For my newsletter column, I have highlighted federal legislation that addressed nurse practitioners. H.R. 2350 provides scholarships, loans, incentive payments, medical home support and primary care services evaluation for nurse practitioners and primary care physicians. The bill calls for the elimination of barriers to access preventive health care. In support of the legislation include the American Association for Nursing Practice, The American Nurses Association, the American College of Physicians, the American Academy of Nurse Practitioners, American Academy of Family Physicians, the Association of American Medical Colleges, the National Physicians Alliance, American Osteopathic Association, National Association of Pediatric Nurse Practitioners, and the American Academy of Pediatrics.

Rebecca Patton, the president of ANA, writes in an op-ed piece that advanced-practice registered nurses are a crucial component of health care reform. We have a shortage of primary care physicians and perhaps one solution to help close the gap is by advanced-practice nurses. Currently in Rhode Island, RISNA’s Government Affairs committee proposed legislation that recognized nurse practitioners as primary care providers. Nurse practitioners are educated and licensed to conduct comprehensive health assessments, make diagnoses, order and interpret tests, and prescribe medications, in collaboration with other health providers. Primary care providers who serve as medical homes receive additional payments for ongoing care and coordination of care. State rules vary, but in RI all health insurers except Neighborhood Health Plan of RI, provide 85% of the reimbursement for providing primary care services. RISNA would like to see more parity amongst all primary care providers.

Primary care services have been recognized as time-intensive, undervalued and under reimbursed. This recognition may have contributed to the shortage of physicians entering and staying in the field. Family Adult and Pediatric Nurse Practitioners provide quality primary health care services as viable members of interdisciplinary health care teams. These services need to remain integral in the system of health care.

The Medicare Improvement and Extension Act of 2006 (Public Law 109-432) limits a medical home to a “board-certified physician,” thus excluding nurse practitioners and other healthcare providers which could limit patient access to primary care services. “Medical home” refers to a conceptual model for comprehensive coordinated care, a term first used by the American Academy of Pediatrics. With emphasis on coordination of care, the role of the primary care provider is central to the success of the medical home. In some states and at the federal level, there is recognition of health care professionals other than physicians as primary care providers.

The Medicare Payment Advisory Commission (MedPAC) makes recommendations to Congress on Medicare policy and has recognized the contributions that nurse practitioners make in primary care. The March edition of Capitol Update, MedPAC recommended that nurse practitioners are included in the expanded Medicare medical home project and that fee adjustments are made for primary care. Med-PAC’s proposal would allow nurse practitioners and other primary care providers to serve as medical homes if certain criteria are met.

• provide primary care, coordinated preventive care, health maintenance, & acute care
• utilize health information technology for active clinical decision support including electronic health records
• conduct care management
• maintain 24-hour patient communication and rapid access
• maintain up-to-date records of patients’ advance directives
• have a formal quality improvement program
• have a written understanding with patients, designating the provider as their medical home, and encouraging patients to inform the medical home of “relevant service use.”

Questions may be raised where advanced practice nurses fit into the medical home model. All nurses should support their professional organization to lobby for support of federal and state legislation where nurse practitioners provide primary health care services, and are recognized and reimbursed by the health insurance industry.
I don’t profess to have all or any of the answers, but our newest graduates interested in the profession? states. So what is the solution? How do we keep with my colleagues across the country, they too into full time positions. When I discuss this “reality” were working part time or per diem have now moved retiring have postponed that decision. Nurses who nursing shortage. Nurses who had planned on graduation. The climate this year is very different. The economic recession that has affected both the nation and our state has masked the persistent of our nursing schools in RI with our recent graduates with our last graduates had secured positions in nursing prior to graduation. The climate this year is very different. The economic recession that has affected both the nation and our state has masked the persistent nursing shortage. Nurses who had planned on retiring have postponed that decision. Nurses who were working part time or per diem have now moved into full time positions. When I discuss this “reality” with my colleagues across the country, they too voice their own concerns regarding this issue in their states. So what is the solution? How do we keep our newest graduates interested in the profession? I don’t profess to have all or any of the answers, but we need to figure it out sooner rather than later. We need to figure it out before our “best and brightest” leave our state to other areas of the country that have jobs in nursing. In an ideal world, we could offer our new graduates an “internship” year in the setting of their choice, much like the internship offered to recent graduates of medical school. The “intern” year would allow the new graduate to solidify their clinical skills and be mentored by a “seasoned” nurse. Just think of what this concept would do to the retention rate of nurses in the profession. While this has been offered in the past, because of the economic conditions that prevail, we can no longer afford this alternative unless we find innovative funding sources. The nursing shortage is real, we cannot lose sight of that during these hard economic times. When the economy turns around, will we be able to avert a nursing catastrophe? As an aging “baby boomer”, will I have the luxury of high quality nursing care when I need it? So, let’s continue to partner on finding a “short term solution” but always focus on the long term issue—that in 2025, the state of Rhode Island will have a 43% shortage of nurses according to most recent HRSA data. Let’s continue to remain positive that the graduating class of 2010, will not have to face the decline in nursing vacancies that the class of 2009 has had to face. Peace, Donna
NP Council News
News from the RI Nurse Practitioner Council

VIEW FROM THE CHAIR

EXECUTIVE COUNCIL:
Co-CHAIR Denise Coppa
Co-CHAIR Jackie Albrikes
SECRETARY Annette Fonteneau

June brings us to the end of another productive year for the nurse practitioner (NP) council and many people have acknowledged the contributions to the council's work. First and foremost, we must recognize the work of Anne Neuville and Sylvia Weber for their tireless work with the state legislature to promote the passage of the bills that will mandate that all health insurers allow NPs to be named as primary care providers (PCPs). This was very difficult to negotiate with many other organizations giving their full support to the effort. As this issue goes to press, the bill in the Senate has been approved by the Senate Committee and it is on its way to the Senate floor, pretty much assuring passage of the bill into law. It is a small step, but an important one for NP practice and for increased access to care for patients who have difficulty accessing comprehensive primary health care services.

Jackie Albrikes and Annette Fonteneau have been front and center all year as co-chair and secretary, respectively, of the council. On Nurses Day, both were once again, able to sponsor skin cancer screening. A special thanks goes to Anthony Fonteneau for his tireless work with the state legislature to promote the passage of the bills that will mandate that all health insurers allow NPs to be named as primary care providers (PCPs). This was very difficult to negotiate with many other organizations giving their full support to the effort. As this issue goes to press, the bill in the Senate has been approved by the Senate Committee and it is on its way to the Senate floor, pretty much assuring passage of the bill into law. It is a small step, but an important one for NP practice and for increased access to care for patients who have difficulty accessing comprehensive primary health care services.

NP SPOTLIGHT

We are thrilled to congratulate our 2009 Rhode Island AANP Excellence Award recipients. This year’s NP Excellence Award recipient is Anne Neuville, MS, RNP who serves as the NP Council’s Government Affairs Liaison. The NP Advocate recipient is Sylvia Weber, MSN, PCNS who is the RISNA Government Affairs representative. It was very significant this year that the AANP chose recipients who have been, and currently are, so instrumental in all our hard work on the legislative front. The AANP has been actively supporting all our recent legislative actions and many of the other states are watching us forge our way legislatively and learning from our triumphs. It is truly an honor for the NP Council to support these two award recipients in this active legislative domain.

Nurse Practitioners and Advocates Honored during National AANP Conference

Anne E. Neuville, MS, RNP recipient of the prestigious American Academy of Nurse Practitioners (AANP) 2009 Rhode Island State Award for Excellence, was honored in June at an awards ceremony and reception held during the AANP 24th Annual National Conference in Nashville, TN.

The State Award for Nurse Practitioner Excellence, founded in 1991, recognizes a nurse practitioner (NP) in each state who demonstrates excellence in practice, research, nurse practitioner education, or community affairs. The AANP was founded in 1985 and is the oldest and largest full-service national professional organization for nurse practitioners of all specialties. With more than 19,500 individual members and 106 group members, AANP represents the interests of approximately 90,000 nurse practitioners around the country and continually advocates for the active role of nurse practitioners as providers of high-quality, cost-effective health care.

Ms. Neuville graduated from the University of Rhode Island with her BS in Nursing in 1993 and went on to earn an MS in Nursing, Primary Care at URI in 1998. A Board Certified Family Nurse Practitioner, she has worked as Medical Staff at Newport Hospital at Family Practice in Tiverton for the past 11 years.

Anne has been instrumental in the legislative arena in Rhode Island for many years and currently holds the position as the Chair of the RISNA Government Affairs Committee as well as for the RISNA NP Council. Anne is also on the Rhode Island DOH Advisory Board for Advanced Practice Nursing and serves as an alternate on the Primary Care Advisory Board to the Director of the DOH. She has worked diligently at the State House for the past few years, and with our RISNA lobbyist, Sylvia Weber, has been a key voice for our legislators on matters of importance to nursing and health care in Rhode Island.

Anne serves as adjunct faculty at the University of Rhode Island College of Nursing and has served as a clinical preceptor the URI NP program for many years. She was born in Queens, New York but grew up along the coast of Maine. She has lived in Rhode Island for the past 25 years, currently residing in Warwick.

Since 1993, the AANP State Award for Nurse Practitioner Advocate has been given to recognize the efforts of individuals, other than nurse practitioners, who have made a significant contribution toward increasing awareness and acceptance of the NP. Rhode Island's recipient for 2009 is Sylvia Weber, MSN, PCNS. Ms. Weber earned her RN from Kings County Hospital Center School of Nursing in Brooklyn, NY and accomplished her BS in Nursing 7 years later at New York University. She attained her MS in Nursing from the University of California, Los Angeles in 1989. She has been a Board Certified PCNS since 1979 and earned further Board Certification as a Gerontological PCNS in 1997.

Ms. Weber has provided individual, family, couple and group therapy through her practice at Sylvia Weber and Associates, Inc Cranston, Rhode Island from 1976 to the present. She also currently works for the Miriam Hospital Department of Psychiatry in their Gerontology program and has worked for Kent and Butler Hospitals. Sylvia is adjunct faculty at both the University of Rhode Island and Salve Regina University and has taught at Johnson and Wales University and California State University. She was born in Queens, New York but grew up along the coast of Maine. She has lived in Rhode Island for the past 25 years, currently residing in Warwick.

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Sylvia has been extremely active in the professional nursing community in Rhode Island having served in numerous capacities for the Rhode Island State Nurses Association since 1972, culminating in her position as President and Member of the Board from 2003 to 2005. She has served on the
I have been a member of the Rhode Island State Nurses’ Government Affairs Committee for years. I have watched the forceful tendency of legislative initiatives, the change in the state affecting nursing and healthcare. As Rhode Island’s Professional Nurses’ organization, we are guided by our purpose and mission to advocate for access to safe and efficacious healthcare for all while both preserving and promoting the advancement of the profession.

The mantra of the time is obviously our unfolding “economic crisis”, whether considering things nationally or right here in our quaint state of Rhode Island. No doubt, budget cuts and creative ways to curb spending will guide the policies and decisions made by our leaders and representatives throughout the coming years. Yet however tempting and often times inevitable it will be to cut services, there must be restraint and forethought, for the possibility of marginalizing those with smaller, less savory voices than our own may be an easy casualty, resulting in an even bigger healthcare disaster in the future. The vigilance and courage it takes to move forwards, look towards the building of a healthier nation, looking minds, therefore, is crucial. In this becomes evident the imperative need for nursing to not only become a leader in shaping that future, but a protector and advocate for the voices in our communities who cannot do so for themselves.

I believe that within these “tough economic times” can be immense opportunity. We have before us the possibility for making things better through our participation and advocacy in shaping the new policies and economic structure that will prevail upon us in the coming years. We are charged with a call to help create a future that includes quality and affordable access to healthcare in our state. What better a time to reshape old thinking and embrace strategies that can be more effective and help more people?

The coming fallout of the Medicare waiver will soon be upon us with challenges we must be prepared for. As well, the importance of preventive and primary care cannot be more apparent. The long term cost effectiveness of preventive care is well accepted, and given the current state, one area that needs expeditiously the support and promotion that it has been lacking.

These beliefs and ideals will be guiding the GA Committee’s future endeavors. The Committee is pressuring the RI House in the future to be a protector of the healthcare venues and coalitions. We continue to be visible at the State House advocating with other patient advocacy groups on healthcare and environmental issues. We are participating in policy commissions and advisory boards. Specifically, we are pushing for nursing faculty tax credits, nursing loan repayment the advancement of professional education standards, safer work environments and products, and the promotion of the role of Advance Practice nurses as primary care providers.

We have initiated meetings with stakeholders concerned about the financial crisis and its impact on healthcare, insurance and environmental issues. We are participating in the ongoing dialogue within many other boards in Rhode Island including the RI Civil Liberties Union, RI Women’s Political Caucus, many other boards in Rhode Island. Currently serving as RISNA’s political lobbyist, Sylvia is a key player at the Rhode Island State House to ensure that the voices of Rhode Island’s nurses are heard to support the profession of nursing in Rhode Island as well as the patients that all RI nurses provide for with such excellent care.

We want to recognize you! If you have any noteworthy news or updates (i.e. publications, promotions, new job appointments, etc) please email Allison at thejdsons@aol.com so we can spread the news and give you due accolades!

REMARKERS

Don’t forget the many benefits of joining the American Academy of Nurse Practitioners (AANP) such as: daily SmartBrief, an electronic newsletter delivered daily, Monday–Friday, to your email address. AANP SmartBrief compiles essential healthcare news and information from media sources around the country and delivers them to you in a clear and concise format, with links to the news sources. Also obtain free access to customized Smart Ideas, an AANP-branded quarterly patient-focused magazine for distribution in reception areas of practice settings, free or reduced rates at Pri-Med meetings around the country and free registration of practice information on NP Finder, the web-based NP locator service that helps consumers search for NPs by specialty, city, state, and zip code.

If you are due for NP recertification and were concerned, the AANP will grant you reciprocity; the cost is $95.00 for AANP members. Also remember that the RI NP Council is a member of the AANP and as such generates many member benefits including reduced membership fees.

MEMBERSHIP
Thank you to all who have been making a sincere effort to attend the monthly meetings on Mondays. Meetings will not be held during the summer months. Please watch your emails for the date, time and location for the annual business dinner meeting in September and be sure to RSVP early to secure your spot.

Reminder: If you are not on the NP list-serv, general information about the mailing list is at: http://rinnam.org/mailman/listinfo/nalanainfo01_rinnam.org or take a moment to send your request and preferred email address to SGardiner@rinnam.org.

Please take a moment to sign up!

The 2009 legislative session will have ended by the time you receive this newsletter. Our bill requiring that nurse practitioners who are primary care providers be accepted into Medicare as nurse practitioners by the Medicare program has been voted out of the Senate HHS committee and we’re hopeful it will pass on both sides. The Commission on the Nursing Shortage has submitted a bill for a tax credit for full time faculty and we’re working with others to advance this. We continue to work on health care reform, the nursing shortage, safe staffing, advancing nursing education, and environmental issues including work place safety. We have initiated meetings with stakeholders to discuss safe staffing and the advancement of nursing education. As with everyone, we are concerned about the impacts of the crisis and its impact on those we care for and about. We continue to work with other organizations on issues that are a priority for RISNA and a part of several campaign activities. Many nurses have been exposed to environmental health issues including environmental health into already full nursing curricula.

Practice nurses as primary care providers.

Sara Weber and Chris Gadbois

Nurses are uniquely positioned to influence our environment and its effect on health. According to the ANA, the Institute of Medicine, and the American Public Health Association, environmental health is integral to all nurses’ practice. Here in RI, nurses are seeking to learn more about how to incorporate Environmental Health into their practice. Professional nurses in all practice settings are confronted daily with patients with symptoms related to exposure to toxins in the environment. School nurses as primary care providers of children with asthma, often related to older buildings with inadequate ventilation. Community health nurses must identify resources to assist their patients to find housing free of contaminated building materials, and away from sources of toxic fumes. Hospital nurses search for alternatives to harmful products in OR equipment and IV materials. Nurse educators work to include the basics of environmental health into already full nursing curriculum. Many of us worry about the use of indoor paints, furniture, and other products, and about air quality in our work and home environments.

RISNA formed our Environmental Affairs Committee in order to address these concerns of nurses practicing in RI. Our first formal program will be a full day Environmental Health conference for health professionals and our state legislators, scheduled for Saturday, November 14, 2009. An e-mail with a call for professional posters will be sent out soon. The committee is also hard at work developing a resource guide for Environmental Health for the RI health care community. We’re also a member of several State and National coalitions, working for a safer environment. For more information about the RISNA Environmental Affairs Committee please contact Sylvia Weber, chair at sylvia@cox.net.
On February 24 I attended an all-day conference on human trafficking intended for police, prosecutors, victim services and community leaders. Subsequently I became the RISNA representative to the RI Coalition against Human Trafficking (RICAHT). Unfortunately Rhode Island is attractive to organized crime elements involved in the sale of children and adults. Nurses may encounter victims and need to be prepared to ask the right questions and intervene as appropriate. The Coalition is chaired by Kim Harris and Tammy Dudman of the original Coalition formed in 2006. Additionally I noted representatives from several colleges and faith-based communities, Gateway Trauma Clinic, a state employee, Project Renew (an effort to intervene with prostitutes), and a community organizer. The founder of AHSVA Kids, a Safe House in Connecticut for young male victims (Hotline 877-416-0050) attended one of the meetings.

I discovered there are 30 known brothels operating in RI, which are suspected/alleged to be involved with sex trafficking of adults and minors. There is no law prohibiting indoor prostitution in RI, therefore police lack easy access to potential victims. There is legislation outlawing human trafficking but it’s weak; police can’t hold a potential victim on a prostitution charge. According to Donna Hughes, a professor at URI and an expert on the international trafficking of women and children (as quoted in the Providence Journal April 19, 2009) “you could have a 14 year old in a brothel and if she says there’s no coercion, then it’s not a violation of the trafficking law.”

House Bill 5661, still in committee, mandates a fine equal to or greater than $40,000 and imprisonment up to a life sentence for anyone found guilty of sex trafficking of a minor. New legislation is also targeting “Johns”, making it a crime to solicit or engage in sex for money, regardless of where the activity takes place. An amendment would exempt from prosecution women who were “compelled into prostitution”. Additional legislation would criminalize owning or maintaining a brothel and provide for training police in human trafficking assessment and intervention.

Ninety percent of children trafficked are U.S. citizens but adults are often illegal immigrants lured here by the promise of a job. The majority are female and are forced into prostitution, then moved from city to city to prevent them from seeking help and forming support systems. They are threatened or physically abused in order to keep them compliant and living conditions are usually cramped and substandard. They may show evidence of branding or scarring to indicate ownership, and there may be signs of poor personal hygiene or starvation.

Other indicators of human trafficking include a companion having possession of legal or travel documents or the victim “owing” money from transportation or other costs. Be suspicious if one person insists on speaking for/interpreting for the victim.

Foreign victims of human trafficking have been programmed to fear deportation. Do not ask bluntly about their immigration status. A victim-centered approach is not only coherent with nursing philosophy but is required by the Trafficking Victims Protection Act (2000). It is better to indicate you want to help immigrants get back their personal identification papers so they can possibly begin receiving services and legal aide.

You may need to educate your patient to the fact that they are victims of crime not circumstance. Ask potential trafficking victims how they entered the U.S., beginning with their home country. Were they smuggled? It may be true that in their country of origin it’s not illegal to sell children. Juvenile victims are often coached to give an adult age should they be discovered. What were they told to say to officials? Look for evidence that they perform the jobs they say they do (if field labor, are hands calloused and clothes dirty?). If possible, take time to listen to their stories and look for inconsistencies. Keep in mind that a victim who can go to a store or church alone may be kept in line by threats of violence to themselves or their family. A rehearsed story sounds different, listen carefully. Ask, if a minor, if they go to school. Ask who the victim’s friends are outside of their house and what they do in their free time. Are there guards where they work? Unfortunately most victims are extremely reluctant to talk. A nurse may be on the “front lines” of identifying human trafficking victims and notifying police about their suspicions. Awareness is the first step in identification.
Rhode Island Nurses Institute and the Nursing Foundation of Rhode Island Present An Educational Forum for Nurses

Breaking the Habit on Friday, September 25, 2009 8:00am to 12:30pm
Marriott Hotel One Orms St. Providence, RI 02904

Keynote Speaker
Kate Driscoll Malliarakis, RN, CNP, MAC, NCADC II
President, KAM Associates, a Healthcare consulting firm specializing in substance abuse and leadership issues

TOPIC: Help and Hope for Impaired Nurses
followed by Sara Azumi-Bolourian, MSN, MHA, MBA (Center for Substance Abuse Treatment) and Colleen LaBelle, RN, CARN (Boston Medical Center)

TOPIC: Buprenorphine: A Guide for Nurses
A Panel of Experts will follow 3.5 contact hours Registration: $60

Rhode Island Nurses Institute Baker-Hanley House 67 Park Place Pawtucket, RI 02860

www.risnarn.org (401) 305-3330

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Registration Fees Non Refundable

The Rhode Island State Nurses Association Presents a Program on Environmental Health: Education, Policy, Practice, Research

NOVEMBER 14, 2009 8:00AM–4:30PM
THE PROVIDENCE MARRIOTT HOTEL

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CONTACT PERSON:
Sylvia Weber, MSN, PCNS
(401) 461-1042
(401) 305-3330
viaweb1@cox.net

Environmental Health
Education, Policy, Practice & Research Integration of Environmental Health Principles into Healthcare Providence Marriott Downtown, Providence, RI 8 am–5 pm

• Educational Sessions • Poster Presentations • Exhibits

Keynote Presentations
Environmental Health & the Precautionary Principle Environmental Health Advocacy Healthcare in Practice Workshop Nanotechnology & Occupational Health Education Workshop Infusing Environmental Health into Healthcare Curriculum Best Practices Research Workshop Occupational & Environmental Health Nursing Research Healthcare Policy Workshop RI Senate & House Environmental Health Committee Leaders American Nurses Association Contact Information Sponsor Opportunities / Exhibit Space Sylvia Weber, MSN, PCNS viaweb1@cox.net Poster Presentations Jeanne Schwager, Ph.D., RN jschwager@ric.edu General Conference Information Chris Gadbois, RNBD cgadbois@sevenhills-thgr.org

Save the Date
Saturday, November 14, 2009
Rhode Island State Nurses’ Association Environmental Affairs Committee Presents...

Website: www.risnarn.org Phone: (401) 305-3330

Rhode Island State Nurses Association
SILVER SPRING, MD—The American Nurses Association (ANA) launched the ANA Handle with Care® program today, June 24th, to testify before the House Ways and Means Committee on health care reform. Donna Policastro, RNP, Executive Director of the Rhode Island Nurses Association spoke on behalf of ANA at Wednesday’s committee hearing, “Proposals to Reform the Health System.”

Policastro stressed nurses’ willingness to work with policy-makers, industry leaders, providers and consumers to support and advance meaningful health care reform. She thanked the committee for recognizing the need for an integrated and well-resourced national healthcare workforce policy, a system that focuses on wellness and prevention and a high-quality public health insurance option that complements and competes fairly with options offered by private insurers. She also remarked on the valuable role Advanced Practice Registered Nurses (APRNs) play in primary care, and the importance of recognizing Nurse Practitioners as providers in Medical Homes.

In addition to her leadership role at the Rhode Island Nurses Association, Policastro is also a member of the American Nurses Association PAC Board of Trustees. To read Donna Policastro’s complete testimony, please visit http://www.nursingworld.org/MainMenuCategories/ANAPoliticalPower/federal/testimony.aspx.

ANA Testifies on Capitol Hill

American Nurses Association (ANA) Now On Facebook, LinkedIn Groups
ANA Honored with Publishing Awards

SILVER SPRING, MD—The American Nurses Association (ANA) is pleased to have three of its books recognized at the 2008 Publications Awards from the Washington, DC, Chapter of the Society for Technical Communication (STC).

“It is an honor to receive this distinguished tribute by STC for ANA’s outstanding works that will no doubt prove to be valuable resources in the nation’s nursing classrooms. I would like to recognize the excellent work of all those involved in producing such fresh and innovative publications that truly underscore ANA’s ongoing commitment to ensuring the delivery of high quality health care to the public we serve,” said ANA President Rebecca M. Patton, MSN, RN, CNOR.

The awards presented were as follows:

• Award of Merit: Nursing Informatics: Scope & Standards of Practice, by Marsha D. M. Fowler, PhD, MDiv, MS, RN, FAAN
• Award of Excellence: Nursing and Health Care Ethics: A Legacy and A Vision, edited by Winifred J. Ellenschild Pinch, RN, EdD, FAAN, and Amy M. Haddad, BSN, MSN, PhD.

The STC is the single largest individual membership organization dedicated to promoting technical communication. The Washington, DC, Chapter of the STC holds its Technical Publications Competition annually with its judges and participants in the event representing technology and R&D firms, government agencies and institutes, non-governmental organizations, universities, and professional associations in the Washington, DC area.

Press copies of the three award winning publications are available to media contacts upon request by e-mailing Cynthia Lee at Cynthia.Lee@ana.org. Please include the name of the publication, organization, reviewer name and address information, including phone number and e-mail address.

ANA is the only full-service professional organization representing the interests of the nation’s 2.9 million registered nurses through its 53 constituent member nurses associations, its 23 organizational affiliates serving 330,000 members of national nursing specialty organizations, and its workforce advocacy affiliate, the Center for American Nurses. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

Nursesbooks.org, the publishing program of the American Nurses Association, publishes a variety of books and monographs. These works translate the latest in evidence-based and related healthcare activities into practice-centered resources for nurse leaders, managers, practitioners, educators, and students. To learn more, go to www.nursesbooks.org, a part of the ANA website, www.NursingWorld.org.

ANA Commends President Obama’s New “United We Serve” Initiative, Urges U.S. Nurses to Join Disaster Response Networks

SILVER SPRING, MD—The American Nurses Association (ANA) proudly supports President Obama’s United We Serve campaign being launched on June 22, and urges the nation’s 2.9 million registered nurses (RNs) to be “disaster ready” by taking action now and pre-registering with one of the many disaster registries and response organizations that already exist.

Created as part of the “Serve America Act” signed into law in April, the United We Serve campaign calls upon all Americans to make a focused effort to volunteer in their communities over the next three months, culminating in a National Day of Service and Remembrance on June 21, 2009. The United We Serve initiative encourages Americans to play an active role in the nation’s economic recovery by stepping up to volunteer in service projects at this critical time in our nation’s history, when help is needed and resources are stretched thin.

“In the aftermath of Hurricane Katrina and the increase in the level of the pandemic alert of the H1N1 flu virus, now more than ever it is critical that nurses heed the call to serve by signing up on national disaster registries,” said ANA President Rebecca M. Patton, MSN, RN, CNOR. “ANA strongly believes that in order to respond effectively, now is the time for nurses to get prepared—not when the disaster occurs, but before it strikes.”

As the nation’s front-line health care providers, historically nurses have played a vital, critical role in disaster response during catastrophic events. In the event that an overwhelmed community needs help in mass immunization, mass sheltering or other extraordinary conditions, nurses can be counted on to provide care and value in the care.

By joining a disaster response registry, an RN’s licensure can be pre-verified and validated; he/she has access to meaningful health care training and drilling; and during a disaster, he/she will be deployed through a recognized system that has been incorporated into the local, state, and national response plans.

Nurses who are interested in pre-registering with a disaster response organization can visit the following links for more information:

• American Red Cross—Volunteer
• Medical Reserve Corps
• National Disasters System
• Emergency System for Advance Registration of Volunteer Health Professionals
• Be Safe, Be Prepared: Emergency System for Advance Registration of Volunteer Health Professionals

For more information on the United We Serve effort, visit http://www.serve.gov.

ANA Eager for Debate on Healthcare Reform Bill Introduced in Senate Nurses Stand Ready to Play Major Role in Reform Proposals

SILVER SPRING, MD—The American Nurses Association (ANA) eagerly awaits the imminent debate proposed by the Affordable Health Choices Act, introduced in the U.S. Senate today by Sen. Edward M. Kennedy (D-MA). ANA views the bill as a critical first step toward ANA’s goal of ensuring reductions.”

As a long time advocate for the interests of the nation’s 2.9 million nurses and their patients, ANA is encouraged by the legislation’s provisions for a public health insurance plan option to ensure greater access, choice and affordability.

“The American Nurses Association believes that a public health insurance plan option is an essential component of any reform plan moving forward,” said ANA President Rebecca M. Patton, MSN, RN, CNOR, of the bill sponsored by Kennedy, chairman of the Senate Health, Education, Labor and Pensions Committee. “ANA’s core belief is that health care is a basic human right. We are encouraged to see the debates about meaningful health care reform must include the efficient deployment and utilization of the nursing workforce to expand access to services, improve quality of care, enhance patient satisfaction and to the overall health system through cost reductions.”

ANA plans to continue its work with the Senate Committee on Energy and Natural Resources and the House Committee on Energy and Commerce to ensure that this proposal is on the right track promoting safety and increase value in the nation’s healthcare delivery system. As foot-soldiers of the healthcare system, working directly with patients, nurses must be able to provide services to the full extent allowed under federal and state nursing laws and regulations.

For example, the full and efficient utilization of the nursing workforce is necessary to bolster the shortage of healthcare professionals providing primary care services. Advanced Practice Registered Nurses (APRNs) are educated and licensed in many states to provide primary care services. However, APRNs currently are not being utilized in that capacity to the full extent possible.

ANA is encouraged by the bill’s emphasis on improving prevention and wellness services and coordination of care for patients with chronic conditions, all of which are core to nursing’s philosophy of care.

“The concepts outlined in this bill are well-suited to the type of work nurses are educated to do and perform every day,” ANA President Patton said. “We are confident that nurses not only would help make these types of reform ideas work, but would add value to patients through quality improvements and to the overall health system through cost reductions.”

ANA plans to continue its work with the Senate to provide information on how nurses can best contribute toward achieving broad healthcare goals and improvements as reflected in the Senate bill.
Pat Mastors is creator of The Empowered Patient Infection Defense Kits, a company dedicated to helping patients partner with their caregivers to avoid hospital-acquired infections.

Pat is a familiar face around RI, where she spent more than 20 years as a news anchor, broadcast journalist and medical reporter at WJAR-TV and WPRI-TV. She has also worked in Massachusetts and Maine, and has hosted a talk show on WPRO radio.

In August of 2005 Pat’s life took a turn when her father entered the hospital suddenly, for surgery following a fall. He died six months later of complications from a hospital-acquired infection.

Pat began investigating and researching the problem of infection in hospitals. She lobbied for a state law mandating the public reporting of hospital-acquired infections, which passed in July of 2008. Pat is currently working with the RI State Nurse's Association to pass patient “Right to Know” legislation, so patients will be informed about infection risks and recommended precautionary steps prior to hospital admission. She is a strong advocate of nurses and their important role in the front lines of patient care.

Pat serves as consumer advisor on the steering committee that will guide the implementation of RI’s infection reporting bid. She is married to Jim Mastors and they have: three children, Nicholas, Jessica and Elizabeth.

The Details

Time: 8:00 am
8:00 am Registration & Continental Breakfast
8:30 am Tee off!
Golf:
Shot Gun start
Scramble format
Entry Fee:
$125 Fee includes greens fee, cart, continental breakfast and lunch.
Lunch:
Bring a guest for lunch. Fee for lunch only $30.00.
Texas Barbecue

Registration Deadline: August 1, 2009
Yes, I will play golf to support Nursing on August 10th at Richmond Country Club.

Foursomes:
_________ I will make my own team which is listed below
_________ I would like to join a team

Prizes:
Net Prizes, Longest Drive
Closest to the Pin, Closest to the Line

“HOLE IN ONE”
2010 Honda Insight Hybrid
Courtesy of Metro Honda

CHECK MUST ACCOMPANY REGISTRATION FORM THANKS
Send the attached form with a check
Rhode Island Nursing Institute
67 Park Place,
Pawtucket, RI 02860
401-305-3330
SGardiner@risnarn.org
www.risnarn.org

Credit Card Payment:
☐ Visa  ☐ Master  ☐ Discover  ☐ Amex
Card #: __________________________
Expiration: _____ / ____________
Security Code: __________________
Signature: _______________________
The Rhode Island State Senate Commission on Nursing: A Report from the Legislative Trenches

by: Lynne Dunphy PhD, RN

RISNA is on the move yet again. Last spring, the issue of a national and state nursing faculty shortage became more prominent. Hiring and retention of nurses is the driver behind our still looming nursing shortage. RISNA went to work. The Legislative Affairs Committee worked with Senator James Doyle (D-Pawtucket) to draft Senate Resolution S 2955 (2008) “Creating a Special Senate Commission to Undertake a Comprehensive Study of the Projected Nursing Shortage in the State of Rhode Island.” Introduced by Senators Doyle, Issa, Tassoni, Connors and Bates, it successfully passed both houses of the state legislature and the Senate Commission on Nursing came into being. The charge of the Commission was aimed at the study of issues underlying the lack of nursing educational capacity in the state to provide sufficient numbers of future nurses to meet demand (HRSA data, 2004; Lifespan Labor Forecast, 2007). The resolution specified that the commission be composed of four (4) members from the Senate, with no more than three from the same political party; the Commissioner of the Office of Higher Education; Jack Warner; deans or their designees from the five statewide nursing programs; an appointed representative from Labor, a representative from the Hospital association of Rhode Island (HARI); the Executive Director of RISNA; a representative of the University of Rhode Island; an AHA representative; and the Director of the Rhode Island Department of Health or designee. The Commission met for the first time in June 2008. As the person introducing the legislation to found this Commission, Senator Doyle was to chair the Commission; I, as the designee from the College of Nursing at the University of Rhode Island, was elected co-chair.

Since that time, meeting on some occasion two times in one month, the Commission has met to consider the issues facing the profession of nursing, and specifically nursing education in the state. It has been an education for me in political process and ways that as nurses we can affect change. The Commission has reviewed the latest data and statistics on the nursing shortage. Although there are some hospitals at present in the state with no current vacancies and new graduate nurses have reported difficulty in finding immediate positions, the overall need for Registered Nurses in acute care, home care, long term care, as well as community health remains high. The need for advanced practice nurses such as Nurse Practitioners, Clinical Nurse Specialists, Nurse Educators, Nurse Midwives, Nurse Anesthetists, and Nurse Administrators/ Managers, is expected to grow significantly. An aging workforce and the demographics of the Baby Boomer population which converge between 2015 and 2020 cause an escalation in the need for nursing services at the state’s largest employer. Experienced seasonal clinicians begin to leave the workforce for retirement in increasing numbers.

There are still large numbers of qualified Rhode Islanders—many with existing degrees—who desire to become Registered Nurses, and yet we are constricted by lack of nursing educational capacity. The buildings that house the state’s schools of nursing are old and inadequate. We have made progress with placement of nursing students in clinical sites through the use of a computerized Clinical Registry housed at the Hospital Association of Rhode Island (HARI). This allows all schools to better coordinate the clinical placements. But the biggest impediment remains a shortage of qualified nursing faculty. The reasons behind this shortage were explored at length by the Commission with reports from a variety of sources. It is well-documented that salaries in nursing education have lagged behind the marketplace which has seen significant pay increases. The need for nurses with advanced degrees will only increase, and given the time it takes to produce such care providers, more reliance upon than ever as health care reform emerges, it is essential that we ACT NOW. The education of future nurses is becoming the highest priority for the state.

A Report from the Commission was presented in August of 2008. The legislature’s most expected need is $3500 tax credit/incentive for full time nursing faculty, as well as use of Federal Stimulus Funds to support the rehabilitation and expansion of Rhode Island’s schools of nursing. The charge of the Commission was aimed at the study of issues underlying the lack of nursing educational capacity. The buildings that house the state’s schools of nursing are old and inadequate. We have made progress with placement of nursing students in clinical sites through the use of a computerized Clinical Registry housed at the Hospital Association of Rhode Island (HARI). This allows all schools to better coordinate the clinical placements.

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RINU and NFRI Present an Educational Forum

by Mary F. Dwyer, MS, M.Ed., PCNS
President, RINU

The Rhode Island Nurses Institute (RINU) and the Nursing Foundation of Rhode Island (NFRI) are co-sponsoring an Educational Forum in the Fall 2009. The conference is entitled “Breaking the Habit” and will be held on Friday, September 25, 2009 from 8:00 am-12:30 pm at the Providence Marriott.

Opiate addiction will be the focus of the next speakers. Sara Azimi-Bolourian, BSN, MSN, MBA (Center for Substance Abuse Treatment) and Colleen LaBelle, RN, CARIN (Boston Medical Center) will speak to Buprenorphine: A Guide for Nurses. Ms. Azimi-Bolourian was instrumental in preparing the report for the Substance Abuse and Mental Health Services Administration. Ms. LaBelle provided expert nurse review of the document. Opiate addiction is a potential hazard for the many nurses suffering from back pain. These speakers will address the pharmacological treatment of opiate addiction and will highlight a comprehensive nurse management model for buprenorphine treatment.

A panel moderated by Gina Rocha, MPH, RN (Director, RINU Board) will address what is happening in Rhode Island concerning impaired nurses. Pam McCue, RN, MS, Director of Nurse Registration and Nursing Education for the RI Department of Health, will speak about the role of the RI Board of Nursing and the Diversion Contract. Policy issues and how change can happen through the legislative process will be addressed by Betsy Dennigan, RN, CEN, State Representative. A nurse educator will comment on curriculum issues at our schools of nursing and on resources available for substance-troubled nursing students.

Join us for what is sure to be a dynamic conference. Support nursing by attending. Please refer to the attached conference flyer in this edition of the RI Nurse.

CONSENT TO SERVE
Rhode Island State Nurses Association 2009 Elections

I am interested in active participation in the Rhode Island State Nurses Association.

☐ President ☐ Cabinet on Nursing Practice
☐ 2nd Vice-President ☐ Cabinet on Nursing Education
☐ Board of Directors ☐ Nominating Committee
☐ Delegates to ANA

Please type or print—do not abbreviate.

Name and credentials as you wish them to appear in Candidate Biography:

Position
Address
Home Phone # __________________________ Work Phone # __________________________
Fax # __________________________ E-mail Address ___________________________________

Professional Activity:
Position Statement: Briefly state your personal views on nursing and current issues including, if elected, what your major contribution(s) would be to RISNA and in particular to the position which you seek. This statement will be used in the Candidate Biography sent with the ballot.

Please return completed form by August 31, 2009.
Return to: RISNA, 67 Park Place, Pawtucket, RI 02860 or FAX: 401-305-3332 or E-mail: SGardiner@risnarn.org

Rhode Island Nurse • Page 11

Call for Nominations 2009 Ballot

The RISNA Nominating Committee is preparing the yearly ballot for the association. Please consider the following positions and share your talent and expertise with your professional organization. The offices requiring nominations this year are:

President (1)
The President shall: serve as chairperson of the RISNA Board of Directors, serve as the official representative of RISNA and be its spokesperson on matters of association policy and positions and represent RISNA at the Constituent Assembly and other ANA meetings as appropriate. Candidates must be ANA members.

2nd Vice President (1)
The Vice President shall assume the duties of the President in the President’s absence or at the discretion of the President and will be chairperson of the membership committee. Board meetings are once a month. The term of office is two years. Candidates must be ANA members.

Board of Directors (3)
The board of Directors exercises the corporate responsibility and fiduciary duties of the association, transacts the business of RISNA between annual conventions and establishes major administrative policies. The board also provides for the maintenance of the state headquarters.

Nominating Committee Member (3)
The Nominating Committee prepares the yearly ballot for the association. This involves selecting and encouraging nominees representative of the various practice settings and geographic locations. The term of office is two years.

Cabinet Member
Cabinets are groups of elected members responsible for advancing the profession of nursing through activities that deal with the scope of practice for the nursing profession. Both cabinets evaluate changes in the health care systems, health needs and practice relevant to a practice or educational focus. They implement and evaluate standards of nursing education/practice and promote research and studies in both of these areas.

Cabinet on Nursing Education (2)
The term of Cabinet on Nursing Education members is three years with a minimum of an MS degree. Candidates must be ANA members.

Cabinet on Nursing Practice (2)
The term of Cabinet on Nursing Practice members is two years.

Delegates (5)*
Delegates attend regular and special meetings of the ANA; have the right to vote in the ANA House of Delegates; are accountable to the RISNA Board; are responsible for the cost of ANA meetings and conventions. If possible, financial assistance from RISNA shall be made available. The term of office is two years. Candidates must be ANA members. *The President (as in RISNA bylaws) is automatically a delegate.
**Empowered ICU Care**

In 2005, more than a thousand health care professionals banded together for one common cause—improving the care of adult intensive care patients in Rhode Island. Working together as part of the Rhode Island Critical Collaborative, they made a significant positive impact on patient outcomes. These practitioners, including nurses and other health care professionals who have dedicated immeasurable time and energy to the nurses and other health care professionals have felt empowered. Empowered to take action. Empowered to change direction. Empowered to make a difference.

The results of the past four years show that our ICU teams have improved patient care. Their accomplishments during this time include reducing central line-associated bloodstream infections by 54 percent and lowering the occurrence of ventilator-associated pneumonia by 12 percent. Further, staff surveys show the safety climate within our ICUs is improving—namely staff is more confident in the care they are providing and feel empowered to further improve.

The Rhode Island ICU Collaborative has been grabbing attention from the start. We were the first state in the nation to have 100 percent participation in such a project, and four years later, we still enjoy unanimous support while other states have seen their participation diminish. This also is a testament to the empowerment of our critical care professionals who have dedicated immeasurable time and energy to this cause. It is because of their dedication that we have had such a positive impression on the state’s health care system. At last check, a conservative estimate of this impact included:

- $5.9 million in avoided costs
- 45 lives saved
- A reduction of 2,076 hospital patient days

We are pleased that these practitioners have accomplished and support them as they continue the journey. With empowerment, who knows what more exciting and meaningful things they will be able to achieve.

Margaret Cornell, MS, RN
Senior Program Administrator
Quality Partners of Rhode Island

Jean Marie Rocha, MPH, RN
Vice President, Clinical Affairs
Hospital Association of Rhode Island

**Sowing and Fertilizing and RISNA’s Education Unit**

Spring is here! It is a time for new beginnings. In preparation for our upcoming American Nurses’ Credentialing Center Commission on Accreditation (ANCC-COA) site visit in 2010 we are writing our self-study. As we examine existing policies and procedures for the Approver Unit we’ve identified some areas needing improvement. We are currently metaphorically sowing, weeding and fertilizing. We are weeding by removing unnecessary language and outdated procedures; sowing seeds by recruiting and orienting new reviewers; and fertilizing by strengthening relationships with customers, and peer reviewers.

For those of you who are unfamiliar with RISNA’s Approver Unit our role is to review and approve Continuing Nursing Education (CNE) activities. The Approver Unit is comprised of peer reviewers, approval group members, an education consultant (Denise Henry), a nurse peer review leader (Becky Parant), office staff, and the Cabinet on Nursing Education.

All changes to Approver unit policies and procedures will be publicized to recognize their service. In addition the reviewer who reviews the most programs in given month will receive a gift card from either Whole Foods or Starbucks.

**Monthlong opportunities to PRAG will be scheduled in the future.**

**Rhode Island Hospital Named Among “Top 100 Hospitals to Work For”**

by Nursing Professionals Magazine

Providence, RI—Rhode Island Hospital (RIH) has been recognized by Nursing Professionals magazine as one of the “Top 100 Hospitals to Work for” in its spring 2009 inaugural issue. The magazine surveyed 25,000 randomly selected hospital nurses in the country on their job satisfaction. Winning hospitals were recognized as family-friendly employers with flexible working arrangements and a diverse nursing workforce.

“We are very pleased to have earned the distinction of one of the Top 100 Hospitals for nurses from Nursing Professionals,” said Barbara Riley, senior vice president and chief nursing officer for Rhode Island Hospital. “The Rhode Island Hospital dedicates itself to one of the highest value on nursing excellence and recognizes the importance of providing a supportive work environment for our nurses.”

Rhode Island Hospital employs 1,600 nurses in its 719-bed facility. Through its educational opportunities, training and support services, RIH strives to provide its nursing staff with the tools it needs to provide the best possible patient care. RIH also provides a generous benefit package, employee recognition programs, paid vacation, sick and personal time, and a flexible work/life balance.

Rhode Island Hospital is fortunate to have such a dedicated and talented nursing staff,” said Timothy J. Babineau, MD, RIH president and chief executive officer. “From clinical work to patient relationships, our nurses provide an immeasurable level of service and are instrumental in helping us to provide a high-level patient experience.”

A complete listing of the top 100 hospitals is included in the inaugural issue of Nursing Professionals magazine, or online at http://www.nursingpromag.com/index.cfm.

Founded in 1863, Rhode Island Hospital (www.rhodeislandhospital.org) is a private, not-for-profit hospital and is the largest teaching hospital of The Warren Alpert Medical School of Brown University. A major trauma center for southeastern New England, Rhode Island Hospital is dedicated to one of the cutting edge of medicine and research. Rhode Island Hospital ranks among the country’s leading independent hospitals that receive funding from the National Institutes of Health, with research awards of nearly $27 million annually. Many of its physicians are recognized as leaders in their respective fields of cancer, cardiology, diabetes, orthopedics and minimally invasive surgery. The hospital’s pediatrics division, Hasbro Children’s Hospital, has pioneered numerous procedures and is at the forefront of fetal surgery, orthopedics and pediatric neurosurgery. Rhode Island Hospital is a founding member of the Lifespan health system.
I have found truth in Woody Allen's statement that, "Eighty percent of success is just showing up"....

As the legislative session revs into full gear, one can now see the results of weeks and months of the collaborative efforts of many. The results of hard work, dedication, and cooperation, with a note: RISNA has seen Senate passage of S 0471, a bill that would ensure patient choice and access to Medical Marijuana. We have worked in collaboration with an array of organizations from the RI Medical Society, Advocates for a Compassionate Society, Insurers, the Department of Health, the Cancer Society, Environmental groups, AARP, and the Patient Advocacy group, to name but a notable few.

Perhaps what I am most impressed by, is our ability to affect change and influence policy when we speak collectively, incorporating the wealth of our varied experience as a profession. The old saying about "the right hand knowing what the left hand is doing" is an apt reference to how much more effective and influential and powerful nursing can be when our individual parts and roles come together with one voice, one common goal.

So too, is this true in working with colleagues. There has been the ability to accomplish much when we sit at the table together and respectfully share and consider individual perspectives that otherwise could potentially become obstacles. By working together with a common vision, a common agenda, we have learned to be open to others' perspectives, can those once feared obstacles melt away with the mindfulness of our purpose.

The Senate Commission to address the Nursing shortage is an ongoing example of how our Academics, Executives, Regulators, and Professional representatives can come together with Legislators to navigate real and positive change and overcome differing perspectives in place of the obstacles easily crossed in a shared focus. We have seen more narrow directions.

RISNA has worked hard to pass legislation to allow Compassion Centers to supply medical marijuana. We have worked in collaboration with an array of organizations from the RI Medical Society, Advocates for a Compassionate Society, Insurers, the Department of Health, the Cancer Society, Environmental groups, AARP, and the Patient Advocacy group, to name but a notable few.

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Local Nurse Selected for Prestigious National Fellowship to Improve Health Care

Lynde M. Dunphy Named a Robert Wood Johnson Foundation Executive Nurse Fellow

[Kingston, Rhode Island]-A national fellowship program focused on expanding the role of nurses to lead change in the U.S. health care system has been awarded to Lynde M. Dunphy, PhD, Family Nurse Practitioner, Routhier Chair of Practice and Professor of Nursing, College of Nursing, University of Rhode Island. She is one of twenty nurses selected nationwide as a 2009 Robert Wood Johnson Foundation® (RWJF) Executive Nurse Fellow.

Now in its 12th year, the three-year fellowship program provides extensive leadership development for nurses in executive roles in public or community health, science and research, corporate health, academia, government or military health service. Fellows remain in their current positions while they receive training, mentoring, and the opportunity to implement innovative health care strategies in their communities.

"Nurses provide a unique perspective in the health care system, understanding both the patient experience and the way policies and procedures affect health outcomes," said Marilyn P. Chow, D.N.Sc., R.N., F.A.A.N., the RWJF Executive Nurse Fellows national program director. "We are thrilled to have Lynde Dunphy join the 2009 group of fellows. The experience will enable her to bring new skills and resources to improve healthcare in the Rhode Island community."

As part of the fellowship, Dunphy will have an opportunity to design and implement a leadership project to address issues of essential importance to the future of the state of Rhode Island, as well as to the broader health care system. This leadership project is focused on the continued development of the recently named Rhode Island Center for Nursing Excellence (RICNE) The Center, situated in the College of Nursing at the University of Rhode Island, represents a consortium of the state programs of Nursing and The Community College of Rhode Island's (CCRI) Nursing Program, with the University of Rhode Island as the lead agency. RICNE is an official University Center supported with Department of Commerce Economic Development Administration funds awarded in 2008. Jane Williams, PhD, RN, Dean of the Rhode Island College (RIC) School of Nursing (SON), is the RICNE Associate representing RIC; Jeanette Matrone, PhD, RN, Program Director of the Department of Labor Health Care Futures award at the Community College of Rhode Island, is the RICNE Associate representing CCRI's nursing program.

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The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. For more than 35 years the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. When it comes to helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference for you and your lifetime. For more information, visit www.rwjf.org.
there has been a flutter of activity this quarter. 
- RINI has launched a new website. Come visit us at rini.risnam.org. You can also reach us through a link on the RISNA website. "Move on Nursing" is listed on the website. That is the official name for RINI's On-Line Resources Program. The intent is to supply nurses with resources that can help them to stay in nursing, e.g., financial aid services, peer recovery supports, etc. Stay tuned for further resource development.
- The Golf Tournament Committee, chaired by Anita Creamer, RN, has been rigorous in its planning of the 2nd Annual RINI/RISNA Golf Tournament to be held on Monday, August 10, 2009 at the Richmond Country Club. Last year's golf tournament was a lot fun—even for non-golfers like me. Whether or not you golf, we all know who does. Please tell them about the tournament and have them join or create a foursome; and, for non-golfers, come graze at the Texas Barbecue and enjoy the raffles. Registration for the RINI/RISNA 2nd Annual Golf Tournament is available online. You can pay through the on-line secured Pay Pal system.
- Plans for the RINI/Nursing Foundation of Rhode Island (NFR) Fall Conference are well underway. The conference is titled "Break the Habit" and will be held at the Providence Marriott on Friday, September 25, 2009. (Please see the flyer and the article included in this edition of the RI Nurse).
- Ed Zesk, Vice-President of RINI and Chair of the PR Committee, was instrumental in submitting two grants to the RI Foundation. Both submissions will help RINI and RISNA to further strategic planning initiatives.
- Through the Arthur Davis Scholarship Fund, RINI has donated $600 to the first nursing student in financial need at the Welcome Back Center who is prepared to take the NCLEX. The Welcome Back Center assists professionals who have re-located here from other countries to achieve licensure in the state of Rhode Island. These individuals often have professional licenses in their country of origin and need to pass the US exams to practice here.

If you or someone you know is interested in helping RINI to support nurses, please call us at 401-305-3330 or e-mail us at DPolicastro@risnam.org.