fulton  
 Terrana Hairston  
 Tiffany Plunk  
 Wendy Weber

**District 7—**

**Piedmont Area**  
 Mary Barth  
 Nicole Brousseau Deane  
 Kathryn Laughon  
 Catherine Morrell  
 Christine Moubray  
 Anthony Ramsey  
 Jessica Wilkins

**District 8—**

**Northern Virginia**  
 Janet Atarhi-Dugan  
 Jean Barrett  
 Dianne Barrington  
 Darcie Beckwith  
 Debra Bendahan  
 Shannon Boysworth  
 Deborah Breunig  
 Selena Nadine Brown  
 Tearrah Cristiani-Nguyen  
 Kataun Davis  
 Marybeth Farquhar  
 Mary Grace Fello  
 Bezuayehu Frehiwot  
 Veronica Hall  
 Carolyn Hutcherson  
 Kara Josephs  
 Kathi Keesling  
 Patricia Lund  
 Susan Mayhugh  
 Laura McNicholl  
 Patricia Newton  
 Anne Parish  
 Demi Ong  
 Tehmina Raza  
 Becky Schrews  
 Kathy Sheehy  
 Elizabeth Strank  
 Anne Thurston  
 Susan Tomanelli  
 Susan Tramosch  
 Susan Richards White

**District 9—**

**Mid-Western Area**  
 Janice Gandy  
 Rebecca Gibson  
 Melissa Hager  
 Amy Hougan  
 Ann May  
 Jane McTier  
 Sara Phillippe  
 Amy Raynes

**District 10—**

**Peninsula Area**  
 Terrill Bailey  
 Iwona Blackledge  
 Kimberly Capps  
 Lauri LeBel  
 Dana Scott  
 Teresa Setterholm  
 Kendra Sexton  
 Nicole Tazewell

**District 12—Northern**

**Shenandoah Valley**  
 Deborah DenBleyker  
 Kelly Lee Halbert  
 Kay Largent  
 Dawn Woodrum ♦



**AMERICAN NURSES ASSOCIATION**

**State Nurses Association Membership Application**

8515 Georgia Avenue • Silver Spring, MD 20910 • (301) 628-5000

DATE \_\_\_\_\_

Last Name/First Name/Middle Initial \_\_\_\_\_

Credentials \_\_\_\_\_

Preferred Contact: Home \_\_\_\_\_ Work \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ County \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer City/State/Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Basic School of Nursing \_\_\_\_\_

Fax Number \_\_\_\_\_ Graduation (Month/Year) \_\_\_\_\_

Date of Birth \_\_\_\_\_ RN License Number/State \_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_ UAN Member? \_\_\_\_\_ Not a Member of Collective Bargaining Unit

Member of Collective Bargaining Unit other than UAN? (Please specify) \_\_\_\_\_

**Membership Category (check one)**

**M Full Membership Dues—\$248.00**

Employed - Full Time

Employed - Part Time

**R Reduced Membership Dues—\$124.00**

Not Employed

Full Time Student

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

62 years of age or over and not earning more than Social Security allows

**S Special Membership Dues—\$65.00**

62 years of age or over and not employed

Totally disabled

**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 my Constituent Member Association (CMA/ANA) to withdraw 1/12 of my annual dues and any additional service fees from my account.

Checking: Please enclose a check for the first month's payment (\$21.17); the account designated by the enclosed check will be drafted on or after the 15th each month.

Credit Card: Please complete the credit card information below and this credit card will be debited on or after the 1st day of each month.

**Automated Annual Credit Card Payment**  
 This is to authorize annual credit card payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize CMA/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.

**Annual Credit Card Payment Authorization Signature \* SEE BELOW**

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

**Signature for Payroll Deduction**

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

**AMERICAN NURSES ASSOCIATION**  
**Customer and Member Billing**  
**P.O. Box 17026**  
**Baltimore, MD 21297-0405**

**Monthly Electronic Deduction Authorization Signature \* SEE BELOW**

**Full Annual Payment**

Membership Investment \_\_\_\_\_

ANA-PAC (Optional—\$20.04 suggested) \_\_\_\_\_

Total Dues and Contributions \_\_\_\_\_

Online: [www.NursingWorld.org](http://www.NursingWorld.org) (Credit Card Only)

Check (payable to ANA)

Visa  MasterCard

**CREDIT CARD INFORMATION**

Bank Card Number and Expiration Date \_\_\_\_\_

Authorization Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**TO BE COMPLETED BY SNA:**

STATE \_\_\_\_\_ DIST \_\_\_\_\_ REG \_\_\_\_\_

Employer Code \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_

Month Year

\$ \_\_\_\_\_

AMOUNT ENCLOSED CHECK # \_\_\_\_\_

Sponsor, if applicable \_\_\_\_\_

SNA membership # \_\_\_\_\_

**MEMBERSHIP APPLICATION**