Before I bore you with details about me, I want you to read the next few very important words. If you are not a TNA member, you should be. Email me at brharrell@gmail.com and I will complete your application myself. It is only 76¢ per day to be a national and state member; less than that to be a state-only member. YOUR PROFESSION AND YOUR PRACTICE NEEDS YOU! Your voice is TNA.

I began my career as a trauma nurse in one of the nation's busiest trauma centers. I learned so many things about myself and about the types of patients and families that I wanted to care for the most. I grew and learned so many things as a member of the nursing profession. Like so many others, I was under the impression that my specialty organization would represent and protect my interests and my practice as a bedside trauma critical care nurse. As I moved into nurse educator and charge nurse roles, I was also working on my graduate degree in nursing. I quickly realized that my specialty organization did not work to protect my scope of practice as is provided by law in the state of Tennessee. The Tennessee Nurses Association is the only one that is focused on providing us this great protection and advocacy at the state level. I joined TNA immediately and have been a member ever since – 9 years to be exact.

I moved into a full-time faculty position in the summer of 2006. I was blessed to work with state and national leaders that afforded me even more insight into the importance of being involved in ANA and TNA. I increased involvement in my district's chapter and quickly moved into being involved at the board level. I attend TNA's Annual Conventions and have become more involved at the state level in various committees and task forces.

I deeply appreciate the opportunities TNA provides me. Similarly, I cannot count the number of times TNA has worked tirelessly to protect both my RN and NP practice in this state. I have enjoyed leading our District 1 team as President for the past year. I have seen growth and exciting change within our organization. I have realized the true... (continued on page 2)
I need him, as long as I keep it to-the-point, of course. We share our home with our Great Dane named Jackson (he actually shares his house with us).

Thank you for allowing me to continue serving you in TNA!

Dr. Brad Harrel is an Associate Professor of Nursing at Union University in Germantown, Tennessee. He practices as a Nurse Practitioner in the emergency department at Baptist Hospital - Memphis. He currently serves as President of TNA District I including all of Shelby and Fayette counties. He additionally serves on multiple committees at the state level. He and his family live in Cordova, Tennessee, are active members in several community organizations, and are members of Bellevue Baptist Church.

While I enjoy investing time in our profession, I am blessed and most thankful to have a wonderful and supportive family who love and serve a magnificent God. My wife, Rachel, is an elementary school music and piano teacher extraordinaire. We have a two-year-old son named Elijah. He actually has a great listening ear for when I talk, even if he only listens for a few minutes. In the future, he will seek out this information and search for the answer in his heart. I am eager to continue to serve our state leadership team to keep TNA relevant and shape our future of nursing in this state.

Membership (or the lack thereof) will directly impact our health care system. I also share the truth that the statements and opinions expressed herein are those of the individual authors and do not necessarily represent the views of the association, its staff, its Board of Directors, or editors of the Tennessee Nurse.
As nursing professionals in the 21st century we should consistently be aware of opportunities to move our profession forward, to make it the best of the best, after all the populations we serve deserve the best we have to offer. This can be challenging in the face of political strife, economic hardship, legislative challenges to scope of practice, and many others that can make nursing challenging. I offer a different perspective. I suggest these are opportunities, which when paired with the great diversified talent of the nurses in Tennessee provide a platform for nursing to surpass all expectations; to have an independent voice in health care decision making, independent practice for APRNs, and oh so much more. Some might say this is a dream, however I say, “How do you know what is possible unless you dare to dream?” I contend these are perfect opportunities to demonstrate that nurses are so much more than bedside caregivers; we are instructors, independent practitioners, legislators, investigators, researchers, capable of independent thought and actions, just to name a few.

Through many years of nursing I have seen the endurance, the power, the tenacity, and the strength that comes from within to overcome the odds to do what is right, to do what is just, to do what is needed. Nurses in Tennessee are amazing. If they unite together for a common cause, there is absolutely nothing that could not be done. They have heart and soul. The changing face of health care has not, and will not change this. However, each one of you must make an individual decision to stand up and be heard to assure that this happens. TNA needs your support now more than ever. How these changes are handled is what sets the professional apart from the non-professional.

Throughout my 24 yrs. of nursing practice I have been honored to practice my craft in the state of Tennessee. Throughout my career I have served in different roles. I cherish each experience. Each position contributed to the professional I am today. Each with its uniqueness prepared me for the role in which I now serve. My professional growth would be incomplete without my involvement in TNA. Service within this organization has given me more than I could ever give back. It is with mixed emotions that I inform you that my latest opportunity is in North Carolina, and for the first time in my life I am no longer practicing in the state of Tennessee. As a result of this, I am no longer serving as President of the Tennessee Nurses Association. I thank you for electing me to serve you. This too has been an honor. I leave you in very capable hands.

The newly elected, yet experienced and energetic Vice-President, Jill Kinch, will complete my term as President. Billie Stills, President Elect takes office in October. I have no doubt that Jill, with Billie’s energizing personality and experience, as well as the experience of Sharon Bailey, treasurer; Rayvene Brewer, secretary; Beth Smith, past President; and the Board of Directors with the guidance of Sharon Adkins, Executive Director, will serve you well. I will continue to watch the progress of the nurses of Tennessee, to do what is right, to do what is just, to do what is needed. I will continue to watch the nurses of Tennessee and be a cheerleader for the nurses of Tennessee.

This is my last official duty as both a practicing nurse in Tennessee and as President of TNA. You will be missed.

Lena Patterson

From the Executive Director

Not the World of My Dreams
by Sharon A. Adkins, MSN, RN

I had a dream last week (perhaps some would call it a nightmare) and in it I was in a world in which there had never been a Tennessee Nurses Association. It was not a good place because it was so very different from the nursing world I know.

In my dream, I tried to call my Nurse Practitioner to care for my daughter...but she didn’t exist. In fact, there were no Advanced Practice Nurses anywhere! I went to the nurse managed clinic that provided care for the underserved in my city...it wasn’t there.

Instead, there were long lines of patients awaiting to be seen in the hospital ER. It was so urgent that I scrawled out a psychiatric nurse…but he wouldn’t listen to me because he was worried about being sued.

You see, TNA was not there to initiate and successfully lobby the legislation that changed the Nurse Practice Act to authorize APN practice. TNA was not there to work for prescriptive authority or to eliminate the site restrictions on that privilege. TNA was not there to get psychiatric nurses the same confidentiality protections psychiatrists enjoy.

I went to the hospital to see if I could make sense of what I had discovered, but it got even stranger. Every nurse there was working under the direct supervision of a physician, and Registered Care Technicians (RCTs) were providing all the hands-on care. Nurses weren’t licensed by the Board of Nursing because that didn’t exist either. Instead they were licensed by each individual hospital or institution. In the hospital there was no nursing shortage because most of what nurses were doing could legally be done by unlicensed individuals. Surely this was not in the Nurse Practice Act. But then, much to my astonishment, there was no Nurse Practice Act!
House and Senate Speakers also announced new committee assignments. Please visit the general assembly’s website at http://www.tennessee.gov/ for a detailed listing of all committees and schedules. At the conclusion of the organizational session, both House and Senate members recessed until Monday, January 28, 2013.

Upon return, the House and Senate met in joint session to hear Governor Bill Haslam’s State of the State Address, at which time the Governor explained to members the budget proposal his administration will be presenting to the Legislature.

As a reminder, at the TNA 2012 Annual Convention, the House of Delegates voted on a resolution supporting the Expansion of the Medicaid program (TennCare). Keeping our resolution in mind, TNA and others listened closely as the Governor began to talk about implementation of the Affordable Care Act, most notably, the Medicaid Expansion. While the Governor did not state whether or not he would support the expansion, he did make the following statements, “…the decision isn’t just as easy as standing here today and saying, “we’re not going to expand Medicaid,” …there are hospitals across this state, many of them in rural communities, that are going to struggle if not close under the health care law without expansion, and that’s not something to take lightly.” He also stated that he planned to “…gather all of the information possible to understand the impact on our budget, the impact on community hospitals, the impact on the information possible to understand the impact on our state whether or not he would support the expansion, he did make the following statements, “…the decision isn’t just as easy as standing here today and saying, “we’re not going to expand Medicaid,” …there are hospitals across this state, many of them in rural communities, that are going to struggle if not close under the health care law without expansion, and that’s not something to take lightly.” He also stated that he planned to “…gather all of the information possible to understand the impact on our budget, the impact on community hospitals, the impact on the information possible to understand the impact on our state whether or not he would support the expansion, he did make the following statements, “…the decision isn’t just as easy as standing here today and saying, “we’re not going to expand Medicaid,” …there are hospitals across this state, many of them in rural communities, that are going to struggle if not close under the health care law without expansion, and that’s not something to take lightly.” He also stated that he planned to “…gather all of the information possible to understand the impact on our budget, the impact on community hospitals, the impact on the legislation. As a reminder, this bill seeks to enhance the protection of health care providers by increasing penalties of assault and aggravated assault against a health care provider while performing his or her assigned duty. The House Bill is being sponsored by Rep. JoAnne Favors and Sen. Mark Green has agreed to sponsor the Senate Bill.

It is early in session and bills are continuing to be introduced, however, the following bills have been identified and will be presented at the next meeting of the TNA Government Affairs and Health Policy Committee. The committee will make recommendations on each, and we will report to you via the Weekly Legislative Update. If you are not a member of the Tennessee Nurses Association, you will not receive updates on critical issues happening at the Legislature. I invite you to join today. Visit www.tnaonline.org, call 615-254-0350, or email tna@tnaonline.org.


SB66 / HB99 Increases penalties for assault on emergency personnel.—Sen. Mark Green – Rep. Curtis Johnson—Increases penalties for assault, attempted assault, and assault on an employee, volunteer, or victim who is a law enforcement officer, emergency medical or rescue worker, or firefighter who is engaged in the performance of official duties.

SB120 Aggravated assault involving certain persons.—Sen. Bill Ketron—Adds firefighters, medical fire responders, paramedics, emergency medical technicians, and any other first responders to the list of persons who, in discharging or attempting to discharge their official duties, are the victim of aggravated assault. Creates a $15,000 rather than $10,000 or $2,500 fine, for the offense.

SB257 Replaces current universal do not resuscitate order statute.—Sen. Rusty Crowe—Replaces current order with a new provision authorizing physician orders for scope of treatment (POST). Defines POST as written orders on an approved form that specifies whether or not to perform a medical intervention. Cardiopulmonary resuscitation should or should not be performed. The committee will make recommendations on each, and we will report to you via the next meeting of the TNA Government Affairs and Health Policy Committee. The committee will make recommendations on each, and we will report to you via the next meeting of the TNA Government Affairs and Health Policy Committee.
GOVERNMENT AFFAIRS

Legislative Report
(Continued from page 4)

SB412 / HB306 Assault against a health care provider.—Sen. Mark Green / Rep. Joanne Favors— Adds health care provider to the list of persons where if an assault or an aggravated assault is committed while acting in the discharge of the provider’s duty then the maximum fine shall be $5,000 and $15,000 respectively. TNA SPONSORED LEGISLATION.

SB529 / HB49 Practicing medicine or surgery without a license.—Sen. Steven Dickerson / Rep. Bob Ramsey—Changes penalty from Class B to Class C misdemeanor for persons practicing medicine or surgery without complying with requirements. Broadly captioned.

SB548 / HB44 Helmet exemption for certain motorcycle operators.—Sen. Mike Bell / Rep. Cameron Sexton—Permits motorcycle operators to ride a motorcycle without a helmet if they have completed a department of safety approved motorcycle safety education course, they have been legally operating a motorcycle for at least two years, they are at least 21 years of age, and they have a minimum of $100,000 of liability insurance coverage and a minimum of $20,000 of medical insurance coverage.


Please make plans to join TNA for Legislative Summit on April 9, 2013, at the War Memorial Building in Nashville. The event is a great opportunity for nurses, nursing students from schools across the state, faculty and others to come together for a day on Capitol Hill. We have a robust agenda set. Time will be allowed for you to meet with Legislators as well as to view legislative committees. For additional information about this year’s event, please feel free to contact TNA or visit www.tnaonline.org.

We hope to see you in Nashville.

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SB635 / HB602—Sen. Jim Tracy / Rep. Mike Sparks—As introduced, requires the board for licensing health care facilities and board of medical examiners to make recommendations to the commissioner of health concerning regulation of outpatient cosmetic procedures; commissioner of health is to review the reports and make recommendations to the house health committee and the senate health and welfare committee. – Amends TCA Title 63 and Title 68.

SB676 Pain clinics controlled substances prescription changes.—Sen. Ken Yager—As introduced, authorizes protocols and other requirements for prescribing certain controlled substances and revises requirements for pain clinics. – Amends TCA Title 39; Title 53 and Title 63.

SB705 Pain management clinics cannot dispense controlled substances.—Sen. Randy McNally—As introduced, prohibits pain management clinics from dispensing controlled substances. – Amends TCA Title 39, Chapter 17, Part 4; Title 53; Title 63 and Chapter 880 of the Private Acts of 2012.

SB804 Prohibits Medicaid expansion under new federal health care law.—Sen. Brian K. Kelsey—As introduced, prohibits Tennessee from participating in any Medicaid expansion authorized under the federal Patient Protection and Affordable Care Act. – Amends TCA Title 4 and Title 71.


SB 1143 “Green—As introduced, enacts the “Motorcyclist Liberty Restoration Act.” – Amends TCA Title 55.


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Please make plans to join TNA for Legislative Summit on April 9, 2013, at the War Memorial Building in Nashville. The event is a great opportunity for nurses, nursing students from schools across the state, faculty and others to come together for a day on Capitol Hill. We have a robust agenda set. Time will be allowed for you to meet with Legislators as well as to view legislative committees. For additional information about this year’s event, please feel free to contact TNA or visit www.tnaonline.org.

We hope to see you in Nashville.

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The Tennessee Nurse  March, April, May 2013

Honor A Nurse

Nursing is a calling, a way of life. Nurses rely on each other for the synergistic effect of teamwork in our efforts of care giving. It is appropriate that we honor those colleagues that have made an impact in our lives and the lives of others.

We honor you…

Jean Harrison, RN

Always putting others before herself, Jean Harrison is the best nurse I know. Constant compassion, love, and patience are practiced in her daily life. She is a wonderful example of the type of nurse I would like to be. Even retired, her legacy as a nurse has not. Honored by Becky Leath, BSN, RN.

Visit TNF at www.tnaonline.org for complete information on the Honorees and the Honor A Nurse program.

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Tennessee Nurses Foundation • Contribution Form

Honor A Nurse

The Tennessee Nurses Foundation (TNF) welcomes you to publicly recognize a special nurse in your life. With your $50 tax-deductible donation to TNF, your honored nurse's name will appear in the Tennessee Nurse as well as in the designated "Honor A Nurse" section of the Tennessee Nurses Association’s (TNA) website at www.tnaonline.org. A photo and brief paragraph may also be submitted to further recognize your honored nurse.

This program is available to honor any Tennessee nurse. Honor a nurse friend, nurse family member, or nurse colleague by marking their anniversary, birthday, special event or occasion, or as a memorial. Patients, or the patient’s family, may honor a nurse that truly made a difference in their care or the care of a family member.

Your $50 donation will go toward continued support of the TNF and their work pertaining to scholarships, and grants that support the needs of nurses in Tennessee. TNF is a nonprofit, 501(c)(3) organization. Donations are tax-deductible to the fullest extent allowed by law and support the mission of TNF.

DONOR INFORMATION

Donor Name: __________________________ Email Address: __________________________

Address: __________________________________________ __________________________________________

Phone Number: __________________ (Home) __________________ (Work)

PAYMENT INFORMATION

Authorized Payment Amount $__________ (Minimum $50 donation for each nurse honored)

☐ Check payable to TNF is enclosed

☐ MasterCard/Visa

Card Number: __________________ Exp. Date: __/____ CVV: __________

Cardholder Name: __________________________ Address:________________________________________

(Please Print) City ______ State ______ Zip ______

HONORED NURSE INFORMATION

☐ Please Honor-Name & Credentials:

☐ Choose which quarter you would like the honored nurse listed in the Tennessee Nurse publication and the TNA website, (choose only one quarter for both listings) ☐ Winter ☐ Spring ☐ Summer ☐ Fall

☐ Comments regarding the Honored Nurse:

__________________________________________________________________________

☐ Include photo of Honored Nurse (if available) with contribution form or email to tnf@tnaonline.org. Photo requirements: digital photo that has been taken at a high resolution of 300 dpi (which equates into setting the digital camera to take the largest file size possible) or an actual commercially printed photograph, (we cannot accept photographs that have been printed on a desktop printer)

☐ Send notification of gift to:

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BELMONT UNIVERSITY
"Nurses Leading to the Future" 2013 TNF Scholarly Writing Contest

The Tennessee Nurses Foundation is sponsoring a scholarly writing contest for TNA members. A $1,000 award is awarded once a year in the amount of $1,000. The number of scholarships will be determined by the estimated need/qualifications of the individual applicants and the amount of funds available.

TheArthur Davis LPN to RN Scholarship is given once each year in the amount of $1,000 and is intended to support further nursing academic achievement for licensed practical nurses in an accredited LPN to RN program in the State of Tennessee.

Criteria:
1. Registered Nurse
2. Contest applicant must have been a continuous member of TNA for at least one year prior to entering the contest
3. Paper is publishable as submitted.

Manuscript requirements:
1) Introduction: will provide adequate foundation for the body of the paper and will include a purpose statement for the paper
2) Body of the Paper: will address one of the following
   • Nursing research – how to use research in daily practice supported by an example and explanation of how you have used research in your daily practice.
   • The use of leadership in daily practice supported by an example and explanation of how you have either used or experienced a particular leadership style in your daily practice.

• How you have used or influenced the use of evidence based practice in your daily practice.
• Identify mentoring strategies for use with new nurses and/or strategies to retain the experienced nurse.
• Identify mentoring strategies for use with new nurses and/or strategies to retain the experienced nurse.

3) Conclusion: will summarize the main points of the body of the paper with implications for nursing practice.
4) References: will be adequately and appropriately referenced in the body of the paper and will be from contemporary peer reviewed resources.
5) Must not have been previously published.
6) Maximum of 10 pages (inclusive of references)
7) Double spaced, 10 – 12 point font.

A completed application must include:
1) All applicant contact information including email and TNA identification number.
2) Two (2) copies of the manuscript.

Deadline for submission: March 31, 2013. Submissions must be postmarked by this date. Fax submissions are not accepted. Entries will be judged by blind review by selected nursing experts. The winner will be notified by certified mail.

Please mail submissions to:
TNA Scholarly Writing Contest • 545 Mainstream Drive, Suite 405 • Nashville, TN 37228-1296

Shayna K. Morgan, LPN and Tarah B. Tummins, LPN, Recipients of TNF Arthur Davis LPN to RN Scholarship

The recipients of the Tennessee Nurses Foundation Arthur Davis LPN to RN Scholarship is Shayna K. Morgan, LPN, of Beech Bluff, Tenn. and Tarah B. Tummins, LPN, of McEwen, Tenn. Both recipients are students at Jackson State Community College in the LPN to RN program.

Shayna expects to graduate in December 2013 and Tarah expects to graduate in May 2013.

The TNF Arthur Davis LPN to RN Scholarship is an educational scholarship for eligible licensed practical nurses in the State of Tennessee. The Arthur L. Davis Publishing Agency, Inc., publisher of TNA’s Tennessee Nurse, is the sole contributor to this fund. The scholarship is awarded once a year in the amount of $1,000. The number of scholarships will be determined by the estimated need/qualifications of the individual applicants and the amount of funds available.

Morgan said, “Attaining my degree will benefit nursing in Tennessee in the future because we are the future of nursing. With the economy changing, advancing technology, and future changes in health care, Tennessee will benefit from having experienced nurses that are knowledgeable and adaptable to change. My long-term goal is to obtain my nurse practitioner degree.”

“The number of scholarships will be determined by the estimated need/qualifications of the individual applicants and the amount of funds available.

The Arthur Davis LPN to RN Scholarship is given once each year in the amount of $1,000 and is intended to support further nursing academic achievement for licensed practical nurses in an accredited LPN to RN program in the State of Tennessee.

The deadline to submit applications is November 1 each year, and preference is given to financial need and leadership potential. Approval for granting scholarships is the sole responsibility of the Tennessee Nurses Foundation Board of Trustees.

All requests for scholarships shall be made on the Arthur Davis LPN to RN Scholarship Program Application form available from the Tennessee Nurses Foundation by calling 615-254-0350 or emailing tnf@tnaonline.org. You may also download it as a PDF file from www.tnaonline.org.

The Tennessee Nurses Foundation is pleased to report that the sale of the specialty nurse license plate initiative is growing with more new sales and renewals each quarter. These funds are allowing TNF to increase the number of initiatives we have to offer nurses. The newest initiative is the scholarship for those nurses wishing to go back to school to advance their education. This scholarship is offered once a year the amount of 1,000 dollars. The criteria are noted on the TNA website under the TN Nurses Foundation link.

Under this link you will also find other opportunities for those wishing to advance the practice of nursing through research, leadership and educational opportunities. If you are a member of TNA – Thank You – and if you are not a member we invite you to become a member and take advantage of the opportunities the foundation has to offer you as a Registered Nurse in Tennessee.

Taryn Davis LPN to RN Scholarship Program Application form available from the Tennessee Nurses Foundation by calling 615-254-0350 or emailing tnf@tnaonline.org. You may also download it as a PDF file from www.tnaonline.org.

Join TNA Today!
Your membership in TNA provides opportunities for you to use your public speaking skills at TNA events. Plus, you will network with nurses on the cutting edge and gain invaluable experience through those relationships. Many nurses will tell you they are where they are today because of TNA. Visit www.tnaonline.org and click Join TNA today! Or, use the membership application in this issue of the Tennessee Nurse. We look forward to welcoming you into TNA!
I’m not just a nurse. I’m inventing a new model of health care.
TNA Members

The Tennessee Nurses Association Nominating Committee is actively seeking nominations for several positions that will be open for election on the TNA ballot at the House of Delegates this fall. Running for office is a benefit of membership and a way to participate actively by shaping policy in your professional association. There is no more important time for nursing than now...I encourage you to think carefully about this opportunity.

If you wish to run for office, you must complete the below 2013 Call for Candidates Application, and return it to TNA, by the June 17, 2013 deadline. The form is also available at www.tnaonline.org in the 2013 Annual Convention information. You may fax the completed application and attachments to TNA at (615) 254-0303 or mail it to 545 Mainstream Drive, Suite 405, Nashville, TN, 37228-1296. Please note that applications received without required attachments will not be considered by the Nominating Committee.

Meetings

Meetings of the Board of Directors are held 5 times per year. Specific dates will be set by the President, but are held in the February, April, June, September, and November timeframe.

Positions available for application and a description of duties are listed below.

Secretary Accountability and Responsibilities:

(2 year term) – 1 position to be elected
As a board member, establish and approve policies and procedures, exercise corporate responsibilities and fiduciary oversight of the association. Attend approximately five Board meetings per year plus the annual convention and fulfill other duties as specified by the Board of Directors.

Nominating Committee Accountability and Responsibilities:

(2 year term) – 3 positions to be elected
The Nominating Committee shall report to and is accountable to the House of Delegates and the Board of Directors. There are usually no more than two meetings during the year.
The Nominating Committee develops the slate of candidates for the election. Nominating Committee members shall request the names of candidates for elective offices and should be willing to contact any TNA member that wishes to run for an office or that another member may suggest. The Committee will prepare a slate of nominees, publish such slate at least (60) days prior to the annual meeting, implements the policies and procedures for nominations and elections as established by the Board of Directors, and assumes other responsibilities for nominations as provided by the Bylaws.

Membership Assembly Representative Accountability and Responsibilities:

(2 year term) – 1 position elected (others will be deemed alternates)
Attend the annual ANA Membership Assembly and vote on policies, positions, budgets and set the priorities for the American Nurses Association. This Assembly also elects the ANA Board of Directors and Nominating Committee. Expenses for this meeting are reimbursed by TNA.

We do hope that each and every member will consider the opportunity to become actively involved in the Tennessee Nurses Association...your professional association. If you have any questions or need additional information on the open positions please do not hesitate to give me a call.

Remember the deadline date for receipt of Applications and required documentation is June 17, 2013.

Call for Candidates

In 2013, TNA will elect the following positions: Secretary, one Representative to the ANA Membership Assembly, and three members of the Nominating Committee. If you wish to run for office, please fill out this form and return it to the TNA office. Forms must be received in the TNA office by June 17, 2013.

Fax to (615) 254-0303 or mail to 545 Mainstream Drive, Suite 405, Nashville, TN, 37228-1296.

Email: bmartin@tnaonline.org

Name _______________________________  Credentials _______________________________

Home Address _______________________________________________________________________

City __________________________________ State  ____________ Zip  ___________________

Home Telephone _______________________________  Work Telephone _______________________________

Email __________________________________________

Current Employer ___________________________________________________________________

Position __________________________________________________________

Candidate for _______________________________________________________________________

Briefly describe your qualifications and interest in serving. _________________________________

By signing this form, if you are elected, you agree to:

1. Assist TNA in implementing the goals of the organization.
2. Actively support all resolutions approved at the Annual Convention.
3. Attend meetings as required in the TNA Bylaws.

My membership in the Tennessee Nurses Association is current.

TNA Membership # ______________________________

I am currently a member of TNA District #__________________________

Signature ________________________________
On behalf of the Tennessee Association of Student Nurses, I would like to say hello! We’re excited to be able to use this format as a way to keep you informed on happenings within our organization. The newly elected executive board has been hard at work, and we can’t wait to share with you the ways in which we are promoting and upholding the profession of nursing across this great state.

As the Legislative Director for TASN, it is my responsibility to educate our students on the legislative process and ensure their involvement. One of my clinical instructors told me that I became a nurse the day I was admitted into the school of nursing and that I should begin to develop my own practice. Through my involvement with my local Student Nurses’ Association and with TASN itself, I realized that one way in which I could shape my practice in a very real way was to use my vote. I didn’t have to wait until after graduation in which I could shape my practice in a very real way was to use my vote. I didn’t have to wait until after graduation in which I could shape my practice in a very real way was to use my vote. I didn’t have to wait until after graduation in which I could shape my practice in a very real way was to use my vote. I didn’t have to wait until after graduation.

When I walked into the room and addressed the couple I found there, being attacked was the last thing on my mind. The man had been in an altercation and both had the odor of ETOH. He had sustained a large laceration to his head at the hairline and was scratched and bruised. After informing both of the need to complete an assessment, I was told by the patient, “she already did that out there,” informing both of the need to complete an assessment. I was told by the patient, “she already did that out there,” informing both of the need to complete an assessment. I was told by the patient, “she already did that out there,” informing both of the need to complete an assessment. I was told by the patient, “she already did that out there,” informing both of the need to complete an assessment. I was told by the patient, “she already did that out there,” informing both of the need to complete an assessment. I was told by the patient, “she already did that out there,” informing both of the need to complete an assessment. I was told by the patient, “she already did that out there,” informing both of the need to complete an assessment. I was told by the patient, “she already did that out there,” informing both of the need to complete an assessment. I was told by the patient, “she already did that out there,” informing both of the need to complete an assessment. I was told by the patient, “she already did that out there,” informing both of the need to complete an assessment. I was told by the patient, “she already did that out there,” informing both of the need to complete an assessment. I was told by the patient, “she already did that out there,” informing both of the need to complete an assessment. I was told by the patient, “she already did that out there,” informing both of the need to complete an assessment. I was told by the patient, “she already did that out there,” informing both of the need to complete an assessment.

After watching her being taken from the room, the patient calmed down enough to allow care for the head wound and x-rays. The physician cleared the patient for potential head trauma and life threatening problems and the couple was taken directly to jail yelling and screaming the whole way. The couple was prosecuted and sentenced to jail time as well as receiving a $5000 fine for assaulting a healthcare provider while performing their job.

The above story is true. It happened to me. The incident occurred in South Carolina where there is legislation to protect healthcare providers while performing their jobs. As a healthcare provider in one of the most respected careers in the United States, we should feel protected against violence. Instead we have to be cautious and in some cases, fearful of what is going to happen. We wonder how we are going to be abused during our upcoming shift; verbally, physically, emotionally, or mentally? Many nurses have left the profession to work in a safer environment because of the increased amount of violence and lack of protection. Many members of the public expect us to stand there and take the abuse dished out to us day after day. I have heard seasoned nurses state that violence should be expected as part of our job. I disagree. No one should have to expect it, tolerate it, or experience it.

In addition to the protective legislation, we also began a program that received Joint Commission and CMS approval for all staff on recognition of increasing agitation, verbal de-escalation methods, and simple self-defense moves. In critical care areas, we also learned safe and approved ‘take-down measures.’ These measures proved successful. The amount of violence experienced decreased tremendously.

Most of the states now have legislation concerning workplace violence. Many consider assault against a healthcare provider to be a felony. Kentucky passed their legislation a year ago and researchers are gathering statistics to prove effectiveness. Ohio passed their legislation during the last session of 2012. Some states have mandated extra education for de-escalation training.

We need to have one voice and speak loudly for our safety and well-being. Legislation was recently reintroduced to provide increased penalties for assault and aggravated assault against healthcare providers while performing their duties. The protection is already in place for law enforcement officers and public service workers. As healthcare providers, we should have the same level of protection for providing an equally important job. We need to ask the legislators if they would expect protection against abuse if it was occurring to them. Why should the healthcare community be expected to be abused while performing public service? The healthcare sector leads all other industries with 45% of all non-fatal assaults against workers resulting in lost work days. (Bureau of Labor Statistics, BLS) In 2010, Tennessee had 369 claims made to worker’s compensation due to workplace violence.

The physical, mental, and emotional toll on the victim, family, and even co-workers is tremendous. Other negative effects include increased staff turnover, lost productivity, legal expenses, property damage, and potential staff replacement costs. Please use your voice and speak loudly for your own safety. Contact your legislators and ask them to support SB412/HR306. Our legislation sponsors are Senator Mark Green and Representative JoAnne Favors. While there have been other similar bills introduced, they focus on emergency medical personnel while our proposed legislation protects all healthcare providers.

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Future nurses need to understand and fully engage in the political process that is the primary architecture of the healthcare system we serve in and it’s impact on our scope of practice. An education in political competence would allow nurses to impact healthcare reform in a way that improves access to and quality of care for the citizens of Tennessee.
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District 02
Kimberly S. Adams, Patricia A. Bauer, Emma Elaine Best, Beverly A. Bradshaw, Frankie C. Catte, Katherine Yvonne Chastain, Robert E. Cornette, Mary K. Kegley, Best, Beverly A. Bradshaw, Frankie C. Cate, Katherine

District 03
Jennifer Anderson, Sharon D. Craig-Justice, Jeremy R. Crawford, Lacey E. Cross, Mark E. Davis, Christopher H. Duben, Brenda D. Hauskins, Sharon L. Holley, Sharon Jones, Vanessa Jones-Briscoe, Leslie Key, Gary M. Kiew, Diana L. Moses, Jon A. Poole, Erin F. Rains, Jacqueline A. Renner-Bangura, Becky T. Rheinboldt, Amber Stratton, Laura Valdez, Michele M. Valentinio, Jordan M. Vaughan, Kelly Wolfogast

District 04
Curtis E. Aukerman, Vicky S. Brady, Stacia Dianne Cox, Beaver Eric Eiler, Jennifer Hartline, Jonna Higdon, Carol Johnson, Connie M. Pierce, Elizabeth J. Scott, Keyia R. West

District 05
Stephanie K. Appel, Katherine M. Astaneh, Cindy S. Butler, Joan C. Cusac, Katherine Pat Sain Foster, Katia M. Hite, Jerry Lawson, Mary R. Ottinger, Pamemla M. Poore

District 06
Johanna Dee Johnson, William B. Jones, Brittny Tucker

District 10
Tamy O. Dructor, Sandra L. Smith, Andrea Tummins

District 12
Regina Wilkes

District 15
Amy J. Baker, Chelsea Odil, Laurie B. Robicheaux, Starr Taylor, Aaron C. Templeton, John Wright

District News

District 1 Meeting Information:
March 5, 5:30pm—BOD Meeting – Baptist Corporate Building, 350 North Humphreys Blvd., Memphis, TN 38120, Room TBA

April 2, 5:30pm—BOD Meeting – Baptist Corporate Building, 350 North Humphreys Blvd., Memphis, TN 38120, Room TBA

April 9—TNA Legislative Summit Group Trip – Contact Brad Harrell at brharrell@gmail.com for details.

April 23, 6pm—Membership CE Meeting – Final Date/Time/Location/Topic TBA

May 7, 5:30pm—BOD Meeting – Baptist Corporate Building, 350 North Humphreys Blvd., Memphis, TN 38120, Room TBA

May—Annual TNA Nurses Walk – Final Date/Time/Location TBA

September 3, 5:30pm—BOD Meeting – Baptist Corporate Building, 350 North Humphreys Blvd., Memphis, TN 38120, Room TBA

October 1, 5:30pm—BOD Meeting – Baptist Corporate Building, 350 North Humphreys Blvd., Memphis, TN 38120, Room TBA

October 18-20, 2013—TNA Annual Convention

All members are welcome to attend all District Meetings.

District 5 News

Listed are the Officers & Directors of District 5

President
Kathleen Jones, MSN, RN, CNS (kathleen.jones@ws.edu)

1st VP
Vacant

2nd VP
Teresa Martin, FNP, RN

Secretary
Sandra Wells, RN

Treasurer
Jason Hefner, RN

Board of Directors
Suzanne Boswell, MSN, RN
Delores Fox, MSN, RN
Sandra Diffenderfer, PhD, RN
Cathy Forbes, MSN, APRN, BC
Florence Weierbach, PhD, RN

Nominating Committee
Jennie Walls, MS, APRN

Next meeting has not been established but contact the President for more information. We are forming a committee to put together our Nurses Week activity and need volunteers. Again contact the President.

District 9 News:
A district meeting was held December 18, 2012 at Mission Point Health Partners in Cookeville, TN. Chaundel Brewer, at angellbrewer3@yahoo.com. Work is underway for a Spring district newsletter to be distributed to all District 9 members.

The Tennessee Nurse
Armena Abernathy, 91, of Red Bank, passed away Sunday, Feb. 3, 2013. Born in Philadelphia, PA., she came south 67 years ago. She was a graduate of Pennsylvania Hospital School of Nursing, UTC with a BS in social work and Tennessee State University with a masters in adult education. She was an active member of the Tennessee Nurses Association, TNA District 4 and served as a TNA District 4 President. She also attended many nursing conventions as a delegate. Mrs. Abernathy organized the second chapter of Nurses House in the United States which is a non-profit organization dedicated to helping registered nurses in need. She was head nurse in the emergency room at Memorial Hospital when it first opened and worked there 17 years. She also has worked at Erlanger, Tennessee State Prison, Human Services as Nurse/ Social Worker. She taught Red Cross classes, served as camp nurse for Girl Scouts and was a Domestic Violence Hotline volunteer for many years.

Anita Croinex of Crossville, TN recently graduated summa cum laude from Kaplan University and was awarded her BSN. Ms. Croinex was accepted into Kaplan’s Graduate School of Nursing, starting in January 2013.

March, April, May 2013

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Quality. High-quality care is effective, safe, and coordinated. Across these dimensions, the US performance is uneven. The US does relatively well on prevention and patient-centered care, but rates low on chronic disease management, safe, coordinated care; and use of information technology to improve patient outcomes. We need to obtain affordable care in a timely manner. Approximately 50 million Americans do not have health care coverage (approximately 650,000 of these are Tennesseans) and therefore go without needed care more often than people in the comparator countries.

Efficiency. Efficiency is a measure of value, the relationship between quality and costs. Efficient systems maximize quality care and outcomes while minimizing costs. The US outrates all other countries, has high administrative costs, duplicative medical testing, and high rates of re-hospitalizations. Quality is uneven and value is low when compared to other countries.

Equity. Equity, according to the Institute of Medicine, includes the provision of care without variability attributable to personal characteristics such as gender, ethnicity, geography, and socioeconomic status. Americans with below-average incomes are more likely than their counterparts in other countries to go without needed care.

Long, healthy, and productive lives. The measure of a long, healthy, and productive life includes outcome indicators such as mortality amenable to health care and healthy life expectancy. The U.S. ranks last on mortality amenable to health care, last on infant mortality, and second-to-last on healthy life expectancy at age 60.

Expenditures. The US outspends all other countries while underperforming on all measures of a high-performing health care system.

What is the role of nurses in a transformed health care delivery system? What are the elements of a transformed system?

The focus of this commentary is to address the essential role of nurses as multi-level change agents in the transformation of the delivery of health services. Nurses, who are critical to advocate for systematic, professional, educational, organizational, and institutional changes to our non-nursing colleagues, to examine personal and institutional practices and policies that are congruent with the concept of patient-centered care. However we are challenged, just like our non-nursing colleagues, to examine personal and institutional practices and policies that impact our patients, to recognize the potential needed transformation of the US health care delivery system. While recognizing the potential for significant changes from the nurses and other providers that develop common care goals and provides care to a common group of patients. Many of the teams of the future will be virtual teams. To function effectively, each member must assume appropriate roles and functions; be allowed to practice to the full extent of their education and training need to be obliterated. The strong evidence base from years of studies showing the costs effectiveness, quality, and satisfaction associated with primary care delivered by Nurse Practitioners and other APRNs is compelling. Nurses must establish themselves as highly functional mid-level providers that develop common care goals and provide care to a common group of patients.

The Affordable Care Act mandates changes in insurance, reimbursement, and funding. It includes some provisions that enable innovative and needed changes in the delivery and financing of care, realizing that quality cannot be legislated. The Future of Nursing report addresses legislative and regulatory changes, changes in nursing education and workforce tracking and development, and changes in how nurses practice and assume appropriate roles and functions; be allowed to practice to the full extent of their education and training need to be obliterated. The strong evidence base from years of studies showing the costs effectiveness, quality, and satisfaction associated with primary care delivered by Nurse Practitioners and other APRNs is compelling.

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