I am a nurse educator and academic administrator, and I am TNA. I have enjoyed a professional nursing career for 38 years. However, when I chose nursing as a major in college at West Virginia University in the late 60s, I had no idea about the career opportunities that would come my way—from acute care nursing in the hospital to home health and hospice in the community, to education and administration in the academic setting. Each degree—from the BSN to the PhD—has enhanced my knowledge and skills, added to my sense of professionalism, and brought new career opportunities. Each different role that I have had has been extremely rewarding and has increased my fulfillment with nursing as a career.

I am passionate about nursing and am committed to mentoring students and new nurses to achieve their full potential. Through lifelong learning and awareness and involvement in contemporary issues, nurses can maximize both their effectiveness and fulfillment.

Contemporary Nursing: Issues, Leadership, and Management is a Mosby textbook in its 4th edition that I co-author and co-edit with Barbara Cherty. When we were asked by Mosby to co-edit this book, we designed it to be a text that would help students, as well as practicing RNs, better understand the important legal, ethical, sociocultural, economic, and political issues that confront the nursing profession. Only when nurses are aware of the issues can they advocate for their patients and the profession.

Active participation in nursing organizations helps nurses stay abreast of state and national issues that affect their practices. Of all the nursing organizations of which I am a member, I consider TNA the most important. This membership has enhanced my career by connecting me to the American Nurses Association (ANA) and keeping me abreast of what nurses across the nation and state are doing. TNA informs me of the issues I need to be involved in to protect my title and scope of practice. TNA and ANA keep me informed of the latest legislative issues that affect nursing practice by serving as watchdogs for the profession and guarding the welfare of patients by continual involvement in local, state, and national governmental affairs. The full time lobbying presence at the Tennessee Legislature and the U.S. Congress is something I personally appreciate as a membership benefit. If I received no other membership benefit from TNA/ANA, I would consider this one more than worth the small dues I pay.

TNA provides a network of colleagues from across the far reaching state of Tennessee. TNA is the organization that provides the connecting point that brings all registered nurses together, regardless of educational background or specialty, as one voice for nursing in the state of Tennessee. I have derived much satisfaction from my interaction with colleagues across the state by serving on various TNA committees among the professions and nursing is no exception. Such things are certainly guides for behavior, but they can be changed. Codes of ethics or performance are common among the professions and nursing is no exception. Such codes of ethics or performance are common among the professions and nursing is no exception.

### Ask the Nurse Ethicist

**by Kate Payne, JD, RN**

**Director of Ethics, Saint Thomas Hospital, Nashville**

Welcome to the first installment of “Ask the Nurse Ethicist.” I hope you find this helpful to your practice. The goal of this column is to provide a regular forum for Tennessean nurses to raise ethical questions they encounter in their practice and their profession, as well as provide some answers and strategies to deal with such questions. Having a home in this publication allows all of us to draw on the resources and expertise of TNA and its membership.

What is/are Ethics? An Introduction

There are many ways to define ethics, and certainly the word is thrown around a lot, mostly in the negative when actions are viewed as wrong or unethical. Maybe it’s helpful to say what ethics isn’t as a starting place. It isn’t just about knowing or following rules or laws. Such things are certainly guides for behavior, but they can be changed. Codes of ethics or performance are common among the professions and nursing is no exception.
I Am TNA
(Continued from page 1)

committees such as the Ethics Committee and Continuing Education Committee, the Tennessee Nurses Foundation, and as a TNA and ANA delegate. My service as a TNA Board Member in the roles of Secretary and Vice President were especially fulfilling.

I encourage every nurse in Tennessee to get involved in any way you can. Volunteering to serve on committees or in elected positions will provide high level involvement in the most current and pressing issues affecting the nursing profession, as well as provide important networking with colleagues across the state. However, there are different seasons of life that afford opportunities for different degrees of involvement, depending on personal and professional responsibilities. If you are in a season that prevents active involvement on committees and in District and state meetings, you can do your part by paying dues to the association that is the voice for all registered nurses in Tennessee. This will enable the organization to continue to provide the many benefits that they currently provide for all registered nurses in Tennessee such as legislative lobbying for issues that affect nursing and health care, continuing education, patient staffing and safe patient handling to provide a safe work environment.

ANA maintains the Code of Ethics for Nurses with Interpretive Statements developed in 1926 to give guidance to professional nurses in the practice setting.

ANA develops and publishes the Scope and Standard of Practice for Nursing which underpins your professional practice.

TNA and ANA actively support efforts to end the nursing shortage.

TNA/ANA RN is Executive Associate Dean and Professor for the University of Tennessee Health Science Center (UTHSC) College of Nursing in Memphis.

Meet the TNA Staff

The Faces behind the Phone Calls and E-Mails from TNA

My name is Kathy Denton. I am the Member Services/IT Administrator and have been on the TNA staff for 11 years. My responsibilities include member benefits/customer service, main- work for marketing materials software, database management, network server management, and I am the staff liaison for the Tennessee Nurses Foundation and the Public and Professional Relations Committee. I enjoy the diversity of my work at TNA and having the opportunity to work with nurses.

My husband and I are happily married after 28 years together and enjoy gardening and gardening in our spare time. We have two grown children and three grandchildren. We both grew up in Nashville, but spent more than 20 years away while my husband did farm management work in Kentucky and the Chesapeake Bay area. We came “home” to Nashville in 2001 to be closer to our mothers, siblings and family, and we are glad we did!

My name is Karen Langeland, and I joined the Tennessee Nurses Association as Executive Assistant in March, 2003. My primary responsibilities focus on TNA Operations and Continuing Education.

I am married to my high school sweetheart and hope to celebrate our 40th wedding anniversary in Ireland next summer. We have 3 children, Nicole, Jacqui and Jon-David, and 3 grandchildren. We moved to the Nashville area in 2002 and settled in Spring Hill. I have to say, after living in Atlanta for five years, Spring Hill felt like a sleepy little town in the middle of nowhere.

I love spending time at home with my family, which is scattered about in Michigan, Georgia and California. Hobbies include walking (cheap therapy), heirloom sewing, gardening, reading and making cards.

My name is Cheri Glass, and I began working at TNA nearly 7 years ago. I am the Communications and Marketing Administrator, and my responsibilities include serving as webmaster, managing editor of the Tennessee Nurse, doing the layout and design work for marketing materials and other items, and serving as staff liaison for the Government Affairs and Health Policy Committee, the School Nurse Task Force, the Advanced Practice Nurses Council, and the Editorial Board. I truly enjoy the diversity of my work at TNA and having the opportunity to work with nurses.

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From the President

Making a Difference—Nurses Who Volunteer

Laura Beth Brown, MSN, RN
TNA President

According to Wikipedia, a volunteer is someone who works for a community or the benefit of the environment primarily because they choose to do so. The word comes from Latin, and can be translated as “will” (as in doing something out of one’s own free will). Many serve through a non-profit organization—sometimes referred to as formal volunteering, but a significant number also serve less formally, either individually or as part of a group. By definition, a volunteer worker does not get paid or receive compensation for services rendered other than reimbursement for out-of-pocket expenses.

I am always struck by individuals I know who volunteer their time and efforts for a cause. I am especially aware of nurses who volunteer. Recently, the Tennessee Nurses Association conducted a survey of its members to see just how our members serve their communities. (See results Table 1). Of the 230 nurses who completed the survey, 87% of the respondents said they volunteer in an activity that utilizes their nursing expertise, 91% volunteer locally, and 13% of our Tennessee Nurses volunteer internationally. The most common activities that our nurses volunteer their time for include church, community service, and educational programs and services. Most nurses volunteer monthly or weekly. Talk about a committed profession and one who gives back to community—doesn’t this make you proud to be a part of the Tennessee Nurses Association, an organization that is committed to serving?

Many of you communicated that volunteering provides you a sense of enjoyment; it offers you a small way to pay back for everything you have been given. Some of you commented that serving is what we are called to do, and almost all indicated a completeness that is felt when we give back. One person can make a difference to an individual, a community or internationally. Tennessee nurses are making a difference every day, not just in the jobs we are called to do, but most importantly in the work of volunteering. I am reminded of Florence Nightingale’s writings on Nursing’s Social Legacy. She wrote that “health is not only to be done, but most importantly in the work of volunteering. I am always proud to be a nurse from Tennessee, but today I know now why I am really proud to be part of a profession that never stops giving. Thank you Tennessee Nurses for your services.

Table 1. TNA Survey on Nurse Volunteer Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Clinic</td>
<td>186</td>
<td>44</td>
<td>229</td>
<td>100%</td>
</tr>
<tr>
<td>Nursing Home/Assisted Living</td>
<td>165</td>
<td>65</td>
<td>230</td>
<td>100%</td>
</tr>
<tr>
<td>School</td>
<td>175</td>
<td>55</td>
<td>230</td>
<td>100%</td>
</tr>
<tr>
<td>Day Care</td>
<td>162</td>
<td>68</td>
<td>230</td>
<td>100%</td>
</tr>
<tr>
<td>After School Program</td>
<td>158</td>
<td>72</td>
<td>230</td>
<td>100%</td>
</tr>
<tr>
<td>Church</td>
<td>210</td>
<td>20</td>
<td>230</td>
<td>100%</td>
</tr>
<tr>
<td>Community Service</td>
<td>206</td>
<td>24</td>
<td>230</td>
<td>100%</td>
</tr>
<tr>
<td>Civic/Political Event</td>
<td>198</td>
<td>32</td>
<td>230</td>
<td>100%</td>
</tr>
<tr>
<td>Red Cross</td>
<td>219</td>
<td>11</td>
<td>230</td>
<td>100%</td>
</tr>
<tr>
<td>Disaster Assistance</td>
<td>223</td>
<td>7</td>
<td>230</td>
<td>100%</td>
</tr>
<tr>
<td>Missionary Work</td>
<td>182</td>
<td>48</td>
<td>230</td>
<td>100%</td>
</tr>
<tr>
<td>Homeless Shelter</td>
<td>100</td>
<td>130</td>
<td>230</td>
<td>100%</td>
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<tr>
<td>Educational Program/Presentation</td>
<td>174</td>
<td>56</td>
<td>230</td>
<td>100%</td>
</tr>
<tr>
<td>Professional Association</td>
<td>177</td>
<td>53</td>
<td>230</td>
<td>100%</td>
</tr>
<tr>
<td>Nonprofit Organization</td>
<td>190</td>
<td>40</td>
<td>230</td>
<td>100%</td>
</tr>
<tr>
<td>Other, please specify</td>
<td>182</td>
<td>48</td>
<td>230</td>
<td>100%</td>
</tr>
</tbody>
</table>

From the Executive Director

by Sharon Adkins, MSN, RN
TNA Executive Director

One day this past spring, TNA President Laura Beth Brown and I traveled to Chapel Hill, Tenn., to visit with a living legend in nursing, 94-year-old Luther Christman, PhD, RN. We spent several hours with this snappy-eyed colleague and talked of his life and his career. When asked what brought him to nursing, “pure accident” was his answer. He was able to get an education “without pay or grant. You just had to work hard to come by then. He graduated from the Pennsylvania Hospital School for Men and did work in the hospital and in private duty, “most nurses never went a day without work in private duty.” However, he did run into a road block during the Second World War. Despite his desire to serve on the front lines in the Army Nurse Corps, he was denied because of a 1901 law that specifically stated that Army nurses were women.

When asked what brought him to Nashville-based Vanderbilt University in 1967, he said, “an easy job—Dean of the School of Nursing–what’s easier than being Dean? It must have been, if they let me do it!” He said this, however, with a sly smile and a wink.

After his experience at Vanderbilt, he was offered the opportunity to start a School of Nursing from scratch at Rush University in Chicago. There he was able to put forward his strong belief in professional collaboration and the necessity of a BSN as the entry into the profession. “If it (nursing) was going to be a profession, it needed to be a college degree. (Today) look at all the two-year AOS programs. In further discussing his views regarding the importance of education, Christman stated, “no one can use knowledge which they don’t have” and regarding shared governance, he said “you can’t be a professor unless you are accountable for what you do.”

Throughout his career he experienced discrimination in this female dominated profession. He was told that only women could nurse and that it was uncommon for men to have the same feelings of caring that women have. As he moved through the roles of direct care nurse, administrator and educator, he served as a trailblazer for men in nursing. This year the American Nurses Association named an award after him for his role in promoting men in nursing.

The profession is certainly lucky that he “accidentally” happened to fall into nursing. His impact will forever be felt, both in nursing education but also for all he has done to eliminate the gender discrimination he felt in his career. We asked him what was most satisfying about being a nurse and he said, “being helpful to people—caring for them—I was lucky I guess, people thought I was a good nurse.”
codes or documents set forth standards of best practice or performance and serve as guides for a given profession. Principles are also talked about with ethics. Having a set of principles alone is not enough to be ethical. While these things, these guides, are all helpful and even necessary, none of these things alone defines ethics. Ethics is about what is meaningful and valuable and about how we make choices along with rules, laws, a code of ethics, or a set of principles. It is probably an oversimplification to say that ethics is about doing right or doing the right thing, but this simple definition implies that the pursuit of ethics is an active one. First, a person must reflect on what is important and make choices that support those positive values, or make those values more real and more meaningful. For example, if we were talking about environmental ethics, we would reflect on what is valuable related to the environment and make choices about fuel efficient cars or offshore drilling that reflect those values. If the question was about business ethics, we might consider the values important in the mortgage crisis and lending practices.

So, ethics then has a certain context or necessary conditions to help focus on how to answer the right thing to do is in a given circumstance. Everyone doesn’t always agree about definitions, or values, or meaning. With ethics there has to be an awareness that there are indeed some values, some choices that are more meaningful than others. What may be more important is just asking a question, naming what is valuable and talking with each other about what is a given choice is meaningful or not, is right or not.

Ethics in Practice

In the health care context there are common areas of ethical inquiry or ways to describe the ethics. The two most common are clinical ethics, which is generally centered on what is right in the care of patients and organization ethics, which is generally about how health care organizations behave. We

might also consider public health ethics, which can encompass both clinical and organization ethics, but the view is broader looking at how populations of people are treated or all people with certain diseases. We might also consider professional ethics which is related to how professionals behave in their role.

There are specific ethical principles or values most often referred to as the foundation for every decision in health care. They are: respect for autonomy, beneficence, non-maleficence, justice, and fidelity. Knowledge of a patient’s preferences is essential for optimal care. The ethical principle from which patient preferences flow is respect for autonomy. Such respect is an active and dynamic part of the healing relationship taking into account the inherent human dignity of each person. Respect for autonomy is also deeply rooted in our culture. The demands of us to refrain from interfering with a person’s beliefs and actions as they make their life choices. Much of the law is based on this idea as well. Patient preferences are best upheld in a collaborative relationship where decision making is shared. In nursing practice, this value comes to life, for example, when nurses determine a patient’s preferences for treatment, in the practice of informed consent, or the completion of advance medical directives. Beneficence—to do good for the patient, and non-maleficence—to (at least) do no harm have always been at work in excellent nursing care. Acting for the good of the patient is probably the most ancient and universally acknowledged principle in the health care context. The focus is on what is in the patient’s best interest or the profession’s best interest and what is in their best interest or the profession’s best interest. If the question was about business ethics, we might also consider professional ethics which is related to how professionals behave in their role.

Justice

Justice is probably the most ancient and universally acknowledged principle in the health care context. The focus is on what is in the patient’s best interest or the profession’s best interest and what is in their best interest or the profession’s best interest. If the question was about business ethics, we might also consider professional ethics which is related to how professionals behave in their role.
Simulation Technology... (Continued from page 1)

shortage. In Tennessee, the Community Foundation of Middle Tennessee (CFMT) and the Tennessee Center for Nursing (TCN) have partnered with other nursing, healthcare, and foundational leaders to form the Tennessee Nursing Partnership. The overarching goal of the Tennessee Nursing Partnership is to design and implement targeted programs that bolster Tennessee’s nursing education infrastructure and promote nursing workforce retention in our state.

One important objective of the Tennessee Nursing Partnership is to increase the supply of qualified nurse educators and enhance the skills of current nurse educators to meet the needs of nursing education in the 21st century. To address this goal, the Tennessee Nursing Partnership has convened a group of nursing experts from Austin Peay State University, Belmont University, and Vanderbilt University Schools of Nursing to identify gaps in knowledge about simulation technology among nurse educators, and to build a strategy that addresses these identified needs on an ongoing basis. As detailed below, these findings will culminate in the implementation of an annual statewide conference on the use of simulation technology that targets the current and future educational needs of nursing faculty in Tennessee.

The Institute of Medicine’s (IOM) recommendation to use simulators to create a culture of patient safety serves as an impetus to thrust computerized patient simulators to the forefront in healthcare education. Knowledge advancement in simulation technology is important on several fronts. First, as an important training tool for nurses, this innovative educational technique can and is being integrated into educational programs in schools of nursing across the nation. The IOM recommends the use of simulators to prevent human error, to teach skills in settings where accurate and rapid decision-making is critical, and to empower critical-thinking abilities. Secondly, simulators can be used to validate skills competency before a nurse provides patient care in an actual live patient setting. Some clinical facilities have begun to use simulators for skills labs and yearly competency validation for nurses as well as other healthcare professionals. Research validates the use of computerized patient simulators as a best practice methodology to promote a culture of safety. Although still controversial, simulators may in certain circumstances help mitigate the scarcity of student clinical placement opportunities, a major barrier to increasing nursing educational capacity.

To understand the needs of nursing educators in Tennessee, the simulation conference planning committee surveyed the 42 professional schools of nursing in Tennessee to assess how and if simulation technology is being used as an educational tool, and to determine the educational needs of nursing faculty who use, or wish to use, this technology. Below is a brief overview of these findings. Of the 21 schools responding to the survey, 100% reported they own one or more types of simulation equipment including Low Fidelity (90%), Medium Fidelity (45%), and High Fidelity (75%) equipment. However, only 30% of respondents indicated that the equipment was being used to its fullest capacity. Over 71% cited lack of trained faculty as the primary reason why their simulation equipment was not being used, followed by financial limitations (43%) and faculty shortages (36%). Twenty-nine percent reported reluctance among faculty to accept and use simulation technology. Although 60% of schools reported having one or more faculty members with some expertise in simulation technology, most faculty were classified as either intermediate or beginning users of the technology. Experts in simulation cite student evaluation and debriefing as being critical to the simulated educational experience, yet both evaluation and debriefing emerged as important knowledge gaps among nursing faculty. While 58% of schools reported that faculty members evaluate student performance with simulation, 55% of schools indicated that they have no knowledge of best practices in simulation debriefing techniques.

Finally, questions remain about best practices for integrating simulation technologies into nursing educational curricula. The findings from the survey suggest most schools are using low to medium fidelity simulation equipment to teach basic nursing skills and evaluate competency in these areas while the full potential of simulation technology has not yet to be realized in Tennessee’s schools of nursing. Although 58% of schools indicate that they have no concerns about the use of simulation technology in place of some clinical hours at the bedside, only 22% of schools reported using some simulation hours in place of traditional clinical hours at the bedside. Among these schools, the ratio of simulation hours to clinical hours varied with ratios of 1:1 to 1:12 hours, respectively.

Virtual all of the schools responding to the survey believed that a statewide conference on the use of simulation technology in nursing education would be of value to nursing faculty in Tennessee. In light of this and based on the findings of the needs assessment presented above, the Tennessee Nursing Partnership simulation planning committee will present the First Annual Simulation Conference, Empowering Nursing Educators in Tennessee, to be held from October 9–11, 2008 in Nashville, Tenn. The theme of the conference, From One End of the Box to Curriculum Integration, was designed to meet the identified educational needs of all nursing faculty regardless of their level of expertise in simulation technology. As one of only eight Laerdal Centers of Educational Excellence in the United States, we are honored that Belmont University, with its state-of-the-art simulation equipment and technical expertise, has agreed to host this year’s conference. For more information about the conference, please contact Beverly King by email at beverly@beverlyking.net or by phone at 615-414-4366. Be on the lookout for conference registration materials which will be available soon at www.beverlyking.net.

About the Authors

Lois Wagner, PhD, APRN, is an Assistant Professor and Director of the Clinical Research Management Program at the Vanderbilt School of Nursing. She is also the Associate Director for Research at the Tennessee Center for Nursing. She is the Project Director for the RWJ-PIN grant.

Beth Hallmark, MSN, RN, is an Instructor at Belmont University School of Nursing where she serves as their Simulation Lab Coordinator.

Maria Overstreet, PhD (c), RN, CCNS is an Assistant Professor at the Vanderbilt School of Nursing. She is a simulation specialist who works with student nurses and assists faculty in developing teaching roles and debriefing techniques using simulation technology.

Chita Farrar, EdD, RN, is Professor and Director of the School of Nursing at Austin Peay State University. She has numerous presentations and publications in the area of educational simulation technology.
Kate Payne, JD, RN, Director of Ethics, Saint Thomas Hospital, will present Why Ethics Matter in Nursing Practice on Friday, October 24. Payne has been in Ethics Practice since 1994 and currently directs a multifaceted program in healthcare ethics that includes the design and implementation of a variety of educational programs including an ethics fellowship program for pre and post doctorate students seeking a clinical ethics role in medical ethics; ethics interns from a variety of disciplines; and educational programs related to healthcare ethics for professional and non-professional audiences on a local and national level. She is also the Human Protections Administrator for the Federal Wide Assurance with the Office of Research Protections related to the ethical conduct of research, member Ethics Review Board for Research for Saint Thomas Health Services.

Payne serves as adjunct clinical faculty at Vanderbilt University, School of Nursing; University of St. Francis, Master of Health Services Administration Program; and as adjunct faculty at MTSU College of Business at Belmont. She also serves as a guest speaker at Belmont University, College of Nursing; Vanderbilt University, Medical School, School of Nursing; and Aquinas University, School of Nursing.

Susan Cooper, MSN, RN, Commissioner, Tennessee Department of Health, will present The Health of our State on Saturday morning, October 25. She made Tennessee history on January 20, 2007 when she became the first nurse to serve as Commissioner of the Tennessee Department of Health.

Cooper joined state government in September 2005 as a health advisor and was instrumental in developing Tennessee’s Health Care Safety Net. She later assumed responsibility of Project Diabetes, a program Gov. Phil Bredesen created to curb the Type II Diabetes threat facing young Tennesseans. Cooper also helped facilitate GetFitTN, the public awareness portion of Bredesen’s campaign to promote healthier lifestyles and habits among Tennesseans.

Before joining state government, Cooper was a faculty member and assistant dean at Vanderbilt’s School of Nursing, where she also earned her nursing degree. Cooper began her career as a nurse specializing in emergency and intensive care.

Jan Towers, PhD, NP, C, CRNP, FAANP, FAAN, Director of Health Policy, American Academy of Nurse Practitioners, Washington, D.C., will present Nurses & Health Policy on Saturday afternoon.

Towers has been active in the area of health policy at the national level for more than 20 years, working in behalf of nurse practitioners and other stakeholders to facilitate appropriate regulation, utilization and support for nurse practitioner practice during that time. She has served as a health policy consultant for multiple government and private programs and agencies, including the national advisory committee for the primary care initiatives grants sponsored by the Robert Wood Johnson Foundation and the Joint Commission on Accreditation of Healthcare Organizations.

The author of numerous publications related to nurse practitioner practice, she is also founding editor of the Journal of the American Academy of Nurse Practitioners. She is a life member of Sigma Theta Tau and Delta Omega honorary fraternities and is a fellow of the American Academy of Nurse Practitioners.

Visit www.tnaonline.org for Convention registration and details
REGISTRATION FORM

Please fill out the following information by entering a check mark beside activities you will attend.

NOTE: All activities are included in your registration fee unless otherwise indicated.

Tennessee Nurses Association
Annual Convention
October 24 - 26, 2008
Franklin Marriott Cool Springs

Please provide the following information:

Name: ____________________________
Credential: ________________________

First Name for Badge: ____________
TNA Member: ____________/Non-Member: ____________
Nursing: ____________/Other: ____________

Address: ____________________________
City: ____________________________
State: ____________
Zip: ____________________________

Email: ____________________________
Home Phone: ____________________________
Cell Phone: ____________________________

Work Phone: ____________________________
Fax: ____________________________

I am: ☐ TNA Member ☐ Non-Member ☐ Full-Time Student ☐ Retired ☐ New Member ☐ First-Time Attendee
☐ Please change my membership record to reflect the above information

☐ I require special accommodations to participate in this program. Please specify:
☐ Vegetarian meal ☐ Diabetic meal ☐ Food allergy ☐ Intolerance/Allergy

__________

Please provide the following information by entering a check mark beside activities you will attend.

Early Bird Registration (Must be postmarked by 9/15/08)

<table>
<thead>
<tr>
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<tr>
<td>$200</td>
<td>$210</td>
<td>$210</td>
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</table>

Registration by Day:

Friday: Includes educational activities for the day. (3 CEU).

<table>
<thead>
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Special Guest Tickets

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<tr>
<td>Friday Awards Luncheon</td>
<td>$50 each</td>
<td>$50</td>
</tr>
<tr>
<td>Saturday - Exhibits and wards of Nursing Luncheon</td>
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<td>$25</td>
</tr>
</tbody>
</table>

Total Amount Due — Registration & Special Event Tickets

PAYMENT METHOD

☐ Check ☐ Visa ☐ MasterCard ☐ American Express

Name of Card Holder: ____________________________
Address of Card Holder: ____________________________
City: ____________________________ State: ____________ Zip: ____________________________
Credit Card Number: ____________________________
Expiration Date: ____________________________
Signature: ____________________________

Cardholder’s Signature: ____________________________

Mail to:
TNA, 1003 Trask Middle Rd., Suite 404, Nashville, TN 37228-1394

Special Donations:

I would like to make a donation to the Tennessee Nurses Association Building Fund. Contributions made to projects that are

<table>
<thead>
<tr>
<th>Special Donations</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>$2500</td>
<td>$2500</td>
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</tbody>
</table>

I would like to make a donation to the Tennessee Nurses Foundation. (A separate check must be made payable to TNF) (A separate check must be made payable to TNF)

$2500 | $2500 |

I would like to make a donation to the Tennessee Nurses Political Action Committee. (A separate check must be made payable to TNPAC)
Tennessee Nurses Foundation Silent Auction

October 24-26, 2008
Franklin Marriott Cool Springs, Franklin, Tennessee

Donor’s Name/Business Name: _________________________________________________________________

Donor Contact Person: ________________________________________________________________________

Phone: (      ) __________________________________________ Fax: (      ) _____________________________

E-mail: ___________________________________________________________________________________

Address: __________________________________________________________________________________

City/State/Zip: ______________________________________________________________________________

Description of donated item/s: _________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Estimated monetary value of donated item: $ _______________________

Donor’s Signature _____________________________________________________  Date________________

Thank you for your support!

Donors will be listed in the Winter 2008 issue of the Tennessee Nurse (circulation 100,000+). The Tennessee Nurses Foundation is a non-profit, tax-exempt, 501(c) (3) organization.

This donation becomes the property of the Tennessee Nurses Foundation and is to be offered for sale at an auction, the proceeds of which go to the Tennessee Nurses Foundation.

Please mail this form to TNF, 545 Mainstream Drive, Suite 405, Nashville, TN 37228-1296 or fax it to 615-254-0303.

For questions regarding this event please contact a TNF Silent Auction Committee member:

Sharon Bailey Ann Duncan
nursebailey@chartertn.net ann@centerfornursing.org

Sue Willoughby, Chair Janice Harris La-Kenya Kellum
sac228@comcast.net harris1003@bellsouth.net lakellum@msn.com

For phone support please contact, TNF Staff Liaison, Kathy Denton at 615-254-0350 or email kdenton@tnaonline.org

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Tennessee Nurses Association

Members Only

Request for Absentee Ballot

Please send an absentee ballot for the 2008 Tennessee Nurses Association election. I understand that mailing this ballot to me in the manner and form approved discharges TNA’s responsibility to me in the matter of absentee voting. Absentee ballots will be mailed September 25, 2008.

I further understand that requesting an absentee ballot removes my name from the list of eligible voters at the TNA Annual Meeting. “Request for Absentee Ballot” must be received at TNA by September 24, 2008. Completed absentee ballots must be received at TNA headquarters by the close of business on October 9, 2008. No “group requests” will be honored. Mail this “Request for Absentee Ballot” to: TNA, 545 Mainstream Drive, Suite 405, Nashville, TN 37228-1296, fax it to 615-254-0303, or make your request electronically by going to www.tnaonline.org.

Name: _________________________________________________________________

Address: ___________________________________________________________________________________

City/State/Zip: ______________________________________________________________________________

District Number: _____________________________________________________________________________

Member ID Number: _________________________________________________________________

Signature: (Required to receive ballot)
Building a ‘Brain Trust’
as the Foundation of Your Nursing Career

by Rachel E. Cornett, TASN Vice President

As Vice President of the Tennessee Association of Students Nurses (TASN), I had the privilege of attending the National Student Nurses Association Annual Convention held in the beautiful city of Grapevine, Texas. I am excited at this chance to share with you a brief summary of my experience at national convention.

I had the opportunity to listen to Major General Gale S. Pollock, Deputy Surgeon General for Force Management and 22nd Chief, U.S. Army Nurse Corps, as she delivered her inspiring presentation on the importance of building a “brain trust” of people throughout your nursing career. Major General Pollock reinforced how significant a role a mentor can play during that transition from student to RN. Fortunately, I have been extremely blessed in regard to this matter thanks to the externship I have involved in this summer. While I am sure many students can relate to the feeling of frustration and often, at times, the uneasiness experienced during that whirlwind of a time called nursing school, surrounding yourself with people who are not only influential, but uplifting, can have the most positive impact on one of the most stressful times of your life.

Through my externship at St. Mary’s, I have had the opportunity to meet some of the most amazing nurses. These are hard working individuals who love and enjoy their jobs, as well as the patients they take care of. The relationships that have been created with these nurses have been ones based on trust and followed by encouragement. Allowing me to practice and demonstrate my skills with their guidance has given me the confidence and affirmation needed to continue with my career. Being on the Board of Directors for TASN has also allowed me to develop crucial relationships that otherwise might not have been possible. In addition, TASN has been instrumental in laying the ground work I needed to become a successful individual and future RN. In surrounding myself with this network of support I have built, I believe it is safe to say my “brain trust” is complete. With that said, I hope to see all of you at our convention in Gatlinburg this October where you can also begin to lay the foundation for your nursing career!

TASN Annual Convention 2008

Nursing: A Tribute to the Armed Forces

Keynote speaker is Patricia (Trish) Breeding, MSN, RN, retired Navy Commander, now employed by Covenant Health System

Gatlinburg Convention Center
Gatlinburg, Tennessee
October 3 – 5, 2008

Hotel arrangements: Clarion Inn and Suites
1100 Parkway
Gatlinburg, TN 37738
(800) 933-0777

Gathering Party Friday night, October 3
Gatlinburg Aquarium

Sponsored by East Tennessee Recruiters
(Included with registration fee, but pre-registration required)

Presentation of Flags by Carson-Newman ROTC
Opening Ceremony, Saturday, October 4

For registration, contact
tasntreasurer@gmail.com or tasnvicepres@gmail.com
When a student declares nursing as their college major, they become “the expert” in the eyes of their friends and family. When I was enrolled in my first year nursing prerequisites, I was bombarded with phone calls concerning aches and pains, nausea and fever, bloating and bowel movements. I did not know the answers, and more importantly, I did not want to be privy to such intimate details concerning my family’s physiology. Assessing a lab dummy was one thing, but my family? No thanks, they could go see their own care providers.

When my grandfather was diagnosed with liver cancer in 2005, I was once again summoned by family for consultation and advice concerning a disease process in which I had neither background nor experience. Though no longer a nursing student and now a seasoned veteran in pediatrics, how was I to know the answers to all their questions? This was family. What if I gave the wrong answer? What if I was unable to explain the disease process or the physiological changes he was experiencing? My grandfather was the first born of nine children, grew up from extreme poverty in a rural area of northern Georgia, and became a successful, self-made businessman in 2005, I was once again summoned by family for consultation and advice concerning a disease process in which I had neither background nor experience. Though no longer a nursing student and now a seasoned veteran in pediatrics, how was I to know the answers to all their questions? This was family. What if I gave the wrong answer? What if I was unable to explain the disease process or the physiological changes he was experiencing?

My grandfather deteriorated to a point where he either needed to be admitted to the hospital for palliative care or we needed to make the decision to keep him at home with hospice support. No one felt prepared to make a sudden decision, but my education, training, and experiences with hospital deaths led me to advise we stay home and allow him to be surrounded by those who loved him most.

Nothing in my study of nursing had prepared me for taking on the role of caregiver for one who I loved so very much. I had stood at the bed of many dying patients, but never one who was so significantly linked to my person. As with many patients I had observed, his respiratory effort had diminished, his pulse had weakened and his color had changed. As devastating as this was to watch, it was nice to stand at the bedside with an understanding that this was all very normal and part of the dying process.

He had continued lengthening apnea throughout the night. As he fell into a comatose state, he was surrounded by his wife, children, and grandchildren. Nothing in my study of nursing had prepared me for taking on the role of caregiver for one who I loved so very much. I had stood at the bed of many dying patients, but never one who was so significantly linked to my person.

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When a patient is diagnosed with a new disease process, nurses are an important source of information for families and caregivers. Like it or not, I became the source for information and guidance for my family. My grandfather had been given a very short time to live and I was now the strong one, the decision maker, and the one who would take care of him. Over the course of 24 hours, my grandfather deteriorated to a point where he either needed to be admitted to the hospital for palliative care or we needed to make the decision to keep him at home with hospice support. No one felt prepared to make a sudden decision, but my education, training, and experiences with hospital deaths led me to advise we stay home and allow him to be surrounded by those who loved him most.

Nothing in my study of nursing had prepared me for taking on the role of caregiver for one who I loved so very much. I had stood at the bed of many dying patients, but never one who was so significantly linked to my person. Over the course of three days, I took charge of the palliative care of my grandfather. My experience told me that I needed to assess, position, and ensure comfort, but my role as granddaughter dictated that I maintain respect and uphold dignity. My role as granddaughter and nurse was woven together and became so fulfilling that I felt that surely it had been my destiny to be in this place and at this time, caring for him as he left this earth. The nurse part of me would not allow an hour to pass without repositioning or assessing his comfort. The granddaughter part of me didn’t let an hour pass where I was not weeping and asking God for just a few more moments with him. Many times I felt the need to call for assistance from the hospice nurse. I was used to caring for patients on a monitor and I felt the need for medical equipment, numbers, and a medication record. I could not remove myself from wanting to check vital signs and respiratory effort. In the end, my heart told me that I was ready and able to provide all the care he would need.

The last 24 hours of his life, we did not see the hospice nurse. She called to check on us and I told her I felt confident that I could handle any event that might arise. My family once again began to ask me questions. “Should we keep him at home?” “Should we take him to the hospital?” “Should we be giving him this medication?” These were tough questions and hard decisions, but I felt confident in my response and comforted that I could provide the answers. Though I had attended many care conferences with physicians and families in similar situations, I now better understood the magnitude of making end of life decisions.

My grandfather’s last words to us were, “Everything’s going to be ok.” I truly believe that he was trying to prepare us for his departure. It was a comfort that he left us with those words. As he fell into a comatose state, he was surrounded by his wife, children, and grandchildren. I could not imagine him being anywhere else at this juncture of life. I felt amazingly comfortable that home care had been the right decision.

My grandfather passed away in the middle of the night. As with many patients I had observed, his respiratory effort had diminished, his pulse had weakened and his color had changed. As devastating as this was to watch, it was nice to stand at the bedside with an understanding that this was all very normal and part of the dying process.

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Nurses are taught in nursing school to provide care for the families of our patients, but never are we prepared to be the caregiver as well as the family member. Never before with a patient had I felt such a sense of exhaustion, comfort, and peace when life ended. I felt assured that I had provided excellent nursing care, but more importantly that I had been present and guided my family through this difficult and trying event. Unlike so many family members who feel that they did not have the time to say what they wanted to say at the end of life, I feel that I was given the gift of time. There have been many moments in my nursing career where I felt that I had truly made a significant contribution in the life experience of a family. How wonderful that for once, that family was my own.
Accountability, Transparency and Effectiveness

by Carole R. Myers, PhD, APRN
TN-PAC Chair

With new officers, new committee members complementing those who have previously served, a new lobbyist and the continued excellent support of the staff, the TN-PAC Committee is poised to make our PAC stronger with the ongoing, and hopefully new, support of TNA members and other friends of nursing. At the TNA Annual Convention last fall, the Committee has focused on PAC operations and financial strength. We are positioning the PAC to be more effective as we head into this year’s election season when we will elect half of our state Senators and all of our House of Representatives. We are also committed to a spirit of transparency and closer links with our constituents and mission, the professional nurses of Tennessee and the promotion of the health of all Tennesseans.

Our operational focus is on how we evaluate candidates and make decisions about PAC donations. We are emphasizing transparency, leveraging the expertise and knowledge of Meredith Sullivan, our lobbyist, and others, and engaging committee members in the business of the PAC. All candidates will be sent a newly-revised questionnaire that will be used to assess their positions and establish links with TN-PAC and TNA. Results will be summarized and discussed on regularly scheduled conference calls during the campaign season, and the committee will deliberate on how to best maximize the impact of TN-PAC’s donations. We think that by systemizing our processes we will make them stronger and more open to all.

Several initiatives have been undertaken to raise much-needed money in the next few months. All committee members have been calling previous donors to thank them for their contributions and ask for their ongoing support. The TN-PAC Committee has also engaged a public relations professional to assist with fund-raising. These seminars will be paid for from contributions received and, if needed, TN-PAC funds. No general operating money will be used for this purpose. In addition, we are reaching out to TNA members through various efforts, including monthly emails to members under the theme “PAC a Punch for Nursing” where we include personal testimony and targeted messages to various nursing constituents which were developed by various committee members. We have also placed articles in each issue of the Tennessee Nurse about the PAC and related issues that frame why the PAC is vital to the practice of professional nursing in Tennessee.

Finally, there will be a closer alignment of the TN-PAC Committee and the Government Affairs and Health Policy Committee whereby TN-PAC committee members will have the opportunity to participate in Government Affairs meetings. This makes sense, and some of us are wondering why we didn’t do this sooner? We predict that the synergy that will result will strengthen both groups for the good of nurses and our patients.

Committee members still face questions and concerns as we work to build the coffers of the PAC. I want to address some of these.

Do we really need a PAC? Aren’t PACs and politics “dirty business”? Yes, some PACs have been vilified, and rightly so, for the tactics they have used to influence political processes and they have given other PACs a bad name. You may not agree with others because of the causes they advocate. PACs though are not inherently bad. PACs serve as the recognized political voice of their members and supporters. The collective voice of TN-PAC leverages the power of nurses in Tennessee. Our power comes from our numbers (there are nearly 72,000 professional nurses in the state). The collective power of the PAC is greater than the sum of our numbers and our professional education, experience, expertise and the trust we enjoy with the public. In a political climate of so many competing demands, it is imperative that professional nurses be heard in the most effective way possible. PACs are one approach that works in today’s environment.

Why is TN-PAC so partisan in making decisions regarding contributions? The implication frequently is that Democratic candidates are favored. TN-PAC committee members work closely with staff to make informed decisions about which candidates have been most supportive of nursing or in positions to impact the practice of nursing, or important issues. We consider responses to the candidate questionnaires, voting records, accessiblity, committee assignments, issues related to political opposition and many other factors. We contribute equally to both the Republican Senate and House Caucus and the Democratic Senate and House Caucus. TN-PAC supports the candidates that support our agendas, and in the past, these have generally tended to be Democrats.

I will not give to TN-PAC because of the ANA-PAC endorsement of Hillary Clinton in the Democratic presidential primary. TN-PAC operates under very specific guidelines. We can only make contributions to candidates whose legislative views enhance nursing and health care. We do not make contributions to candidates for federal offices. In addition, TN-PAC does not make endorsements. When an endorsement is made for a state-wide candidate, it must come from the Board of Directors of TNA. The TNA Board can make suggestions for endorsements for federal office candidates, but any endorsement comes from the ANA-PAC Board. TN-PAC’s focus on state candidates is important when you consider that so much of professional nursing practice and the health of citizens is under the jurisdiction of state legislation and rules and regulations.

Is TN-PAC really effective? TN-PAC opens the door for nurses in Tennessee to speak to state legislators and other elected officials who influence important issues. We consider the practice of nursing and policies that affect health care in our state. Doors are opened because of the attention TN-PAC contributions garner in today’s political arena and because of the recognition TN-PAC enjoys as a key voice for nurses in the state. TN-PAC, in conjunction with TNA, has built a reputation as an informed and active player in the political marketplace.

Does TN-PAC really matter to nurses in Tennessee? Members of the legislative branch of government, along with those in the executive branch, directly control or exert influence over the development and implementation of laws and regulations integral to the practice of nursing and the health of citizens in the state. Our elected officials direct the practice of professional nursing in the state through the management of nursing education, licensure and scope of practice. Legislators and various members of the executive branch oversee, and to a certain extent control, health and safety in the workplace and other workplace issues such as safe staffing and mandatory overtime. Our elected officials have the power to influence how health care is delivered in our state, who has access to care and who is left out. These officials control public school nursing services, delivery of health care for those needing public assistance, disaster preparedness, how health care is regulated in the state and how precious resources are allocated.

“I can not give to TN-PAC. My finances are very limited.” Most of us are feeling the pinch of the current economic downturn and we all have so many competing demands for our money. Some have just not yet gotten over the value of political advocacy. Last year, TN-PAC benefited from an external review of our PAC. We learned that it is important to increase our base of supporters. More nurses and friends of nursing giving what they can afford, however modest, is more realistic than a few giving large amounts (although this would certainly be welcome!). More donors will make us more powerful. Contributions to TN-PAC, whatever the size, will continue to help support political candidates whose legislative views enhance nursing and health care in Tennessee. I want to acknowledge the TN-PAC Committee and officers.

Chair Carole Myers
Vice-Chair Amanda Mathaei
Secretary Bonnie Black
Treasurer Clare Thompson-Smith
Members Mona Kelley, Benita Lynch, Donna Prost, Zolia Sanchez, Sassy Scott, Jennie Wallace
Ex-Officio Laura Beth Brown
Staff Sharon Adkins, TNA Executive Director
Karen Langeland, Executive Assistant
Meredith Sullivan, TNA Lobbyist

TN-PAC is a nonpartisan organization. Make your contribution now online at www.tnaonline.org. Click on the link below the TN-PAC logo on the upper right of the homepage that says Click Here to Contribute Now. Help us “PAC a Punch for Nursing” in Tennessee!
Election Season Offers Opportunities for Nursing’s Voice to be Heard!

by Meredith Sullivan, TNA Lobbyist

While the Legislature is not in session, the Tennessee Nurses Association is still actively working with government officials on issues of importance to Tennessee’s health care system and the nursing profession. At the same time, we are also working to strengthen our members’ understanding of the political process and better mobilize them into action. We hope that you will take advantage of the multiple opportunities this election season offers to ensure TNA’s voice continues to be heard in the Tennessee Legislature. Laying the groundwork now ensures a successful session later.

As this is an election year, TNA has been actively involved in the political campaigns for state offices. Members have been encouraged to volunteer in the campaigns of their candidates of choice. TNA will also be releasing a survey to candidates this month, and the responses received will be used in determining TN-PAC contributions and association endorsements. All TNA members are strongly encouraged to volunteer for these campaigns and support candidates who support the nursing profession.

You can help TNA achieve greater success by doing the following things before the Election Day on November 4, 2008.

- Get informed and involved – A list of all general election candidates with their websites is provided in this publication. Check out each candidate for yourself and contact their campaign office to get involved in his or her campaign. Offer to volunteer for an hour each week until Election Day, or to set up a health care meeting with other professionals so that they can learn more about health care issues in your community, or ask for a personal meeting with the candidate so that you can develop a relationship and articulate your concerns regarding health care in Tennessee.

- Make a contribution – All TNA members and nurses in the state are asked to make at least a $25 contribution to the Tennessee Nurses Political Action Committee (TN-PAC). You are also encouraged to make a small personal contribution to your local legislators. If we are invested in candidates, then they will invest their time and energy in issues that are important to the nursing profession.

A major policy issue affecting the nursing profession is the implementation of Governor Bredesen’s long term care program through the Division of TennCare. TNA will work with TennCare staff during the rulemaking process on issues related to the nursing profession, a process that should convene in the coming months. TNA applauds the Governor for his passage of this important legislation and appreciates the opportunity to work with TennCare on the program.

TNA’s present focus is to continue advancing the profession by better understanding the needs of our members, better educating our members about the political process and how they fit into it, planning for a proactive and positive legislative session, and monitoring ongoing administrative and regulatory issues. We greatly appreciate all the support you have given us at the grassroots level and will continue to give in preparation for and during the 2009 legislative session.

Tennessee Nurses Political Action Committee (TN-PAC) Donors

- Sharon Adkins
- Sharon Bailey
- Linda Baker
- Carol Haynes Barraza
- Bonnie Black
- Raycene Brewer
- Laura Beth Brown
- Sydney Byrd
- Sharon Craig
- Gary Crotty
- Patricia Crotty
- Patricia Cunningham
- Elizabeth Dayani
- Frances Edwards
- Michele Gibson-O’Grady
- Kari Hmelø
- Derenda Hodge
- LaKenya Kellum
- Billie Kennett
- Tharon Kirk
- Benita Lynch
- Carole Myers
- Sarah Mynatt
- Maureen Nalle
- Judy Norton
- Janie Parmley
- Julia Powell
- Ardyce Riddiford
- Diane Ruppel
- Zoila Sanchez
- Susan Sanders
- Susan Scott-Williams
- Tracey Stansberry
- Peggy Strong
- Cheryl Tilley
- Jennie Walls

*as of July 31, 2008
## TENNESSEE STATE SENATE 2008 ELECTION PRIMARY WINNERS

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<th>District</th>
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<td>2</td>
<td>Ron Ramsey, Blountville</td>
<td>Bill Jones, Kingsport</td>
<td>Micheal Williams, Corryton</td>
<td><a href="http://www.BillJonesForStateSenate.com">www.BillJonesForStateSenate.com</a></td>
</tr>
<tr>
<td>4</td>
<td>Mike Faulk, Kingsport</td>
<td>Gary Farmer, Knoxville</td>
<td>Ira (Doc) Lapides, Gatinburg</td>
<td><a href="http://www.FaulkForSenate.com">www.FaulkForSenate.com</a></td>
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## TENNESSEE HOUSE OF REPRESENTATIVES 2008 ELECTION PRIMARY WINNERS

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(continued on page 14)
### Tennessee House of Representatives 2008 Election Primary Winners (Continued from page 13)

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**Pay for Performance: A Nursing Perspective**

**Diane E. Scott, RN, MSN**

The Center for American Nurses is a professional association whose mission is to create healthy work environments through advocacy, education, and research.

The New Era of Patient Safety

With the focus on reimbursement helped to usher in the new century for hospitals, in 2000, a landmark report by the Institute of Medicine, To Err is Human, stimulated public awareness in regards to patient safety. This report was an ardent motivator in promoting the adoption of new, safe practices related to quality and pay for performance. (Leape, 2005)

The pay for performance momentum was in direct response to concerns that traditional payment schemes reward the volume of services, and do not consider the quality and efficiency of health care. Public and private purchasers sought to develop a method for monitoring the quality of care and the extent to which services were used. In 1983, a patient classification system, entitled diagnostic related groups (DRGs), was implemented. This system, although refined and frequently updated, is the method by which hospitals are reimbursed today. Most hospitals are now paid a fixed amount, determined in advance for the operation cost of the DRG. Each DRG is weighted according to historical and current Medicare cost data. (Beatty, 2005)

The CMS Guidelines

Since 2003, the Centers for Medicare and Medicaid Services (CMS), the US federal agency which administers Medicare, has conducted multiple demonstration projects to design and implement pay for performance programs. Because many insurance companies historically follow the CMS’s lead regarding current and future projects garners national attention (Melia, 2006).

With the CMS project, Hospital Quality Incentive Demonstration (HQID), hospitals were required to measure 30 nationally standardized measures in five clinical areas, including myocardial infarction and pneumonia. Hospitals received a financial bonus that was proportional to a composite score determined from these measurements. Although the CMS project attempted to improve quality measures were arguably more than the additional reimbursement for healthcare organizations. (The Alliance for Health Reform, 2006)

The Case for Pay for Performance

According to a non-profit group, The Alliance for Health Reform (AHRQ), pay for performance programs are growing in number because of demand from both the public and private sectors. Private sector leadership has supported this momentum because of employer and government frustration over rising healthcare costs. The “persistent deficiencies in the quality of care in the U.S. healthcare system.”(The Alliance for Health Reform, 2006)

The Alliance, with grant support from the Robert Wood Johnson Foundation (RWJF), suggests that current payment systems “not only fail to reward or encourage quality, but sometimes penalize it.” The current fee-for-service payment systems reward health care providers each time they perform a service and do not take into account those who follow evidence-based guidelines for quality of care. (The Alliance for Health Reform, 2006)

The CMS’s efforts are also gaining public momentum. The United States Congress recently mandated the agency create a plan to implement pay for performance. Although the plan’s scale by 2009 (Melia, 2006). This plan includes withholding payment for adverse patient events as well as incentives for quality. In addition, the CMS stated that for bundled payments, “hospitals will not receive additional payment for cases in which one of the selected conditions was not present on admission” (Centers for Medicare and Medicaid Services, 2006). The selected conditions include costs associated with serious preventable events, such as object left in during surgery, hospital acquired infections and catheter associated urinary tract infections.

Implications for Nursing

According to AHRQ, there are over 100 pay-for-performance programs that make up a variety of health plans, employer coalitions, and public insurance programs (AHRQ, 2006). These programs, which enable health care providers to give quality care while controlling cost, are either in development or already in place. These goals will be accomplished either directly or indirectly, by reducing errors and ensuring proper utilization of health care services (AHRQ, 2006)

Despite the implementation of such programs, the implications for the role of nursing has been much more difficult to define. In May of 2006, a briefing sponsored by the Alliance for Health Reform, in conjunction with the Robert Wood Johnson Foundation, Rewarding Quality Performance: The Multi-disciplinary Approach Alliance for Health Reform, set out to define the role of nursing as it contributes to quality and high performance (Alliance for Health Reform, 2006)

Difficulty Measuring

One of the speakers, Dr. Jack Needleman, an Associate Professor in the Department of Health Services, UCLA School of Public Health, said that the current performance systems inadequately target improvements in the core work of nursing. In his address, Nursing and Pay for Performance, he stated that current systems look at processes by focusing on completion of specific tasks. For example, one CMS measurement determines whether a patient admitted with a myocardial infarction received an aspirin on arrival and a beta blocker at discharge (Alliance for Health Reform, 2006).

Nursing processes, Needleman stated, are much more difficult to measure because of the inherent nature of the work nurses do. Needleman explained that nurses spend so much time multitasking and tailoring care to individual patients, that there is a challenge to measure how their specific efforts have impacted patients. In conclusion, Needleman said that comprehensive measurement is not feasible for pay for performance (Alliance for Health Reform, 2007). In addition, documenting the processes that a nurse conducts is difficult, time-consuming and expensive in the current pay for performance systems.

The Economic of Nursing

**Pay for Performance Models**

Economics of Nursing Invitational Conference: Paying for Quality Nursing Care, held at the Robert Wood Johnson Foundation, high-level sessions relating to the payment for quality nursing care were presented. The Working group concluded that costs are not a focus of current initiatives and there a few examples of specific incentives that reward nurses for higher productivity and quality or cost savings. Her recommendation is to conduct further research on the impact of pay for performance programs, paying particular attention to the quality of care, and educate and motivate health care leaders to act on the basis of evidence in their management decisions (RWJF, 2007).

**Setting Standards for Measuring Quality**

Arguably, the CMS pay for performance standards were not designed specifically with nursing in mind (Alliance for Health Reform, 2007). In an attempt to create a set of nursing standards for use in inpatient hospital settings, the National Quality Forum (NQF) developed the “Consensus Standards for Nursing-Sensitive Care” (NQF, 2007). This project endorsed a set of 15 nursing-sensitive consensus standards that nurses can use to develop a method for monitoring and defining nursing care performance and quality care processes and outcomes” (NQF, 2007).

Conclusion

Pay for performance is clearly gaining momentum as the public’s access to information and the demands for patient safety are ever present within all healthcare areas. While pay for performance models seek to reward quality care and performance, the desired results could be greatly enhanced if the contribution of nurses were better quantified and recognized as a critical factor for patient care outcomes. Accurate measuring and defining nursing care performance and quality will be instrumental in rewarding quality within any pay for performance initiatives.

**References**


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Excerpts from book:

"With our superintendent of nurses...we sat at sewing machines in the hospital dining room. And what were we doing? We were making obstetric gowns, hemming sheets and curtains, making drapes and other linens for surgery..." Page 9

"The bill [to remove the site approval process for nurse practitioners' prescribing privileges] passed the House in 1994... Immediately after the bill passed...the sponsor, with a smile of relief, raised his arms toward the ceiling and loudly proclaimed: 'Free at last, free at last...thank God Almighty, the nurse practitioners are free at last'..." Page 13

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Make checks payable to the Tennessee Nurses Foundation. Use history book order form on this page or visit the Market Place at www.tnaonline.org.

Target Your Next Big Career Opportunity at the TNA Career Center!

Whether you are ready to find your first job or are looking for a more challenging position, career websites like Monster.com and CareerBuilder.com are a tempting first choice. Unfortunately, mass job sites such as these have a tendency to under represent certain industries and are often known to repeatedly post vague and generic descriptions that can sometimes be misleading. Premier employers are becoming increasingly untrusting of generic job boards and are therefore unwilling to advertise their open positions. Job seekers may also have to deal with unwanted solicitations as a result of submitting a personal resume.

So where should you look to ensure a successful online job search? One promising alternative is to research niche job boards devoted to your chosen field. Professional association career services like the Tennessee Nurses Association Career Center are perfect examples as they only feature opportunities specific to the association's dedicated industry or profession. Instead of being overwhelmed by the breadth of jobs featured on general career websites, you can target only the jobs that apply to you in the customized environment that niche job boards offer.

One major advantage that specialized job boards present to job seekers is the amount of time you save not having to weed through irrelevant job postings. If you are educated and skilled in a certain profession, why waste time scanning page after page of search results to find only a few positions that appeal to you? Why not cut your job search time in half by visiting websites that only feature opportunities in your vocation? Niche job boards can save you valuable time, especially if you are currently employed and unable to spend every day scouring other daunting job sites.

Another important benefit of utilizing niche job boards is that employers are more willing to post positions through these services because they know they will be targeting a more talented candidate pool. Though they may not receive as many resumes as they would using a commercial job board, they understand that quality is much more important than quantity when it comes to recruiting. What this means for job seekers like you is that you will have access to more exclusive job opportunities than those who only use general job websites.

There is no doubt that large career sites are useful tools, especially when job seekers are not quite sure what they are in the market for as a next step in their career. However, if you do know the profession in which you would like to pursue a career, specialized job boards like the TNA Career Center can prove to be your most valuable resource. Industry specific sites help you cut through the fat of generic postings, save valuable time and most importantly, give you the inside track to exclusive career opportunities.

Visit the TNA Career Center resources today at www.tnaonline.org by clicking on the Career Center link!
More than 600 elected registered nurse delegates to the American Nurses Association (ANA) passed several proposals designed to improve nurse retention rates while simultaneously advancing the public’s health at its House of Delegates meeting held in Washington, D.C.

With one half of all new graduate nurses leaving their first professional assignment in less than one year, delegates resolved to support the successful integration of new nurses into the work environment, including residency programs, and to support nursing research efforts that demonstrate effective plans for successful integration of new nurses into the work environment.

“Retention of nurses is a vital element in combating the critical nursing shortage. Nurse residency programs that provide a structured, mentored environment will help new nurse graduates progress from beginners to competent nurses. At a time when the nursing shortage threatens to impact the quality of patient care, we owe it to the nursing profession, and the public we serve to work toward the successful integration of newly graduated nurses into the work environment as well as improving the working conditions for experienced nurses,” said ANA President Rebecca M. Patton, MSN, RN, CNOR.

ANA members also resolved to increase awareness and education among nurses about the effects of intimate partner violence on the health, safety and welfare of families, children and communities, and advocate for the use of evidence-based clinical guidelines in caring and treating victims of violence. ANA endorses the use of routine, universal and culturally sensitive intimate partner violence screening tools and protocols in all nursing specialties and settings. With one half of all new graduate nurses leaving their first professional assignment in less than one year, delegates resolved to support the successful integration of new nurses into the work environment, including residency programs, and to support nursing research efforts that demonstrate effective plans for successful integration of new nurses into the work environment. Additionally, ANA delegates passed the following measures, many of which could have significant impact on public health:

• Delegates approved a resolution that recognizes the impact global climate change has on the health of the world’s population and encourages nurses to advocate for change on both individual and policy levels. The measure calls on ANA to incorporate global climate change into its legislative agenda, and support public policies that endorse sustainable energy sources and reduce greenhouse gases.

• ANA also resolved to advocate for research to identify real or perceived gaps and barriers to health care for veterans and their families.

• Recognizing concerns over the adverse affects linked to food and contamination, ANA has resolved to work collectively with CMAs, affiliates and health care organizations to eliminate purchasing milk and dairy products for use in the health care industry that contain hormones.

• ANA resolved to recognize the impact human trafficking has on the public health and the profession of nursing, and to advocate for and seek opportunities to ensure nurses have the skill sets to properly identify and refer victims of human trafficking. ANA has also resolved to advocate and support legislation that further enhances protection and prosecution in an effort to decrease the incidence of human trafficking.

• ANA, one of the original supporters for the establishment of the nation’s Social Security program, resolved to work with Congress and the President to strengthen Social Security and extend its solvency beyond 2042.

• ANA resolved to advocate for the expansion of Medicare from the traditional “medical model” to include a focus on prevention, wellness and primary care services.

• ANA resolved to advocate and promote legislative and educational activities that support advanced degrees in nursing. Increasing the level of education required for continued registration as a registered nurse by requiring RNs to attain a baccalaureate degree in nursing within ten years after initial licensure, while maintaining the multiple entry points into the profession.

• ANA resolved to begin a dialogue with the American Red Cross over the elimination of its Chief Nurse Officer position, and urge the Red Cross to reinstate a Chief Nurse Officer position at its national headquarters.

The ANA is the only full-service professional organization representing the interests of the nation’s 2.9 million registered nurses through its 54 constituent member nurses associations. 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.
Member News

Marvia Ballou, BSN, MSA, RN, was recently promoted to the new nurse manager of Cardiology Services at the VA Medical Center in Memphis, Tenn. In her new role, Ballou will be responsible for planning, administering, managing, supervising and evaluating the activities, material resources and personnel for the cardiology section. She has worked at the VA Medical Center for more than 12 years, and her clinical background includes cardiac catheterizations and interventions, telemetry, critical care, spinal cord injury, medical-surgical nursing and nursing services supervision.

John Michael Briley, DNP, RN, APRN, BC, received the 2008 Most Supportive Alumnus Award from the University of Tennessee Health Science Center College of Nursing. A native of West Tennessee, Briley earned his Bachelor of Science degree from Freed-Hardeman University in 1991 where he currently serves on the advisory board and is an associate professor of nursing. In 1994, he was awarded a Master’s of Science in nursing from Vanderbilt University where he has served on the editorial board for the Vanderbilt Nurse and earned the school’s President’s Award in 2002. Completing his doctoral residency in 2006, Briley was appointed as the Director of Nursing Practice for Nashville University of Tennessee Health Science Center Health. An ardent supporter of education, Briley has served as a preceptor for numerous pharmacy and nursing students for the past 14 years.

Susan Cooper, MSN, RN, Commissioner, Tennessee Department of Health, and Ann Peterson Duncan, MPH, RN, Executive Director, Tennessee Center for Health Care Heroes, were recently honored in the Nashville Business Journal’s second annual Health Care Heroes 2008. Duncan received the Governor’s GfitTN initiative. Duncan became Executive Director of Tennessee Center for Nursing (TCN) in 2002. She has a rich work history in public health starting in 1965 and most recently served as the Deputy Commissioner for the Tennessee Department of Health before joining TCN. She also served as the Director of Public Health Nursing for the Metro Davidson County Health Department for eight years and previous to that served as the Director of Public Health Nursing for the Tennessee Department of Health & Environment for four years.

Marilyn Dubree, MSN, RN, FNP, APRN, BC; and Betty Thompson, MSN, RNC, were appointed to the Tennessee Board of Nursing by Governor Phil Bredesen. Marilyn Dubree is the Executive Chief Nursing Officer for Vanderbilt Medical Center. She is responsible for clinical and professional leadership for Vanderbilt University Hospitals and Clinics, as well as for strategic initiatives and planning related to the provision of quality nursing care. She is a member of the Clinical Enterprise Executive Committee which has oversight for strategic direction and planning for the medical center. Under her leadership, the Medical Center recently became the only Magnet designated medical center in middle Tennessee. Dubree has been at Vanderbilt Medical Center since 1976. She also serves as Associate Dean for Clinical Practice for Vanderbilt University School of Nursing.

Cheryl Cummings Stegbauer, who was appointed to the Tennessee Board of Nursing in 2002 and was elected Chair in 2004, is a Professor and Associate Dean for Academic Programs in the College of Nursing at the University of Tennessee Health Science Center, Memphis. Stegbauer earned her bachelor’s and PhD degrees from UT’s Health Science Center and her master’s degree from Texas Woman’s University, Houston. Stegbauer first joined the faculty of UTIHC in 1976 as one of the original faculty members of the College of Nursing Family Nurse Practitioner graduate program. Stegbauer is a contributing editor of the Nurse Practitioner Journal Case Reports Column.

Betty Thompson worked as a Family Nurse Practitioner and Administrator for more than 30 years at the Nashville Davidson County Health Department, serving as Director of Nursing for 10 years, prior to her retirement in October 2003. In Spring 2004, she retooled her skills to become an educator with the opportunity to bring real life experiences to the classroom by joining the faculty of the Tennessee State University School of Nursing to teach in the field of Community Health Nursing. She is active in ANA and TNA, and is a former Treasurer of TNA Music City District 3 Association. Thompson is a member of the American Public Health Association and served on several committees for the Tennessee Public Health Association. She is treasurer of Chi Eta Phi Nursing Sorority, Alpha Chi Chapter, and a Past President of Sigma Theta Tau International Honor Society of Nursing, Upsilon Chapter. She continues volunteer activities related to the health of the public.

Norma Lester, MSN, BC-RN, CDDD, CLNC, was recently appointed to serve on the Board of Examiners for Nursing Home Administrators. Her term will run through 2011. She retired from the state of Tennessee three years ago as Director of Nursing for Arlington Developmental Center. Since then, Lester has developed her own consulting firm providing services in quality assurance, peer review, training and developing policy and procedures. She also serves as a legal nurse consultant and works with attorneys in cases of litigation serving as an expert witness.

Diane Todd Pace, PhD, RN, APRN, BC, was recently appointed to the American Nurses Association Committee for Nursing Practice Information Infrastructure (CNPII). The Committee promotes awareness, use, and further development of standardized data elements and terminologies. Pace was selected because her professional expertise closely matched the needs of the Committee. She previously served on this Committee on a temporary basis, but now has been appointed as a permanent member for a four-year term.

Cathy R. Taylor, DrPH, MSN, RN, Assistant Commissioner, Tennessee Department of Health, Bureau of Health Services Administration, recently received the University of Tennessee Health Science Center College of Nursing’s 2008 Outstanding Alumna Award. Taylor was honored for her many accomplishments in her nursing career, including her role as Assistant Commissioner in which she will oversee a system of 13 regional health offices responsible for the oversight of services in 89 rural and six metropolitan county health departments. Prior to joining the Department of Health, Taylor served as an assistant professor of nursing at Vanderbilt University School of Nursing. She has also served as director of the Meharry-Vanderbilt Alliance Disease Management Program, and has worked in community health nursing and outreach at Vanderbilt School of Nursing.
**District News**

**District 1**
TNA District 1 officers, board members and members have been active in addressing the issues facing our nursing profession.

District 1 has met on a regular basis throughout the year, and on August 28, we held our annual membership and delegate meeting. The guest speaker for that meeting was Meredith Sullivan, TNA Lobbyist, who discussed issues that are important to nurses during this election time in Tennessee and the U.S.

For more information on attending this meeting, please contact Diana Baker at dbakernurse@msn.com or susie.scott-williams@va.gov. The Legislative Forum will be held at the Memphis/Shelby County Library in Meeting Room A.

If you have any questions about activities or membership in TNA District 1, please feel free to contact me directly at druppel@memphis.edu.

_Diane Buppel, MSN, RN, APRN, BC_  
District 1 President

**New/Reinstated Members**

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**District 2**
Maureen B. Covy, James D. Garmany, Penelope Lynn Neal, Dewey Charles Price, Stacy Wright

**District 3**

**District 4**
Susan R. Buttry, Susan D. Lindner, Heather Shimel, Susan L. Whisman, Jillian Simone Wills, Mona E. Year

**District 5**
Sandra D. Churchill, Donna C. Fraysier, Robin Regena Scay, Deborah T. Womb

**District 6**
Claire J. Johnson, Kathleen C. Kelley, Morgan R. Wages

**District 7**
Joyce A. Halcomb

**District 10**
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