

# Vermont Nurse Connection



Quarterly Circulation 21,000 to all Registered Nurses, LPNs, LNAs, and Student Nurses in Vermont

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May, June, July 2009

## Inside...

### Nurses



Building A Healthy America

National Nurses Week

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Help the VSNA Go Green

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## President's Letter

June M. Benoit, MSN, FNP  
President, VSNA

*"The body is shaped, disciplined, honored,  
and in time, trusted."*

Martha Graham (1894-1991)

This quote reminds me of the journey of nursing becoming a profession. Over the years nursing has evolved, continually defining and redefining itself to become one of the most trusted professions in the country. For the seventh year in a row a Gallop survey of 1,000 adults showed nursing was again the most trusted profession. We are given this high ranking due to the public's perception of our honesty and high ethical standards. In announcing this ranking, the American Nurses Association (ANA) President Rebecca M. Patton, MSN, RN, CNOR stated, "It's a proud day for nurses and for nursing. The fundamental principles of nursing are compassion and respect for the individual patient. They are what inspire each nurse to strive to promote health, prevent illness and alleviate suffering. It's gratifying to see those principles recognized by the public we serve." We must never forget we need to live up to the trust placed in us and forever be true patient advocates.



June Benoit

We know nurses are trusted and we have always known we play an important role in the delivery of high quality, cost-effective health care but until recently it seemed difficult to measure our actual economic impact on health care. We now have a nursing study proving we do save lives and cut health care costs. In December 2008, the ANA announced the economic value of nursing was quantified in a study conducted by the Lewin Group, which was supported by the ANA's Agenda for the Future project and a coalition of nursing associations focusing on workforce issues. This study, published in a recent *Medical Care* journal, examined findings from 28 different nursing studies analyzing the relationship between higher RN staffing and specific patient outcomes such as reduced hospital-based mortality, hospital-acquired pneumonia, unplanned extubation, nosocomial bloodstream infections, length of stay, and failure to rescue. Their findings revealed that higher nurse staffing levels are associated with a decrease in patient complications and length of stay, increased national productivity, and reduced medical costs. The study reported adding 133,000 RNs to the acute hospital workforce would result in the saving of 5900 lives per year, reduce hospital days by 3.6 million, and could cut medical costs by \$6.1 billion. For a link to this article see: [www.lww-medicalcare.com](http://www.lww-medicalcare.com), then type "Lewin Group" in the Quick Search field to locate the study.

In May nurses will be celebrating National Nurses Week (May 6-12th) with the theme "Nurses: Building a Healthy America". According to ANA President Rebecca M. Patton, "This year's theme reflects the commitment nurses make every day in building a healthy America for the public we serve. From bedside nursing in hospitals and long-term care facilities to the halls of research institutions,

state legislatures, and Congress, the depth and breadth of the nursing profession is meeting the expanding health care needs of American society." The theme for National Nurses Week also highlights nurses' role in health care reform. In 2008 ANA re-released the "ANA's Health System Reform Agenda" which is a blueprint for health care reform focusing on basic core of essential health services necessary for building a healthy America: access to health care, quality of health care, cost of health care, and the health care workforce. (<http://nursingworld.org/MainMenuCategories/HealthcareandPolicyIssues/HSR.aspx>.)

The value of nursing's contribution to health care reform has been recognized by President Obama who recently appointed ANA member Dr. Mary Wakefield, PhD, RN, FANN as Administrator of the Health Resources and Services Administration (HRSA). As an expert on rural health and nursing workforce issues, she will lead efforts to improve access to health care services for those who are uninsured or medically vulnerable. In February ANA President Rebecca M. Patton attended the White House Fiscal Responsibility Summit. As part of the many community leaders and stakeholders invited to participate, the ANA was the only nursing organization invited. The discussion on health care focused on how to control costs while still expanding coverage. We are very proud our ANA members have been given such high profile roles and hope more nurses will be given and seek out such opportunities to make a difference. Because of the trust placed in nursing and with studies proving we save lives and health care dollars, it is crucial nurses make an effort to become active participants in health care reform. This can be done in many ways: read the newspapers, listen to debates, VOTE, talk to your friends, family, church or community group about what is needed in health care, contact your elected officials and tell them what you think and offer some solutions. Run for office yourself. Legislators respond to emails, letters, and calls because they depend on your vote. Exercise your power!

I am proud to have been a nurse for 35 years. I am extremely proud of the nurses I have had the pleasure and honor to work with over the years. Currently I have two jobs as a nurse practitioner. I practice with one of the best family practice physicians in Central Vermont, Dr. Paul Laffal who truly believes in and supports nursing and nurse practitioners. I also work at the People's Health & Wellness Clinic (PHWC) in Barre, VT. The PHWC serves the uninsured and underinsured population. I am the only paid medical provider at the PHWC but there are many nurses and nurse practitioners, along with physicians and non-medical providers, who volunteer numerous hours at the PHWC. These caring nurses and nurse practitioners make an incredible difference in the lives of our patients. I want to publicly thank them for their support. We could not operate PHWC without their help. I also want to thank all of the nurses who volunteer for the VSNA on the Executive Board, on the various committees, and within each district. The VSNA and all nurses in Vermont depend on your dedication and energy and owe you so much. Thanks go out to each nurse in Vermont for choosing nursing as a profession and for the care you give others. Please enjoy National Nurses Week and be proud you are a nurse. I ask three favors from each nurse during Nurses Week, please encourage someone to consider nursing as a career, take the time to thoughtfully mentor a new nurse, and encourage someone (even yourself) to join the VSNA. Thank you all!

**National Nurses Week May 6-12, 2009**

## Deadlines for the Vermont Nurse Connection

Are you interested in contributing an article to an upcoming issue of the Vermont Nurse Connection? If so, here is a list of submission deadlines for the next 2 issues:

**Vol. 12 #3—May 22, 2009**  
**Vol. 12 #4—August 21, 2009**

Articles may be sent to the editors of the *Vermont Nurse Connection* at:

**Vermont State Nurses' Association**  
**Attention: VNC**  
**100 Dorset Street, Suite 13**  
**South Burlington, VT 05403-6241**

Articles may also be submitted electronically to [vt nurse@prodigy.net](mailto:vt nurse@prodigy.net).

If you wish to submit a "Letter to the Editor," please address it to:

Vermont State Nurses' Association  
 Attn: Vermont Nurse Connection  
 100 Dorset Street, #13  
 South Burlington, VT 05403

Please remember to include contact information, as letter authors may need to be contacted by the editors of the *VNC* for clarification. NOTE: Letters to the Editor reflect the opinions of the letter authors and should not be assumed to reflect the opinions of the Vermont State Nurses' Association.

Jean Graham, Editor

The VSNA wants you to take advantage of some of the networking and informational resources available on the Internet.

Current information about activities of the VSNA can be found by visiting the **VSNA Website** at: [www.vsna-inc.org](http://www.vsna-inc.org)

Requests for additions or changes to the VSNA website should be communicated before the 1st of each month to the site's webmaster at [vt nurse@prodigy.net](mailto:vt nurse@prodigy.net).

Also, as a VSNA member you are welcome to join the **VSNA listserv**. To become a listserv participant, send an e-mail message to the VSNA office at [vt nurse@prodigy.net](mailto:vt nurse@prodigy.net). In your message, please indicate that you wish to be part of the listserv and include your name, e-mail address, and your VSNA member number.

Hope to see you on the web!

## Voices of Vermont Nurses

premiered at VSNA Convention 2000 and is available from the VSNA Office at:  
 Vermont State Nurses' Association  
 100 Dorset Street, #13  
 South Burlington, Vermont 05403

**Price: \$20 each book**  
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## Vermont Nurse Connection

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### Content

Vermont State Nurses' Association welcomes unsolicited manuscripts and suggestions for articles. Manuscripts can be up to:

- 750 words for a press release
- 1500 words for a feature article

Manuscripts should be typed double-spaced and spell-checked with only one space after a period and can be submitted:

- 1) As paper hard copy
- 2) As a Word Perfect or MS Word document file saved to a 3 1/2" disk or to CD-Rom or zip disk
- 3) Or e-mailed as a Word Perfect or MS Word document file to [vt nurse@prodigy.net](mailto:vt nurse@prodigy.net).

No faxes will be accepted. Authors' names should be placed after title with credentials and affiliation. Please send a photograph of yourself if you are submitting a feature article.

All articles submitted to and/or published in *Vermont Nurse Connection* become the sole property of VSNA and may not be reprinted without permission.

All accepted manuscripts may undergo editorial revision to conform to the standards of the newsletter or to improve clarity.

The *Vermont Nurse Connection* is not a peer review publication. Articles appearing in this publication express the opinions of the authors; they do not necessarily reflect views of the staff, board, or membership of VSNA or those of the national or local association.

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# Vermont Health Care Reform and the Uninsured

**Submitted By Peter Youngbaer**

*It is the worst of times, it is the best of times...*  
(apologies to Charles Dickens).

The Vermont and American economy is in a tailspin. People are losing jobs and health insurance. Health care costs already account for 16% of the total U.S. economy and continue to rise well beyond the rate of inflation. Employers large and small, school districts, municipalities, and individual payers are all paying larger shares of their enterprise and family budgets. Health care quality is among the lowest of industrialized nations. We all know the current system is not sustainable.

In Vermont, state budget cuts threaten the progress we've made covering more Vermonters with health insurance. Co-pays and deductibles are rising, reimbursement rates for providers are declining, employers are changing health plans. At our free clinic—one of ten in Vermont—we have seen a rapid increase in new patients since the summer (up 26% statewide).

At the same time, the federal picture has changed dramatically. Within three weeks of taking office, President Barack Obama has signed two major pieces of legislation changing the health care landscape. The first is an expansion of the State Children's Health Insurance Program (SCHIP), providing health coverage to over 4 million children. The second is the American Recovery and Reinvestment Act, or stimulus bill. The ARRA contains what the Obama Administration feels is the down payment on major national health care reform, with major investments in health information technology (HIT).

The ARRA totals over \$311 billion; \$53 billion is set aside for a State Fiscal Stabilization Fund. In addition, direct appropriations in a variety of programs provide direct relief. The health areas include \$2.5 billion for the Health Resources Services Administration (HRSA), made up of \$500 million for services at community health centers, \$1.5 billion for HIT, and \$500 million for health profession training programs, including Title VIII Nurse Training.

The National Coordinator for HIT (NCHIT), wellness, immunization, and nutrition programs, and the National Institutes for Health (NIH) receive over \$10 billion more, including \$1.1 billion for "comparative effectiveness research." HIPAA, the Health Insurance Portability and Accountability Act—receives a major overhaul.

Now, the Obama Administration has proposed its budget plan, with \$630 billion over 10 years in a Reserve Fund for health care reform. The Administration's goals include affordability, universality, portability, choice, prevention and wellness, patient safety and quality care, and long-term fiscal sustainability. Interim policy changes include reducing Medicare and Medicaid overpayments due to non-competitiveness and fraud, providing payment incentives to reduce hospital readmissions, and reforming the provider payment system to improve quality effectiveness.

While public opinion yearns for profound change, and President Obama has laid the groundwork for it, we all know that change won't come easily. What happens to people who need health care in the meantime?

A Vermont report issued in January set the number of uninsured Vermonters at approximately 44,000 people. Underinsured—those offered only partial coverage, or with unaffordably high deductibles - are not quantified, but represent a growing number of our neighbors. These are the people who delay seeking care. They don't get routine health screenings. They are not "in the loop" for prevention and wellness or chronic care management.

When they do seek care, it's because they can't take it any longer. The cost of their care is cost-shifted to the rest of the system. It's the most expensive way to pay for health care, and offers the least level of health and happiness to the people affected. And by happiness, I mean lack of worry about how to pay for it, or what serious condition may be lurking but for lack of the money to afford the screening, and the peace of mind that comes from knowing you are okay.

At the People's Health & Wellness Clinic, we see the uninsured now. It's all well and good to advocate for health care reform, but in the meantime, people need care every

day. With a paid staff of 2.65 FTE, including one 80% time Nurse Practitioner/Case Manager, we coordinate over 60 health care practitioners who give freely of their time and talents to serve their neighbors.

We give them quality care and more. Under a grant from the Vermont Department of Health, we also screen every patient for eligibility in any of the state health programs. Patients often have difficulty with the application forms. We provide assistance all along the way, until they are successfully enrolled, or denied. We continue to provide care until they find a primary care provider. It is labor intensive, but has been successful for a significant portion of Vermont's citizens who are eligible for these programs, but not enrolled. Candidly, while we enjoy our work, the state grant covers only a third of our budget - and we struggle the rest of the year to raise the rest.

So, while the big picture is one of very tough economic times, juxtaposed against a backdrop of the possibility of significant national change, the little picture continues to be of people needing access to quality care. Reform can't come quickly enough for them, nor for the rest of us. I believe health care is not only a human right, but a public good.

In the meantime, our network of free clinics in Vermont provides that interim medical home—a place where they are not judged, where a kind welcome from a volunteer receptionist, or the warm touch of a nurse's hand reassures them that they are being taken care of, and that they matter.

*Peter Youngbaer is the Director of the People's Health & Wellness Clinic, in Barre, a free clinic serving the uninsured and underinsured of greater central Vermont. He is the former Executive Director of the Vermont Coalition for Disability Rights, where he worked on health policy for long term and acute care for people with physical, sensory, and mental health disabilities. He served in the Vermont House of Representatives for 12 years, working on the Health and Welfare Committee, and then Appropriations Committee for 8 years, covering the Human Services budget, including Medicaid.*

## National Nurses Week (NNW) 2009 Celebrates Nurses Building a Healthy America

**SILVER SPRING, MD**—The American Nurses Association (ANA) has announced the theme of National Nurses Week 2009, “Nurses: Building a Healthy America.” National Nurses Week is celebrated annually from May 6, also known as National Nurses Day, through May 12, the birthday of Florence Nightingale, the founder of modern nursing.

“This year’s theme reflects the commitment nurses make every day in building a healthy America for the public we serve,” said ANA President Rebecca M. Patton, MSN, RN, CNOR. “ANA has long advocated for meaningful health system reform and in 2008 re-released ANA’s *Health System Reform Agenda*, (<http://www.nursingworld.org/MainMenuCategories/HealthcareandPolicyIssues/HSR.aspx>) an ANA blueprint for reform that focuses on the basic “core” of essential health care services, which is essential in building a healthy America for everyone.”

During National Nurses Week, ANA reaffirms its commitment to improve the quality of health care and the working conditions of nurses. The growing shortage of RNs poses a real threat to the nation’s health care system and the public’s health, and ANA is dedicated to fighting for a workplace environment that will encourage current nurses to continue in their careers, and inspire young men and women to consider nursing as a profession.

Annually, National Nurses Week focuses on highlighting the diverse ways in which registered nurses are working to improve health care. From bedside nursing in hospitals and long-term care facilities to the halls of



*Building A Healthy America*

research institutions, state legislatures, and Congress, the depth and breadth of the nursing profession is meeting the expanding health care needs of American society.

For more information on National Nurses Week, please visit <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/NationalNursesWeek.aspx>.

## VNC Launches New Companion e-Journal!

The VNC is pleased to announce a new companion journal now available on the web. The VNC e-Journal will allow us to share longer feature articles with our readers. One new article will be added each quarter to coincide with release of the VNC print newsletter. Look in the paper-version of the VNC for an abstract of the e-Journal feature article then go to <http://vncejournal.blogspot.com/> to see the full article. We hope you enjoy this new resource for Vermont nurses, by Vermont nurses!

Our first e-Journal submission is:

**Safety Issues Facing Nurses in Nursing Homes**  
Submitted by Richard Frank, RN, BA

Abstract: Nurses confront safety issues in nursing homes every day. These can be divided into two categories: resident and staff safety issues. This paper discusses resident safety, outlined into four general classifications: skin care, falls, infections, and medication errors. Skin care is one of the costliest, yet one of the most solvable issues. It’s reported that 60% of residents fall annually, yet simple, frontline, interventions have been shown to be



the most effective in addressing this problem. Infections in geriatric patients are difficult to diagnose due to lack of training and information flow. Medication errors occur primarily at the prescribing and laboratory monitoring levels. This analysis discusses these factors and what the literature suggests can be done to begin solving these problems that affect over 1.7 million residents.

# Personal & Financial Health

## 10 Tips for Perfecting a Nursing Interview

According to the 2008-2009 Bureau of Labor Statistics, in the next ten years almost 587,000 new jobs will open up in the health care field.

Acing an interview is the gateway to the many opportunities that await you. Follow these ten tips for better interviewing and you'll be on your way to landing your dream job.



Susanne Gaddis

### 1. Go the Extra Mile on Your Resume.

Your resume is the first impression a prospective employer has of you. Don't blow it by submitting one that is incomplete. Make sure your resume is free of grammatical and spelling errors. Have a friend proofread your resume before your interview. Also, even if it's not required, show you're willing to go the extra mile by sending a cover letter along with your resume. Cathy Ivers, a nursing recruiter at Harborview Medical Center, one of the top hospitals in the nation according to the *U.S. News and World Report*, also recommends including clinical or employment performance evaluations, as well as references and letters of recommendation from managers. "We want applicants to list out their clinical rotational experiences because it's nice to see that they've had experience handling unique challenges at a place comparable to our environment," she said.



Carolyn Moore

### 2. Explain the Gaps.

Employers want to see a logical progression in your career. It shows that you are reliable and committed. If you have gaps in your resume, explain them in your cover letter and then later in your interview, even if your employer doesn't ask. This keeps you from appearing like you are hiding anything.

### 3. Role-play.

Before the big day, practice what you're going to say by staging mock interviews with family and friends. Practice answering common interview questions such as:

- Tell me a little bit about yourself.
- What would you say are your strengths? Your weaknesses?
- What do you know about this organization?
- Why are you interested in working here?
- Why should we hire you?
- What are your short-term and long-term career goals?
- What have been some challenges in your nursing program? How have you succeeded in those challenges?
- Why did you leave your last job?
- Are you a team player?
- Where do you see yourself in five years?
- What are your salary requirements?

Make sure your answers are clear and concise. Ask for feedback and make necessary modifications.

Also, state your best qualities first and last. Studies show that when listening to a list of items, people generally remember the first and last things that you mention. Be prepared!

### 3. Timing Is Everything.

If given a choice, schedule a mid-morning interview. This ensures that both you and your potential employer are fresh and have had enough time to let the morning caffeine kick in.

Arrive on time. "There's no reason to arrive early but don't be late," Ivers said. She also recommends being prepared to spend two to three hours at an interview because you may be asked to meet with multiple staff members that day.

The day before, check out the area and find the best place to park and best door to enter. This way, you won't feel pressured to arrive too early because you are scared of being late.

Make sure to get a good night's sleep and to eat a healthy breakfast. Walk in confidently and introduce yourself, making sure to clearly articulate your first and last name. Offer a positive attitude and a firm handshake.

### 4. Know Your Rights.

While you can't predict every question you'll be asked during an interview, it may ease your mind to know that certain questions are off limits. According to a 2007 White Paper published by the HR Specialist, these include personal questions such as:

- Are you married? Divorced?
- If you're single, are you living with anyone?
- How old are you?
- What is your family situation like?
- Do you have children? If so, how many and how old are they?
- Do you plan on having a baby within the next few years?
- Do you own or rent your home?
- What church do you attend?
- Do you have any debt?
- Do you belong to any social or political groups?
- How much and what kinds of insurance do you have?
- Do you suffer from an illness or disability?
- Have you been hospitalized? What for?
- Have you ever been treated by a psychiatrist or psychologist?
- Have you had a major illness recently?
- How many days of work did you miss last year because of illness?
- Do you have any disabilities or impairments that might affect your performance in this job?
- Are you taking any prescribed drugs?
- Have you ever been treated for drug addiction or alcoholism?

### 5. Put A Positive Spin On It.

So things at your last job weren't perfect. Your boss was overbearing, you were always short-staffed and your colleagues never worked as hard as you. "An interview is not the time to air your dirty laundry," said Charles Cheek, Clinical Manager at Wake Med Hospital. Present yourself as a positive professional by talking about what you can do, what you are willing to do and what you have done.

Your positive attitude will help you avoid bringing any negative energy into your new future." Cheek said, "Focus on you and what skills you bring to the table and you'll make the impression you want."

### 6. Keep Your Cool.

Many interviewers purposefully ask tough questions to see how you'll respond under pressure. Your future employer wants to know that if there's an emergency, you'll be able to keep your cool and maintain composure. When answering tough questions, keep your responses brief, following up with "did that answer your question?"

### 7. Show Your Interest.

Companies want a committed and motivated employee. Make sure to express your enthusiasm for the job throughout your interview.

Also, do your homework. Research the company by studying their Web site. Know what the exact qualifications are for the position and be prepared to demonstrate how you have exemplified them in the past. Make sure to point out any extra certifications you've completed. This demonstrates that you've actively taken steps to improve your potential.

Cheek shared an experience he had when searching for a job as a sales representative at a medical device company. "What do you know about our company?" was the first question he was asked. Luckily, Cheek had researched the company in depth and had created note cards, which he studied for three weeks prior to the interview. Cheek knew not only the president's name, but also was able to accurately identify the leader of each division. The response? The board saw that Cheek had done his homework and gave him the job.

### 8. Stay Focused

Leanne Marchiano, Human Resources Generalist at CSPI Health Facility Resources, encounters many candidates who get too comfortable in the interview and end up sharing too much information. "I recently interviewed a woman who worked at a well-renowned facility and I asked her why she was leaving her position. She told me she was on her third corrective action and she needed to get out before she got fired," said Marchiano.

Beware of sharing the juicy details as they can hinder your professional credibility.

### 9. Network.

You are a stranger when you walk into an interview. The only information the interviewer has about you is from your resume. This is why interviewers feel more comfortable hiring you when someone within their organization can vouch for you. If you've worked with someone, ask him or her to give you a recommendation before the interview. Networking won't get you the job but it will definitely give you a leg up.

### 10. Follow-up.

Not only is it polite to send a thank you letter, it's expected. Use the thank you letter to your advantage. Graciously thank the interviewer for taking the time to meet with you. Jog their memory by including some of the topics you discussed, especially anything unique. Express your excitement and enthusiasm for the position. The letter could be the last contact you have with the company before they make their hiring decision. Putting some thought into creating a memorable thank you letter is a great investment of your time.

### Land of Opportunity

Get excited. It's a great time to interview in the field of nursing. Overall job opportunities abound and more hospitals are offering signing bonuses, family-friendly work schedules and subsidized training. Secure these benefits and more by implementing these ten tips for perfecting your next nursing interview.

Susanne Gaddis, PhD, CSP, professionally known as "The Communications Doctor" is an internationally known interpersonal communications expert. She has a specialized expertise in healthcare communication and is one of 615 speakers worldwide to have earned the Certified Speaking Professionals (CSP) designation. Susanne delivers workshops and keynote presentations. To purchase on her newly released audio book, *Communication Booster Shots: Prescriptions for Healthy Communications* or to book Dr. Gaddis for an upcoming conference or event, call 919-933-3237 or visit: [www.CommunicationsDoctor.com](http://www.CommunicationsDoctor.com)

Carolyn Moore is a Communications Strategist at The Communications Doctor.

# Student News

## The Vermont State Nurses' Foundation Announces

### The Arthur L. Davis Publishing Agency, Inc. 2009 Scholarship

Applications for the \$1,000 scholarship are open to Vermont State Nurses' Association members who are currently enrolled in an undergraduate or graduate nursing program and who are active in a professional nursing organization. Submit application by August 1, 2009. Please complete the application below and submit it to:

Vermont State Nurses' Foundation, Inc.  
100 Dorset Street, Suite #13  
South Burlington, VT 05403

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Nursing Program and Degree Currently Enrolled in:

Briefly describe your activities in the Vermont State Nurses' Association or other nursing organization within the past three years:

\_\_\_\_\_

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\_\_\_\_\_

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Virginia at APHA

## Vermont Nurse Presents at APHA

Submitted by Virginia Umland, RN

Virginia Umland, RN, Masters in Nursing candidate at The University of Vermont, participated in the poster presentations at the 136th Annual Meeting of the American Public Health Association (APHA), held in San Diego, CA from October 25-29, 2008. The theme of the annual meeting and exposition was "Public Health Without Borders." Ms. Umland presented a program she taught to a group of Castleton, VT, community residents titled "Improving Nutrition Among Older Adults." The program content included understanding the value of calcium-rich foods and reviewing how to read food labels.

Ms. Umland was chosen to attend the conference as a participant in the Beverly Flynn Mentorship Program, part of the Flynn Legacy Leadership Program. Each year this program provides an opportunity for graduate students in public health/community health nursing, newly employed public health nurses, and baccalaureate nursing students with career goals of public health nursing to partner with an experienced public health nurse leader. This partnership provides a mentoring relationship that is initiated before the APHA annual meeting, developed through participation in the Public Health Nursing section activities at the APHA annual meeting, and continued through the next year. The Beverly Flynn Mentorship Program is funded by the Flynn family in memory of Beverly Flynn, PhD RN, an exceptional leader in public health nursing who envisioned a mentorship program to develop nursing leadership in public health.

Virginia was partnered with Mary Beth Riner, DNS, of Indiana University School of Nursing. Working with a mentor created a personal connection before attending the APHA annual meeting, which averages 13,000 national and international attendees and offers over 900 scientific sessions, panel discussions, posters, and pre-convention learning institutes. The mentorship experience allowed for efficient planning for attendance at Public Health Nursing section meetings and activities and participation in the overall APHA meeting sessions. Dr. Riner and Virginia will engage in this mentorship relationship until the 2009 APHA annual meeting when the experience will be evaluated. Engaging in a mentorship relationship is a valuable opportunity for the mentee to partner with a leader who can provide leadership and support in career development.

Participating in the Beverly Flynn Mentorship Program and providing a poster presentation at the APHA Annual Meeting were valuable experiences for Virginia as she continues in her graduate nursing program in community/public health nursing. These events encourage development of nursing leadership skills through participation in the Public Health Nursing section of the APHA and promotion of community/public health nursing through program or research presentations. The support of an experienced mentor will be helpful while Virginia works towards completing her graduate degree in community/public health nursing and begins to translate learned theories into community/public health work experiences.

# General News

## Upcoming Educational Opportunities-Non VSNA

### UVM College of Medicine

The following educational events are sponsored by the University of Vermont.

For more information contact:  
Continuing Medical Education  
128 Lakeside Avenue, Suite 100  
Burlington, VT 05401  
(802) 656-2292  
<http://cme.uvm.edu>

#### Women's Health Issues for Primary Care Providers

**Date:** 05/06/2009-05/08/2009  
**Location:** Sheraton (Women's Health 09)  
So. Burlington, VT

#### Vermont Summer Pediatric Seminar

**Date:** 06/18/2009-06/21/2009  
**Location:** The Equinox  
Manchester, VT

#### Healthcare Quality/Patient Safety

**Date:** 07/16/2009- 07/17/2009  
**Location:** Hilton Burlington Hotel  
Burlington, VT

#### 7th Annual Northern New England Critical Care

**Date:** 10/22/2009-10/24/2009  
**Location:** The Stoweflake Resort & Spa  
Stowe, VT

### UVM AHEC Nursing Grand Rounds

The following educational events are sponsored by UVM AHEC.

For more information contact:  
VT-AHEC at (802) 656-2179  
Or visit [www.vtahec.org](http://www.vtahec.org)

#### Nursing Grand Rounds: Encouraging Wellness and Good Nutrition

**Date:** May 12, 2009 3:15 p.m. - 4:45 p.m.  
**Location:** offered at 15 sites throughout Vermont

## SAVE THE DATE!

**VSNA Convention 2009**  
**November 11 & 12**  
**Stoweflake Resort & Spa**  
**Stowe, VT**



## Save The Date!

**Kappa Tau Annual Meeting**  
**Wednesday, May 13, 2009**

**Karen H. Morin, RN, DSN**  
**President-Elect of Sigma Theta Tau**  
**International**  
**"Nursing Leadership for the New Millennium"**

**5:00: A social hour for visiting with colleagues and checking out the fabulous Silent Auction!**

**6:00: Keynote Speaker, Karen Morin**

**7:00: A scrumptious dinner buffet**

**8:00: Kappa Tau Annual Meeting**

Registration Information will be announced soon!

**Questions: Contact Kappa Tau President at 802-847-7790 or [julie.jones@vtmednet.org](mailto:julie.jones@vtmednet.org)**

**1.0 CEUs have been applied for this event**

## Save the Date For These VSNA Seminars!

**Suicide and Self-Harming Behaviors in the Child/Adolescent Population**  
Coming in Spring 2009  
Date & Location Information Coming Soon!

**Management of Chronic Pain**  
September 2009  
Look for Date & Location Information in the next issue of the VNC

# General News

## Legislative Update 2009

Submitted by Margaret Luce, MSN, RN  
(VSNA Lobbyist)

During this legislative session, our legislators have spent most of their time and energy dealing with the \$45 to \$55 M deficit projected for this '09 fiscal year; and creating strategies for the estimated \$201.1 M deficit in FY '10. The federal stimulus bill providing billions of dollars in relief to states is viewed as a stop gap measure as the state faces decreased revenues in the immediate future. So far the governor and legislators have been focused on state government budget cuts, including reductions in health and human services.

VSNA, as a strategy to increase both the supply of nurses and increase access to care, advocates for funding for educational programs. For the '08-'09 academic year Vermont legislators allocated:

VSAC: \$60,000 for scholarships for students enrolled in RN and LPN programs.

AHEC: \$400,000 for loan repayment for new RN and LPN graduates who work in Vermont or DHMC.

AHEC: \$115,000 for loan repayment for nursing faculty.

AHEC \$700,000 for loan repayment for primary care providers which includes APRNs

Legislation introduced in 2009: (The full text for bills can be found at [www.leg.state.vt.us](http://www.leg.state.vt.us).)

The Summer Study Committee on End-of-Life, Palliative Care, and Chronic Pain Management issued a 35 page report in January of recommended measures, including some legislative or statutory solutions, to improve care. One of the recommendations is for mandatory continuing education for physicians and nurses on chronic pain management. The Boards of Medicine and Nursing would be required to have proof of this education at the time of re-licensing. California, Rhode Island, Michigan, Oregon, West Virginia, and New Mexico have passed mandatory medical education requirements for pain assessment and treatment. Aaron Gilson, PhD, Director of Pain Policy Studies points out that "these mandates don't appear to affect clinical practice, with the caveat that no effective way to measure the mandatory education

requirements exists." Legislators were moved by the testimony of those who suffered from inadequate chronic pain management and will probably seek some legislative solution for more education on this topic.

S. 80/H. 238 An Act Related to Safe Patient Handling.

S. 11 An Act Related to Automated External Defibrillators in Public Places.

S. 52 An Act Related to Enhancing the Penalty for Assault of a Nurse.

H. 1 An Act Related to Indicating Anatomical Gifts on Drivers' License

H. 24 An Act Related to Insurance for Colorectal Cancer Screening.

H. 34 An Act Related to Automated External Defibrillators

H. 151 An Act Related to Substitute Medical Decision Making

H. 223 An Act Relating to Assault on Health Care Worker

H. 268 An Act Relating to Prohibiting Mandatory Overtime for Health Care Employees

Nurses' Day at the State House is April 1, 2009, 8:30 AM to 3:00 PM. Pat Jones, Director of Health Care Quality Improvement, BISHCA, will discuss annual hospital reports re: quality indicators such as health care acquired infections. The event is free and is intended to educate nurses on current health care issues and how to effectively advocate in the political arena.

You can e-mail your ideas to VSNA. Thanks for the opportunity to be the lobbyist for VSNA, I am always proud to be a nurse who advocates for nursing and health care for Vermonters. Nurses are highly regarded and I am always proud to say I represent VSNA!

## Learning from Within to Insure Successful Implementation of an Electronic Health Record

Submitted by: Ann Laramee APRN-BC

Fletcher Allen Health Care (FAHC), is about to embark on the implementation of an institution-wide Electronic Health Record (EHR). The transition from a mostly paper process to a fully computerized process is an incredibly complex endeavor that will impact every direct care provider who works in the institution. Two departments within Fletcher Allen have already successfully implemented their unique bedside EHR documentation systems, the Dialysis Units (DU), ten years ago, and the Emergency Department (ED), three years ago. Can the experience of the DU and the ED, help us in our future adoption of the institution-wide EHR? What better way to be successful in this incredibly complex, time consuming, and expensive endeavor than to learn from our own providers who have used this technology in both episodic and chronic long term care environments? After being analyzed and synthesized, the data obtained from this study has been presented to the EHR Design Team where this information will be used to create a plan for institution wide implementation.

The Institute of Medicine<sup>1-3</sup> reports offer rich evidence that improved clinical efficiencies, patient safety, and quality care outcomes can be promoted by having an effectively structured and implemented EHR. EHRs have been touted as a means to improve adherence to evidence based clinical guidelines and provide higher quality of care.<sup>4-7</sup> Studies suggest that nurses have real concerns about impending EHR system implementations. Some of the attitudes toward and opinions about EHR systems include; use of a computer is boring and repetitive, there is an increased risk to patient confidentiality, workload would be increased, there is more regulatory monitoring, and that computers would not enhance nursing professionalism<sup>8</sup>. These problems encountered during implementation are behavioral or organizational in nature and may be attributed to attitudes toward the use of an EHR or failure of the implementers to seek input from potential users. Understanding how nurses feel about EHRs can enable the implementation team to structure communication, reframe misconceptions and offer possible new perceptions. As many as 50% of information system projects fail<sup>8</sup>. Staff

The VNC welcomes the submission of nursing abstracts of publications, reports, theses or other scholarly work. The VNC is distributed to 17,000 readers, and it is a wonderful way to share your work and to keep us informed of the wealth of work that nurses are producing throughout Vermont.

The VNC Editorial Board encourages all nurses involved in practice, education, research, administration or other fields to submit their typed abstracts of 200-250 words with a cover letter with the following information:

- Name and Credentials of Author:
- Telephone #:
- Email address:
- Place of Employment:
- Position:
- Educational institution (if student):\*
- Current Year of Study:
- Faculty contact person:
  - Name:
  - Telephone #:
  - Email address:
- Date:

\*Student Abstracts must be submitted by their school of nursing.

Abstracts may be e-mailed to [vt nurse@prodigy.net](mailto:vt nurse@prodigy.net), or a hardcopy can be sent to the VSNA, Inc, VNC Abstract, 100 Dorset Street, # 13, South Burlington, VT 05403.

willingness to adopt the systems is a major determinant of system implementation success<sup>8</sup>. Wears and Berg<sup>9</sup> (2005) stated that one reason technological innovations fail is due to lack of attention given to how technological changes will affect the organization. Is your practice or institution about to embark on the implementation of an EHR? What strategies will help you succeed in this endeavor?

The Fletcher Allen Evidenced Based Nursing Practice Group designed this study to understand the processes surrounding the prior implementations of EHRs in two different departments.

Research Question: What factors led to the successful implementation of an EHR in the DU and ED and what approach was taken to overcome barriers, address expectations, quell fears, and create positive attitudes and perceptions at the time of implementation? A combination of qualitative and quantitative research design was used. Eleven focus groups were held composed of early implementers. Nurses, unit secretaries, technicians, aides and physicians participated. Four themes were identified and were validated with surveys sent to the participants.

Themes uncovered include:

1. "It will take one hundred charts"—was a slogan participants used to realistically communicate expectations about when an employee would start to feel comfortable using the EHR. An ED RN explained, "We were told right from the beginning, it would take 100 patients, and they were right, that is what it took." ED RN

The use of the number "100" is large enough without being overwhelming and focuses the employee's attention forward to a not so distant expectation of accomplishment. An ED physician explained that when converting to an EHR, there is a need to "emphasize the benefits." This slogan assisted the participants to address and remove barriers related to:

- Unrealistic expectations and fears related to individual competency when initially beginning to work with the EHR

Electronic Health Record continued on page 9

# General News

## Electronic Health Record continued from page 8

- Lack of preparation for change
- Perceived limited information
- Perceived lack of feedback as employees began to use the EHR.

2. *Self-discovery*—each employee needs to be encouraged and facilitated in their individual pursuit of learning about the EHR and use of their skills in using the system. Participants repeatedly discussed needing to be given permission to work with the system and the need to be empowered to learn.

ED participants found the use of a CD tutorial with case study scenarios that can be worked through during a training session or individually at home, essential to their self-discovery process. An ED unit secretary reflected, “I was worried that because of my lack of computer skills, and that I am older than anyone else and only work per diem, that the transition would be hard for me.” ED US

The participants also perceived that their self-discovery process was encouraged when managers created an open learning environment. The process of self-discovery assisted the participants to address and/or remove potential barriers related to the fact that:

- Learning occurs sequentially and requires repetition;
- Adult learners need motivation to change their behavior;
- Individualizing documentation and using drop down menus;
- The use of computers and the EHR are not intuitive;
- Participants reported experiencing “self-blame” by information services when the EHR did not work correctly.

Through the process of self-discovery, employees may feel empowered when they can accurately identify EHR “glitches” and help to describe desired outcomes/modifications. One ED participant summarized the idea of self-discovery as “We knew we needed it. It was in our best interest and we believed it would make life better.”

3. *Clear processes*—Clear processes for using the EHR are needed and need to be communicated to prevent employees from creating “workarounds.” Written instructions need to be developed that are visually accessible by employees (i.e., cheat sheets summarizing documentation pathways, back up processes, how to correct an error, how to transcribe physician orders, etc.). Participants preferred written assist devices rather than computer “help” functions. In fact, participants described contacting peers to develop “workarounds” rather than attempting to navigate computer helps. A dialysis nurse noted, “Hard to say if (company) knew that we were having problems, upgrades (to the system) affect other parts...they just don’t think it through, so workarounds helped.” Clear processes will address and/or remove barriers related to four types of workarounds:

- **Software workarounds** occur when employees create their own system for documenting when the “real” method is unknown or not intuitive. Software workarounds create problems with data communication and retrieval.
  - **Paper workarounds** occur when employees perform duplicate documentation, keep back up files or hand written notes. For example, “I wasn’t worried about being computerized, but we did need paper back up.” (Dialysis nurse) Duplication is time consuming and slows down acceptance of the new EHR system.
  - **Environmental workarounds** occur when the employee cannot access a computer terminal to document or perceives the computer in the patient’s room as being unsafe (for example, the employee has to stand with his/her back to the patient when documenting) or an infection control risk. Participants described not having sufficient numbers of computers located adjacent to patients to meet the needs of the inter-disciplinary staff. Allowing the employee to sit while documenting, was perceived as desirable by some employees. Insufficient access can create power struggles and territorialism, especially related to computer terminals.
  - **Staff workarounds** occur when one employee asks another employee to document for him/her. This workaround may be associated with power hierarchy (physician asks the nurse to document) or related to perceived knowledge/comfort with the EHR.
4. *Make the EHR Support a Customer Focused Service.* Several participants specifically stated that to be successful, the support service must mimic the hospital’s Provider Access Service (PAS). Thus, the participants believed that for an EHR to be successfully implemented the employees must perceive the support services as mimicking the PAS customer focused service. EHR support individuals must be accessible 24/7 as an ongoing service. Initial on-site presence of support individuals was perceived as desirable by the ED employees. An ED nurse described, “we had lots of support at first in the beginning and then slowly there were less folks to help.” In addition, a dialysis nurse explained, the technical team “has to know all the programs” and “how they each affect other abilities.” Thus, support persons must be perceived to be knowledgeable, caring and respectful by the hospital employees. Support individuals need to understand not only the system, but also the clinical significance of the data that is being documented. When questions are posed, answers need to be forthcoming. If the first support individual does not know the answer, then the support person should have ready access to a supervisor, who can determine the answer/solution for the problem. Making EHR support a customer focused service will address and/or remove barriers related to:
- Gatekeepers (persons who might prevent employees from finding solutions and/or asking questions),

- Lack of technical support,
- Expectations/fears related to losing data or making a mis-entry.

Making the EHR support a customer focused service will ultimately promote a positive attitude by the hospital employees regarding the EHR and promote an institutional culture where employees are expected to ask questions and make suggestions for improving the use of the EHR.

Following the identification of themes from the focus groups of these early implementers, meetings were held with the EHR leadership design and implementation team. The themes and recommendations derived from the focus groups provided additional strategies to facilitate the implementation of an institution wide EHR. Important lessons were learned from within. These lessons will assist others to be better prepared when their institutions implement an EHR system.

Principal investigators: Ann Laramée, Chris Kasprisin, Marcia Bosek and Terry Powers-Phaneuf.

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# ANA/VSNA News

## Make A Difference For the Environment: Help the VSNA Go GREEN!!



The VSNA needs to *communicate* with its members in order to *serve* its members. In the past, we have used mainly paper-based mechanisms, such as the Vermont Nurse Connection and traditional mailings, to keep our members up to date on various VSNA activities. Times have changed, however, and as an organization we want to be sure that our efforts to communicate are efficient, cost-effective, and at the same time conscious of our impact on the environment. To do that, we want to reduce our reliance on paper-based communications as much as possible and thereby reduce our carbon footprint as well as our financial costs.

### What is the VSNA doing to reduce its carbon footprint?

The VSNA Listserv

The VSNA Listserv is one initiative that can go a long way toward improving communications while reducing our carbon footprint. If you are a VSNA member and haven't already joined the new VSNA Listserv, just send an e-mail to the VSNA at [vt nurse@prodigy.net](mailto:vt nurse@prodigy.net) and we will help you become a member.

### Going From Snail-Mail to E-Mail

Our newest initiative is to try and convert the bulk of VSNA's communication efforts from old fashioned paper mail (or snail-mail) over to e-mail. This would include updates on upcoming District activities as well as flyers for educational events sponsored by VSNA. How can you help us with this initiative? If you are a VSNA member, send your e-mail address to the VSNA at [vt nurse@prodigy.net](mailto:vt nurse@prodigy.net) and tell us you would like to GO GREEN FOR THE VSNA!

## Educational Activities Approved for Contact Hours

Approved:

PROGRAM TITLE	Organization
Recapturing the Calling of Healing 2/12 -14	Tail of the Tiger
Cardiac Networks 2009 Winter Conference 2/12	Vermont Cardiac Network
Diabetes Update Nursing Grand Rounds for School Nurses 3/11	VtAHEC-UVM College of Medicine
Preventing CRBSI and Reducing Environmental Impact of Healthcare 2/27	Saxe Communication
Enteral Feeding in LTC and Safe Practices in LT Wound Care 3/2	Saxe Communication
Nursing the Critically Ill Patient Part 3 3/13	Boston Med Flight
Module One: Preparing for the Clinical Coaching Role: Independent Study 3/27	Vt Nurse Internship Project (VNIP)

## New VSNA Members

We are pleased to announce the following new members to the VSNA

### District 1:

Pamela Puccia  
Susan K. Maxham  
Alexis Ressler

### District 3:

Virginia Umland  
Kimberly Ratello  
Patricia Meredith

Thanks for joining!

**IS YOUR NURSING ORGANIZATION PLANNING AN EDUCATION PROGRAM?**

**CONSIDER APPLYING FOR CONTACT HOUR APPROVAL**

**FOR MORE INFORMATION CALL THE VSNA OFFICE @ (802) 651-8886**

Vermont State Nurses' Association, Inc. is accredited as an approver of continuing education in nursing by the American Nurses' Credentialing Center's Commission on Accreditation.

**Vermont State Nurses' Association, Inc.**

*The Voice for Vermont Nurses*

**Providing:**

- Opportunity to network with Nurse Professionals
- VSNA Annual Convention
- Vermont Nurses' Day at the State House
- Annual Awards recognizing individuals who have made outstanding contributions to the nursing profession in Vermont.
- Education Programs
- Contact Hour Approval
- Lobbying
- The Vermont Nurse Connection, our official organization publication

**Vermont State Nurses' Association, Inc.**



The Professional Organization for Vermont's Nurses

**Make the Connection**



**AMERICAN NURSES ASSOCIATION**

*Ensuring Excellence in Nursing Care For All Vermonters through Advocacy, Expertise, Innovation and Leadership*

**Purposes**

- Work for the improvement of health standards and the availability of health care services for all people.
- Stimulate and promote professional development.
- Serve Vermont nurses as the constituent association of the American Nurses Association.

*These purposes shall be unrestricted by consideration of nationality, race, creed, lifestyle, sex or age.*

**VSNA/ANA Membership Benefits**

**Advocating for Nurses**

**American Nurse Today**

**Credit Card Program**

**Education**

**OJIN: The Online Journal of Issues in Nursing**

**Political Representation in Vermont and Washington, D.C.**

**Reduced liability insurance rates plus options on life, disability, retirement, auto.**

**Reduced fees for workshops and conferences with Continuing Education Contact Hours.**

**Reduced cost for ANA certification.**

**Reduced rates on ANA publications including Standards of Practice.**

**The American Nurse**

**Travel Discounts**

**Workplace Health**

**VSNA Membership Application**

\_\_\_\_\_ Date of Application

\_\_\_\_\_  
Last Name / First Name / M. Initial / Credentials

\_\_\_\_\_  
Home Mailing Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Home Phone number

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Employer City, State, Zip Code

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
School of Nursing                      Graduation (Month/Year)

\_\_\_\_\_  
RN License Number                      License State

\_\_\_\_\_  
E-Mail Address

Preferred Mailing address:  Home     Work

For Office Use:

District: \_\_\_\_\_

Exp: \_\_\_\_\_                      Amt. Enclosed: \_\_\_\_\_

**Membership Investment**

**VSNA MEMBERSHIP DUES** V \$99  
*(Membership in VSNA only; make check payable to ANA)*

**AMERICAN NURSES ASSOCIATION DUES**  
*Make check payable to VSNA*

Full Membership Dues M \$264  
Employed:  Full Time  Part Time

Reduced Membership R \$132  
 Full-time student  Not Employed

New Graduate *(from basic nursing education program within 6 months of graduation, first year only)*

62 years of age or older  
*(not earning more than Social Security allows)*

Special Membership S \$66  
*(62 years of age or older and not employed or Totally Disabled)*

Online payment for credit cards only:

**www.NursingWorld.org**

Vermont State Nurses' Association, Inc.

100 Dorset Street, Ste. 13  
South Burlington, VT 05403-6241  
802-651-8886 800-540-9390  
vtnurse@prodigy.net

**www.vsna-inc.org**

*Note:*  
State Nurses' Association Dues are not deductible as charitable contributions for tax purposes but may be deductible as a business expense. The percentage of dues used for lobbying by SNA is not deductible as a business expense.  
Vermont State Nurses' Association, Inc. allots 20% of its dues for lobbying.

**ANA Payment Options**

*(please check plan):*

Full Annual Payment: *(payable to VSNA)*

Automatic Annual Credit Card Payment

M: \$264     R: \$132     S: \$66

VISA     Master Card

Bank Card Number & Expiration Date

Signature for Bank Card

**E-Pay** (Monthly Electronic Payment Options)  
 M: \$22.50     R: \$11.50     S: \$6.00  
This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my account.

**Checking** Please enclose a check for the first month's payment, which will be drafted on or after the 15<sup>th</sup> day of each month using the account designated on the enclosed check.

**Credit Card** Please complete the credit card information above and sign below and this credit card will be debited on or after the 1st of each month. \*

Monthly Electronic Deduction Authorization Signature

\* By signing the Monthly Electronic Deduction Authorization or the Automatic Annual Credit Card Payment authorization, you are authorizing ANA to charge the amount by giving the undersigned thirty (30) days advance written notice. Undersigned may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Memberships will continue unless this notification is received. ANA will charge a \$5.00 fee for any returned drafts or chargebacks.

**Online:** [www.NursingWorld.org](http://www.NursingWorld.org)  
*(credit card only)*

# ANA/VSNA News

## District 1 Update

District 1 is up and running at full speed with an enthusiastic slate of officers working to increase membership participation. An ambitious agenda for 2009 begins with the annual district meeting on May 20th, where members can interact with a panel of community and nursing leaders regarding nursing issues in this time of economic turmoil. Other events in the planning include several "town hall" style meetings with guest speakers and community service projects. Please plan to get involved and bring a friend! For more information on upcoming District 1 activities contact Hollie Shaner-McRae at [Hollie.shaner-mcrae@vtmednet.org](mailto:Hollie.shaner-mcrae@vtmednet.org), Marcia Bosek at [Marcia.Bosek@vtmednet.org](mailto:Marcia.Bosek@vtmednet.org), Martha Jo Hebert at [Ussums@comcast.net](mailto:Ussums@comcast.net) or Christie Steier at [steiers@comcast.net](mailto:steiers@comcast.net).

**Save the Date!**  
**District 1 Annual Meeting**  
**Wednesday, May 20th**

## District 2 Update

This winter a handful of dedicated District 2 members met with the goal of reactivating the District. District 2 is planning to have an Annual Meeting on Tuesday, May 12th with Rep. Steve Maier, Chair of the Vermont House Committee on Health Care as our speaker. Rep. Maier will be discussing health care legislation. We will also be introducing the new slate of officers. If you would like more information on District 2 or the District 2 Annual Meeting, please contact the VSNA office (1-802-651-8886) or [vt nurse@prodigy.net](mailto:vt nurse@prodigy.net). District 2 members will receive invitations for this dinner. For others who wish to join us, we will post the location for the dinner on the VSNA webpage. Please thank Katie Clark, Ann Guy, Pat Archbold, Pat Allen, and Heather Evans for their efforts in helping District 2 become active once again.

**Save The Date!**  
**District 2 Annual Meeting**  
**Tuesday, May 12th**

## District 3 Update

With the support of the VSNA Board, a nominating committee has formed in District 3 to work on revitalizing the district. VSNA members who have volunteered for this committee include Erin Boettcher from Bethel, VT, and Nancy Heald and Virginia Umland, both from Rutland, VT.

Starting in February, all District 3 members were contacted by email, phone, or mail to determine which members were interested in running for elected positions. Available positions included:

1. District 3 Director
2. District 3 Assistant Director
3. District 3 Secretary/Treasurer
4. Two District 3 Trustees

It is anticipated that ballot voting by District 3 members will be completed in April.

The nominating committee appreciates the support and guidance received from Tepin Johnson, VSNA Board Member. The committee looks forward to active leadership and member participation in this district, thereby making a positive contribution to the VSNA organization.

# ANA/VSNA News

## VSNA Committee Updates

### Program Planning Committee Update

Submitted by Margaret Luce, MSN, RN

The Program Planning Committee has grown. Current members are June Benoit (President of VSNA), Jane Birnn, Pat Donehower, Heather Evans, Tepin Johnson (Secretary of VSNA), and Margaret Luce. The goals of the committee are to offer two to three educational programs a year for nurses, both to improve patient care outcomes as well as increase non-dues revenue for VSNA. VSNA has had a number of very successful conventions with relevant workshops on Nursing and Technology ('08) and Ethical Issues and Quality Care ('07) including End-of-Life Care. VSNA has also recently provided workshops on safe patient handling and prevention of falls, as well as care of psychiatric patients in non-psychiatric settings.

Currently, the Program Planning Committee is working on an educational offering for this spring on suicide and self-harming behaviors, such as cutting, in the child/adolescent population. The committee has already tentatively begun to plan a conference in September on management of chronic pain. In the fall of 2008, patients and families testified before a joint House and Senate Legislative Committee on both the lack of access to care, and the lack of adequate pain management. Chronic pain not only causes constant suffering, but also prevents people from fulfilling their roles as adults, parents, employees, and community members.

The Program Planning Committee meets via conference calls. We welcome your ideas for topics, your offers to serve as faculty for a conference, and your support of VSNA's educational programs. Check the VSNA web site, [www.vsna-inc.org](http://www.vsna-inc.org) for the latest information.

### VSNA Executive Board Update

The Executive Board of the VSNA is pleased to announce the appointment of Jennifer Botelho to the office of Treasurer. She will fill this office for the remainder of the term (2009-2010). The Board is grateful to Jennifer for her willingness to serve.

### VSNA Membership Committee Update

The VSNA membership committee has recently recommitted and reorganized in recognition of the importance of continued membership growth and the role VSNA plays for nurses in Vermont and the ongoing viability of our profession.

#### Goals of the Committee:

- Ensure that VSNA remains relevant to the needs of Vermont nurses.
- Retain current members.
- Attract new members to the organization.
- Plan more outreach to members and potential members.

#### Why be a member of the Vermont State Nurses Association/American Nurses Association?

- When you join, you join with nurses around the country in speaking with one strong voice on behalf of your profession and health care. Together we can make a difference!
- Federal and state level lobbying on issues important to nursing and health care.
- Representing nursing where it matters, including the Environmental Protection Agency, Department of Labor, the U.S. Department of Health and Human Services and many others, right up to the White House.
- Speaking for nursing through the media including stories in the Wall Street Journal, Chicago Tribune, USA Today, 60 Minutes, NBC Nightly News, CNN, and NPR to name a few.
- Maintaining the Code of Ethics for Nurses which was first developed by ANA in 1926.
- ANA develops and publishes the Scope and Standards of practice for nursing and many of its specialties.
- Through the National Database on Nursing Quality Indicators, ANA is collecting data that link nurse staffing levels to quality nursing care.
- And many other benefits found on page 11.

#### Membership options:

- Yes there are options....see the application and choices in this newsletter, page 11.

#### How to join:

Application in this newsletter on page 11 OR visit our site at [www.vsna-inc.org/index.htm](http://www.vsna-inc.org/index.htm) to download an application.

#### Plans to retain members:

- Welcome letter mailed to each new member.
- Reminder letters sent when it is time to rejoin.
- New user friendly redesigned VSNA website with ability to pay online.
- Continue to offer valued programs like the Legislative Day and the Annual VSNA Convention.

#### Plans to recruit new members:

- Volunteers will wear the "Ask Me About VSNA" buttons at their workplace.
- Membership Campaign, with a catchy slogan like "One plus One = a Stronger VSNA" or "Stimulate our profession; join VSNA".
- Member Campaign incentive; most nurses recruited will receive free tuition to next Convention.
- Outreach at VSNA functions; Vermont Nurse Connection publication that goes to all Vermont nurses; Schools of Nursing.
- Outreach to Long term care nurses.
- Produce recruitment video for the website.

Stay tuned for the next steps!!

**Members of Committee:** June Benoit, Michele Wade, Ann Laramee

For more information visit the website [www.vsna-inc.org/index.htm](http://www.vsna-inc.org/index.htm)

Ideas or comments please direct them to Ann Laramee, chair of the committee at [ann.laramee@vtmednet.org](mailto:ann.laramee@vtmednet.org)

## VSNF Updates

### HONOR a NURSE; VSNF Campaign '08 Successful

The Vermont State Nurses' Foundation campaign to recognize the wonderful contributions of our colleagues was a success. Thirty-four nurses and three groups of nurses were honored by a donation to the Vermont State Nurses' Foundation Scholarship Fund. The nurses and those who nominated them were recognized at the VSNA Convention luncheon held at the Capitol Plaza Hotel. The honorees were awarded a certificate which identified their stellar contributions to nursing. A large poster displayed the names and contributions of the entire group to convention participants. The nurses honored are:

Sarah Abrams  
June Benoit  
Donna Benway  
Erin Boettcher  
Joy Cary  
Ellen Ceppetelli  
Judy Cohen  
Sandra Dalton  
Sharon Desso  
Pat Donehower  
Susan Farrell  
Pam Fornier  
Ellen Fox-Christie

Peg Gagne  
Jean Graham  
Elizabeth Hansen  
Valerie Heffeman  
Paula Howes  
Chris Kasprisin  
Kathleen Keleher  
Margaret Luce  
Sharon Moffat  
Nancy Morris  
Mary Val Palumbo  
Leone Potter  
Betty Rambur

Nancy Resi  
Marilyn Rinker  
Anita Ristau  
Martha Stromme  
Joan Shaw  
Barbara Walker  
Lorraine Welch  
Kim Ziegler  
Department of Nursing, UVM  
Nurse Practitioner Graduates, UVM  
Vermont Emergency Nurses

*Congratulations from nurses to our colleagues!*

### Vermont State Nurses Foundation News

The Board of the Vermont State Nurses Foundation is pleased to announce the Arthur L. Davis Publishing Agency, Inc. 2008 Scholarship winner **Catherine Ann Guy** of East Haven, Vermont. Ann is a VSNA member and this award will support her studies in the masters' in nursing program at Walden University.

The Foundation is planning **Campaign '09 Honor a Nurse** which will again begin during National Nurses' Week (May 6-12) and end at the VSNA Convention in November. Vermont nurses continue to make extraordinary contributions to the health care of our citizens. Think about who deserves her/his work recognized and be ready to honor that nurse. Brochures for 2009 campaign will be appearing at worksites, websites, and in emails.

The Board of Trustees of the Foundation is a nine member board. Three members serve from the Vermont State Nurses' Association, Board of Directors, three are members of the Vermont State Nurses' Association and three are community members. The Foundation is seeking members of the Vermont State Nurses' Association to serve on the Board. Please contact me [lorrainemwelch@comcast.net](mailto:lorrainemwelch@comcast.net) for more information.

# Specialty Organizations

## Updates for the Vermont Board of Nursing

At the February 9, 2009 Board of Nursing meeting, the new slate of Board officers was elected. The newly elected officers are Ellen Leff, MS, RN, Chair; Jeanine Carr, PhD, RN, Vice-chair; and DeAnn Welch, LPN, Secretary. The full Board consists of ten members: 4 RNs, 1 APRN, 2 LPNs, 1 LNA, and 2 public members, and beginning in this issue, we will introduce members of the Board with brief profiles.

**Linda Rice**, has been the APRN member for 2 terms (10 years) and will soon be completing her illustrious tenure on the Board when the new APRN member is appointed. During the past year she has served as Board Chair and prior to that, she was the Vice-Chair for a number of years. She has worked tirelessly, well-representing Vermont, on the National Council of State Boards of Nursing's Advanced Practice Task Force. This group produced a bold and comprehensive document last

year: *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education*. Ms. Rice earned her MSN at University of Massachusetts Amherst, and practices at the Brattleboro Retreat where she is Vice President of Admissions and Evaluation. Her keen perspective and insight are much appreciated—as well as her dedicated travel to Montpelier through every kind of weather event! At the February 2009 Board meeting, she was presented with a plaque from the Secretary of State, Deb Markowitz, honoring her for her years of dedicated service.

**Ellen Williams Leff**, recently elected as Board chair, previously served as Vice-chair for a year. She completed her first 5-year term on the Board and is eligible for reappointment by the governor. Ms. Leff has enjoyed a wide-ranging nursing career in terms of specialties, staff and management positions, and geographical locations. Her nursing career began in Honolulu, Hawaii after

graduating from nursing school at UVM. Upon returning to Vermont, she worked at Fletcher Allen Health Care in gynecology, pediatrics, newborn, and maternity settings for several years. She has worked in home health for more than ten years and is currently the Director of Adult Home Care for the Visiting Nurse Association of Chittenden and Grand Isle Counties in Colchester.

In addition to her BS in professional nursing, Ms. Leff holds an MS in administration from St. Michael's College. She has been an active member in a variety of professional organizations, and received awards for Excellence in Nursing Practice and Nurse of the Year from the Kappa Tau Chapter of Sigma Theta Tau and the Vermont State Nurses Association, respectively. She has published nursing articles, presented at professional conferences, and has participated in many community service organizations.

**Jeanine M. Carr** was appointed to the Board in January 2008 as an RN member and was recently elected Vice-chair. She is an associate professor at the University of Vermont where she teaches in both the graduate and undergraduate nursing programs. Her PhD in Nursing Science is from the University of South Carolina, the state where she also earned her BSN and MSN degrees. Dr. Carr's illustrious nursing career began in Vermont where she was granted an Associate Degree from Castleton State College and where she held her first nursing position at Central Vermont Medical Center.

Highlights of her professional career include an Award for Excellence in Nursing Research from the Kappa Tau Chapter of Sigma Theta Tau; author and co-author of several refereed articles, primarily on family vigilance; recipient and investigator of numerous research awards and grants; co-presenter of "Shaping the Future of Vermont's Nursing Workforce" at the 2007 VONL Leadership Summit; and membership on many professional and community service committees and organizations.

**William G. White**, public member appointed in October 2007, is a retired engineer, having worked in a variety of engineering and computer positions with the firm Stone & Webster. He grew up primarily in Minnesota, which he left to attend Carnegie Mellon University in Pittsburgh where he earned a degree in civil engineering. His career took him to posts in Boston and New Jersey, but throughout, he came to Vermont regularly to indulge his passion for skiing. During his career he also earned an MBA at Babson College. He has remained very active in his retirement with a number of volunteer and recreational activities in addition to being on the Board of Nursing, including teaching computer use at his local library and being a host at Mt. Mansfield during ski season. Mr. White's contributions are noteworthy as he provides the perspective of a non-nurse health care consumer and ably applies his systems expertise to issues confronted by the Board of Nursing.

### VAHHS Upcoming Events

September 10-11, 2009

(Thursday-Friday)

**VAHHS 74th Annual Meeting**  
Sheraton Conference Center  
Burlington, VT

To learn more, visit:

<http://www.vahhs.org/events/index.htm>

Registration Opens in July

Call Megan Casontguay (802) 223-3461 x107 or  
email [Megan@vahhs.org](mailto:Megan@vahhs.org) for more information