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.

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.

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!

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 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.

Provided to Virginia’s Nursing Community by VNA. Are You a Member?
A Turning Point for Virginia

Shirley Gibson, MSHA, RN, President
Virginia Nurses Association

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 Ederer, Louise Hileman, Bennie Marshall, Thelmia Roach, Berry 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 toward 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 for more nurses and cited his administration for being the first health care organization to support the creation of a national health care system. "The beating heart of our health care system,” he said, cited the nursing profession for 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 again show 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 for more nurses and cited his administration for being the first health care organization to support the creation of a national health care system. “The beating heart of our health care system,” he said, cited the nursing profession for the contributions to the implementation of health care reform.

President’s Message continued on page 3
Hostility, Abuse and Bullying in the Workplace

Delegates: 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.

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; and
2. 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
3. Explore collaborative solutions with other disciplines and organizations to leverage resources for research and education.

RESOLVED: 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 rapidly 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@virginianurses.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.

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
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 workforce 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, PMHHCNS, 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 (H1678), 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. ◆
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.

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 chapter 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.’
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 the importance of bringing this important component of whole-person health to current and 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.

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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 care delivery by encouraging all to address this standard of care; a standard set by the Joint Commission, but rooted historically in medicine.

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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. Yet, when we ask nurses quickly >> is the accrediting agency here?!? >> and >> Am I ready? >> are my colleagues ready? >> quickly are >> Is the accrediting agency here?!? >> and >> Are you ready? >> What are you ready for? >>

You have your documents and files organized and later aggravation in losing and searching for the computer file.—this will save time and avoid the frustration of being unable to find a record. You should scan, label, and organize documentation 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. You can turn to the literature and seek guidance from a mentor or manager in sorting through your thoughts and aspirations.

Continuous expansion of professional performance

Continuous expansion of professional performance is that as a nurse, you are in a state of continuous state of readiness. You can continue to do what you excel at and plan how to do it better. Reflect on this: if this is what you want to do and your work is satisfactory, you must be 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 visions as the academic year begins, what can you do to make your personal goals forward? Make this a period of professional advancement … promotion on the 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 that new competency that you area of expertise or to develop a new expertise? Make the commitment to life-long learning and be in a state of readiness to do it, and be engaged in it, make it a positive, enriching, rewarding experience.

To be in a state of readiness for life-long learning, you must be ready. 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, the "this is that" and the newsletter briefs that congratulate you for accomplishments, and each of the other records that are evidence of your work, the records you received, and your achievements. Review the pile of evidence, sort through your written inventory list, and determine a logical organizational 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 this information. Most electronic documents can be saved electronically and captured electronically. 

In 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? >> A continuous state of readiness should be the commitment to life-long learning … promotion on the 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 that new competency that you area of expertise or to develop a new expertise? Make the commitment to life-long learning and be in a state of readiness to do it, and be engaged in it, make it a positive, enriching, rewarding experience.

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

Continuous state of readiness for self-advocacy and pursuit of professional advancement should be the continuous state of readiness to represent oneself and the profession to be ready. The nurse individually must be aware of local work issues, regional and national issues. The nurse needs information to make 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, listservs, facebook, and other electronic mediums that present one to two sentence summaries to nurses in all settings about issues that impact nurses 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.

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

In June 2010, some of the Commonwealth's nurses met with Peter Buerhaus, Ph.D, RN, a nurse economist from Vanderbilt University. 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 information we have come from NURSELine 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 remaining other members of the health care team what it is they must do for the quality measures and for the public and avoid prolonged hospitalization needs, long-term care, and unintentional deaths. It is the NURSES on the teams, analyzing the data, and determining the changes that need to be made in the care of the patient and for the safety of patients and there are now measurable 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 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. 

A Continuous State of Readiness in Nursing Education

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? >> A continuous state of readiness should be the commitment to life-long learning … promotion on the 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 that new competency that you area of expertise or to develop a new expertise? Make the commitment to life-long learning and be in a state of readiness to do it, and be engaged in it, make it a positive, enriching, rewarding experience.

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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: ______________________________________

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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.
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 Overview of Competency in a Hospital Setting, (report out of workgroups)
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 Tettleton, 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
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 federal 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 our internal and external business processes in the insurance industry. 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 over the coming years with overarching implications across Secretariats, including the State Corporation Commission, and with deep penetration into the health care and insurance industries. While Secretary Hazel will not lead each of these efforts, he will be involved to the extent necessary to ensure partnership and efficiency.
  - Medicare Global Payments Demonstration: allows a large safety net hospital system to alter its payment from a per-service reimbursement rate 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 team of health care providers to support primary care practices.
  - Funding for Childhood Obesity Demonstration Projects: allows states to engage in demonstration projects to develop a systemic model for reducing childhood obesity.
  - Creation of healthcare workforce incentives for students to enter primary care and end the physician short fall. 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 create an expansion population. This expansion population (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 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 for the Medicaid population only on the DMAS projection of 275,000 new enrollees. There will be additional costs for staff time and the administrative costs of the health reform. Additionally, there are numerous technology initiatives that must be carried out. There will be substantial investment for the development and expansion of I.T. systems. As a whole, the Commonwealth will be impacted across the Executive Branch and down to local small businesses. Health care reform is vast, and leaves little un-touched.
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 accountable care for patients and to coordinate 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 5% individually). 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 for 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 Shared 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 information from prominent healthcare law attorneys. She has written several articles for the VNA, including information from prominent healthcare law attorneys.

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The information provided is excerpted from documents prepared by Gary Scott Davis, P.A., Adam J. Rogers, Esq., McDermott Will & Emery, LP.
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 who 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 facts 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 to health care policy issues.

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 on the role of nurse practitioners in health care reform can inform health care policy decisions. However, NCCAM is not involved in health care policy issues.

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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 newsletter—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

**VIRGINIA NURSES TODAY**

**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 SCHOLARSHIP**
The 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

The Virginia Nurses Foundation at 1-800-868-6877 or via email admin@virginianurses.com.
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 this time recognizing the impact of cyclical nursing escalating, ANA revised its reform agenda in 2005, ANA 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 care expenses through subsidies and credits for individuals and families, varying based on income; and

  ➢ 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 insurer rate-setting arbitrariness, 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/HealthcareandPoliciesIssues/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 Buerhaus, 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 the federal poverty level.

For links to two of Buerhaus's recent articles on the nursing workforce and ANA's health care reform agenda please 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.
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 patient’s 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 year’s recipients are 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 Hangang 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

WASHINGTON—The George Washington University’s Department of Nursing Education has announced the appointment of Dr. Joyce Hahn, Ph.D, 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.NursingNAQC.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.
Sentara Potomac Hospital’s Sallie Eissler Wins Ruby Award

Sallie Eissler, MSN, RN, Deputy of Partnership Development and Sentara Potomac Hospital’s Health Connection Mobile Clinics, received the 2010 Ruby Award from Soroptimists International of Woodbridge.

Eissler came to Sentara Potomac Hospital in 1990 as the director of 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 two years later. The Prince William 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 vans have serves thousands of residents every year, preventing serious illness and frequent emergency room visits.

Eissler currently serves on the Board of the Greater Prince William Community Health Center. Soroptimists 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 Director of Office of Prescription Cost Management and Senior Advisor to the Administrator, Substance Abuse and Mental Health Services Administration, where he assisted with agency operations, cost 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 various executive and staff assignments throughout the world, including the Persian Gulf and Iraq during Operation Desert Storm. He completed his military service as the Army’s Chief of Staff, 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 been also 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 diplomat.

Please join us in congratulating this year’s District 5 award winners 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

Members and all nurses interested were welcome to attend this event. Carolyn Gunn 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 Buerga 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.

Congratulations to the newly elected officers in District 12:

Vice President: Rebecca Myers
Secretary: Sheryl Crim
Board of Directors: Tanya Carrocchi, Betty Berry
Delegates: Carolyn Gunn, Gina Kant, Kimberly Dull, Lisa Silbert and Arlene Gavitt
Nominations Committee: Carolyn Guinn, Gilda Gilberts and Arlene Gavitt

Carla Dallman RN (3rd from left) poses with nurses at CE presentation.
Welcome New & Returning Members
April 1-June 15

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<th>State Nurses Association Membership Application</th>
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<td>8515 Georgia Avenue • Silver Spring, MD 20910 • (301) 628-5000</td>
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**State:**
Virginia

**District:**
[Select District]

**Last Name/First Name/Middle Initial:**

**Credentials:**

**Preferred Contact:**

**Home Address:**

**City/State/Zip:**

**Employer Name:**

**Employer Address:**

**Employer City/State/Zip Code:**

**Home Address Date of Birth RN License Number/State:**

**Credentials**

**Work Phone Number**

**Home Phone Number**

**Basic School of Nursing**

**Graduation (Month/Year)**

**RN License Number/State**

**E-mail**

**Member of Collective Bargaining Unit**

**Member of ANA**

**Member of Collective Bargaining Unit other than ANA? (Specify)**

**Membership Category (check one)**

- [ ] Full Membership Dues—$244.00
  - [ ] Employed—Full Time
  - [ ] Employed—Part Time
- [ ] 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

**Special Membership Dues—$61.00**

- [ ] 62 years of age or over and not employed
- [ ] Totally disabled

**Choice of Payment (please check)**

- [ ] E-Pay (Monthly Electronic Payment)
  - [ ] Monthly Electronic Deduction
  - [ ] Authorization Signature
  - [ ] Monthly Electronic Deduction Authorization, or the Automatic Annual Payment Authorization
- [ ] ANA-PAC (Optional—check one)
  - [ ] Check (payable to ANA)
  - [ ] MasterCard

**Membership Category (check one)**

**Monthly Electronic Deduction Authorization Signature**

*SEE BELOW

**Full Annual Payment**

- [ ] Membership Investment
  - [ ] $20.04 suggested
  - [ ] Total Dues and Contributions

**Online:**

- [ ] www.NursingWorld.org
  - [ ] Credit Card Only
  - [ ] Check (payable to ANA)
  - [ ] Visa
  - [ ] MasterCard

**Credit Card Information**

- [ ] Card Number
  - [ ] Card Expiration Date

**Authorization Signature**

**Printed Name**

**Amount:**

**SNA membership #:**

**STATE**

**DIST**

**REG**

**Approved By:**

**Date:**

**Expiration Date**

**Month**

**Year**

**AMOUNT ENCLODED**

**CHECK #:**

To be completed by SNA:

**MEMBERSHIP APPLICATION**

*By signing the Online Monthly Electronic Payment Authorization, you are authorizing ANA to charge the amount of $10.33 by giving the above-signed thirty (30) days advance written notice. Above signed may cancel this authorization upon receipt of sixty (60) days advance written notice. Authorization is non-transferable.*

*By signing the Monthly Electronic Deduction Authorization, or the Automatic Annual Payment Authorization, you are authorizing ANA to charge the amount of $10.33 by giving the above-signed thirty (30) days advance written notice. Above signed may cancel this authorization upon receipt of sixty (60) days advance written notice. Authorization is non-transferable.*

*Amount: $______

*Sponsor, if applicable ________

*SNA membership #: ________