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

VIRGINIA Nurses Today

The Official Publication of the Virginia Nurses Association
Circulation 93,500 Registered Nurses and 2,300 Student Nurses

Volume 18 • No. 3 August 2010

VNA Immediate Past President Terri Haller Elected to ANA Board as Treasurer

At the American Nurses Association biennial House of Delegates meeting last week, Terri Haller, immediate past president of the Virginia Nurses Association, was elected to the ANA board of directors in the capacity of treasurer. In that capacity as an officer of the ANA, Terri will serve on the executive board. We are confident Terri will bring the same sharp eye for strategic planning, resource allocation, consensus building, collaboration and workforce expertise to nursing's oldest and largest national organization that she did to VNA as her tenure as president. Congratulations Terri!

Virginia is pleased and proud to have two VNA past presidents on the ANA board. Terri joins Florence Jones-Clarke, who was elected to a four year term as director at large at the 2008 ANA House of Delegates.

Former VNA Presidents Florence Jones-Clarke and Terri Haller with newly elected ANA President Karen Daley (middle), at the ANA House of Delegates

The 2010 ANA House of Delegates was a memorable experience that included a visit from President Obama, among the many highlights. A special thanks goes to the ANA elected leadership and staff (many of whom are VNA members!) for their hard work on our behalf.

VNA Secretary Ronnette Langhorne

The good news for Virginia's leadership kept coming at the ANA House of Delegates! VNA board member and secretary Ronette Langhorne was elected to a four year term to ANA's Congress on Nursing Practice and Economics

VNA Leader Sandra Olanitori Elected to ANA Nominating Committee

Sandra Olanitori, most recently VNA's commissioner on nursing practice, was elected to a term on the ANA Nominating Committee.

We salute these hard working volunteers who are willing to commit their time and talents to VNA and to the profession on a national level. A special thanks to all of the ANA delegates and volunteers who worked diligently to make this happen! ◆

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President's Message

A Turning Point for Virginia

Shirley Gibson, MSHA, RN, President
Virginia Nurses Association

Shirley Gibson

The Virginia Nurses Association's elected delegation represented you very well at the recent 2010 ANA House of Delegates held in Washington, DC, June 17-20, 2010. Nine delegates, Esther Condon, Terri Gaffney, Terri Haller, Sallie Eissler, Louise Hileman, Bennie Marshall, Thelma Roach-Serry, Beverly Ross, Shirley Gibson and Lindsey Cardwell, our delegate in training, and Ronette Langhorne, alternate, represented Virginia. We want to thank each of them for sharing their time, intellect, energy and passion. You have to be passionate to start days with 7 AM forums and finish with 11 PM caucuses. Susan Motley, CEO, of course was there to guide us along our course and make certain that every detail was handled.

The comments throughout the four days of the ANA House of Delegates were positive and collaborative. I believe we all witnessed a renewed spirit of nursing to work towards common goals for the nation. Opening day of the session brought a very important guest to the ANA House of Delegates. President Barack Obama addressed the 1000 nurses and guests. He commented that, "nurses are the beating heart of our health care system." He singled out Jo Eleanor Elliott from Colorado, who was President of ANA during the time that ANA was the first health care organization to support the creation of Medicare. President Obama recognized the need for more nurses and cited his administration for the largest investment in nursing and health care workforce in history. He closed his remarks by reiterating the remarkable dedication of nurses and expressed his administration's goal "to elevate and value the work you do," adding, "our mission must be to live up to the values that you uphold every day."

Virginia had a delegation of nine with New York, the largest delegation at the ANA House of Delegates with 136 followed by Ohio and Washington with 38 respectively. I share these numbers with you to put my message in perspective. Virginia Nurses will have an opportunity to drive nursing's agenda from a national level by those who have been elected to serve.

We are so proud and congratulate each one, who are highly qualified to handle the responsibility they have been elected to serve. VNA Immediate past president, Terri Haller, district 7 was elected ANA Treasurer. This is a very integral role to the operation of the organization and serves as the financial officer and advisor. Terri will do an excellent job. Sandy Olanitori, district 10 was elected to the Nominating Committee. Sandy will be in a position to identify and recommend candidates for the next biennial House of Delegates elections. She was nominated from the floor by Bennie Marshall, also from district 10. Ronette Langhorne, district 4 was elected to a four year term on the Congress for Nursing Practice and Economics (CNPE.) The CNPE is an organized and deliberative body which brings together the diverse experiences and perspectives of ANA members. The CNPE focuses on establishing nursing's approach to emerging trends within the socioeconomic, political and practice spheres of the health care industry by identifying issues and recommending policy alternatives to the ANA Board of Directors. These newly elected nurses from Virginia will join VNA past president Florence Jones-Clark, who is currently serving a four year term on the Board of Directors as a board member at large.

Pam Cipriano, district 7 and Editor of *The American Nurse,* led a panel discussion with all living past presidents except one. The discussion was a reflection on the work of ANA and how each year the nursing agenda is built on the past robust work that has been accomplished. The 2010 House of Delegates set forth the agenda for nursing and the contributions to the implementation of health care reform.

The 2010 ANA House of Delegates facilitates the focus and decision making that VNA will make for the future. As the most respected profession for ethics and honesty, it is our time in Virginia to make a difference in what we do for patients, our communities and ourselves. VNA has a place for you to make a difference. If you are a member and want to be more involved let us know. If you are not a member, you should join and allow your voice to be heard. Together there is so much we can achieve.

VNA will continue to be focused on our Strategic Plan.

1. Public Policy and Legislative Advocacy
   - Enhance recognition of the nursing profession
   - Ensure positive legislative and regulatory climate for nursing practice

2. Enhance the Image for VNA
   - Develop and communicate messaging that distinguishes VNA
   - Use data driven methods to determine marketing and communication strategies

3. VNA will be the Resource to Empower Nurses to Attain a Positive Work Environment
   - Promote evidence based nursing practice to achieve nursing excellence

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VIRGINIA Nurses Today

is the official publication of the Virginia Nurses Association: 7113 Three Chopt Road, Suite 204 Richmond, Virginia 23226. 1-800-868-6877
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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.

Virginia Nurses Today is published quarterly by the Arthur L. Davis Publishing Agency, Inc.

ISSN #1084-4740
Subscriber rates are available, 800-868-6877 or 804-282-1808.

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613. (800) 626-4081, sales@aldpub.com. VNA and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement.

Reports from ANA House of Delegates

Resolutions Adopted June, 2010

Hostility, Abuse and Bullying in the Workplace

Delegate: Esther H. Condon, PhD, RN

A resolution to address hostility, abuse and bullying in the workplace was presented, discussed, and adopted at the June session of ANA's House of Delegates. This resolution was co-sponsored by the Federal Nurses Association and ANA's Center for Ethics and Human Rights Advisory Board, the Center for American Nurses and the Texas Nurses Association.

The resolution received commentary from the virtual reference discussion that addressed various aspects such as providing model curricula for nursing education that would promote awareness, set civility standards/criteria in class and clinical settings, and provide knowledge of the Joint Commission standard for this; the addition of language that supports federal funding of research in this area; the rights of nurses to practice in healthy work environments free from abuse of authority and fear of reprisal and for support of action that would make abuse against nurses a felony. The resolution received further support from the floor of the House of Delegates and the resolution was adopted with a vote of 559 yes votes and 3 no votes.

The resolution:

WHEREAS, hostile, abusive and bullying behaviors, and/or abuse of authority and position, can occur in any setting where nurses practice, learn, teach, research and lead both domestically and internationally; and

WHEREAS, the Center for American Nurses (2006) states that:

- Lateral violence and bullying have been extensively reported and documented among healthcare professionals with serious negative outcomes for registered nurses, their patients and health care employers.
- Disruptive behaviors in the workplace are toxic to the nursing profession and have a negative impact on retention of quality staff.
- Horizontal violence and bullying should never be considered normally related to socialization in nursing nor accepted in professional relationships.
- There is no place in a professional practice environment for lateral violence and bullying among nurses or between healthcare professionals.
- All healthcare 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; and

WHEREAS, the Texas Nurses Association (TNA, 2009) states that violence and bullying in nursing:

- Can negatively affect the delivery of healthcare services.
- Can have financial and organizational effects on the employer.
- May affect the efficiency, accuracy, safety and outcomes of care.
- May hinder recruitment and retention of nurses; and

WHEREAS, FedNA, the ANA Center for Ethics and Human Rights Advisory Board, the Center for American Nurses and the Texas Nurses Association assert:

The escalating problem of hostility, abuse and bullying in the workplace requires reaffirmation of existing principles from the 2006 resolution related to workplace abuse and harassment of nurses and the inclusion of additional recommendations to address limitations with existing policies;

THEREFORE BE IT RESOLVED that the American Nurses Association will:

Reaffirm and fully support the existing principles from the 2006 resolution related to workplace abuse and harassment of nurses and the promotion of healthy work and professional environments for all nurses; and

Work proactively to reduce the growing problem of workplace abuse, harassment and bullying of nurses and the serious consequences, including severe reprisal and retaliation; and

Explore collaborative solutions with other disciplines and organizations to leverage resources for research and education.

SUGGESTED IMPLEMENTATION ACTIVITIES:

1. Reaffirm and fully support the existing principles from the 2006 resolution related to workplace abuse and harassment of nurses and the promotion of healthy work and professional environments for all nurses;
2. Publish a statement to raise awareness of the pervasiveness of the problem of hostility, abuse and bullying in the workplace;
3. Condemn abuse of nurses in all work environments in which nurses practice, learn, teach, research and lead;
4. Advocate for the implementation of robust nonnegotiable policies that support abuse-free workplaces;
5. Campaign for codes of conduct, mechanisms to encourage staff to report disruptive behavior, and a process for disciplining offenders of hostile behavior in the workplace;
6. Work proactively with the U.S. Congress to promote awareness of the growing problem of workplace abuse, harassment and bullying of all nurses and the serious consequences of this abuse including severe reprisal and retaliation; and
7. Work proactively with the U.S. Congress on legislative efforts to protect nurses who speak out against abuses and hostile work environments. ◆

References:

American Nurses Association. (2010). Report on the 2010 virtual and onsite hearings on reference reports. Washington, DC: Author.

American Nurses Association. (2010). 2010 Reference report book. Washington, DC: Author.

President's Message continued from page 2

- Empower nurses to attain a positive work environment

To accomplish the work of the association a new governance structure is being considered. The changes recommended will facilitate the ability of the VNA to be more agile, flexible and timely in this rapid changing environment. The changes will also allow one member—one vote rather than the delegate representative model. Therefore, your voice will be strong and assist in moving forward nursing's agenda. A workgroup was convened in 2008 led by Louise Hileman, district 4. The workgroup made recommendations on the structure to the 2009 VNA House of Delegates and Susan Motley and I have conducted a series of forums and conference calls to present the structure and give opportunities for clarity and feedback. If you have not participated in one of these sessions and would like to have more information, please contact Susan Motley, CEO at smotley@virginianures.com. Bylaw recommendations are published in this newsletter and will be voted on at the VNA House of Delegates September 17, 2010. Members are encouraged to discuss these changes with your respective delegates so decisions can be representative of the membership. ◆

Reports from ANA House of Delegates

Mentoring Programs for Novice Nurses

From Delegate Thelma Roach-Serry, RN, BSN, NE-BC

The Massachusetts Association of Registered Nurses (MARN) submitted this report and it was presented by Linda Lazure, PhD, RN, Chair, Reference Committee

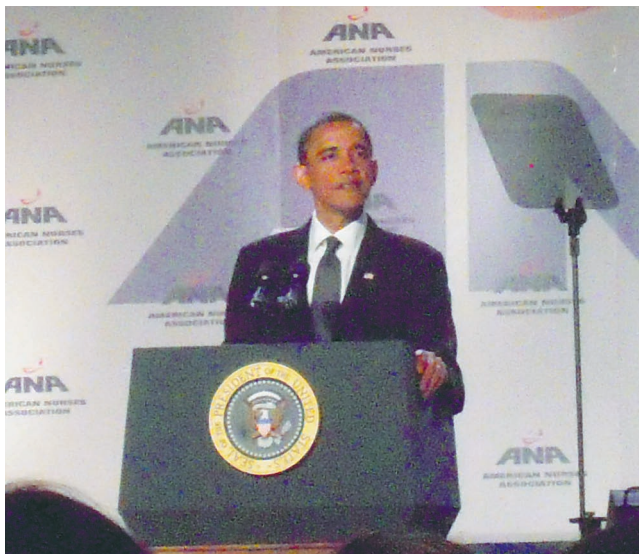
The Executive Summary of the resolution directs attention to the often overwhelming challenges that novice nurses experience upon entering the workforce. Novice nurses often are left to transition to professional nurse on their own. Preceptorship and orientation programs often placed emphasis on skill-based competencies to meet organizational priorities. Many novice nurses often make the choice to leave nursing with two years due to lack of support systems within an institution to facilitate the transition from novice to professional nurse. Increased cost and rapid turnover rates among new graduates can have a great impact on an institution. Mentoring programs can facilitate nurse retention among new graduates and lead to successful nursing careers among this group.

MARN implemented a statewide program in April 2009 called "Mentoring Matters: A Pilot for Novice Nurses" which was funded in part by a Center for American Nurses grant. The program was initiated with eight (8) mentor-mentee pairings based on self-selection and required three (3) planned meetings. The program had three defined goals and used an on-line application process to pair mentors with mentees. Initial qualitative and quantitative data was collected from mentors and mentees. All eight (8) pairs remained in the program and a six (6) month data report reflected that all of the mentees would remain in nursing.

The 2010 HOD passed this resolution with minimal discussion. Based on the passage of this resolution, the American Nurses Association will:

- reaffirm its support of initiatives to facilitate the successful integration of novice nurses into the work environment
- Partner with the Constituent Member Associations (CMAs), Individual Member Division (IMD), and other nursing organization to develop mentoring program demonstrations projects. Disseminate the finds of the mentoring program projects

"Retention is essential and mentoring increases retention" ◆



Advanced Practice Registered Nurses Signing and Certifying for Home Care Plans

Delegate: Beverly E. Ross, PMHCNS, BC

It was a pleasure once again to be present at the ANA House of Delegates as one of the delegates from Virginia and participate in the decision making process for Nurses. The New York Nurses Association introduced the report.

The Executive Summary of the resolution "identified the need for all qualified healthcare providers to be legally authorized to sign orders for home services and supplies as needed by patients for health promotion, maintenance and health restoration." Currently, only physicians are permitted by Medicare to sign. The Medicare statute requires a "physician" to initiate, certify, and recertify all home health care plans of care. Our nation is aging, along with health care workers. Lack of utilization of advanced practice nurses to certify home health care plans may pose a delay in treatment for this population. Research has shown that APRNs manage care well and at reduced cost for consumers. They have reduced hospital readmission rates, reduced nursing skilled bed days of care, and decreased mortality rates. The merit of having advanced practice registered nurses included in the certification process for home health care plans would also include timely access to care, increased timeliness in the completion and submission of essential paper work, and enhancement of the quality of care for consumers.

There was minimal discussion in the on-line Virtual House that occurred prior to the formal House of Delegates meeting. Two comments indicated support of this proposed action report. At the House of Delegates, there was some discussion, a delegate from Connecticut discussed the needs of the individuals requiring home health care as nursing's primary focus; a Maryland delegate voiced support and indicated this would further collaboration between disciplines and within nursing; an Idaho delegate shared a personal experience of support from APRNs that helped decrease the cost in the care of a family member. There was no negative commentary to the report.

This 2010 HOD passed this resolution overwhelmingly with a 99.8% affirmative response. Based on the almost unanimous passage of this resolution, the American Nurses Association will:

- Reaffirm the 1984 ANA HOD action that "recommended that the registered nurse be authorized to determine and certify that plan of care for home health"; and
- Continue to support federal legislation that would permit advanced practice registered nurses (including nurse practitioners, certified nurse midwives and clinical nurse specialists) to sign orders for home care services and supplies for Medicare patients, as well as make changes to home healthcare plans, thereby reducing barriers that limit access to home care services.

Suggested Implementation Activities:

It is suggested that ANA take a strong stance in supporting and lobbying for the passage of the Home Healthcare Planning Improvement Act of 2007 (§1678), promoting inclusion into Medicare and Medicaid law for advanced practice registered nurses to certify, recertify the necessity of home healthcare and write the plans for home care as well.

The ANA continues to support the progression of the advanced practice registered nurse role and the enhancement of safety and advocacy of all patients under our care. ◆

Delegate Assembly 2010

FAQs: Everything you wanted to know about the proposed Bylaw changes

Who created these proposed changes:
A governance work group, special task force within the VNA

Who thought up the changes?
Some of the changes were designed by an attorney for VNA. These changes will create Bylaws that comply with Virginia corporate law. These changes are clearly identified in the proposals. Additional model language was used from the South Carolina Nurses Association and the Georgia Nurses Association who have made similar governance changes

Some of the changes originated from suggestions and ideas that have been made by:

- The VNA Board of Directors
- The District Presidents at leadership meetings over the past several years
- Information shared by other state Presidents and Executive Directors, delegates to ANA from SCNA, GNA, FNA and delegates to the Center for American Nurses (CAN)
- Suggestions made at retreats of the Board of Directors and at a special retreat to which all officers of the Board of Directors, all District Presidents and all Committee and VNA Council presidents were invited
- Individual members' input over the last several years
- Qualitative and Quantitative research done by SIR shows that the biggest factor driving VNA members is a connection to ANA

Why is there a proposed change to an Annual Meeting of members?
An Annual Meeting of the organization is required by VA law for corporations.

We have had an annual House of Delegates for many years which has served as an annual meeting of the organization. The inactivity of some districts has meant a reduction in the number of delegates participating in the past several meetings of the House of Delegates.

The proposed change will allow each VNA member to attend the annual meeting and vote on issues of importance to the association.

Why is there a proposed change to Chapters instead of using the current designation of Districts?
Every member of VNA is currently paying a portion of their total dues to support the work of a VNA District.

Currently there are several districts that have no activity at the local, district level at all. Finances are under increased scrutiny by the IRS, and two districts are currently having funds withheld due to lack of compliance with financial guidelines.

The proposed Bylaws will allow members to create Chapters based or either geographical or practice based interests. Districts that are active and wish to continue will become a Chapter and represent that area of the state.

Special Interest Groups that wish to form will become Chapters in the state.

Dues collected from every VNA member will be used to support Chapter work and will be designated as such in the dues structure of VNA. We shall change from District dues to Chapter dues.

Chapters will be able to use money for projects, by applying to the VNA Board (Chapter Development fund). The VNA board envisions a transition work group to assist in establishing a streamlined process for the Chapters to be recognized, implemented, and apply to use the funds. The VNA board does not envision the Chapters having to establish their own layer of governance and separate set of bylaws. Rather, as long as the Chapter wishing to form has one person who is willing to serve as the official Chapter contact, and assure the activities are congruent with VNA's mission, that should suffice and free volunteer time for the other activities they wish to conduct.

What will guide the work of the Chapters, if passed?
The Bylaws for VNA as well as the mission, vision, values—the chapters will have to demonstrate their work is congruent with the mission of the VNA

When will Chapters form?

- Upon passage of the proposed Bylaws, each current District will have six (6) months to determine the future status of their group.
- Potential chapters will notify the VNA Board of Directors of their desire to be created.
- The Board will approve the creation of each new Chapter.
- After six months, any new Chapters wishing to form will petition the VNA Board for creation. If the criteria are met, they will be created.

What about the current money held by Districts?
It may be dispersed in a manner congruent with IRS guidelines, returned to the Virginia Nurses Foundation, designated for the Chapter Development Fund, or retained by the new Chapter that forms from a previous district.

Who is responsible to make sure that the Chapters are in compliance with the VNA Bylaws?
A new VNA Board position will be created to be the liaison for the Chapters to the VNA Board and to work with the Chapters on all issues of interest to the Chapters.

This new position will replace the current position that is held by the CODP Chair.

What will happen to the CODP?
It will no longer exist, since we will have Chapters rather than Districts

How many Chapters may an VNA member join?
There will be no limit to the number of Chapters a member may join.

Does a member of VNA have to join a Chapter?
No, but it is hoped that this structure will encourage members to seek out a Chapter(s) that match their interests.

If members don't join any of the Chapters will they still have to pay Chapter dues?
Yes, Chapter dues will be a part of the total dues of VNA for each member. Just as today, we have members who do not participate in their Districts but still pay the current District portion of the dues.

Must an RN be a member of VNA to participate in a Chapter?
Yes

How will the Chapters meet?
Chapters may meet in their local areas, may meet at VNA, may meet via virtually, via conference call, webinar, or at the Annual Meeting. Flexibility is the key to what we are trying to create for the members and to give as many varied options as possible to facilitate member engagement. Creativity is encouraged, and best practices may be shared!

What happens if the proposed Bylaws do not pass?

- It is hoped that the House of Delegates will consider the proposals in light of the law and the future of VNA.
- It is necessary to be certain that the proposals as required by VA Corporation law do pass. There is nothing in these proposals that make any changes to the current structure of VNA.
- As for all other proposals, if they do not pass, we shall continue as we are currently structured.
- The work that has been done resulted from a careful look at the current structure: what is working and what is not. It is bold and visionary and was presented to the House of Delegates resulting from the best thinking of the current members of the Board of Directors, District Presidents and others who have all worked together to try to envision the future for VNA. The proposed structure is widely considered "best practices" for a professional association of this nature based on the opinions of noted non-profit board governance content experts and the American Society of Association Executives (ASAE).

For the latest information regarding the bylaws amendments and an in-depth look at what they represent, go to the VNA website at www.virginianurses.com and click on "delegate assembly." ◆

VIRGINIA NURSES ASSOCIATION

This ballot is subject to change. Nominations may be made from the floor of the Delegate Assembly.

Tentative Ballot as of July, 2010

Secretary

___ Chelsea Savage, MHSA, RN — District 5

Commissioner on Nursing Education

___ Melody Eaton, PhD, RN — District 9

___ Candace Rodgers PhD, RN — District 4

Commissioner on Nursing Practice

___ Lauren Goodloe, PhD, RN — District 5

Commissioner on Workforce Issues

___ Loressa Cole, BSN, MBA, CNEA, FACHE, RN — District 5

Director at Large

___ Denise Landers, RN — District

Committee on Nominations; (Vote for 3)

___ Richardean Benjamin, PhD, MPH, MSN, RN — District 4

___ Melissa Gomes, PhD, MSN, RN — District 4

___ Ronnette Langhorne, MSN, RN — District 10

Practice Information

Spirituality: Weaving Wholeness into Healthcare

by Reen Markland, RN, FCN and
Vickie S. Morley, MSN, RN, FCN

Delivering healing and compassionate care for the whole person (body, mind and spirit) remains the primary mission of medicine and health care. Evidence shows there is a profound relationship between a patient's spiritual life and his/her experience at the time of illness. Research demonstrates improved patient outcomes when spirituality is incorporated into medical practice, yet addressing spirituality is often neglected. It may be overshadowed by the challenges of time constraints and prioritizing care; however, many health care providers simply do not have the comfort level, specific tools, and skills needed to incorporate spirituality into the hectic pace of modern day healthcare delivery.

In January 2009, a conversation took place between two nurses, each passionate about spirituality; one a regional Faith Community Nurse Coordinator, the other a leader in Faith Community Nursing education. Our chat revealed a shared vision of bringing this important component of whole-person health to current and future providers of health care. We thought, 'Imagine if we could get the message of incorporating spirituality in health care to *all* health care disciplines," and "Imagine if we could reach *students* so that it would be common practice for them to integrate spirituality as they go forth in their professions." Fast forward to October 27, 2010 as Shenandoah University and Winchester Medical Center/Valley Health have collaborated to offer the first-ever spirituality conference in our region.

An enthusiastic planning committee comprised of multidisciplinary health team members from hospital and community, along with university faculty, staff and interested community members quickly stepped forward and have been meeting since February 2009 to make the fall conference happen. *Spirituality: Weaving Wholeness into Health Care* is designed to help attendees understand the role of spirituality in the delivery of whole person care. It serves to enhance patient care and positively impact future health care delivery by encouraging all to address this standard of care; a standard set by The Joint Commission, but rooted historically in medicine.

The conference will provide the knowledge, skills and tools for addressing patients' spiritual needs for best practices in any health care setting. Keynote speaker, Christina M. Puchalski, MD, founder and executive director of George Washington Institute for Spirituality and Health (GWISH), brings expertise which encompasses the clinical, academic, and pastoral application of her research and insights. Lecture presentations will introduce the philosophy and evidence supporting the integration of spirituality in the provision of health care. A multidisciplinary panel will address the application of spirituality across the continuum of care. A hands-on workshop practicum will introduce *FICA,* a practical assessment tool developed by Dr. Puchalski, along with techniques that can be immediately used to assess patient status and integrate spirituality into treatment plans. Practical means for demonstrating and documenting improved client outcomes will be presented.

Putting our passion for whole-person care into practice by co-coordinating this conference has been a labor of love that we believe all participants will benefit from. With CEUs, Contact Hours and CMEs available, we hope to see representatives from every health discipline attend.

For more information about the conference visit www.su.edu/spiritualityconference. ◆

Reen Markland is regional Parish/Faith Community Nurse Coordinator for Winchester Medical Center/ Valley Health. Vickie Morley is Faith Community Nurse (FCN) Coordinator and Continuing Education Coordinator for the Division of Nursing for Shenandoah University in Winchester, Virginia.

VNA
VIRGINIA NURSES ASSOCIATION

110th Annual Delegate Assembly
September 17, 2010
7:30 AM-4:15 PM

Registration Form

Please type or print the following information to ensure proper registration. - Complete this form and mail or fax to VNA. Your registration defrays costs for refreshments, lunch and materials.

Name:_____

PRINT your name as you wish for it to appear on your name badge.

Address: _____

City, State & Zip Code: _____

E-Mail: _____ Home Phone: _____ Work Phone: _____

FRIDAY, SEPTEMBER 17, 2010

Please Check one (double click on the square and choose "checked"):

❑ VNA Delegate	Early Bird Discount $50.00 ($75.00 after Sep 5)
❑ Non- Member	Early Bird Discount $75.00 ($100.00 after Sep 5)
❑ Non-Delegate/VNA Member	Early Bird Discount $60.00 ($85.00 after Sep 5)
❑ Student	Early Bird Discount $50.00 ($75.00 after Sep 5)

Late Fee: *On Site Registrations; add another $10.00*

Refund Policy
Full refund minus a 25% administration fee if canceled by September 13, 2010.
NO REFUNDS AFTER September 13, 2010.

Checks and money orders are accepted and preferred. **Please make payable to the Virginia Nurses Association.** You may also charge the amounts to your credit card. To do so, please complete the form below.

*I authorize the Virginia Nurses Association to charge my Master Card/Visa/Discover (**circle one**) for the above fee*

My account number is _____ Expiration Date _____

Signature _____ Date_____

Security Code _____

On-line Registration is available at www.Virginianurses.com

You can Copy this form and Fax/Mail it to the address below:

Virginia Nurses Association: 7113 Three Chopt Road, Suite 204, Richmond, Virginia 23226.
Phone Number: 804-282-1808; Fax Number: 804-282-4916

Practice Information

Commissioner on Nursing Education

A Continuous State of Readiness

Jennifer Matthews

Are you ready? What are you ready for?

As nurses we hear the phrase >> In a continuous state of readiness << and the questions that arise quickly are 'Is the accrediting agency here?!?' and 'Am I ready? are my colleagues ready?'

A continuous state of readiness should be the state of existence for each nurse. This article will help the reader put 'readiness' into the context of being ready for continuous life-long learning; being ready for continuous expansion of professional performance; and a continuous state of readiness for the next opportunity for self-advocacy and advocacy for nurses.

Commitment to continuous life-long learning

The academic school year is now beginning. It seems that at this time of year, a primal internal cycle awakens us and directs us to conduct an inventory of our accomplishments and what remains undone. … What state of learning readiness are you in? Are you currently enrolled in courses to achieve your next education degree? Are you seeking continuing education course contact hours for your professional advancement … promotion on the clinical ladder, for certification or re-certification, or expansion of your knowledge and competencies in your area of expertise or to develop a new expertise? Make the commitment to life-long learning and be in the state of readiness to do it and be engaged to make it a positive, enriching, rewarding experience.

To be in a state of readiness for life-long learning, you need to know where you are. Do an internal inventory survey … and *this* time write out the inventory (or tap it into the computer). Find the slips of paper, the certificates of CE, the thank-you notes for 'this-n-that' and the newsletter briefs that congratulate you for accomplishments, and each of the other records that are evidence of your work, the rewards you received, and your achievements. Review the pile of evidence, sort through your written inventory list, and determine a logical organization scheme for your collection and separate these into folders: academic records; continuing education programs; professional assignments such as committee work, task forces or council work; professional organizations that you actively participate in; recognition of work achievements; and your community service. Today, there is easy access to scanners to scan hard-copy documents into digital formats and save these into the computer files. [A quality scanner costs about a hundred dollars and can be used for scanning other types of home documents]. You should scan, label, and electronically file these documents; now, when you receive a new document, immediately scan it into the computer file.—this will save time and avoids later aggravation in losing and searching for the document. As part of the inventory process, since you have your documents and files organized and captured electronically, engage in a reflective self-assessment.

In your reflection, close your eyes and consider: Am I measuring up to the aspirations I set for myself at a critical juncture in my life? Am I where I hoped and planned to be professionally—and personally? Am I embodying the values I set for myself on the day I graduated from nursing school? Have I been at a state of readiness when opportunities presented themselves? What can I do to be ready for the next opportunity? Write the answers to these questions; think of other critical questions and the responses to those questions. Talk to your friends and colleagues about your reflection and your accomplishments and enlist them to help you see your strengths and opportunities for development. You may wish to seek guidance from a mentor or manager in sorting through your thoughts and aspirations.

Continuous expansion of professional performance

The good news is that as a nurse, you are in a continuous state of readiness. You can continue to do what you excel at and plan at how can you expand this activity. Determine how you can apply your experience into accomplishing some of the aspirations you hold for yourself. If you review your professional life and think—'I do not have much to show for my time as a nurse. I come to work, I work, and I return home.' Reflect on this; if this is what you want to do and your work is satisfactory, then that is okay. If it has not met a standard in your aspirations, what can you change to elevate your work to meet your internal goals and standards? As the new academic year begins, what can you do to move your personal goals forward? Make this a period of planning, exploring educational opportunities at institutions of higher learning, seeking conferences and continuing education programs to provide you with cutting edge information to build your knowledge for a new opportunity, and joining your professional association to provide networking opportunities with nurses locally, statewide, and nationally. At this time, it may be possible for you to enroll in courses locally or online through distance education programs to give you the skills and knowledge you need to perform a new job. Taking the first step toward change may often be the hardest step, but after the first step, most nurses come to realize the amount of support and caring around them will assist and facilitate their aspirations and desires. Personally as a nurse educator, I have students filled with trepidation, wavering about the decision to return to school and wondering how they will balance school, work, and family. Once engaged in the learning process, their excitement and sense of accomplishment give them the energy to do it and do it well. They are in a state of readiness to move forward to the next challenge.

Continuous state of readiness for self-advocacy and advocacy for nurses

Each nurse is a visible leader and must be in a continuous state of readiness to represent oneself and the profession. To be ready, the nurse individually must be aware of local work issues, regional, state, and national issues. The nurse needs information to be aware of issues in self-advocacy and for general advocacy; this knowledge is a result of reading professional literature that includes exposure to environmental scans of headlines and political news. The American Nurses Association and the Virginia Nurses Association provide their members updates through daily and weekly bulletins, list servs, facebook, and other electronic mediums that present one to two sentence summaries to nurses in all settings about issues that impact nursing and that impact the individual nurse. Remaining updated gives the nurse insight and allows a state of readiness; it is a professional expectation that nurses have currency of information. Recent issues have been the nursing shortages, nurse staffing, health care reform, health care economics, H1N1 flu and immunizations, the population demographics of an aging society, and practice issues of nurse practitioners.

In June 2010, some of the Commonwealth's nurses met with Peter Buerhaus, Ph.D, RN, a nurse economist from Vanderbilt University. He emphasized the role of nurses in many aspects of health care, especially in leadership and the assurance of quality and safety issues that are important to the public. He made two statements that each nurse in Virginia must know and promote—**>>Be Bold on Why RNs Impact Quality and Safety<<** and **>>Know your 90-second 'sound-bite'<<**. To explain these comments, after the Institute of Medicine's shakeout reports on healthcare quality and safety, much of the correction strategies have come from NURSES and NURSING which have stepped up, developed, and implemented the strategies to ensure quality improvement and safety of the patients. Nurses themselves are doing the work and 'reminding' other members of the health care team what it is they must do for the quality measures and for the safety measures to avoid prolonged hospitalizations and unintentional deaths. It is the NURSES on the teams, analyzing the data, and determining the changes that must occur for the quality and for the safety of patients and there are now measureable positive outcomes. The 90-second sound-bite stems from a personal observation. Time and again he had been to the White House and Congressional-level meetings and when news reporters asked members of the health care disciplines for 'a comment for the record', he was disappointed in the quality of the responses. He said the comments became rambling, unconnected commentary that was off target, off point, and off a unified message. When he was interviewed, he gave a crisp focused 90-second response that carried more weight and made it to the headline news. Dr. Buerhaus requests that nurses be in a continual state of readiness for advocacy with a honed 90-second message that addresses the issue being examined and conforms to the policy statements of the Association.

This is not an unreasonable appeal; reflect for a moment. How many times during the H1N1 epidemic were YOU asked for a statement about it, about the numbers of patients affected, about the safety of the vaccination? Recall how many times someone has asked you about healthcare reform, the shortage, the latest headline event in health care. If you are entitled to write 'RN' behind your name, you are a leader, an advocate, and an expert. Represent the profession well. When you learn of an issue, also look for the expert information and include that in your comment: for H1N1, you could repeat that 'the CDC maintains an updated website with the most scientific information on it; see CDC.gov for this information. I have/have not managed the care of a patient with H1N1.' Regarding the nursing shortage, for example, 'The VNA and ANA closely monitor the shortage and have statistics provided by the government and their surveys on the areas and specialty shortages; these are found at their websites." If you do not know about an issue, then state that. Be cautious that you separate fact from your opinion—recall how often we hear someone in the lay public relate, 'my neighbor, the nurse said ….."

Nurses must be in a continuous state of readiness for the many aspects of our practice. We must be ready and **BE BOLD IN DELIVERING OUR MESSAGE ABOUT NURSING; it must be accurate, focused, and positive on nurses' contributions to quality and safety.** ◆

Practice Information

2010 OUTSTANDING MEMBER Award

Guidelines/Application

The Outstanding Member Award is given to a member in even years and is nominated by his/her peers.

Nominations must be submitted to Chairman of CODP or VNA Headquarters no later than August 31, 2010

The award may be given to a member only once.

The recipient will be honored at the Delegate Assembly on September 17, 2010

Describe the nominee's contributions to VNA (State and District level) as measured by:

- innovative ideas
- special projects or activities
- support of District and State Association
- attendance at meetings, workshops etc. and volunteerism

Describe the nominee's activities in the following areas:

- positive interpersonal relationships with peers and VNA
- enthusiasm and role modeling
- leadership abilities and dedication to profession
- integrity—upholds Nursing Code of Ethics
- community and professional activities
- willingness to take a stand on professional issues
- mentoring activities and/or other special attributes.

OUTSTANDING MEMBER'S AWARD FORM

(Nominee Attach Vitae/Resume)

NAME: _____

ADDRESS: _____

VNA DISTRICT:_____

RN LICENSE NUMBER if known: _____

PLACE OF EMPLOYMENT:_____

ADDRESS: _____

Health Practitioners in the Workplace Are Your Electronic Communications Private?

Whether it's an employer-provided mobile phone used to send text messages, the practice's voice mail system, or the office computer where employees access the internet, there's a good chance your employer is monitoring your workplace communications.

As many employers have found themselves entangled in legal action, trying to explain the reasoning behind an employee's damaging email message, employers are becoming more aware of the legal risks of electronic communication—especially communication that occurs on any electronic device owned by the employer or provided to the employee by the employer.

As a way to protect themselves proactively, employers often monitor the communications that occur on employer-owned electronic devices. These communications are especially important, as they create an electronic "paper trail" that an employer may be forced to produce in the event of legal action.

While some electronic monitoring equipment may allow an employer to track an employee's communication without the employees' knowledge, many employers provide notice in employee handbooks, through warning messages communicated via the specified electronic device, or through various office communications such as memos or announcements.

The communications of some health care employees may be subject to a lesser degree of scrutiny. This could possibly include those who have union contracts, or in those practice settings where the employer specifically exempts certain communications. However, there are typically exceptions to these rules as well, and most employers have the ability to monitor at some level.

It was once thought that public employees might have greater rights under the Fourth Amendment's safeguards against unreasonable search and seizure. However, a June, 2010 decision by the U.S. Supreme Court, *City of Ontario vs. Quon,* further supports an employer's ability to monitor and log employee communications on workplace electronic devices. Although this particular case applies to the public employment sector, it is expected that private employers will use it as a guideline for monitoring employee communications.

The bottom line is that an employer may monitor your communication on an employer-provided electronic device, if your employer has a work-related purpose for examining your communications. If the message is something you wouldn't want your employer to know, or if the communication or internet research is unrelated to your work, refrain from the communication. Keep your professional and personal communication separate.

Below are questions health practitioners often ask about electronic communications.

I don't know my employer's policies. What can I do to find out?

First, check with your employer to determine what policies are currently in place related to workplace electronic devices and/or rules related to electronic information or communications. If your employer does not have a written policy, you may want to discuss the matter with your employer to determine what monitoring process are in place. It should also be noted that employees who use a personal electronic device to access a workplace-provided email or voice mail system remotely may be subject to the same policies as well.

I send text messages to my daughter on my business cell phone; are these messages private?

Most likely not. The recent Supreme Court decision in *City of Ontario vs. Quon* determined that the employer's search of the cell phone of a police officer who sent sexually explicit messages on an employer-provided device was acceptable. While this case involved a public sector employee, the principle will be used to guide private sector employers.

I use my workplace computer to access my private web-based email account. Can my employer monitor my private email?

Electronic monitoring technologies enable an employer to track the digital footprint of any communication occurring on workplace-provided electronic devices, including web-based email accounts such as gmail or hotmail. If your employer owns the terminal, cell phone, i-phone, or any other electronic device used to access your personal email, you should assume your communication is not private. ◆

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.

Education Day, September 18, 2010

VIRGINIA NURSES ASSOCIATION

Education Day
Saturday, September 18, 2010
7:30AM – 4:00 PM
Marriott Richmond Downtown

Demonstrating Competency through Professional Practice - call for posters!

Registration includes CE credit, refreshment breaks and lunch

Name: _____
PRINT your name

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Home Phone: _____

Please Check one (double click on the square and choose "checked"):

❑ VNA/VPN/LCVN Member Early Bird Discount $ 100.00 ($125.00 after Sep 5)

❑ Non- Member Early Bird Discount $ 150.00 ($175.00 after Sep 5)

❑ RN retiree or Student Early Bird Discount$ 75.00 ($100.00 after Sep 5)

TOTAL AMOUNT ENCLOSED: $_____

There will be only a limited amount of space for on-site registration. If you arrive the day of the event without prior registration, we can not guarantee that we will be able to accommodate your attendance and/or lunch.

Refund Policy: Full refund minus a 25% administration fee, if canceled by September 13, 2010. ***NO REFUNDS AFTER September 13, 2010.*** Substitutions are encouraged if you find you cannot attend the event.

You may also charge the amount to your credit card. To do so, please complete the form below.

*I authorize the Virginia Nurses Association to charge my Master Card/Visa/Discover (**circle one**) for the above fee*

My account number is _____ Expiration Date _____

Security code: _____

Signature _____ Date _____

This activity has been submitted to the Virginia Nurses Association for contact hours. The Virginia Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

You May Copy this Registration Form and Fax or Mail or email it to the VNA.

Virginia Nurses Foundation: 7113 Three Chopt Road, Suite 204, Richmond, Virginia 23226.
Phone Number: 804-282-1808 or 1-800-868-6877; Fax Number 804-282-4916.
EMAIL to admin@virginianurses.com www.virginianurses.com

VNA Education Day

Demonstrating Competency

Saturday, September 18, 2010

Richmond Marriott Downtown

8:00 AM	Registration
8:30 AM	Welcome, Shirley Gibson, MSHA, RN, President, Virginia Nurses Association Introductions, Lauren Goodloe, PhD, RN, NEA-BC, Commissioner on Nursing Practice, Virginia Nurses Association
8:45 AM	Update from the Board of Nursing, Jay Douglas, RN, MSM, CSAC Executive Director, Commonwealth of Virginia Board of Nursing
9:15 AM	Overview: The State of Determining Competency and Regulation Mary Ann Alexander, PhD, RN, Chief Officer of Nursing Regulation National Council of State Boards of Nursing
11:15 AM	Overview of Competency in a Hospital Setting Heather Craven, MS, RN, CMSRN, Nurse Clinician—Acute Care Medicine and The Transitional Care Unit, VCU Health System
12:15	Lunch and poster session and workgroups
1:30 PM	Heather Craven, MS, RN, CMSRN—Overview of Competency in a Hospital Setting, (report out of workgroups)
2:00 PM	Panel Discussion, Loressa Cole, RN, BSN, MBA, CNEA, FACHE,Moderator • Heather Craven, MS, RN, CMSRN • Marcia Tetterton, MS, CAE, Executive Director, Virginia Association for Home Care and Hospice • Tia Campbell, RN, BSN, MSN, NCSN, State School Nurse Consultant, VA Department of Education
3:30 PM	Closing Remarks / Awards for posters ◆

Legislative Issues

Federal Health Care Reform

General Information

- Immediately upon the passage of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, Secretary of Health and Human Resources, William A. Hazel, Jr., at the direction of the Governor, began conducting analysis to identify what steps need to be taken in order for Virginia to begin planning and implementation.
- With overarching implications across Secretariats, including the State Corporation Commission, and with deep penetration into the health care and insurance industries, Secretary Hazel has begun making contact with key leadership personnel in the General Assembly, state agencies, and private sector. An invitation has been extended for others to work alongside of the Health and Human Resources (HHR) secretariat to ensure efficient and effective planning.
- In preliminary research and through conversation with federal and state partners, Secretary Hazel has recommended that a strategic plan be created along with a leadership taskforce. This is consistent with the recommendation of the National Governor's Association. The Governor has considered these recommendations and is laying the groundwork for Virginia to develop both.
- While the Governor supports the Attorney General's constitutional challenge to the federal legislation, Virginia remains subject to the law and it is prudent to prepare for implementation. Development of a strategic plan and leadership task force are important steps to prepare for implementation.

Implementation

- Though much of the federal health reform legislation does not come into effect immediately, there are substantial programs and consumer resources that must be quickly created.
- The following highlights key areas of implementation that the Commonwealth will be responsible for in the near future:
  - Like the provisions under the American Recovery and Reinvestment Act (ARRA), Virginia will be subject to maintenance of effort on eligibility standards, methodologies, and procedures for Medicaid programs.
  - 90 days from enactment, a **temporary high-risk pool** will be established. The high-risk pool will provide coverage to individuals with pre-existing medical conditions.
    - This can be accomplished either through the creation of a high risk pool in Virginia, or allowing individuals in Virginia to participate in the federal high risk program if they choose to participate in a high risk pool.
    - HHR staff have conducted research and in the coming days will make preliminary recommendations concerning Virginia's course of action in regard to participation in the high-risk pool.
  - By July 1,2010, Virginia must work in conjunction with federal partners to create a mechanism, including an internet portal, whereby Virginian's can access information about affordable health insurance options.
  - Within the next two years Virginia must begin providing information to Health and Human Services (HHS) Secretary Sebelius concerning trends in premiums for health insurance coverage.
  - Virginia must immediately begin working towards the **development of a health benefits exchange.** The exchange will be a "one stop shop" that allows individuals to identify their health insurance options, including access to information about Medicare and Medicaid. This component will require extensive collaboration among state and industry partners.
    - This exchange will include streamlining the application and enrollment process for State health subsidy programs. States will be required to use a single streamlined form for all applications.
  - In addition, there are numerous areas of policy change and implementation to be administered by state agencies. There are also extensive changes to the insurance and business industries. While Secretary Hazel will not lead each of these efforts, he will be involved to the extent necessary to ensure partnership and efficiency.

High Profile Topics

- Nationwide, discussions are being held regarding high profile components of health care reform. Many of the components will be developed and implemented at the federal level or among the insurance industry. While Virginia will not have direct involvement in these components of health care reform, they will directly impact Virginians and Secretary Hazel's office will monitor accordingly.
- Six months after federal law enactment, new federal insurance rules will take effect, including:
  - Prohibiting insurers from imposing lifetime limits on benefits;
  - Restrictions on the use of annual benefit limits;
  - A prohibition on insurers from rescinding coverage;
  - A requirement by all health insurance plans to cover recommended preventive services and immunizations; and,
  - Unmarried children can remain on their parent's health plan until age 26.
- In 2014, employers with 50 or more full-time employees will be financially penalized if they do not offer health insurance coverage. This tax will greatly impact businesses in Virginia.
- In regards to Medicare, there are multiple areas of impact.
  - For Medicare Beneficiaries, provisions in health care reform allow for:
    - A $250.00 rebate check to be issued to all Part D enrollees who enter the 'donut hole;'
      - The 'donut hole' is a coverage gap in Medicare Part D plans. It is the difference between the initial coverage limit and the catastrophic coverage threshold. When a Medicare beneficiary surpasses the initial coverage limit, they are financially responsible for all prescription drug costs until their expense reaches the catastrophic coverage threshold.
    - Elimination of co-pays and deductibles for preventive services;
    - An annual check-up to be covered at 100%; and,
    - Private Medicare plans to be prohibited from charging more for services than the federal Medicare plan.
  - For Medicare Providers, health care reform will result in:
    - A reduction in federal payment for performed services. The Medicare program will have an increased fiscal outlook, but this will come at the expense of reimbursement to providers. Hospitals, nursing homes, and home health agencies will not see their traditional standard annual increase.
    - Subsidies to private Medicare plans will be brought in line with costs under traditional Medicare. These plans currently receive about 14 percent more, per person, than traditional plans.
  - For Americans earning over $200,000 per year, their Medicare payroll tax will increase.

Opportunities

- Throughout the federal health care reform legislation, there are many optional programs and grant opportunities for states. While not a comprehensive list, a few that Virginia will likely be interested in are:
  - Medicaid Global Payments Demonstration: allows a large safety net hospital system to alter its provider payment system from a fee for service structure to a capitated, global payment structure.
  - Establishment of Community Health teams to Support the Patient- Centered Medical Home: allows for the creation of a community-based interdisciplinary inter-professional teams to support primary care practices.
  - Funding for Childhood Obesity Demonstration Project: allows for the creation of competitive demonstration projects to develop a systemic model for reducing childhood obesity.
  - Creation of healthcare workforce incentives for students seeking a career in the medical field. Additionally, allows states to compete for grant funding to identify creative approaches to recruit and retain a solid healthcare workforce.
- There are provisions within the legislation that require HHS to issue regulations for the creation of health care choice compacts whereby two or more states may agree to allow health insurers to sell products across state lines.

Medicaid Expansion

- By 2014, federal health reform legislation will force an increase in Medicaid enrollment. It moves Virginia to cover all individuals (including those who are not currently covered under Virginia Medicaid) up to 133% of the Federal Poverty Limit and also includes a 5% income disregard for this expansion population.
- As a result of these Medicaid changes, the Department of Medical Assistance Services and the National Governor's Association project an increase of 275,000 to 425,000 Virginians to the monthly Medicaid rolls.

Common Questions

- **How will Virginia prepare for mandating health insurance?**
  - This mandate under health reform is an individual mandate. The insurance industry will work to create products that are affordable for Virginians. For those that do not receive health insurance through their place of employment, they will be responsible for securing insurance on their own.
  - The Office of the Secretary of Health and Human Resources will have the responsibility of ensuring that Virginia's web-based exchange system has appropriate and accurate information.
- **What will happen to all of the planning and implementation when Virginia is successful in winning the court case?**
  - Expanding access to reasonably priced quality healthcare is a bipartisan goal. Regardless of health reform efforts, the Commonwealth must make it more affordable for Virginians to purchase and retain health insurance. Once successful in court, we will evaluate what the best step is for Virginia. Until that time, it is necessary for us to be methodical in planning and implementing the provisions under health care reform.
- **How much is it going to cost Virginia to implement health care reform?**
  - With so many undefined components of health reform, it is hard to predict a specific cost. In Medicaid alone, initial estimates yield a cost savings through 2014. This is a result of pharmacy rebates, Beginning in 2015, it is projected that Virginia will begin to pay for health care reform. **By 2022, the cost will exceed $1.1 billion dollars.**
  - This estimate is based only on the DMAS projection of 275,000 new enrollees. There will be additional costs for staff time and the administrative components of health reform. Additionally, there are numerous technology initiatives that must be carried out, There will be substantial costs for the development and expansion of I.T. systems. As a whole, the Commonwealth will be impacted across the Executive Branch and down to small local businesses. Health care reform is vast, and leaves little un-touched, ◆

Legislative Issues

Patient Protection and Affordable Act of 2010

It's Impact upon the Commonwealth of Virginia in the Near Future

by Leigh Levy

Quality Related Payment Initiatives (hospital systems and staff):

The Secretary of Health and Human Services will establish a value-based purchasing program. Value-based incentive programs will be made in a fiscal year to hospitals that meet performance standards. The program will apply to discharges on or after October 1, 2012.

The Secretary of Health and Human Services will ensure that measures are selected that cover at least:

1. Acute myocardial infarction
2. Heart failure
3. Pneumonia
4. Surgeries
5. Health care associated infections

Performance standards for the measures will be established taking into account:

1. Practical experience (including whether other providers were able to meet the standard during prior performance periods
2. Historical performance standards
3. Improvement rates
4. Opportunities for continued improvement

Note certain hospitals will be excluded from eligibility for performance payments, including hospitals that do not have a minimum number of cases, cited for deficiencies that pose an immediate risk to the health or safety of patients, or measures for the performance period for a given fiscal year.

Medicare Shared Savings Program:

By January 1, 2012 the Secretary of Health and Human Services will establish a shared savings program specifically related to Accountable Care Organizations (ACOs). The program is to promote accountability for patients and to coordinate items and services under Medicare parts A and B. It is also designed to encourage investment in infrastructure and redesign care processes for high quality and efficient services.

To participate in the shared savings program, an ACO must establish a mechanism for shared governance and a formal legal structure to receive and distribute payments for shared savings among the following types of providers:

- Physicians in group practice arrangements
- Networks of individual practices of physicians
- Hospitals and their employed physicians
- Such other groups of providers of services and suppliers as the Secretary of Health and Human Services determines is appropriate

The ACO shall agree to become accountable for the quality, cost and overall care of Medicare fee-for-service beneficiaries assigned to it (not fewer than 5K individuals). The beneficiaries will be assigned to an ACO based on their own selection of primary care providers. Each ACO will be required to have a sufficient number of primary care professionals. Participation with the Center for Medicare Services will be in writing for a period of not less than three years.

Each ACO must have the clinical and administrative systems capable of the following:

- Promoting evidence based medicine and patient engagement
- Reporting on quality and cost measures and coordinating care, such as through the use of telehealth, remote patient monitoring and other such enabling technologies
- Compliance with patient-centeredness criteria specified by the Secretary of Health and Human Services. This may be done through the use of patient caregiver assessments or the use of individualized care plans.

Payment Adjustment for Conditions Acquired in Hospitals:

After 2015, hospitals in the top 25% of all hospitals for certain hospital acquired conditions will be subject to a reduction in payments. In addition to certain specified "hospital acquired conditions" the term is also defined to include any other condition determined by the Secretary of Health and Human Services to have been or typically to be acquired in a hospital during a hospital stay.

Hospital Wage Index Improvement

By December 31, 2011, the Secretary of Health and Human Services will provide recommendations to Congress on how to reform the Medicare hospital wage index system. In developing a plan the goals set forth by MedPAC, including establishing a new hospital wage index system that:

1. Uses the Bureau of Labor statistics or other data to calculate the relative wages for each geographic area involved
2. Minimize wage index adjustments between and within metropolitan statistical areas and statewide rural areas
3. Include methods to minimize volatility of wage index adjustments that result from implementation of the policy while maintaining budget neutrality
4. Accounting for the effect that implementation of the system would have on health care providers and on each region of the country
5. Addresses issues of occupational mix (staffing practices and ratios) and any evidence on the effect on quality of care or patient safety as a result of implementation of the system
6. Providing a transition from the current system to the new system

Establishing Community Health Teams to Support the Patient-Centered Medical Home:

The Secretary of Health and Human Services is to establish a program to provide grants or enter into contracts with certain entities to establish community-based interdisciplinary, interprofessional "health teams" to support primary care practices. Grants or contracts shall be used to establish health teams to provide support or services to primary care providers and provide capitated payments to primary care providers.

Only state or state-designated entities (or tribal or tribal designated entities) may be eligible for such grants or contracts.

A health team established pursuant to a grant or contract shall establish contractual agreements with primary care providers to provide support services and support patient centered medical homes, defined as a mode of care that includes:

1. Personal physicians
2. Whole person orientation
3. Coordinated and integrated care
4. Safe and high-quality care through evidence-informed medicine appropriate use of health information technology and continuous quality improvements
5. Expanded access to care
6. Payment that recognizes added value from additional components of patient-centered care.

Community-Based Collaborative Care Networks:

The Secretary of Health and Human Services may award grants to certain eligible entities to support community-based collaborative care networks. A community-based collaborative care network is a consortium of health care providers with a joint governance structure, (which may include but is limited to providers within a single network) that provides comprehensive coordinated and integrated health care services for low-income populations. A network must include a hospital and all federally qualified centers within the applicable community. Priority will be given to networks that include the capability of providing the broadest range of services to low-income people, the broadest range of providers that currently serve a high volume of low-income individuals and a county or municipal department of health.

Program to Facilitate Share Decision-Making:

The program is designed to facilitate collaborative decision-making among patients, caregivers and clinicians by providing patients and their caregivers information about trade-offs among treatment options. The program is to incorporate patient preferences and values into the medical plan with a focus on using educational tools or decision aids to help patients and their representatives understand treatment options and communicate their beliefs as to which care is best for them.

Nursing Student Loan Program

Loan amounts are increased and it also provides for cost-of-attendance increases for the yearly loan rates and the aggregate loan amounts. For fiscal years 2010 and 2011, the amount is $17,000 increased from $13,000. ◆

Welcome Leigh Levy to the VNA

Leigh is a summer intern at VNA and her legal career interest is to practice in healthcare law. She is a law student who is attending her final semester of law school at the University Of Richmond School Of Law and will graduate December 2010. She plans to take the 2011 bar exam.

Leigh attended an American Health Lawyers Association conference in May which provided information on the recently passed Patient Protection and Affordable Care Act of 2010. By attending the conference Ms. Levy was able to ascertain a wealth of information from prominent healthcare law attorneys. She has written several articles for the VNA, including the one above.

The information provided is excerpted from documents prepared by Gary Scott Davis, P.A., Adam J. Rogers, Esq., McDermott Will & Emery, LP.

VCNP

Raising Public Awareness of the Role of Nurse Practitioners in Health Care Reform

Cindy Fagan
2010 VCNP President

With passage of national health care legislation in March, it is estimated that more than 30 million Americans will gain access to health care coverage. Simultaneously, there is a recognized shortage of primary care doctors in this country. Though these facts are daunting, there are 135,000 nurse practitioners (NP) nationally with greater than 5,000 of these NPs in Virginia that want to be a part of the solution as health care reform expands access to care. For over 45 years, NPs have been providing high-quality healthcare.

Prior to the passage of healthcare reform legislation, the Virginia Council of Nurse Practitioners (VCNP) leadership recognized the need to strengthen its public relations efforts by developing a media relations and communications program to build awareness of the value of NPs as providers of exceptional health care and to enhance the organization's mission of advocacy to remove barriers that decrease access to care for citizens of the Commonwealth. As a result of this commitment, VCNP has hired a public relations team to provide counsel and develop a communications program that highlights NP scope of practice, educational background, clinical training and the wide range of healthcare services that NPs provide and to educate its members, medical professionals, key stakeholders, legislators and their constituents through media and legislative relations, community affairs and member education programs. VCNP is confident that better awareness and factual information about NPs will ultimately yield legislative changes that will increase access to care for Virginia's citizens.

VCNP is committed to its mission of advocacy for the improvement in health and access to care for all Virginians and is steadfast in its resolve to remove barriers to NP practice. VCNP's public relations and government relations committees will partner to raise awareness of legislative barriers that limit access to care and limit NPs from practicing to their full scope. For example, current law requires NPs to be supervised by physicians and this creates barriers that decrease access to care. Virginia is one of only 12 states that require supervision. This requirement limits NP volunteer abilities such as volunteering in free clinics and ultimately decreases access to care for vulnerable populations.

All registered nurses and NPs colleagues are urged to meet with their legislators over the upcoming summer months to request support to change existing legislation to allow NPs to practice within the full scope of their education and board certification. VCNP is hopeful that your sweat equity in addition to the vigorous public relations initiative will greatly improve advocacy efforts and lead to legislative successes removing access to care barriers for Virginia's citizens. ◆

Complementary and Alternative Medicine

The National Center for Complementary and Alternative Medicine (NCCAM)

NCCAM Resource Person: Alyssa Cotler, NCCAM Public Health Advisor
J. Goodlett McDaniel, EdD, RN,CS, MBA

NCCAM is the Federal Government's lead agency for scientific research on complementary and alternative medicine. From the website, CAM's mission is to explore complementary and alternative healing practices in the context of rigorous science, train CAM researchers, and disseminate authoritative information to the public and professionals. NCCAM's clearinghouse provides information including publications and searches of Federal databases of scientific and medical literature. Examples of publications include "Selecting a CAM Practitioner" and "Are You Considering Using CAM?" The Clearinghouse does not provide medical advice, treatment recommendations, or referrals to practitioners however.

To learn more refer to Web site: nccam.nih.gov

The author presents a short Q&A to assist practitioners and researchers who may benefit. The fact that there is a National Center that can both support and build evidence regarding the appropriate use of CAM is important information.

1—How long has NCCAM been inexistence? NCCAM celebrated its ten year anniversary in 2009.

2—What do you see as the most important work currently being undertaken? NCCAM is the Federal Government's main agency studying complementary and alternative medicine (CAM). The research we support is building the evidence base of safety and effectiveness of CAM therapies that are used by nearly 40% of Americans. There is promising evidence for a number of CAM therapies, particularly for the management of pain. There is also promise in the use of some CAM approaches for enhancing overall wellness. And, in the area of safety, we have learned about herb-drug interactions that can affect the potency and effectiveness of prescription medications. There is still a lot to learn.

3—How important is interdisciplinary work to the mission? Interdisciplinary work is very important to NCCAM. NCCAM has built new partnerships in the field of CAM research: between researchers and CAM practitioners, among universities and research centers across the nation and around the world, and across the Institutes/Centers at the National Institutes of Health.

4—How does the structure differ from other NIH divisions? The structure and research standards of NCCAM are the same as the other NIH institutes and centers.

5—What are the most popular services provided? NCCAM does not provide direct patient services, but rather conducts research on CAM approaches. You can see statistics on CAM use from a nationwide survey on our website here—http://nccam.nih.gov/news/camstats/.

6—How is CAM funded compared to other branches of NIH? NCCAM is funded in the same way as other components of NIH; we receive our annual appropriation from Congress. See our budget and legislation page here—http://nccam.nih.gov/about/budget/.

7—What projects have received the most grant funding during the past two years? Research on natural products (herbs, probiotics, and other dietary supplements) and mind-body and manual therapies are the areas of most research funding.

8—How have the goals, structure, and/or functions changed over the past two years? NCCAM's mission to conduct rigorous research on CAM for health has not changed since the Center was created in 1999. We are currently working on our next strategic plan that will set both long-term goals and strategic objectives based on scientific promise, use, and potential impact on health care. You can see the work in progress at http://nccam.nih.gov/about/plans/2010/. This plan will be released in early 2011.

9—How can practitioners receive information on interesting findings? Our website has updates of research at http://nccam.nih.gov. We have a dedicated section on our Web site for health care providers at http://nccam.nih.gov/health/providers/. Practitioners can subscribe to our Update listserv and also follow us on Twitter or Facebook.

10—How have researchers from within NIH demonstrated an increase or decrease of interest in CAM's work? CAM research is being conducted throughout the NIH, not just at NCCAM. NCCAM collaborates extensively with other NIH institutes to conduct CAM research. In addition, NCCAM sponsors an integrative medicine lecture series for NIH staff and a CAM consult service at the NIH Clinical Center.

11—Are there individuals or small groups within CAM who are influencing changes in health care policy related to implementation of the new health care legislation? NCCAM's research results can inform health care policy decisions. However, NCCAM is not involved in health care policy issues.

12—What advice would you give to new CAM practitioners about how to build an evidence-based practice? It is important that all practitioners stay informed about the latest research in their field. This is true of CAM as well. Practitioners can visit our website at http://nccam.nih.gov/ or subscribe to our Update listserv, or follow us on Twitter or Facebook.

We know the important role that nurses play in patient care. Our Time To Talk educational campaign has tools to encourage patients and their health care team to openly discuss CAM use in order to ensure safe and coordinated care. Information is at http://nccam.nih.gov/timetotalk/ ◆

Gala—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
- ½ page black & white advertorial an issue of *VIRGINIA NURSES TODAY* distributed to over 93,000 registered nurses and students in Virginia. (Ad submission deadline—July 15, 2010). This will be in addition to other advertising you have contracted for in the VNT.
- One table top display at the Delegate Assembly
- One table of 10 at the VNF Gala
- Presenting sponsor logo on Virginia Nurses website
- Presenting sponsor recognition in the electronic newslette—*VNA Voice*
- Presenting sponsor recognition in the "booklet" (distributed in September)
- Five registrants for the education day, September 18th coinciding with the VNA Delegate Assembly

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
- One table top display at the Delegate Assembly
- Five 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)

Hall of Fame—$2,500
- Sponsor recognition on event signage and in the event program
- Four tickets to the VNF's Gala
- Sponsor recognition on Virginia Nurses website
- Sponsor recognition in the electronic newsletter—*VNA Voice*
- Sponsor recognition in the "booklet" (distributed in September)

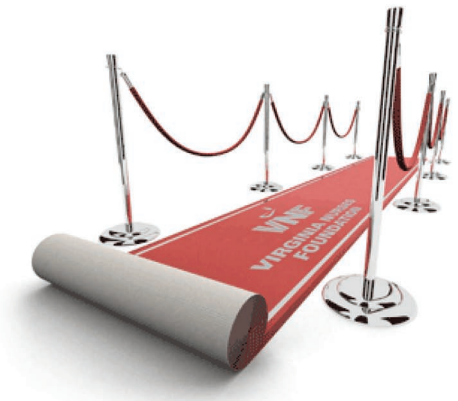
Shining Star—$2,000
- Sponsor recognition on Gala event signage
- Sponsor recognition in Gala event program
- Two tickets to the event
- Sponsor recognition in the electronic newsletter ***VNA Voice***

Caring Contributor—$1,000
- Sponsor recognition on Gala event signage
- Sponsor recognition in Gala event program

For more information, please contact the Virginia Nurses Foundation at 1-800-868-6877 or via email kmahone@virginianurses.com ◆

SAVE THE DATE

3rd Annual
VIRGINIA NURSES FOUNDATION GALA



SATURDAY, SEPTEMBER 18, 2010

The Bolling Haxall House • Richmond, Virginia
6 pm - 9 pm

Honorary Chair
Dr. Karen Remley, M.D., MBA, FAAP
Commissioner of Health for the Commonwealth of Virginia

VNF
VIRGINIA NURSES FOUNDATION
www.virginianurses.com

Virginia Nurses Foundation Scholarship Information 2010

The Virginia Nurses Foundation is pleased to offer Scholarships to support nurses' continuing education and professional development in 2010. One Scholarship is designated for students attending RN to BSN programs and one is to support an emerging nurse leader's participation in the Nurse Leadership Institute.

ACADEMIC SCHOLARSHIP

The Virginia Nurses Foundation Scholarship is awarded to selected nursing students attending a RN to BSN program. The scholarship is awarded to those students who exhibit high academic achievement, a commitment to nursing, and strong clinical and leadership abilities. **Two** scholarships will be awarded.

Award: $1,000.00 per award for a total of $2,000.

Criteria for Academic Scholarship
1. Cumulative GPA of 3.0 or higher on a 4.0 scale
2. An RN completing BSN requirements
3. Intent to practice in Virginia
4. Be a Virginia resident licensed as an RN in Virginia

Academic scholarship applicants must submit:
- Current resume, to include substantiation of criteria 1, 3 and 4.
- Letter from applicant requesting scholarship and why (criterion 2)
- One letter of support from a faculty member of current program where enrolled

Applications are due no later than August 15, 2010. The award will be presented at the VNF Gala in Richmond, VA on September 18, 2010.

JOANNE KIRK HENRY—NURSE LEADERSHIP INSTITUTE SCHOLARHIP

Virginia Nurses Foundation *JoAnne Kirk Henry Scholarship* is designed for Fellows participating in the Nurse Leadership Institute (NLI). Two Scholarships will be awarded ($1,500 each).

Criteria for Nurse Leadership Institute Scholarship
- Applicant must meet the NLI Selection criteria (www.virginianli.org)
- Must work in a community health, public health or long-term care setting
- Be employed by a non-profit or government agency, specifically one that does not offer tuition reimbursement

JoAnne Kirk Henry Scholarship applicants must submit:
- Letter from agency Director documenting financial need
- Proof of non-profit status
- NLI staff will provide the Scholarship applicant's NLI application

Applications are due no later than August 15, 2010. The award will be presented at the VNF Gala in Richmond, VA on September 18, 2010.

All materials must be *mailed* as *one* packet by the applicant.
Incomplete packets will be considered ineligible.

Application Deadline: August 15, 2010
(postmarked by this date)

Send to: Virginia Nurses Foundation
7113 Three Chopt Road, Suite 204
Richmond, VA 23226
Telephone Contact: (804) 282-1808
admin@virginianurses.com ◆

ANA's Health System Reform Agenda Alignment With Patient Protection and Affordable Care Act (PPACA) of 2010

Background

The American Nurses Association first published ***Nursing's Agenda for Health Care Reform***, endorsed by more than 60 nursing and other health care organizations, in 1991 to call for substantial changes in a fragmented health care system that showed glaring shortcomings in access, quality and cost controls.

As attempts to reform the health care system collapsed in the 1990s and costs continued escalating, ANA revised its reform agenda in 2005, this time recognizing the impact of cyclical nursing shortages on health care delivery. ANA's policy last was updated in 2008 with publication of ***ANA's Health System Reform Agenda***, as more research demonstrated the relationship between nurse staffing and patient outcomes.

ANA's Health System Reform Agenda's Alignment With The Patient Protection and Affordable Care Act (PPACA) of 2010

- ANA believes health care is **a basic human right** that should be provided to all individuals. While PPACA does not go that far, the law does extend health coverage to millions who currently lack health insurance and protects many others from losing coverage due to common private health insurer cost-saving practices. The law encompasses all U.S. citizens and legal residents, but not undocumented immigrants.
- ANA believes that the health care system must ensure access, which means health care services must be **affordable, available** and **acceptable.** PPACA substantially addresses these goals:
  - **Affordability**—PPACA provides assistance on health insurance costs through subsidies and credits for individuals and families, varying based on income; and expansion of Medicaid for all people under age 65 whose income falls below 133% of the federal poverty level.
  - **Availability**—PPACA **prohibits insurer discrimination** based on factors such as health status, medical condition or history, claims experience, and genetic information or disability. It also prohibits insurance rating variability, which can affect health coverage costs, based on health or gender.
  - **Acceptability**—PPACA acknowledges different cultural approaches to health care through workforce provisions promoting cultural competence training of health care professionals and development of a diverse workforce. It fosters a stronger community-based health care network through funding for Community Health Centers and the National Health Service Corps. It also establishes new programs to support school-based health centers and nurse-managed health centers.
- ANA believes that all individuals should have access to a **standard package of essential health care services.** Though PPACA falls short of guaranteed coverage to all individuals, it does create an essential benefits package incorporating a comprehensive set of services. The law requires health plans, including those in the individual and small group markets, to provide the standard package as a minimum policy.
- ANA believes the health care system must be redirected from the overuse of more expensive, technology-driven, hospital-based services to a more balanced approach with greater emphasis on **community-based care** and **preventive services**. PPACA steers the nation toward this goal through numerous initiatives designed to improve **care coordination, chronic disease management, disease prevention** and **health/wellness promotion.**
- ANA supports incorporating into health policy changes the six major aims identified by the Institute of Medicine—**safe, effective, patient-centered, timely, efficient** and **equitable.** PPACA embodies those aims. For example:
  - **Safe**—PPACA requires group health insurers to report to HHS on quality improvement activities aimed at increasing patient safety and reducing medical errors through use of best clinical practices, evidence-based medicine and health information technology.
  - **Effective**—PPACA supports **comparative effectiveness research,** a method for evaluating how different treatment therapies for a certain health condition compare to each other.
  - **Patient-centered**—PPACA includes establishment of a Patient-Centered Outcomes Research Institute.
  - **Efficient**—PPACA establishes the Center for Medicare and Medicaid Innovation to evaluate which innovative payment systems and health care delivery models can reduce costs and improve quality. ◆

For more detail on how ANA's Health System Reform Agenda aligns with PPACA, please see:

http://www.nursingworld.org/MainMenuCategories/HealthcareandPolicyIssues/HealthSystemReform/Agenda/Policy-and-Health-Reform-Law.aspx

Virginia Nurses Foundation Hosts Peter Buerhaus at Annual Nursing Roundtable

On June 2, the Virginia Nurses Association, with support from the Virginia Nurses Foundation hosted noted nursing workforce expert Peter Buerhuas, PhD, RN, FAAN, at the annual nursing roundtable. More than seventy people representing thirty nursing stakeholder and public policy groups in the Commonwealth attended.

Peter Buerhaus is the Valere Potter Professor of Nursing at Vanderbilt University School of Nursing and Director of the Center for Interdisciplinary Health Workforce Studies at the Institute for Medicine and Public Health at Vanderbilt University Medical Center. Dr. Buerhaus maintains an active research program involving studies on employment and earnings of nursing personnel, implications of an aging RN workforce, nurse staffing and quality of patient care, and health professionals and public opinion on issues affecting the delivery of health care. Professor Buerhaus has published numerous peer-reviewed articles, has editorial responsibilities with many peer-reviewed health services research and nursing journals, and has advised policy makers and legislators on a wide variety of nursing health policy issues.

His presentation, *The Great Recession and Beyond: Near and Intermediate Term Challenges Facing the Nursing Profession and what to do about them* was provocative and informing.

Buerhaus cautioned that the recession is a distraction that could potentially undermine the gains the nursing profession has made over the last ten years in attracting young people to the workforce and improving working conditions in clinical settings. Bending the age curve has had a positive impact on the supply of nurses but staffing levels and other issues related to economics remain a threat to these gains.

Buerhaus encouraged nurses to take advantage of their public and private support along with

their ability to positively impact quality and safety and have a strong voice in healthcare reform. He also warned of increasing stress on the physician workforce and the need for nurses to take that into consideration in their work environments. Buerhaus closed with the challenge, "over the next decade, nurses will either accept greater accountability for clinical and economic performance, or the profession will decline."

For links to two of Buerhaus's recent articles on the nursing workforce referenced in his presentation visit www.virginianurses.com. Under the menu button for Workforce Advocacy, click on the "articles of interest" heading for a link to ***Message for Thought Leaders and Health Policymakers and Recent Surge In Nurse Employment: Causes And Implications.***

The VNA would like to thank the VCU Health System and the Virginia Nurses Foundation for their assistance in bringing Dr. Buerhaus to Richmond for this important summit with nursing stakeholders. ◆

News Briefs

Coronary Care Unit At Carilion Roanoke Memorial Hospital Receives Beacon Award For Critical Care Excellence

Award symbolizes high quality standards and excellent patient care

ROANOKE, Va.—The coronary care unit at Carilion Roanoke Memorial Hospital has been honored with the Beacon Award for Critical Care Excellence by the American Association of Critical Care Nurses (AACN). Out of more than 6,000 intensive care units nationwide, only 242 have achieved "Beacon" status.

"This is a testament to the hard work and dedication of an outstanding team focused on excellence in patient-centered care," said Joseph Austin, M.D., medical director of the coronary care unit. "This is an important accomplishment."

The Beacon Award for Critical Care Excellence was created by AACN in 2003 to challenge acute and critical care nurses to improve the care provided to acutely and critically ill patients. Beacon Award units meet rigid criteria for excellence, exhibiting high-quality standards, and exceptional care of patients and patients' families.

Units that participate in the Beacon Award application process help set the standard for what constitutes an excellent critical care environment through the collection of evidence-based information.

"This award is a symbol of high quality standards as indicated by patient outcomes and professional practice," said Carolyn Webster, R.N., chief nursing officer. "The national recognition as a leader in acute and critical care nursing further demonstrates our commitment to delivering the best care to our patients."

For more information on the cardiac care team, please visit CarilionClinic.org. ◆

The Commonwealth Long Term Care Foundation has Awarded $46,250 to 31 Recipient Members of the Virginia Health Care Association

by Paul Clements, Chairperson
VHCA Regirer Nurse Scholarship Committee

The Virginia Health Care Association (VHCA) and the Commonwealth Long Term Care Regirer Nurse Scholarship Program has awarded $46,250 in 2010 to students pursuing a career in or advancement within long term care nursing. This includes individuals pursuing a career as a LPN, RN, BSN or other advanced studies in long term care nursing. This year 31 recipients will be receiving scholarships.

Established in 1997 the Foundation assists long term care employees in VHCA member facilities that are furthering their education in nursing. Scholarships are awarded each year to individuals throughout the Commonwealth of Virginia who meet the established criteria. The majority of the funding for these scholarships is from a gift by Walter and Maria Regirer and through the annual Commonwealth Long Term Care Foundation Regirer Nurse Scholarship Golf Tournament which is held each year in September. This year the tournament will be held at the Hanging Rock Golf Club in Salem, Virginia on September 20th.

Since its inception in 1997, the Foundation has awarded a total of $334,500 to 245 recipients. Through the support of the Foundation and other donors, VHCA has assisted individuals to pursue their dreams and who have the desire to be a part of long term care nursing providing the highest level of care for the residents residing in VHCA member facilities.

If you would like to learn more about the scholarship program, register for the Golf Tournament or other programs offered through VHCA, please contact the office at (804)353-9101. ◆

Nursing Alliance for Quality Care Announces New Executive Director, Dr. Joyce Hahn

Dr. Joyce Hahn

WASHINGTON—The George Washington University's Department of Nursing Education has announced the appointment of Dr. Joyce Hahn, PhD, APRN-CNS, NEA-BC as executive director for the Nursing Alliance for Quality Care (NAQC), an initiative supported by the Robert Wood Johnson Foundation. Her appointment was effective June 1.

NAQC is a strategic and collaborative effort among the nation's most prestigious nursing organizations, consumer groups and other stakeholders to bring a unified voice to the profession of nursing and strengthen its ability to influence quality-related health reform agendas. "As executive director, Dr. Hahn will bring a wealth of collaborative expertise and experience to this initiative," said Ellen Dawson, Ph.D., A.N.P., chair of the Department of Nursing.

Dr. Hahn, comes to NAQC from George Mason University where she served as associate professor and assistant dean for the Master's Division in the School of Nursing. In addition to her visionary leadership in fostering the development of a culture of teaching excellence at George Mason University, she has held clinical and administrative positions in a variety of health care arenas to include acute care and community settings.

Dr. Hahn is the recipient of the Virginia Nurses Association Nursing Health Care Public Policy Award (2009) and comes to the project with extensive experience in bringing together nurses to work in an effective and collaborative manner. She has published several articles in peer reviewed journals to include *JONA, Nursing Economics, Nursing Management, MEDSIRG Nursing, Outcomes Management for Nursing Practice* and *The Journal for Healthcare Quality.* Dr. Hahn holds a gubernatorial appointment to the Virginia Board of Nursing for a four year term and also serves on the Joint Boards of Nursing and Medicine for the Commonwealth of Virginia.

"Dr. Hahn brings her experience as a nurse leader to this initiative to improve patient care. She recognizes the critical role of nurses in providing quality care and knows how to work with an alliance to bring patient needs to the forefront of the reform debate," said Jean Johnson, Ph.D., F.A.A.N., senior associate dean of Health Sciences at The George Washington University Medical Center.

For more information about the NAQC initiative, contact Jan Bull at the GW project office at 202-994-5083, or visit the initiative website at www.NursingAQC.org. To receive updates on important safety-related health policy updates, upcoming events related to quality and health policy, and a periodic e-newsletter, we invite you to join our e-list on our website or by emailing us at NursingAlliance@gmail.com. ◆

News Briefs

Sentara Potomac Hospital's Sallie Eissler Wins Ruby Award

Sallie Eissler

Sallie Eissler, MSN, R.N., director of Partnership Development and Sentara Potomac Hospital's Health Connection Mobile Health Clinics, received the 2010 Ruby Award from Soroptomists International of Woodbridge.

Eissler was given the Ruby Award for her many efforts to improve the lives of women and children in our area, including her work with the Pediatric Primary Care Project and Sentara Potomac Hospital's Family Health Connection Mobile Clinics. Soroptomists International also made a monetary donation to the Sentara Potomac Hospital Auxiliary in honor of Eissler's award.

Eissler came to Sentara Potomac Hospital in 1990 as the director Women's and Children's Services. In 1995 she was named director of Partnership Development and was the driving force behind starting a mobile health clinic in eastern Prince William County. Due to overwhelming demand, a second mobile clinic was put into service just two years later. The Family Health Connection Mobile Clinics provide much needed general medical care to residents without health insurance along the Route 1 corridor of Woodbridge and in Dale City. Both mobile health vans serve thousands of residents each year, preventing serious illness and frequent emergency room visits.

Eissler also serves as chairman of the Board of the Greater Prince William Community Health Center.

Soroptomists International is a non-profit organization of professional women dedicated to improving the lives of women and girls in the local community and around the world. ◆

Arne W. Owens, Named Chief Deputy of Virginia Dept of Health Professionals

Arne W. Owens is an executive with leadership, management, operations and communications experience spanning a career of military, private sector and public service. He was most recently a member of the Bush Administration, serving in the U.S. Department of Health and Human Services as acting Deputy Administrator and Senior Advisor to the Administrator, Substance Abuse and Mental Health Services Administration, where he assisted with agency executive management, maintained broad policy oversight of agency programs and served as liaison to key White House offices. He also served as a Director in the Administration for Children and Families, advancing Administration human services policy priorities related to welfare reform and improving the lives of people in need.

Owens served the Commonwealth of Virginia in the Administration of former Governor James Gilmore, as Deputy Commissioner, Department of Mental Health, Mental Retardation and Substance Abuse Services, where he managed key program areas of the agency, was instrumental in advancing plans for mental health transformation throughout the state and reinvigorated substance abuse prevention and treatment services. He has also supported Federal government agencies as a contractor, and served in senior positions in non-profit public policy organizations as a national and statewide advocate for building and maintaining strong families. Until 1997, Owens was a career Army officer, serving in a variety of executive and staff assignments throughout the world, including the Persian Gulf and Iraq during Operation Desert Storm. He completed his military service in the Office of the Secretary of Defense, at the Pentagon in Washington, D.C., at the rank of lieutenant colonel.

Owens is a graduate of the U. S. Military Academy at West Point, and holds a Masters Degree in Organizational Systems Management from the University of Southern California. He resides in Richmond, Virginia, with his wife, Arlene, and son Wesley. ◆

District 5 Awards Scholarships at its Annual May Meeting

Beverly E. Ross, APRN, BC
Chair District 5 Scholarship Committee

District 5 held its Annual Scholarship Awards Dinner and meeting on May 20, 2010. The speaker for this year's award dinner was, Kristin G. Windon, MSN, RN, GCNS-BC, CNE, Associate Chief Nurse for Education at Hunter Holmes McGuire VA Medical Center in Richmond Virginia. Ms. Windon speech was entitled "Change…What?" She gave a dynamic presentation on change within nursing was well received.

The district was able to award three scholarships totaling $1,500 to three nursing students. The recipients were Alyssa Bowen from James Madison University, Amy Hagen from John Tyler Community College, and Lisa Sager from J Sargeant Reynolds Community College. The committee found these candidates to be outstanding individuals who have consistently achieved and display the ability to become outstanding nurses. The recipients are described below.

Alyssa Bowen

Ms. Bowen is currently a student at James Madison University. She has a GPA of 3.4. She also has a somewhat unique Minor, Medical Spanish for which she has achieved a 3.9 GPA. She describes Spanish as a passion of hers since she took her first class in 8th grade. She shared that she did not want a language barrier to thwart her ability to deliver the best care possible to Hispanic Virginians. Ms. Bowen has made the Dean's List for the spring of 2008 and 2009. Ms. Bowen received glowing recommendations from her nursing faculty who took the time to write letters in addition to completing the required form.

Amy Hagan

Mrs. Hagan is currently a student at John Tyler Community College. She has a GPA of 4.0. She has been on the Honors List 2009 and 2010. Mrs. Taylor has also attended Northeastern University in Boston, MA where she obtained a B.S. in Health Information Management. She plans to continue her education and receive a Masters in Nursing, the possibilities in nursing are endless as she says. Mrs. Hagan is excited about her future and being able to fulfill her dream of becoming a nurse.

Lisa Sager

Mrs. Sager is a student at J Sargeant Reynolds Community College. She has a GPA of 3.9. She also has a B. S. in Finance from St. Vincent College in Latrobe, PA.

Mrs. Sager has been very active in community service, She is a member of Moms Clubs International. An example of that work is her participation in the "tunes for troops" held in 2009. Mrs. Sager has been on the President's Honor Roll for every semester. She has also been asked to serve on the Faculty Curriculum Committee as a Student Representative and considers it an honor to represent her peers.She looks forward to finishing school and becoming a nurse. Her instructors describe her as dedicated, interested, and hard working. She is a team player, articulate, and assertive yet diplomatic.

Please join us in congratulating this year's District 5 awardees and future Virginia nurse leaders. We invite nursing students residing in District 5 and those attending schools of nursing within District 5 to apply for the 2011 Scholarships. Information will be available at the beginning of the year. ◆

District 12—2010 Update

District 12 has been busy this year in supporting the VNA Strategic Plan initiatives in many ways. On March 9, the District hosted a CE presentation at Winchester Medical Center that featured Carla Dallman RN, Corporate Director of Risk Management for Valley Health. Mrs. Dallman gave a presentation on "Legal Implications for Nursing Documentation and Practice" that was very practical in nature and applicable for those practicing at the bedside every day. The impetus for this presentation was sparked by requests that we received from the nurses that had attended a CAN Webinar the previous year on this same topic that was more global in nature. Ms. Dallman's presentation was interactive and allowed the nurses to freely ask questions and discuss scenarios with her that would help them in every day practice. Approximately 35 nurses attended the presentation (members and non-members) leaving no empty seats in the room! This education event provided 1.0 CE credits and was free to all that attended.

The tradition for District 12's annual picnic took on a new spin this year by deciding to hold our meeting and festivities in downtown Winchester. Members and all nurses interested were welcome to attend this event. Carolyn Guinn District 12's President shared updates with the group to include a report on the VNA Nursing Roundtable event held in Richmond in early June that featured speaker Dr. Peter Buerhaus and a review of the VNA proposed bylaws changes that will be voted on at the VNA Delegate Assembly this year. Kathy Tagnesi, VNA Work Force Commissioner, gave an update on the work she has been conducting to update the VNA work force booklet and requested input from the members on the progress of this work.

Carla Dallman RN (3rd from left) poses with nurses at CE presentation.

<u>Congratulations to the newly elected officers in District 12:</u>

Vice President: Rebecca Myers
Secretary: Sheryl Crim
Board of Directors: Tanya Carroccio, Betty Berry
Delegates: Carolyn Guinn, Nancy Luttrell, Gilda Gilbert and Arlene Gavitt
Nominations Committee: Carolyn Guinn, Gilda Gilberts and Arlene Gavitt ◆

Membership News

Welcome New & Returning Members April 1-June 15

District 1—Far SouthWest
Stephanie Amos
Rose Duncan
Kay Matlock
Sharon Owens
Robin Wilmot

District 2—New River/ Roanoke
Jacqueline Baker
Lora Epperly
Ellen Harvey
Joyce Kennison
Kimberly Klemperer
Ann Myers
Jamie Neal
Robin White
Tracy Zikes

District 3—Central Virginia
Angela Cassidy
Renee Scott

District 4—Southside Hampton Roads
Hannah Anderson
Michelle Bridgers-James
Ebony Fenner
Darlene French
Janet Kanter
Nancy Moree
Teresa Piles-Horton
Lisa Radford
Rebecca Steffens
Helena Walo

District 5—Richmond Area
Dorothy Bateman
Barbara Bauserman
Kevin Brigle
Susan Chandler
Susan Clark-Frith
Janet Cole
Colleen Cooney
Michael Fallacaro
Elaine Ferrary
Kym Gee
Gladys Goodwyn
Amanda Holliday
Jorelynn Intal
Ada Jacox
Elizabeth Maddux
Faith Miller
Rob Monteiro
Saunders Noel
Holly O'Donnell
Patience Oteng
Lynette Robinson
Dawn Royal
Mary Rutledge
Emily Segal

District 6—Mid-Southern Area
Pamela Wright

District 7—Piedmont Area
Elizabeth Boone
Valerie Flinn
Melanie Kempf
Laura Knight
Joanne Perry
Paula Ruffin
Douglas Spaulding

District 8—Northern Virginia
Susan Chen
Carol Colon
Barbara Dyko
Zainab Fadlu-Deen
Hurdis Griffith
Susan Jacobson
Sandra Lockhart
Alexandra Loefstedt
Ann Maradiegue
Cheryl May
Carol Mournighan
Patricia Nelsen
Ann Nicogossian
Mark Owens
Karen Parelhoff
Vivian Paskowski
Jessica Rivas
Marianne Sundin

District 9—Mid-Western Area
Vickie Carothers
Jordan Hamilton

District 10 – Peninsula Area
Cynthia Dowd
Pamela Heft
Deborah Jolissaint
Sylvia Logan
Susan Meadows
Karen Schrader
Audra Walker

District 11—Eastern Shore
No report

District 12—Northern Shenandoah Valley
Mary Brown
Rose Jannuzzi
Michele Moore
Sheila Ralph ◆

State Nurses Association Membership Application

AMERICAN NURSES ASSOCIATION

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

DATE _____

Last Name/First Name/Middle Initial

Home Phone Number

Credentials

Work Phone Number

Basic School of Nursing

Preferred Contact: Home _____ Work _____

Fax Number

Graduation (Month/Year)

Home Address

Date of Birth

RN License Number/State

Home Address

E-mail

City/State/Zip County

_____ UAN Member? _____ Not a Member of Collective Bargaining Unit

Employer Name

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

Employer Address

Employer City/State/Zip Code

Membership Category (check one)

M Full Membership Dues—$244.00
- ❑ Employed - Full Time
- ❑ Employed - Part Time

R Reduced Membership Dues—$122.00
- ❑ 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—$61.00
- ❑ 62 years of age or over and not employed
- ❑ Totally disabled

Please Note: $5.42 of the CMA member dues is for subscription to *The American Nurse*. $16 is for subscription to the *American Journal of Nursing*. Various amounts are for subscriptions to CMA/DNA newsletters. Please check with your CMA office for exact amount.

State nurses 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 for the correct amount.

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 ($20.83); 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 the1st day of each month.

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
(Credit Card Only)
❑ Check (payable to ANA)
❑ Visa ❑ MasterCard

CREDIT CARD INFORMATION

Bank Card Number and Expiration Date

Authorization Signature

Printed Name
Amount: $_____

❑ **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

* By signing the Monthly Electronic Deduction Authorization, or the Automatic Annual Credit Card Payment Authorization, you are authorizing ANA to change the amount of $10.33 by giving the above-signed thirty (30) days advance written notice. Above signed may cancel this authorization upon 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.

TO BE COMPLETED BY SNA:

_____ _____ _____
STATE DIST REG

Expiration Date _____ / _____
Month Year

Employer Code _____

Approved By_____ Date_____

$ _____
AMOUNT ENCLOSED CHECK #

Sponsor, if applicable_____

SNA membership #_____

MEMBERSHIP APPLICATION