Provided to Virginia's Nursing Community by VNA. Are You a Member?

VIRGINIA Nurses Today

The Official Publication of the Virginia Nurses Association
Circulation 93,500 Registered Nurses

Volume 17 • No. 4 November 2009

Lindsey Jones-Cardwell and newly elected Sara Lewis our Directors-at-Large

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25th Annual Nurses Day at the General Assembly February 3, 2010
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current resident or

District 8, Northern Virginia Delegation to the VNA Delegate Assembly

New BOD Members: (left to right) Sara Lewis, Nina Beaman, Linda Ault, Patti McCue, Thelma Roach-Surry and Shirley Gibson

President's Message

Shirley Gibson

My message to you is usually a look to the future but I would be remiss if I did not reflect and share with you our very successful 109th Delegate Assembly. We elected our new members of the Board of Directors which includes the first new graduate member. We had a few Bylaw changes to strengthen our Bylaws and one Resolution in memory of our beloved lobbyist Leslie Herdegen Rohrer. A considerable amount of time was spent on our Forums to update the delegation and gain feedback for future direction.

I provided a state of the organization presentation regarding the Strategic Planning work of the organization. In 2006 the Delegate Assembly passed a resolution to revitalize the Virginia Nurses Association to change the culture and challenge the organization to be more proactive. Our journey started under Terri Haller's leadership as the Past President. To change a culture it takes research, planning, implementation and evaluation. We had our robust Strategic Planning Retreat and determined what we could be the most passionate about and what we could be the best in the world. We revisited and validated our mission and vision. It was very clear that VNA is passionate about "being the voice for nurses" and VNA can be the best in the world at legislative advocacy for nurses".

This directed our Strategic Plan to be focused:

Legislative Advocacy
Positive Image of Nursing
Advocate for Healthy Work Environments and Promote Nursing Excellence

This focused plan has helped to guide us in achieving many outcomes.

Legislative Advocacy: Safe Staffing Advisory Council was developed and has collaborated with VONE and VHHA to develop a white paper on staffing which you will find in this issue. Our legislative agenda will focus on the nursing shortage, educational capacity and access. During this downturn in the economy we will have to keep our message alive.

Image of Nursing: We participated in the Virginia Chamber Congressional Luncheon in Washington, DC. We were selected and participated with the Center for Championing Nurses on a session with AARP and RWJF for nurses on boards.

Advocate for Healthy Work Environments and Promote Nursing Excellence: Hosted an educational day on Research and Evidence Based Practice with a nationally know speaker, Dr. Dorothy Jones from Boston University. We had participation from across the state and 23 posters were presented.

We have been pleased to be a part of the work of the Department of Health Professions Workforce Data Center and hope to soon see the result of the study. We have facilitated and supported the Virginia Magnet Consortium which is being noted as a model that ANCC would like to encourage across the nation.

A Governance Workgroup has been formed to look at the structure of our organizational governance. Many other states have restructured to an annual meeting rather than a formal house of delegates and have chapter based on regions rather than districts. Louise Hilleman, past Vice President is chairing this workgroup which is looking at models across the nation and will make recommendations back to the board.

The Continuing Education Committee has many dedicated volunteers and have accomplished the review of many applications and continues to do excellent reviews for educational classes and conferences. The extremely good news is that our membership has grown during the recession and our organization continues to be financially strong.

As we begin a new year with a new Governor, we will work with the Governor McDonnell and his cabinet to ensure their understanding or nursing issues. We will have a presence at the General Assembly and look forward to an exciting Legislative Day. Now, I challenge you on how you can continue to help with this very robust work of your professional organization. If you are member, get involved. There are many things you can do with your talents. If you are not a member, please consider joining your professional organization today! Happy New Year! ◆

VIRGINIA Nurses Today

is the official publication of the Virginia Nurses Association: 7113 Three Chopt Road, Suite 204 Richmond, Virginia 23226. 1-800-868-6877
www.VirginiaNurses.com, VNA@VirginiaNurses.com
Fax: 804-282-4916

The opinions contained herein are those of the individual authors and do not necessarily reflect the views of the Association.

Virginia Nurses Today reserves the right to edit all materials to its style and space requirements and to clarify presentations.

VNA Mission Statement
The mission of the VNA is to promote education, advocacy and mentoring for registered nurses to advance professional practice and influence the delivery of quality care.

Virginia Nurses Today is published quarterly by the Arthur L. Davis Publishing Agency, Inc.

ISSN #1084-4740
Subscriber rates are available, 800-868-6877 or 804-282-1808.

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613. (800) 626-4081, sales@aldpub.com. VNA and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement.

Nurse Staffing

A Position Statement of the Virginia Hospital and Healthcare Association, Virginia Nurses Association and Virginia Organization of Nurse Executives

Introduction

The profession of nursing is responsible for responding to the needs of the sick and supporting the preservation of health for individuals and the public. Within all areas of our healthcare system, nurses form the therapeutic relationships with patients that are necessary to promote health, healing and comfort. The unique contribution of nurses to the quality and safety of patient care delivery is important to recognize and preserve.

Virginia hospitals, other healthcare settings and the community leaders who sit on their governing boards are committed to ensuring patients receive quality care in a safe environment. They are also committed to ensuring that hospitals are attractive places to work, especially in light of a tight health care labor market. Appropriate nurse staffing is critical to ensuring patient safety and quality outcomes for patients and their families as well as creating a positive work environment, maintaining staff satisfaction and retaining nurses and other health professionals.

The Virginia Hospital and Healthcare Association, the Virginia Nurses Association and the Virginia Organization for Nurse Executives, have collaborated to develop this position statement to help hospitals and healthcare settings ensure that nurses provide the highest quality care for their patients while maintaining positive work environments for employees.

Nurse Staffing and Patient Outcomes

The presence of appropriate nurse staffing levels has been linked to the prevention of adverse patient events. Demonstrating causal relationships between defined levels of nurse staffing and specific patient events however is difficult. Organizational features of healthcare systems, patient characteristics, and individual nurse characteristics all play a role in influencing specific patient outcomes. In 2007, the Agency for Healthcare Quality and Research published a meta-analysis of 94 observational studies of nurse staffing and patient outcomes conducted in the U.S. and Canada from 1990 through 2006. A relative risk reduction was demonstrated between the amount of nurse staffing and nosocomial infections, length of stay, pulmonary failure, failure to rescue and mortality. The significance of these relationships varied by clinical settings and patient populations. The significance was greater in surgical patient populations than in medical populations however the relationship in both populations was significant. In addition, there was a significant correlation demonstrated between the level of nurse job satisfaction and autonomy and reduction in the risk of death. Extended nurse work hours were also demonstrated to have a negative effect on overall patient outcomes. Empirically, the evidence is now sufficient to demonstrate that there is a correlation between nurse staffing and the ability to provide quality patient care although a definitive patient ratio in specific clinical settings that are required to support this correlation have not been established (Kane et al, 2007).

The ability to maintain appropriate staffing levels within our healthcare system will become increasingly challenging as the demand for nursing services increases and the supply of registered nurses dwindles. The gap between the demand for nurses and the supply of nurses is expected to widen significantly in the upcoming decade. While increasing the supply of nurses and improving the efficiency of nursing services may prove to be helpful strategies, the continued attention of professional organizations to the importance of appropriate staffing levels will be imperative (Buerhaus, Staiger & Auerbach, 2008).

Additional studies reinforce that health care providers must ensure adequate nurse staffing. Inadequate staffing has been linked to urinary tract infections, pneumonias, increased length of stay, upper gastrointestinal bleeds, failure to rescue major surgical patients, medication error rates, pressure ulcers, central line infections, mortality, likelihood of dying within 30 days, work-related staff illness and injury rates. It also has been linked to increased patient complaints, nurse burn out and job dissatisfaction.

Background: In order to meet their missions of providing communities with quality patient care and services on a continuous basis—24 hours a day, 7 days a week, it is critical that hospitals and other healthcare settings recruit and retain clinical staffs that are adequate in numbers and qualified in their abilities and skills. To meet this objective, management follows proven human resources strategies, especially in the area of nurse staffing.

The gap between the demand for nurses and the supply of nurses is expected to widen significantly in the upcoming decade.

The process for developing safe staffing begins with the nursing staff assessing each patient's status and coordinating the provision of nursing care, treatment and services, based on the needs of the individual patient. It is the responsibility of nurse leaders and executives, who are members of the management team, to obtain input from nursing staff on patient care needs and to develop an appropriate staffing plan. When developing a staffing plan, many variables are taken into consideration, including the needs of the patient, the patient diagnoses, the volume of patients, the acuity of patients, patient satisfaction, the care setting, the environment of the care setting, resources available in the care setting, the competency of the nursing staff, the skill mix of the nursing staff and the availability of medical and support staff. Also considered are state and federal safe-staffing standards, augmented by staffing recommendations put forth by certifying agencies and health care professional organizations.

Because of the number of variables considered in developing an appropriate staffing plan, it is critical that nursing leaders have flexibility and are able to consider all factors when developing a plan that best meets the needs of patients.

Considerations for Effective Nurse Staffing Plans: As stated above, nurse leaders must consider a number of variables when developing a nurse staffing plan that meets the needs of their patients. To augment these

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considerations, the American Organization of Nurse Executives (AONE) has developed principles it considers crucial for nurse staffing plans to be effective:

- Nurses and nursing care are valuable.
- Aspects of patient care cannot be postponed.
- Experienced staff must be available at all times.
- The need for staff on less desirable shifts, has increased.
- Collaboration is essential.
- Nurses prefer that they not be reassigned from their base unit.
- Comparative data are required for learning and change.
- The patient census will continue to be highly variable.
- Increased staff flexibility is necessary and desirable to meet the patient needs.
- Costs for providing patient services must continue to be stable or decrease.
- Clinical resource management must be tough on costs but particularly tough on waste.

Additionally, the American Nurses Association (ANA) published Principles on Safe Staffing in 1998. These principles are:

I. Patient Care Unit Related
   a. Appropriate staffing levels for a patient care unit reflect analysis of individual and aggregate patient needs.
   b. There is a critical need to either retire or seriously question the usefulness of the concept of nursing hours per patient day (HPPD).
   c. Unit functions necessary to support delivery of quality patient care must also be considered in determining staffing levels.

II. Staff Related
   a. The specific needs of various patient populations should determine the appropriate clinical competencies required of the nurse practicing in that area.
   b. Registered nurses must have nursing management support and representation at both the operational level and the executive level.
   c. Clinical support from experienced RNs should be readily available to those RNs with less proficiency.

III. Institution/Organization Related
   a. Organizational policy should reflect an organizational climate that values registered nurses and other employees as strategic assets and exhibit a true commitment to filling budgeted positions in a timely manner.
   b. All institutions should have documented competencies for nursing staff, including agency or supplemental and traveling RNs, for those activities that they have been authorized to perform.
   c. Organizational policies should recognize the myriad needs of both patients and nursing staff.

VHHA/VNA/VONE Principles for Safe Nurse Staffing:

In response to the 2004 reports by the Institutes of Medicine regarding nurse work hours and recognizing the work in many states that pursue legislative efforts to mandate safe staffing levels and prohibit the use of overtime for hospital-based nurses, the Virginia Hospital and Healthcare Association the Virginia Nurses Association and the Virginia Organization for Nurse Executives, have collaborated to develop the following principles to provide nurse leaders and executives direction when staffing for patient care.

- Staffing plans should consider the needs of individuals, including the specific needs of patients and competencies of nurses and other staff members.
- Staffing plans should also consider the needs of staff, including the need for professional development and time for personal and family commitments.
- When planning nurse work hours, a balance must be struck between the needs of patients and the needs of the staff; however the safety of patients must always be paramount.
- Each healthcare setting should create a staffing plan with the involvement of relevant stakeholders.
- Actual staffing should be periodically evaluated for effectiveness using comparable bench marking data and patient outcomes.
- The staffing plan must reflect the volumes, needs, and acuities of the targeted patient population, environmental resources, human resources and staff competence.
- The staffing plan should optimize the productivity of staff.
- The staffing plan should be re-evaluated on a periodic basis and modified, if needed, to ensure relevance.
- The staffing plan should ensure that a core number of competent staff, with the specialization of skills required is assigned to meet the needs of patients.
- The staffing plan should be developed in conjunction with bedside staff nurses and shared with all nursing staff.
- The staffing plan should reflect current standards, including those issued by accrediting bodies and other regulatory authorities.
- The staffing plan should address the use of overtime and supplemental staff.
- Actual staffing should reflect the staffing plan.
- The use of mandatory overtime is not encouraged but may be necessary to ensure patient safety.
- Use of mandatory overtime should be evaluated for opportunities to improve nurse staffing and reduce the need for mandatory overtime.
- The design of work hours should limit overtime work of nurses.
- The selection and implementation of technology (to include electronic medical records and medical equipment) should involve appropriate nurse stakeholders. Careful assessment of the impact on nursing time spent at the bedside with patients, nurse workflow and nurse staffing must be considered for any technology implementation.
- Nurse staffing plans should be developed using an evidence-based method, and consider patient acuity, nurse competency and workload intensity ◆

Resources Used in Developing this Position Statement

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Legislative Issues

2009 Public Policy Agenda

Priority Goals
Ensure an adequate nursing workforce to meet the public's health care needs.

- *Support Policies aimed at assuring an adequate supply of nurses and removing barriers to practice*
- *Increase funding of nursing education; remove barriers to recruitment and retention of nursing faculty; promote expansion of existing programs and support new nursing education programs as well as the successful completion of nursing programs by enrolled students*
- *Advocate for safe and healthy work environments*
- *Advocate for increased reimbursement to facilities and providers*
- *Advocate for health care that is timely, effective, safe, patient-centered, efficient, and equitable*

Quality and Safety of Health Care

- *Support health legislation and policies that facilitate the implementation of best practices and/or evidence-based practice*
- *Oppose legislation designed to restrict the scope of practice of registered nurses and advanced practice nurses*
- *Monitor the use of unlicensed assistive personnel*

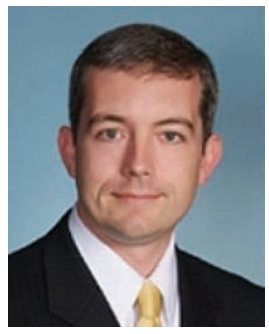
Access to Care

- *Oppose decreases in Medicaid funding across the lifespan*
- *Oppose efforts to increase medical liability caps beyond inflationary increases*
- *Support initiatives that would increase K-12 students' access to Registered Nurses*
- *Support statutory amendments to make the laws governing the practice of nurse practitioners with their training and education*
- *Support timely access to and adequate reimbursement for mental health services*

Promotion of the public's health and safety

- *Support disaster preparation and mitigation programs and activities*
- *Support funding for preventive programs and immunizations*
- *Support child safety issues, including those related to consumer products and vehicle safety*
- *Support highway safety including opposition of the repeal of motorcycle helmet laws and support for primary seat belt and open-container legislation*
- *Oppose the use of necessary health and education general funds for transportation projects*
- *Support the work of coalitions for smoking cessation and clean air*
- *Oppose additional budget cuts to the Trauma Fund* ◆

Welcome James Pickral



James Pickral

VNA is pleased to welcome James Pickral of Pickral Consulting, LLC as our lobbyist. James has a strong background in healthcare legislative and regulatory matters.

Prior to starting his own firm, James worked at Troutman Sanders and also served as the Director of Policy for the Virginia Pharmacists Association. His legislative experience includes serving three sessions as Legislative Assistant to Delegate John O'Bannon.

James is a veteran of the U.S. Army, serving as an infantryman during Operations Desert Shield, Desert Storm, and Provide Comfort; where he was awarded the Combat Infantryman's Badge and an Army Commendation Medal with V Device for valor in combat. He has been a guest lecturer speaking on government relations at the Medical College of Virginia, School of Pharmacy and on the Persian Gulf War at Georgia Southern University.

Please join us in welcoming James to VNA! He can be contacted at james@pickralconsulting.com. ◆

Legislative Issues

Governor Kaine Announces Creation Of Health IT Advisory Commission

RICHMOND—Governor Timothy M. Kaine today announced the creation of the Health Information Technology Advisory Commission by Executive Order 95. The Commission, which will be chaired by Secretary of Health and Human Resources Marilyn Tavenner, is charged with ensuring broad stakeholder engagement and providing guidance to the Governor on the most effective use of American Recovery and Reinvestment Act (ARRA) funds designated for Health Information Technology.

"Health Information Technology has the potential to both reduce costs and improve the quality of health care for all Virginians," Governor Kaine said. "This initiative will ensure that the Commonwealth remains a leader in this area by leveraging the expertise and efforts of our public and private sector partners."

The Health IT Advisory Commission will support the Commonwealth's response to federal grant opportunities, and ensure coordination across multiple related areas, including broadband and telemedicine, in order to maximize the benefits of the funding available to the state. The ARRA will distribute Health IT funds through a grant award process in two key areas:

- $598 million will be distributed nationally over a four year period to assist individuals and small group practices focused on primary care in implementing an electronic health records system. Priority will be given to medically underserved areas and to those who serve the uninsured or underinsured.
- $564 million will be distributed nationally to promote Health Information Exchange (HIE) across the health care system through the use of certified electronic health records. Funding will support state programs to promote EHRs with the goal of improved coordination, efficiency and quality of care.

The Executive Order also designates the Virginia Department of Health as the lead agency for Health IT in the Commonwealth, and the Department has established an Office of Health IT in order to carry out this assignment. The Office will staff the Health IT Advisory Commission, provide guidance to the Governor on Health IT issues, and ensure that the efforts of the Commission are aligned with other Health IT initiatives in the Commonwealth.

The Commission will enlist a broad range of stakeholders including physicians, HIE and privacy experts and hospital and insurance executives. Committee members will include:

- **Marilyn B. Tavenner,** Secretary of Health and Human Resources, Commonwealth of Virginia
- **Mr. Steven "Steve" Harms,** Deputy Chief of Staff, Office of the Governor of Virginia
- **Ms. Karen Jackson,** Deputy Secretary of Technology, Commonwealth of Virginia
- **Mr. John McDonald,** Deputy Secretary of Technology, Commonwealth of Virginia
- **Mr. Christopher Bailey,** Senior Vice President, Virginia Hospital & Healthcare Association and Chief Information Officer
- **Mr. Eric Barber,** Chief Operating Officer, Danville Regional Medical Center
- **Mr. Daniel Barchi**, Senior Vice-President and Chief Information Officer, Carilion Clinic; President, Carilion Biomedical Institute
- **Mr. Geoffrey "Geoff" Brown,** Senior Vice-President and Chief Information Officer, Inova Health System
- **Dr. C. Donald Combs,** Vice Provost for Planning and Health Professions, Eastern Virginia Medical School
- **Ms. Laura J. Dickerson,** Regional Vice President for Business Solutions, Anthem Blue Cross and Blue Shield
- **Dr. Alistair Erskine,** Chief Medical Information Officer, Virginia Commonwealth University Health System
- **Mr. Patrick "Pat" Finnerty,** Director, Virginia Department of Medical Assistance Services
- **Dr. William Hazel, Jr.,** Orthopaedic Surgeon, Commonwealth Orthopaedics; Member of the Board of Trustees for the American Medical Association
- **Ms. Liesa Jenkins,** Executive Director, CareSpark
- **Ms. Aryana Khalid,** Health and Education Legislative Assistant to Senator Mark Warner
- **Mr. Michael Matthews,** CEO, MedVirginia; Advisor to the Governor's Office of Health Information Technology
- **Ms. Susan Motley,** CEO, Virginia Nurses Association
- **Ms. Deborah D. Oswalt,** Executive Director, Virginia Health Care Foundation
- **Ms. Cathy P. Pumphrey,** Director of Planning and Information Management for the Fairfax-Falls Church Community Services Board
- **Ms. Terri M. Ripley,** Director of Systems and Programming, Centra Health
- **Dr. Marshall Ruffin,** Chief Technology and Health Information Officer, University of Virginia Health System
- **Mr. David Selig,** Chief Executive Officer, Community Care Network of Virginia
- **Ms. Anna Slomovic,** Chief Privacy Officer, Anakam, Inc.
- **Dr. Robert M. Wah**, Chief Medical Officer and Vice President, Computer Sciences Corporation ◆

New Guidance Document Impacts Nurse Practitioners

On May 17, 2009, the Board of Nursing adopted Guidance Document 90-33 which authorizes licensed nurse practitioners to write Do Not Resuscitate Orders (DNR Orders). The Board of Medicine adopted the Document on June 25, 2009. The Guidance document states that "licensed nurse practitioners have the statutory and regulatory authority to write Do Not Resuscitate Orders in accordance with §§ 54.1-2957.02 and 54.1-2987 of the Code of Virginia and 18VAC90-30-120 of the Administrative Code.

The authority for a nurse practitioner to write DNR orders must be included in the written practice protocol as a delegate act, and must be performed in consultation with the physician. The Guidance Document is available on the Virginia Board of Nursing website. ◆

Legislative Agenda for Nursing in Virginia: Looking to the Future, Caring for Virginians

The shortage of nurses in Virginia is adding to the increasing economic concerns of health care in Virginia. The current forecast is for a 33% shortage by 2020, while the demand for nurses is expected to grow, with the aging of the population and the need for increased emphasis on health promotion and disease prevention. A decreased supply and increased demand could mean that approximately 3 in 10 people will not have access to nurses when they need them.

Research overwhelmingly indicates that the presence of nurses is associated with improved patient outcomes, and insufficient numbers of nurses are associated with increased patient mortality. Further, with skills in patient education, counseling, and surveillance activities, nurses are positioned to assist Virginia's residents to adopt healthy lifestyles. Therefore, Virginia must continue to assure that there are sufficient numbers of nurses to meet the health care demands of all Virginians.

For there to be sufficient numbers of nurses with the expertise and skills to care for Virginians into the next decade, Virginia nurses are seeking the following:

1. **A commitment from the Commonwealth to increase the educational capacity of the state's schools of nursing**
   - Funding for additional faculty positions
   - Support for infrastructure capacity building through incentive grant programs

2. **A commitment for continued funding of the Department of Health Professions healthcare workforce data center**
   - Sustained funding to create supply and demand datasets for nurses and other healthcare providers
   - Support for systematic analysis and dissemination of workforce data for health policy planning purposes

3. **A commitment from the Commonwealth to allow Nurse Practitioners to practice to the fullest extent of their training and education ◆**

VCNP

Engaging Your Passion

Diane Walker, RN, MSN, FNP-BC
President
Virginia Council of Nurse Practitioners

I am passionate about providing excellent patient care. I love what I do as a nurse practitioner. My enthusiasm for what nurse practitioners bring to health care has continued to grow thorough volunteering with VCNP.

You say you like history? The first 35 years of our history is now up on our website at www.vcnp.net. Do you dare to imagine what practice will look like 35 years from now? What will VCNP be doing when we celebrate our next milestone? Help be part of gathering and preserving our history as we move forward. Ann Bennett, our historian, has done a wonderful job putting this all together for us, and would love to work with you as we collect information in this electronic age.

What are the clinical skills that you seek to improve? What are the professional issues that interest you the most? What type of forums could be created for nurse practitioners to interact with one another? The people who volunteer to create the program for our annual conference would welcome your voice for the brainstorming sessions! This group meets by conference call beginning in June and makes the hard choices about the papers received in the Call for Presentations. We have a fantastic conference planned for you **March 4-7, 2010** in Reston, Virginia. Mark you calendars now- you won't want to miss this one!

How we practice is shaped by the Code and Regulations of Virginia. Every nurse practitioner has a duty to understand the law as it applies to his or her practice. The Government Relations committee of the VCNP continuously monitors proposed legislation and regulations that may affect our practice or the health of our patients. We have also been successful in our work to pass legislation that assures greater access to care, such as prescriptive authority and our signature legislation. Citizens of the Commonwealth need access to health care, and VCNP is working to ensure that our scope of practice accurately reflects our competence and education. Yes, we need your participation!

How can we reach NP students to tell them about our great job postings and opportunity to network with potential preceptors at local meetings? How can we make sure that our members know about all of the great things that membership in VCNP offers? What new benefits of membership can we develop for VCNP members? How can we make sure that new NP's relocating to Virginia find out about us? These are some of the things that the Membership committee of VCNP meets to discuss by conference call- so that every region can lend their voices to the conversation. We would welcome your ideas of how we can strengthen our organization.

Do you Tweet, Facebook, email, text, telephone or read articles in print? Which method is the most effective way to reach most members? As the technology changes, how do we, as an organization, adapt to what's new? These are some of the questions that the Public Relations committee works on. I hope that you have taken advantage of our website at www.vcnp.net. It is a great resource for you and getting better all the time!

I do hope that you will join us. We will be stronger with you. And, for those of you who are already engaging your passion for nursing through active participation in VCNP, we are where we are today because of you. For this, we thank you. ◆

25th Annual Nurses Day at the General Assembly

Information on the Virginia General Assembly

The 2010 General Assembly convenes on Wednesday, January 13, 2010 for a sixty-day ("long") session. Odd-numbered years are mandated by the Constitution of Virginia to be thirty-day ("short") sessions, and even-numbered years to be sixty-day ("long") sessions.

Legislative "Odd and Even-Numbered" Years

Prior to the adoption of the 1970 Constitution of Virginia, the legislature met in biennial sessions with special sessions called by the Governor when necessary in the intervening years. The 1970 Constitution of Virginia mandated an annual session for the legislative procedures for biennial sessions.

The term of office of the House of Delegates (two years) forms the basis for an understanding of legislative odd and even numbered years.

The House of Delegates

Long Session	• Assumes Office in January
(even numbered year)	• Enacts a Biennial Budget
(sixty-day)	• Introduces New Legislative Proposals
	• Is Permitted to "Carry Over" (Postpone) Certain Legislative Proposals to the Following Year
Short Session	• Second Year of Term
(odd numbered year)	• Enacts Supplemental Budget Appropriations
(thirty-day)	• Introduces New Legislative Proposals
	• Is Permitted to Act on Proposed Legislation Carried Over From Preceding Year

This two year pattern completes a legislative cycle.

The Senate possesses all the legislative privileges and prerogatives of the House of Delegates, with the exception that the Senate acts upon the budget legislation as introduced and proposed by the House of Delegates. The Senate serves a four-year term which matches two of the House of Delegates legislative cycles.

JOINT COMMISSION ON HEALTH CARE

Authority for Study

The Joint Commission on Health Care (JCHC) was created by the 1992 Session of the Virginia General Assembly, pursuant to Senate Bill 501 and House Bill 1032. This sixteen-member legislative commission, with a separately staffed agency, continues the work of the Commission on Health Care for All Virginians (Senate Joint Resolution 118, 1990 Session).

The JCHC presents its recommendations for legislative action prior to each session of the General Assembly. These recommendations are based on studies undertaken as a result of actions taken in the previous session. The JCHC reviews/studies issues related to health care, the health workforce, the academic medical centers, indigent health care financing, and a variety of insurance issues among others.

Internet address is: http://legis.state.va.us.jchchome.htm

HOW A BILL BECOMES LAW

Bill — A proposal to enact new legislation or amend (change) an existing Statute. A bill will almost always affect the Code of Virginia by creating or amending statutory law. (Exception: "private bills," or the enactments affecting a single individual.)

Resolution — A legislative proposal for an action not affecting statutory law (Code of Virginia). For example, resolutions may:

- Request a legislative study of a specific subject area
- Inform the U.S. Congress of the sense of the General Assembly on an issue
- Propose an amendment to the Constitution of Virginia
- Commend or honor an individual or organization
- Create a legislative commission

A **proposed bill or resolution** as printed contains all information necessary for that specific piece of legislation. The items in a proposed bill are these:

Number

House of origin (House or Senate) and number in order of introduction. Bill numbering is consecutive through two annual sessions. The numbering begins on the even-numbered year (HB1, SB1) and continues through the following odd-numbered year (HB2---, SB9---).

Offered

Date of introduction of the legislation.

Descriptive Statement

A bill to amend the Code of Virginia (Code Section), relating to a (Subject of Bill). Or a summary statement of the subject of the resolution.

Patron(s)

The person(s) responsible for introducing the legislation. NOTE: Should the entry state "BY REQUEST" followed by the name of the legislator, it means that a member has introduced the legislation upon "request". The member agrees to introduce the legislation, but is not committed to encourage its passage.

Referred to

The committee assignment.

Bill

All new or amended wording is printed in *italics.* If the bill amends selected portions of an existing statue, the current wording is printed in Roman type and crossed through with dashes (e.g. ~~incorrect~~).

Resolution

Text is in Roman, and is printed in italics if the proposed resolution refers to new or amended sections of the Constitution of Virginia.

Effective Date

If no specific date appears on the last line of the bill, it will become effective on the standard date of July 1, of that year. Any other information will be stated on the last line, such as:

- "an emergency exists and this act is in force from its passage" (becomes effective upon the signature of the Governor)
- shall become effective January 1, 200- or whatever date has been selected (is used when an extended time period is required before the statute becomes operative).

PASSAGE THROUGH THE LEGISLATIVE PROCESS

Complete details of Passage . . . Will be in handbook provided on February 4,)

1. A bill is drafted by the Division of Legislative Services and is printed containing the bill number, title, date of introduction, specific section of Code of Virginia to be affected, patron, committee assignment, and text.
2. Bill is introduced and sent to the appropriate committee for action. The committee may:
   - study the measure as presented and vote to report the bill to the floor for action
   - amend the text and vote to report the bill to the floor for action
   - substantially amend and rewrite the text, and vote to report the bill to the floor for action.
   - vote to kill the bill

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25th Annual Nurses Day at the General Assembly

The Virginia General Assembly continued from page 8

- declare the bill to be PASSED BY INDEFINITELY (PBI). Should this occur, the committee has chosen "not to consider the bill for any legislative action."
- re-refer the bill to another committee for action, or recommit to the same committee for further study.
- take no action whatsoever. In this situation the bill is killed automatically at the close of business of the final day permitted for committee action.
- carry over to following legislative session/ postpone action for one year (permitted in even-numbered years only).

3. If the bill is voted upon in committee and reported to the floor for house action:
   - The bill will have its FIRST READING.
   - After a calendar day, the bill is again read and printed on the calendar for its SECOND READING. Amendments are considered and the bill debated. Members vote the question, "whether it shall be engrossed, read, and printed on the calendar a third time." A surviving bill is referred to as an ENGROSSED BILL.
   - If the House agrees to ENGROSSMENT the bill is reprinted with amendments and appears on the calendar as its THIRD READING. In its house of origin, an engrossed bill is not debatable or amendable, although members may speak to the issue for or against the bill. When not in its house of origin, an engrossed bill on its third reading is debatable and amendable.
4. If the bill passes on the floor of the house of origin, it is sent to the second house for action. The same steps are followed in the second house:
5. If approved by both houses, the bill is sent to the Governor. The Governor may
   - sign the bill into law
   - veto the legislation (to be returned to the General Assembly within seven days for a possible override of the veto). This provision is mandated by the Virginia Constitution but rarely occurs in legislative practice. See also: 1980 Amendment—Gubernatorial Veto Override.

A **resolution** is drafted, printed, introduced, and assigned to committee in the same manner as a bill. The majority of resolutions are either SENATE JOINT or HOUSE JOINT RESOLUTIONS (SJR, HJR), and require concurrence and agreement by both houses.

A resolution will follow the same general legislative process as a bill and requires similar committee and floor actions.

Tips on Contacting a Legislator:

You can find out who your legislature is as well as track bills by accessing the General Assembly's website at http://legis.state.va.us/

Try to find out as much as you can about your elected officials before your visit. For example: What committees do they sit on?; What leadership positions do they hold?; Do you know anyone who knows them?

If the person you are lobbying does not sit on a committee addressing issues important to you, do not expect them to know much or even anything about the issue. Explain the issue and ask for a vote when the issue comes to the floor.

DON'T BE SURPRISED IF YOU END UP TALKING WITH THE STAFF. The staff concerned with health care/ manpower issues is an important person. Expect less than one hour of the person's time. This is the busiest time of the year. Thank them for their time.

ASK AND OFFER. That is, ASK the elected official to support your issue. OFFER to testify, provide background information, set up a meeting with health care people in your district, VOLUNTEER to work on the election campaign or provide a forum for campaigning. Those elected officials up for re-election are already thinking of their campaigns.

THANK THEM for positive past votes and past positive actions of support. Be friendly.

If they disagree with your position. Try to find an area of the subject on which you can agree. Find out if the position is a final one or if you can provide further information at a later date to persuade a change of heart.

FOLLOW-UP. See them when they are home after the session (see the General Assembly Calendar and the lists of addresses and phone numbers in this package). Continue to contact them by phone or in person, or write to them regularly. When writing, use:

The Honorable _____
The Virginia House of Delegates
General Assembly Building
910 Capitol Street
Richmond, VA 23219
(Or use local address)
Dear Delegate _____:

The Honorable _____
The Virginia Senate
General Assembly Building
910 Capitol Street
Richmond, VA 23219
(Or use local address)
Dear Senator _____:

Letters should be polite, brief and to the point—stating your stand, identifying the bill under discussion by number, urging action or amendments and your reasons; and giving your address and phone number. ◆

25th Annual Nurses Day at the General Assembly

VIRGINIA NURSES ASSOCIATION

Registration Form

THE STATE OF NURSING IN VIRGINIA

25th Annual Nurses Day at the General Assembly

February 3, 2010; 8:00 am-4:30 pm

The Richmond Marriott, 500 E. Broad Street, Richmond, VA

*Name—**Please Type or Print Clearly**—this will be printed on your nametag.*

_____

Permanent Address

_____

City *State* *Zip Code*

_____

E-mail Address *Home Phone* *Work Phone*

_____

Registration Fee

Mail To:
Virginia Nurses Association
7113 Three Chopt Road, Suite 204
Richmond, VA 23226

Make checks & money orders payable to VNA Legislative Day
Fee includes: materials, legislative packet, coffee and lunch. It does NOT include parking fees- which must be paid separately.

- ❑ VNA Member $75
- ❑ VNA Non-Member $95
- ❑ Retiree (Age 62+) $65
- ❑ Student $49

Students: _____ Will Graduate in May, 2010.
_____ Will Graduate in May, 2009.

We accept *DISCOVER*, *MASTERCARD* and *VISA*; (Circle One).

Credit Card Number Expiration Date

_____

Signature for credit card authorization

_____

REGISTER EARLY

ON-SITE REGISTRATION MAY NOT BE AVAILABLE; LAST YEAR WE REACHED A CAPACITY LEVEL.

If on-site registration is available, it will NOT include lunch.

LATE FEE - After January 18, add $20.00. **Refund Policy--- NO REFUNDS AFTER JANUARY 29, 2010.**

Full refund minus a 25% administration fee if canceled by Jan. 29, 2010.

Registration forms can also be downloaded from **www.VirginiaNurses.com**

You may fax this form to the VNA if you decide to pay by credit card.

VNA Fax number is: 804-282-4916.

25th Annual Nurses Day at the Virginia General Assembly

Sponsorship Opportunities

PLATINUM—$5,000

- Presenting sponsor recognition on printed materials pertaining to the event which would include: invitation, attendee registration form, signage at the event, and event program)
- ½ page black & white advertorial in the winter issue of *VIRGINIA NURSES TODAY* distributed to over 88,000 registered nurses and students in Virginia. (Ad submission deadline— December 15, 2009). This will be in addition to other advertising you have contracted for in the *VNT*.
- One exhibit table at the event
- Four lunches—(each additional lunch will be $35.00)
- Two tables of 10 for lunch which could be used for student networking
- Presenting sponsor logo on Virginia Nurses website
- Presenting sponsor recognition in all registration packets
- Presenting sponsor recognition in the electronic newsletter, *VNA Voice*

GOLD—$3,500

- Sponsor recognition on printed materials pertaining to the event which would include: invitation, attendee registration form, signage at the event, and event program)
- ¼ page black & white advertorial in the winter issue of *VIRGINIA NURSES TODAY* distributed to over 88,000 registered nurses and students in Virginia. (Ad submission deadline— December 15, 2009). This will be in addition to other advertising you have contracted for in the *VNT*.
- One exhibit table at the event
- One table of 10 for lunch which could be used for student networking
- Four lunches—(each additional lunch will be $35.00)
- Sponsor recognition on Virginia Nurses website
- Sponsor recognition in all registration packets
- Sponsor recognition in the electronic newsletter, *VNA Voice*

SILVER—$2,500

- Sponsor recognition on event signage and in the event program
- One exhibit table at the event
- One table of 10 for lunch which could be used for student networking
- Sponsor recognition in all registration packets
- Sponsor recognition in the electronic newsletter, *VNA Voice*
- Two lunches—(each additional lunch will be $35.00)

EXHIBITOR—$575

- Exhibit Table and 2 chairs
- Two lunches—(each additional lunch will be $35.00)
- Electrical feed
- Acknowledgement as event exhibitor in the Winter issue of *VIRGINIA NURSES TODAY* ◆

2009 Virginia Nurses Foundation Gala

Nancy Vance Award winner Judy Collins (right) with previous Vance Award Winner and Presenter Corinne Dorsey (left)

Hugh Goldthorope receives Friend of Nursing Award from Shirley Gibson (left) and Ruth Vaiden (right)

Judy Collins, 2009 winner of the Nancy Vance Award

VNF VIRGINIA NURSES FOUNDATION

Thanks to the VNF Gala Supporters for help making this year a Huge Success!

Presenting:

Bon Secours of Virginia
Centra
Owens and Minor
University of Virginia
Virginia Commonwealth University Health System
Winchester Medical Center

Hall of Fame:

Reston Hospital Center
HCA - Virginia Health System
Virginia Hospital and Healthcare Association
Gannett Healthcare Group

Caring Contributors:

Rebecca Bowers-Lanier
Carilion Clinic
Arthur Davis Publishing Agency
Shirley Gibson
The Homestead
Martha Jefferson Hospital
Virginia Council of Nurse Practitioners

VNF President, Teresa Gaffney names VNF Scholarship for Leadership for Dr. JoAnne Henry in recognition for her founding of the Central Virginia Nursing Leadership Institute

Participants came from across Virginia to celebrate Excellence in Nursing.

Karen Drenkard, Director of the Magnet Recognition Program for the American Nurses Credentialing Center Recognizing the newest Magnet Facilities in Virginia.

Don't Let It Happen to You: Seven Emerging Areas of Identity Theft

Brought to you by MetLife Auto & Home®

These days, the threat of identity theft and fraud is something every educated consumer knows about, and has probably taken steps to prevent against. However, even with preventative measures in place and improvements being made in developing tools to fight this type of crime, identity thieves have gotten trickier—and are finding new and more creative ways to "borrow" a person's identity.

Some emerging opportunities for identity theft include:

- **Medical identity theft,** involving the "theft" of a person's name and personal information to obtain medical services or treatment. Medical identity thieves may also exploit a victim's identity to forge insurance claims for monetary gain. This crime can be life-threatening, because the fraudulent information can end up as part of your permanent medical history.
- **Identity theft of a newborn or underage child.** This is an attractive area for identity thieves, because it can take years before the theft of a child's identity is detected.
- **Reporting for duty.** Despite the service they are providing to America, active duty military personnel serving overseas are at heightened risk of identity theft. Because they are abroad, an identity breach is likely to go undetected longer, which gives criminals time to do more damage.
- **Moving to a new home.** Those mountains of paper tossed in the trash and the flood of sensitive mail that may end up at the wrong address create opportunities for confusion and increase the risk that sensitive information may fall into the wrong hands.
- **The loss of a loved one.** As unpleasant as it may sound, unscrupulous individuals may attempt to "take over" the identity of a deceased person for financial gain. That may force the survivor to cope with the stress of a personal financial catastrophe at a time when he or she is trying to recover emotionally.
- **Traveling overseas.** Discovering the world can be exciting, but there are possible financial perils—such as the loss of a passport, driver's license, or credit cards in a foreign country. Furthermore, as with military service, an extended stay overseas can mean that it takes longer for an identity breach to be discovered.
- **A natural disaster.** The days after a natural disaster or catastrophe can be hectic and confusing. The upheaval can create opportunities for identity fraud and theft to occur, because one's personal information is more vulnerable when ordinary life is disrupted for both individuals and government agencies. ◆

Virginia Nursing Hall of Fame

Virginia Nursing Hall of Fame Class of 2009

Roy Carpenter Beazley (1902-1985) During her 40-year career at the University of Virginia, Roy Beazley made significant contributions to nursing education, nursing services, and the nursing profession. She helped to secure national accreditation for the diploma program, transform the nursing program into a university-based school, and initiate a practical nursing program for African American women. Beazley served an unprecedented seven years as president of the Virginia Board of Nursing.

Mary Elizabeth Lancaster Carnegie (1916-2008) A nationally renowned nurse minority advocate, Elizabeth Carnegie affected health and social welfare globally through her sustained commitment to equality in nursing practice, education, administration, research, and scholarship. She began her teaching career on the faculty of the St. Philip School of Nursing at the Medical College of Virginia. Her pioneering work included the initiation of a four-year baccalaureate nursing program at Hampton University, the first in Virginia.

Jessie Wetzel Clark Faris (1882-1960) Jessie Faris, the first and longest serving administrator for the Virginia Nurses Association, established a role for the executive officer in legislative affairs. She was the founding editor of the association's first official publication, *The Bits of News*. Working closely with other nurses and professional organizations, Faris helped push through legislative changes allowing the Virginia Board of Nursing to approve educational programs and grant licenses to practical nurses.

Dorsye Elizabeth Russell (1919-2000) Dorsye Russell established her reputation as a strong leader early in her 50-year professional career. She was the only Virginia nurse to have served as president of the Virginia Nurses Association, the Virginia League for Nursing, and the Virginia Organization of Nurse Executives. One of the early masters-prepared nurse educators, Russell shaped nursing programs in Fredericksburg, Lynchburg, Martinsville, and Staunton.

http://www.library.vcu.edu/tml/speccoll/vnfame/

Virginia Nursing Hall of Fame

Nurses' Stories

A Nurse With Heart

By Patty Kruszewski
Henrico Citizen Publication
Reprinted with Permission

Jill Gray had not been a nurse for long when she decided that she'd found her home—perhaps even her calling—in cardiac surgery.

Becky Murphey and John Senn are among the countless numbers of Gray's colleagues, patients and their family members who would agree that it was a providential decision.

At a celebration at Henrico Doctors Hospital (HDH) Forest Campus on Sept. 9, Murphey and Senn were also among the admirers who looked on as Gray was lauded for her selection by The Mended Hearts, Inc. as one of two top nurses in the nation.

Established to show appreciation "to the nurses who make a positive difference in their care and presence," The Sydney & Helen Shuman Nurse Recognition Award annually honors two nurses in the cardiac field who show exceptional dedication.

Gray's recognition stemmed from a nomination submitted by John Senn, Murphey's significant other, after observing Gray at her post in the HDH Cardiac Surgery Intensive Care Unit (CSICU) in June 2008. Murphey, said Senn, had had surgery a few days earlier, and was having a difficult time dealing with the trauma and pain.

In his letter nominating Gray for the award, Senn wrote, "From the beginning of her shift to the end that day, she exuded the understanding and compassion that this patient needed in a very calming manner."

As her shift neared its 4 p.m. end, and Gray's husband called to ask when she would be home, she told him that a patient needed her and she would be late. Then she extended her shift an extra hour to bathe the patient and prepare her for the move to another floor.

In his submission letter, Senn noted that while all the nurses in CSICU had been attentive, Gray went beyond the call of duty. "That day Jill not only showed kindness and real concern for the emotions the patient was experiencing—she also gave of her own time to help the patient deal with them. She gave the patient the bath she had promised before leaving that day. Here is a true care-giving nurse who needs to be recognized for her excellence."

Also a veteran of heart surgery, as well as vice president of the local chapter of Mended Hearts, Senn was joined for the awards presentation by Chapter 28 President Hank Atkinson.

"If I ever have heart surgery again," said Atkinson, "I know who I want my nurse to be!"

Equal Opportunity Disease

Mended Hearts, Atkinson noted, was founded with four members and now boasts 18,000 members in 250 chapters across the U.S. Affiliated with the American Heart Association, the organization partners with hospitals and rehabilitation clinics to offer hospital visits and support group meetings to patients with heart disease.

"Heart disease is an equal opportunity employer," Atkinson emphasized. "It does not discriminate—[it strikes] rich and poor, young and old, educated and non-educated, black and white.

"But we in Mended Hearts are discriminating," said Atkinson. "Each year we pick the two best nurses in the U.S.—and we pick the chapter that's best."

Two years ago, he said, the Richmond chapter of Mended Hearts won the President's Cup award for being the best of 250 chapters across the country.

Addressing the crowd of HDH administrators and staff in attendance—which included Murphey's heart surgeon, Dr. Richard Reynolds—Atkinson credited the chapter award to "work[ing] with people like you. We work with a lot of nurses and doctors here—and we haven't found any we don't like."

Gray seconded Atkinson's observations about the quality of the hospital staff, noting that she has spent 10 of her 12 years in cardiac surgery at Henrico Doctors.

She said she was proud to work at HDH "and to give people the best possible experience during difficult times . . . I know so many nurses who show the same compassion and treat patients with the same care." Her own actions, she added, just happened to have been recognized in a letter.

"Thank you, John," she said to Senn, "for taking the initiative to nominate me."

PRIDE Award

In addition to collecting her national award on Sept. 9, Gray was presented with the PRIDE Award—the highest honor one can receive at HDH. Each month, the hospital's "Recognizing Excellence" program receives 75 to 100 nominations from patients, visitors and staff personnel. Finalists are judged by a jury of peers, and the award is made only every few months, to only the most deserving of nominees.

Citing Gray's clinical as well as personal skills, Linda Stephenson, manager of the Nursing Department, remarked on Gray's professionalism, integrity, supportive and friendly attitude, and her skill in forming alliances with patients, families, and the hospital community.

"Jill exudes kindness in all of her interactions," said Stephenson, "whether it is a patient, family member, or coworker. Her calm demeanor on the unit sets the tone for a positive work environment . . . [and] make her a role model for this department.

"To Jill, how a patient is cared for emotionally is equally as important as how they are cared for physically . . . She consistently puts the needs of the patient first."

Stephenson added that Gray has devoted a great deal of personal time to the development of the Healing Enhancement Program, which integrates mind and body healing into the CSICU experience. She also sends Christmas cards to heart transplant patients.

"Our families often comment," said Stephenson, "that Jill goes above and beyond what is necessary. She pays attention to the details that turn a good experience into a great one."

Gray does all this, said Stephenson, in addition to raising three children with her husband John—who at one time was out of the country, serving in Iraq.

After Hank Atkinson tallied a similar list of the sterling qualities Gray demonstrated to win the national award, he paused before adding, "I forgot to mention another qualification. In order to win this award, you've got to be some kind of nurse—an RN, or an LPN."

Of Gray, Atkinson said, that summed it all up.

"Because," he said, with an admiring glance her way, "she is some kind of nurse!" ◆

Nurse Writers

Two Virginia Nurses who have written books which are scheduled to be published

Anastasia, Florence Nightingale and I, a Nurse's Story
By Barbara Brooks Wallace

Just as the iconic Florence Nightingale was a born nurse, so was my mother, Nicia Brooks, whose story this is. She born in Czarist Russia and at age eight she emptied the bloody basins of an aunt dying of tuberculosis. At age seventeen she entered the Harvard Medical School of China as a nurse probationer. There she chose to serve as a surgical nurse, and in time, proudly earned her coveted nurse's cap.

I have tried to tell her story very much as she told it to me. She was a five-foot-tall charmer and it was hardly surprising that so many of her patients fell in love with her. But above and beyond all else, she was a nurse in the true sense of the word.

The book can be found at Amazon.com, Barnes & Noble.com, and a number of foreign web sites, such as German, Italian, and Scandinavian.

Virginia Nurse Finds a Novel Niche

Gina Holmes' nursing career has been varied, taking her all the way from the delivery room to palliative care and everything in between. She currently works as a dialysis nurse at Carilion Clinic. Holmes says that she went into nursing for the reasons most of us do, to help, to minister, and to make a difference.

This same desire to help others understand, be encouraged and heal is in large part what sparked her desire to write a novel. She began her journey toward publication more than ten years ago, trying her hand in everything from greeting cards to magazine articles but found only marginal success.

Her newest novel, Crossing Oceans is set to be released in June, 2010.

Holmes explains this novel is the story of a young mother who must return home to face the ghosts of her past, and transition her little girl into the arms of a father, who never knew she existed.

To learn more about Gina Holmes, visit www.ginaholmes.com or her award winning literary blog, Novel Journey-www.noveljourney.blogspot.com. ◆

Nursing Practice

ANCC's Pathway to Excellence Program

By Ellen Swartwout, RN, MSN, NEA-BC

Introducing the Pathway to Excellence® Program

The American Nurses Credentialing Center's (ANCC) Pathway to Excellence® credential is granted to healthcare organizations that create work environments where nurses can flourish. The designation supports the professional satisfaction of nurses and identifies best places to work.

To earn Pathway to Excellence status, an organization must integrate specific Pathway to Excellence standards into its operating policies, procedures, and management practices. These standards are foundational to an ideal nursing practice environment with a positive impact on nurse job satisfaction and retention. Pathway to Excellence designation confirms to the community that the healthcare organization is committed to nurses, recognizes what is important to nursing practice, and values nurses' contributions in the workplace. Nurses know their efforts are supported. They invite other nurses to join them in this desirable and nurturing environment.

ANCC grants Pathway to Excellence designation for three years. Any healthcare organization, regardless of its size, setting, or location, may apply for this mark of excellence.

Program History

In 2003, the Texas Nurses Association (TNA) established its Nurse-Friendly™ hospital program to improve the workplace and positively impact nurse retention. With the help of a five-year funding grant from the U.S. Health Resources and Services Administration (HRSA), the program sought to enhance both the quality of patient care and professional satisfaction of nurses working in rural and small hospitals in Texas. TNA designated its first Nurse-Friendly facility in 2005.[13,14]

The program attracted many inquiries from other states about possible expansion. Texas Nurse-Friendly sought to transfer their program to a robust, collegial organization that could build on this success, while assuring the program's integrity as it expanded nationwide. ANCC was able to facilitate the expansion of the Texas Nurse-Friendly program into a national program and expand the high quality and superb reputation of the TNA Nurse-Friendly hospital program into ANCC's existing portfolio of credentialing activities. ANCC acquired the program in 2007.

In re-launching the Nurse-Friendly hospital designation to a national audience, ANCC renamed the program Pathway to Excellence®.

Healthy Work Environments Make a Difference

The impact of healthy work environments on nurse satisfaction and retention is evident in the literature.[2,6,9] In addition, many studies have indicated a strong impact of a positive work environment on patient safety, patient satisfaction and quality care.[1,3,4]

Research has shown the nurse practice environment greatly influences many factors that affect both the nurse and patient. One key priority in healthcare is the safe delivery of nursing care. The Institute of Medicine's (IOM) report indicated that between 44,000 to 98,000 deaths occur annually due to medical errors.[5] Nurses are among the healthcare professionals who practice in a complex environment and can impact patient safety through their clinical practice.

At the core of the Pathway to Excellence program is a nursing practice environment that supports shared governance, interdisciplinary collaboration, leadership, quality, safety, professional development and work-life balance. Tested in Magnet environments, similar characteristics have translated into better patient outcomes, nurse satisfaction and quality care.[1,10,11]

The ability for nurses to problem solve, collaborate with other disciplines and handle conflict is critical to quality patient care. In a study by Siu, Laschinger & Finegan (2008), positive work environments enhance nurses' conflict management skills, thus influencing the unit effectiveness.

Work- life balance and recognition for one's contributions in the workplace are important factors in the prevention of burnout. In a study that tested the Nursing Worklife Model, which measured the relationship between the nurse work environment and patient safety outcomes, it was demonstrated that the quality of the nurses' work environment mediated with burnout and engagement, influenced patient safety outcomes.[7] Another study of the Nursing Worklife Model, indicated that a professional practice environment had an impact on predicting nurse burnout.[8]

Each Pathway to Excellence practice standard supports the essential components of a healthy work environment. The evidence indicates that organizations that embrace the elements of a positive nursing practice environment have a great impact on nurse satisfaction and retention, a key component of a Pathway to Excellence designation. Results have also demonstrated an influence on patient safety and quality care as well. It is evident that a healthy work environment does indeed matter for both nurses and patients.

The Vision for the Pathway to Excellence Program

A vision is a statement about the desired future. When thinking about the future, Pathway to Excellence healthcare organizations will be known for creating work environments where nurses can flourish. They will be places identified as nursing practice settings where a collaborative atmosphere prevails with a positive impact on nurse job satisfaction and retention. They will be seen as best places to work because a balanced lifestyle is encouraged, where nurses feel their contributions are valued as patient care partners in health care to the community.

Pathway to Excellence Standards

Based on evidence and expert nurse input, the Pathway to Excellence Practice Standards represent qualities that both nurses and researchers agree are critical to high quality nursing practice, professional development, and job satisfaction. ANCC encourages the use of these standards in all nursing practice environments. The Pathway to Excellence practice standards are:

1. Nurses Control the Practice of Nursing
2. The Work Environment is Safe and Healthy
3. Systems are in Place to Address Patient Care and Practice Concerns
4. Orientation Prepares New Nurses
5. The Chief Nursing Officer is Qualified and Participates in all Levels
6. Professional Development is Provided and Utilized
7. Competitive Wages/Salaries are in Place
8. Nurses are Recognized for Achievements
9. A Balanced Lifestyle is Encouraged
10. Collaborative Interdisciplinary Relationships are Valued and Supported
11. Nurse Managers are Competent and Accountable
12. A Quality Program and Evidence-Based Practices are Utilized

What Makes this Program Unique?

ANCC's Pathway to Excellence Program® recognizes the *foundational elements of an ideal nursing practice environment* whereas, the Magnet Recognition Program® *recognizes excellence in nursing and patient care*. Pathway to Excellence standards focus on the workplace, a balanced lifestyle for nurses, and policies and procedures that support nurses on the job. Written documentation and a confidential, online nurse survey confirm the standards are met.

Is Your Organization Ready?

Use the Pathway to Excellence self-assessment tool at www.nursecredentialing.org to determine if your organization is ready to begin the application process.

E-mail the Pathway to Excellence Program Office at pathwayinfo@ana.org if you have questions.

Pathway to Excellence Practice Standards represent qualities that both nurses and researchers agree are critical to high quality nursing practice

Learn More

Watch for upcoming articles with more information about the Pathway to Excellence program. Topics include:

- The Many Benefits of Pathway to Excellence Designation
- Getting Started: Organizational Assessment and Gap Analysis
- The 12 Practice Standards and Elements of Performance
- How to Apply for Pathway to Excellence Designation
- The Pathway to Excellence Designation Evaluation Process
- Case Study: A Pathway to Excellence Facility

About the American Nurses Credentialing Center

The American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA), provides individuals and organizations throughout the nursing profession with the resources they need to achieve practice excellence. ANCC's internationally renowned credentialing programs certify nurses in specialty practice areas; recognize healthcare organizations for promoting safe, positive work environments through the Magnet Recognition Program® and the Pathway to Excellence® Program; and accredit providers of continuing nursing education. In addition, ANCC's Institute for Credentialing Innovation provides leading-edge information and education services and products to support its core credentialing programs. ◆

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How Coaching Differs from Mentoring

By Pat Williams

As you progress through your nursing career, your needs may change and you may find yourself wondering about the difference between coaching and mentoring.

Both coaching and mentoring involve a supportive partner who can help an individual improve personal and professional satisfaction. In both relationships, the client or person being mentored is responsible for the decisions they make and the actions they take.

Coaching is an individualized, structured partnership in which the coach listens, observes and customizes their approach to the client's needs. A professional coach believes that the client is naturally creative and resourceful and seeks to elicit solutions and strategies from the client. The coach's job is to provide support to enhance the skills, resources and creativity that the client already has. A professional coach may help the client:

- Brainstorm strategies to deal with a difficult situation at work.
- Practice new skills or critical conversations in a safe, non-judgmental environment.
- Plan for the next phase of his or her career.
- Look at the way current choices impact work-life balance and identify the changes that will have the biggest impact on personal and professional satisfaction.
- Objectively assess leadership, communication or conflict skills and provide tools to increase emotional intelligence and become more effective both personally and professionally.

A coach and client may or may not come from the same field. Even if the coach and client share a similar background, the primary focus of coaching is to help the client find his or her own answers, rather than the coach offering advice. A coach and client typically work together for a specified period of time or through a specified issue or transition.

Coaching is an individualized, structured partnership in which the coach listens, observes, and customizes their approach to the client's needs.

According to the International Coach Federation (www.coachfederation.org), mentoring can be thought of as "guiding from one's own experience or sharing of experience in a specific area of industry or career development." A mentoring relationship typically, but not always, involves an older or more experienced mentor sharing wisdom and offering advice to a younger or lesser experienced individual in the same profession.

A mentor may:

- Serve as a role model for the person being mentored.
- Provide useful introductions and networking opportunities.
- Help an individual successfully navigate the culture, politics and unwritten rules of an organization.
- Advocate on behalf of the person being mentored.

Mentoring may occur in a structured setting, but can also be more informal in nature. A mentoring relationship may be for a defined time period or continue throughout an individual's life, and the mentor may, over time, become a trusted friend.

Both mentors and coaches can be valuable as part of a nurse's career support team. The Center for American Nurses has launched a new coaching program designed to help nurses connect with professional coaches familiar with the diverse aspects of a nursing career. To learn more about the coaching program and meet the coaching team, visit www.centerforamericannursescoaching.org. ◆

About the Author

Pam Williams, ACC, is a Chief Innergy Officer at Innergized!, Inc. She and her partner, Marci Moore, are working closely with the Center for American Nurses to coordinate the Center's Coaching Program. Marci and Pam presented Take Off the Cape and Soar and provided career coaching at the 2007 LEAD Summit.

A Precautionary Tale

by Barbara Cruickshank RN, MSN

A young mother compares prices on shampoo and lotion for her infant son. A group of teenagers try out the newest shades and flavors of lip gloss. Other shoppers are buying personal care products for themselves and their families. Many of these shoppers do not know that the products they are buying contain chemicals that accumulate in their bodies. Most do not know that these chemicals are linked to cancers, neurologic dysfunction, hormone disruption, immune disorders, and asthma, according to the U.S. Center for Disease Control.[1]

There are over 80,000 chemicals in use in this country. According to the Environmental Working Group (EWG.org), only about 11% of these chemicals have had safety testing for use in humans. The EPA does not require premarket testing of most chemicals in the United States. Companies are free to use chemicals in a variety of combinations. They are not required to list all ingredients on the product label.

Scientists have long researched chemical pollution in our water, air, and land. They have only recently begun to look inside the human body. Studies are confirming what many scientists have long suspected—chemicals in products that we use everyday are accumulating in our bodies. These chemicals are inhaled into our lungs, absorbed through the skin, eaten on food, and passed through the umbilical cord to the unborn fetus. A study in 2005, examined umbilical cord blood and found an astonishing array of 287 different chemicals in 10 newborn infants.[2] The chemicals included 22 different pesticides, flame retardants, heavy metals, wood varnishes, and many other industrial chemicals. Blood samples of teenagers detected chemicals from cosmetics, sunscreens, and shampoos.[3] Scientists speculate that all humans are carrying a body burden of industrial chemicals.

Many scientists are concerned that the accumulation of chemicals in the human body is contributing to the increases that are being seen in cancers, autoimmune disorders, neurologic diseases, and asthma.[4] The American Nurses Association (ANA) has joined with the Environmental Working Group (EWG) and others in an effort to increase public awareness. EWG scientists have developed a data base of personal care products that enables the consumer to learn the chemical composition of a product, the potential health effects of the chemicals, and the overall toxicity rating of the product. Consumers are also able to find products with lower chemical toxicity scores. (ewg.org/reports/skin deep/.) The ANA is one of many sponsors of the "Campaign for Safe Cosmetics."

Nurses can learn about this issue from organizations such as the ANA, Environmental Working Group, Campaign for Safe Cosmetics, Sierra Club, Physicians for Social Responsibility, and Health Care Without Harm. A short video, featuring scientists and physicians at the forefront of this research is available at www.contaminatedwithoutconsent.org/. Nurses must advocate for legislation that requires premarket safety testing of chemicals in consumer products.

In 2003, the ANA adopted the precautionary principle to guide policy on health and the environment. This principle states: "when an activity raises threats of harm to human health or the environment, precautionary measures should be taken even if some cause and effect relationships are not fully established scientifically" (http://gdrc.org/u-gov/precaution-3html). There is strong scientific research that links illness and industrial chemicals. The European Union and several other countries have adopted the precautionary approach. The EU has begun an evaluation of their chemical policy and will soon require premarket testing of chemicals before they are used in consumer products.[5]

Nurses are in a unique position to educate families, patients, and other medical professionals. We must network with other health and environmental groups. We must support companies that are making safe products and boycott companies that are not. We have a responsibility to inform the public about dangerous chemicals in personal care products in order to prevent further unnecessary exposures. ◆

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Report on the Virginia State Crime Commission Study on Hospital Emergency Department Violence

By James Pickral, Lobbyist
Virginia Nurses Association

During the 2009 session of the General Assembly, two pieces of legislation were introduced dealing with hospital emergency department violence. The first, SJR 358, was patroned by Senator Ken Stolle and directed the Crime Commission to study issues of public safety in hospital emergency departments. Specifically, it directed the Crime Commission to:

- determine the occurrence of violent incidents in EDs across the Commonwealth
- compile strategies that can be used by hospitals to prevent or deal with violent incidents
- identify the most effective methods of preventing ED violence
- report how hospitals deal with violent incidents when they occur

The second, HB 2436, was patroned by Delegate Chris Peace and sought to add specific emergency department employees (doctors, nurses, physicians assistants, nurse practitioners) to section C of § 18.2-57. This section of the code of Virginia contains the list of felony assault and battery penalties. Delegate Peace's bill was merged into Senator Stolle's for review by the Crime Commission.

On September 16th, Crime Commission staff presented their findings to the full Commission. Staff undertook a number of actions to gather the relevant information. These actions included creating a workgroup of practioners, a literature review, a fifty state survey, emergency department visits, and attending ED security awareness training.

Commission staff identified two areas of particular concern: the limitation of available data to suggest the frequency and nature of assaults on ED personnel and the availability and type of security in hospital ED's. The limitations of the data stem from the fact that neither hospitals nor law enforcement keep detailed records of ED violence. Therefore, there is no reliable data to confirm the number and type of assaults upon ED personnel. Additionally, the review of available literature found that existing studies are limited by sample size and their very general natures. The study found the following challenges relating to ED violence:

- There is no standardized measurement or reporting mechanism for ED violence. Therefore, there is no reliable data to confirm the number and type of assaults upon ED personnel
- There is no requirement to report violent incidents at ED's.
- Types of security and security training are varied across ED's/hospitals in the Commonwealth
  - Security measures and programs vary from hospital to hospital, even within hospital systems
- There is no state-wide requirement for ED personnel safety training
- There is a general reluctance among ED personnel to press charges against patients who are either mentally ill or severely intoxicated, as well as difficulty prosecuting mentally ill patients

There were no recommendations made during this presentation to address the above concerns. The Crime Commission will meet again in December to develop any legislative recommendations they may have for the 2010 session of the General Assembly. Any further action on the topic of hospital ED violence will take place at this meeting. VNA will keep you informed as to any decision the Crime Commission makes regarding their next steps on this issue. ◆

District News

District 8

Northern Virginia, District 8 planning committee met to work on Legislative Issues in October, 2009.

Virginia College to Offer BSN Program

Chesapeake, VA—based Sentara College of Health Sciences, the teaching arm of Sentara Healthcare, has received approval from the Virginia Board of Nursing to begin offering a Bachelor of Science in Nursing Degree (BSN), the *Virginian Pilot* reports. The program marks the first bachelor's degree program for the health system. The BSN program will replace several existing education programs offered at the college for licensed practical nurses and R.N.s. The college is currently accepting applications for the BSN degree program and expects to graduate its first class in May 2012. According to a release, Sentara's program will be one of five BSN programs in the area (*Virginian Pilot*, 7/22/09; Sentara release, 7/21/09). ◆

District 9

Members and Friends of District 9

What a kick off into the fall. The Legislation Dinner held at Augusta Health was a success. I was so glad to meet several of you face to face. I was sad to have missed many of you who didn't take this advantage to meet your representatives and network with other nurses in the district.

Let me reassure you that even though you were not physically present your voice was heard by the representatives. You always have the advantage to e-mail and submit question. Some people came with questions written to be given to the representatives. Many of you stood and spoke your concerns directly to the representative regarding the healthcare regulations, changes and effects on the nurse practitioners.

Thank you to Arlene Wiens who is the Chair and all those who participated on this event for making it a great success for all. This has been always been a great opportunity for this district to extend the mission of the VNA. We are voicing for nurses, their concerns related to the health care systems, job related issues and patient focused problems.

As a district we celebrated the career opportunities students could pursue upon graduation. Many speakers from hospice, nurse educators, trauma/burn, ICU, ER, PACU and transition from student nurse to RN shared their experiences. ◆

Lucia Fernandez RN BSN
President District 9

District 9 Legislative Dinner

District 9 Legislative Meeting with Becky Bowers Lanier.

Practice Information

The VNA CEA Committee Update

The Virginia Nurses Association Continuing Education Approval Committee (VNA CEA Committee) has been an accredited approver of continuing education by the American Nurses Credentialing Center (ANCC) since 1978. The CEA Committee is responsible for the continuing education approval process, from managing the program to reviewing applications. As part of the Commission on Education, the Continuing Education Approval Committee function is defined in the VNA bylaws. The committee is overseen by the Commissioner on Nursing Education, Jennifer Matthews, and committee members currently include two co-chairs, Lolita Ramsey and Sharon Broscious, 14 volunteer nurse peer reviewers and a VNA staff CEA coordinator. The members of the committee represent a variety of practice areas and geographical areas of Virginia. Each application submitted to the VNA CEA Committee is reviewed independently by two peer reviewers. This peer review process takes an average of one month to complete.

There are two types of applications reviewed by the committee—single educational activities and approved provider applications. Single educational activities are submitted from any group/agency/organization outside of the VNA who wants to provide nursing contact hours for a single educational activity. Single educational activities are approved for a period of 2 years, allowing for the organization to repeat the same activity as often as desired in that time period when there are no changes to the education outline as approved. In the second type of application, Approved Providers have successfully demonstrated their ability to provide educational activities according to the ANCC criteria on continuing education. Approved Providers are allowed to award contact hours for an unlimited number of continuing education activities, implemented and evaluated by the Approved Provider for a period of 3 years. Presently, the CEA Committee has 48 Approved Providers who provide continuing education activities in a variety of settings.

The ANCC accreditation program began as part of the American Nurses Association in 1974. It has since become a separate organization and is governed by the ANCC Commission on Accreditation (COA). Every two years the ANCC revises and updates the accreditation manual, with 2009 being the most recent update. As a result of this recent update, the VNA CEA Committee has undergone changes to reflect the criteria and requirements for approving continuing education activities. In addition to this, VNA CEA Committee is preparing for re-accreditation as an accredited approver in 2010. Some of the changes are highlighted below (please see VNA CEA Committee website (see below) and ANCC 2009 Manual FAQ at http://www.nursecredentialing.org/ContinuingEducation/Accreditation/ResourcesServices/2009ManualFAQ.aspx for more information):

Both Approved Providers and Single Educational Activity

- Eligibility to apply will be assessed prior to completing the respective applications.
- Approved providers and single educational activity applicants (that repeat their activities) will be monitored for adherence to the ANCC criteria.
- Contact hours will be rounded down to the nearest 1/10th or 1/100th decimal.
- Documentation of disclosures to learners have been extended to include: notice of requirements for successful completion, conflicts of interest, disclosure of relevant financial relationships and mechanism to identify and resolve conflicts of interest, sponsorship or commercial support, non-endorsement of products, off-label use, and expiration date for awarding contact hours for *enduring* materials when applicable.
- Commercial entities as defined by the ANCC, are no longer allowed to apply to be an approved provider nor for contact hours for a single educational activity.

Approved Providers

- "Organizations/units that targeted more than 50% of their educational activities provided in the previous calendar year to nurses in multiple regions (the regions are based on the DHHS regions) must apply to be accredited providers" (ANCC Manual, 2009, p. 9). This statement means that some providers who have previously been approved by the VNA will now need to apply directly to ANCC to be accredited providers.

Single Educational Activities

- Will be allowed to co-provide educational activities.
- The pending approval statement would need to be used on materials printed prior to application decision by peer reviewers.

Additional Changes: Forms

In addition to the above, there have been some significant changes resulting in new forms, and policies from the VNA. Use of the new VNA forms will be required as of January 1, 2010. Some changes include:

- Expanded commercial support guidelines including an expanded definition of a commercial interest.
- Clarification of the "lead nurse planner" for provider applicants and qualifications.
- The requirement of supporting evidence that previously was optional.
- The establishment of eligibility guidelines.
- Disclosure of conflict of interest (COI) either in writing or verbally.
- Requirement for how COI will be resolved.
- Additional disclosures required.
- Updated approval statement which must stand alone.
- A new statement for pending approval when advertising material is distributed prior to program approval.
- Expiration date for enduring materials (non-live continuing nursing education activity that "endures" over time such as journal articles that provide contact hours, audiotapes, videotapes, internet programs).
- Co-providership is now permitted for single educational activities.
- The planning committee must consist of more than one person

Fees

Because of the peer review process and time required for corrections or additional information for a program, applications must be emailed within 60 days of the program date. Programs sent less than 60 days prior to the program date will incur a late fee. No applications will be accepted less than 30 days prior to the program date. The fees for each type of application are as follows:

- Fees associated with the application process for Provider Approval are:
  - Three year renewal fee $1075.00
  - New provider application $1250.00
  - A late fee of $480.00 is assessed for applications received less than 90 days prior to the expiration of the provider status. Applications received less than 90 days prior to providership expiration will be accepted, however approval may require 90 days from the date the application was received. There is no guarantee that applications received less than 90 days prior to providership expiration will be approved before the expiration of the providership.
- Fees associated with the Single Educational Activity application process include:
  - Programs offering 1 to 6 contact hours: $125.00 (additional Contact Hours are $25.00 each)
  - Late Fees: Programs 1 to 6 Contact Hours are $200.00; Programs greater than 6 Contact Hours are $400.00

- New fee beginning November 1, 2009: Revision fee for applications requiring more than 2 reviews by the CEA Committee. The elements of this fee are outlined below:
  - Fees will incur on a case by case basis.
  - The first 2 times an application is sent back to the applicant for revision, a fee will not be charged.
  - Each time after the second return, a charged of $25 per revision (return to applicant for additional information) will be incurred.
  - All revisns must be complete and the application acceptable at minimum of seven (7) calendar days before the program date. An application that is not acceptable 7 calendar days prior to the program date will be denied approval. Additional assistance will be offered to applicants who incur this fee to help them with their application.
  - This fee will apply in general to all applicants (both single activity and provider applicants).

For additional information, please visit the VNA CEA Committee website at: http://www.virginianurses.com/displaycommon.cfm?an=17. There are additional instructions on how to complete the approved provider and the single educational activity applications, samples, and resource materials. Please be sure to review the instructions carefully when completing the application. Additional information can also be obtained at the next CEA Committee Workshop: November 19, 2009 at the VNA Headquarters, Richmond, VA, from 12 -4 pm. To register for this workshop, please visit http://www.virginianurses.com/calendar.cfm. Questions and interest in the November workshop should be forwarded to Debbie Coats, CEA Coordinator at dcoats@virginianurses.com or by phone at 1-800-282-1808.

Additionally, the committee is always looking for more volunteers to assist with the review of applications. Those interested must have a baccalaureate or graduate degree in nursing, as well as experience in adult learning and education. If you are interested in participating on the committee, please contact Lolita Ramsey at lramsey1@hotmail.com or Sharon Broscious at sbroscious@comcast.net.

Lastly, the VNA CEA Committee would like to thank their applicants for their patience as the VNA transitions through these changes. The committee looks forward to providing applicants an improved and more efficient application process in the near future. ◆

Stratford University Announces New Bachelor's Degree Nursing Program

FALLS CHURCH, VIRGINIA—Stratford University announces the start of a new bachelor's degree nursing program. The first cohort of 24 students will begin taking courses in October 2009. The program leads to a bachelor of science in nursing and is a pre-licensure program for those entering the nursing field. The length of the program ranges from 2-2.5 years for those with transfer credit, to 3 years with no prior college experience.

This news comes at just the right time, especially considering that the Bureau of Labor Statistics (BLS) reports that the nursing field is the largest health care occupation in the country, comprising 2.5 million jobs. The Bureau also reports that it is a field that is growing at a faster rate than most fields. In fact, there are expected to be 587,000 new jobs in nursing through 2016, making it one of the largest growing occupations.

"We are excited to bring this program to the people in the area," says Sharron Guillett, director of the nursing program at Stratford University. "Not only does choosing a nursing career put you in a trusted health care position, but it is a solid field that will keep you employed in a good position throughout your career."

With the BLS reporting that as of June 2009 there were 14.7 million people unemployed, many people are finding it an ideal time to make a career switch. In deciding on a new career to focus on, it is best to choose one that will have longevity, an array of opportunities and a good salary. The nursing field fits all those categories, giving people the opportunity to work in a variety of health care settings, including hospitals, clinics, and private practice offices. As for salary, the median wage for a nurse as of 2006 was $57,280, with the top 10 percent earning more than $83,000 per year. Additionally, there are many hospitals that are offering perks for nurses that choose to work for them, including tuition assistance, loan reimbursement, and sign-on bonuses.

"There has never been a better time to check out all that the nursing field has to offer," adds Guillett. "It is a great field that offers steady and rewarding work."

The classes for the nursing program at Stratford University will be held at the Falls Church campus. ◆

About Stratford University:

Stratford University operates campuses in Tysons Corner and Woodbridge. It offers 28 undergraduate and graduate degrees in the areas of Culinary Arts and Hospitality, Health Sciences, Business Administration, and Information Technology. The degree programs are offered both on campus, as well as online. For more information on Stratford University, please visit www.stratford.edu.

Sources:

Bureau of Labor Statistics. Employment Situation Summary. http://www.bls.gov/news.release/empsit.nr0.htm

Bureau of Labor Statistics. Registered Nurses. http://www.bls.gov/oco/ocos083.htm#earnings.

Practice Information

Preparation for the National Council Licensing Examination (NCLEX®)

By Jennifer Matthews, Ph.D, ACNS-BC
VNA Commissioner on Nursing Education

Jennifer Matthews

There are dual audiences for this article—the student-candidate for the NCLEX® exam and the facilitators of these candidates in their preparation journey. Across the United States, five letters N C L E X evoke physical and emotional reactions in any licensed nurse (RN or LPN) and do the same to those aspiring to become licensed nurses. Those who are licensed have this event marked in their memory and quickly share what went right or wrong on THAT DAY … and the wait for the results. At the sound of *the* five letters, candidates fill with anticipation—which can be laced with anxiety, dread, and apprehension as they wait and prepare for the unknown of THAT DAY. Students need to know the expectations of what they need to acquire in order to meet the measure to be licensed as a registered nurse (RN) and to be diligent in their studies to learn and understand the content. Likewise, facilitators—nurse educators, nurse administrators, and nurse mentors—need to know how the test evolves in content and testing methodology so they can be supportive and guide students to content areas and testing situations encountered on the NCLEX. In this article, much of the information comes from posted materials on the official "NCLEX" website (see below).

The examination is created and administered by an organization that is comprised of nurse experts and testing experts (psychometricians). This organization is the National Council of the State Boards of Nursing (NCSBN®) and provides oversight for the National Council Licensure EXam (NCLEX®). The NCSBN receives its authority from and is governed by its members of the State Boards of Nursing (SBON) of each state and the US territories. The NCSBN information is found at www.ncsbn.org and the NCLEX information is posted at this website under a variety of topics. Since the test is created by and is approved by the SBONs, the test items and the pass/fail standard are the same across the US and the territories. All entry level candidates take the same licensing examination: candidates are educated in programs where the goal is preparation for licensure—these are the associate, the baccalaureate, the diploma, the masters, and the doctoral level programs. Currently, about 88% of the candidates pass the NCLEX at their first examination sitting.

In determining the content to be tested, the NCSBN conducts practice analysis surveys of newly licensed nurses in their early months of practice on general nursing care units and their nurse administrators. It completed a 2008 survey and the 2010 test will reflect outcomes from this survey. This process allows the NCSBN to select content for test items that accurately reflect the clinical situations encountered in the nursing practice. Every three years, the NCSBN revises the exam and the test plan (or blueprint) as well as the level of pass/fail, called the logit. The exam launched in 2007 will be retired shortly and in April 2010, the new test plan and metrics become active. For either test plan, there are five broad content areas; several areas have sub-content. These follow and for the 2010 test, the percentages in each category are included

Client Needs	Percentage of Items from Each Category/Subcategory
Safe and Effective Care Environment	
▪ Management of Care	16-22%
▪ Safety and Infection Control	8-14%
Heath Promotion and Maintenance	6-12%
Psychosocial Integrity	6-12%
Physiological Integrity	
▪ Basic Care and Comfort	6-12%
▪ Pharmacological and Parenteral Therapies	13-19%
▪ Reduction of Risk Potential	10-16%
▪ Physiological Adaptation	11-17%

https://www.ncsbn.org/2010_NCLEX_RN_TestPlan.pdf, p. 3

The meaning of these percentages is that whether the test is 75 questions in length or 265 questions in length, these percentages of content items will be included on each test. A quick calculation shows that between 24% and 36% of the items focus on a safe and effective environment of care. These concepts encompass delegation, supervision, advocacy, patient rights, consultation, management concepts, case management, information technology, and ethical practice as well as other nursing responsibilities. Safety content focuses on protecting the patient from health and environmental hazards, surgical asepsis, error prevention, safe use of equipment, a security plan, as well as others. See the 2010 NLCEX RN test plan (supra, p. 4-6) for a detailed outline about the subject content in each of the five major content areas. Facilitators and mentors should monitor the test content frequently for assurance they are providing sufficient evidence-based content, experiences, and learning situations to the students so that each student acquires the knowledge and judgment to meet the national standards reflected on the NCLEX. The items are based on optimal scenarios and evidence-based practices—at times the discrimination between the answer and the answer distracters is subtle and the answer is grounded in fact and safety elements.

The test is a computer based test and is called the Computerized Adaptive Testing (CAT) method; this testing technology began in 1994 and its precision is well documented. As a candidate takes the examination, each question is selected based on the candidate's responses to previous questions. The computer program will pull items from a large pool of items to challenge the candidate with progressively higher levels of testing complexity. The testing stops when it can be determined with a statistical confidence of 95% that a candidate's performance, reflecting nursing knowledge, judgment, and analysis, is either above or below the passing standard, regardless of the number of items answered or the amount of testing time elapsed. The number of questions can be as few as 75 or as many as 265; these numbers reflect 60 actual items and 15 pilot items and 250 actual items and 15 pilot items. The test can last six hours (RN) and five hours (LPN) (NCSBN.org).

The NCSBN has established testing conditions and item formats. For the test administration there are strict guidelines for integrity, security and testing conditions. The Pearson VUE Company is contracted to administer the test. When authorized as eligible to take the NCLEX, the candidate schedules the test date and coordinates with the Pearson VUE testing center—there are five centers in Virginia and several in border-states and the District of Columbia. It is recommended candidates visit the Pearson VUE site at http://www.pearsonvue.com/ to become familiar with the scheduling process, registration, location of test sites, biometric identification requirements, and testing methodology.

During the test, only one test item can be accessed at a time; when the candidate responds and moves to the next item, there is no retrieval of the item to review or change the answer, it is gone and the next item is in front of the candidate. In addition to the standard multiple choice items, there are seven "alternate item formats" as follows (NCSBN, Alternate Items FAQ, 2009):

- — Multiple-response items require a candidate to select one or more than one response; there is no partial credit for correct responses when not all correct responses are selected
- — Fill-in-the-blank items require a candidate to type in number(s) in a calculation item
- — Hot spot items require a candidate to identify one or more area(s) on a picture or graphic
- — Chart/exhibit format presents a candidate with a problem and with the need to read the information in the chart/exhibit to answer the problem
- — Drag-and-drop items require a candidate to rank order or move options to provide the correct answer
- — Audio item format presents the candidate with an audio clip and uses headphones to listen and select the option that applies; and
- — Graphic Options presents the candidate with graphics instead of text for the answer options and they will be required to select the appropriate graphic answer
- — In any item format listed, including standard multiple-choice items, the test content may include multimedia, charts, tables or graphic images.

In order for students to be comfortable with the NCLEX testing situation, nurse faculty should provide learning situations and item formats similar to those of the NCLEX during the students' program of study beginning at the onset of the course of study. Faculty should provide computer testing, questions in alternate formats such as the audio items, hot spots, and chart/graphic presentations. Many schools now have incorporated computer and technology with on-line learning software and platforms such as Blackboard® which supports a variety of alternate test item formats. While it is true that many students or graduates enroll in NCLEX review courses and will have some testing situations during the review course, this short exposure to the computer-based alternate item format may not be enough to achieve a comfort level for the student to focus more on the content than on the format during the actual NCLEX testing. It will serve the school and the students well to add alternative format questions within the curriculum. The NCSBN administers a learning extension service which provides on-line services for students and faculty. There is continuing education offered to faculty on how to develop classroom tests and for item-writing skills (http://www.learningext.com/faculty/). Students can enroll for on-line preparation courses through the NCSBN at the learning extension site (see references).

Many schools have one or two experienced faculty who facilitate the senior students in their last academic semester to finalize their preparations for the NCLEX. This includes providing academic information between the school and Registrar of the school (university) and the SBON (for Virginia it is at http://www.dhp.virginia.gov), as well as communications with the NCSBN and Pearson VUE center. The faculty usually assists in navigating the logistics of the application process for the students and directs them in documenting the identity requirement needed for the secure entry into the Pearson VUE center. For nurse mentors, your role is critical in helping your special student to keep an eye on the goal and target. Sometimes, in the midst of academic challenges and what life throws at the student, a calm, receptive, empathetic listener colleague is a wonderful asset. Help the student/candidate focus on the positive and open her/his eyes to see the rewards beyond the current situation. Other strategies to assist them include assisting the student to create a study plan and help him/her stick to the timetable. Suggest the student sign up for an NCLEX review service in which several NCLEX-like questions are posted weekly for the student to study, answer, and find the rationale of "why" the correct answer is correct. Take time to be with the student to study and practice the test items too; provide the student with uninterrupted study time by taking a few responsibilities from him or her; or help the student devise sensible work schedules at critical academic or testing periods.

In summary, there is one word—Transparency—that describes the NCSBN and the explanations and presentations of materials about the process in preparation for taking the NCLEX licensing exam for nurses. Each step of the internal test development processes as well as the external processes to prepare the candidate for test-taking are accessible to any visitor to the website and the documents described fully and clearly each detail. There is contact information at the website and real people answer the phones to provide helpful information. As candidates and as facilitators, each should utilize the information so that the outcome for each candidate is a positive testing experience with a successful outcome. ◆

References

https://www.ncsbn.org/index.htm
https://www.ncsbn.org/Eight_Steps_of_NCLEX.pdf
https://www.ncsbn.org/2009_NCLEX_Candidate_Bulletin.pdf
https://www.ncsbn.org/2010_NCLEX_RN_TestPlan.pdf
https://www.ncsbn.org/Alternate_Item_Formats_FAQ.pdf
http://www.pearsonvue.com/
http://www.dhp.virginia.gov/nursing/nursing_forms.htm
http://www.learningext.com/faculty/
http://www.learningext.com/products/rnreview/review.asp
nclexinfo@ncsbn.org – email address

News Briefs

Business, Health Care, Philanthropy and Community Leaders Join with Nurse Leaders in Virginia to Understand Opportunities for Collaboration in the Board Room

Nurse leaders offer excellent leadership, analytical and knowledge and skills that can add value to the mission and vision of highly visible organizations. Nurse leaders benefit from the opportunity to serve and those seeking board governance candidates benefit from the powerful leadership skills nurse leaders possess. By offering these nurse leaders additional opportunities to provide service on boards of directors of corporations, universities and colleges, non-profit and foundations, and health care industry boards of governance, high performing nurses are more likely to stay in the workforce, exactly at a time when we need them the most. The U.S. faces a shortage of 260,000 nurses over the next 15 years. Moreover, the health care needs of Americans are increasingly complex and the skills of nurse leaders are needed more than ever.

Understanding the value nurse leaders can bring to Virginia health care, business and policy communities, a team from Virginia convened a Board Governance and Nurse Leader Forum on September 9, 2009 in Richmond, Va. Diverse stakeholders in Virginia have collaborated as one of 30 state teams working with the Center to Champion Nursing in America (CCNA), an initiative of AARP, the AARP Foundation and the Robert Wood Johnson Foundation. The Center works to ensure that all Americans have access to a highly-skilled nurse, when and where they need one.

Led by Virginia Nurses Association Executive Director Susan Motley, the Virginia team invited 45 influential board governance and nurse leaders to participate in this first time initiative sponsored by AARP Virginia, the Virginia Nurses Association, and CCNA. Virginia is the first state in the nation to launch a Board Governance and Nurse Leader Forum. CCNA will be spreading the concept to states across the country.

The forum's overarching goal was to facilitate an open dialogue about the importance of inviting nurse leaders to join boards of governance where key health policy decisions are made.

Participants heard from a panel of governance leaders about the relationship between the CEO and the organization, the elements of a strong and fully engaged board, the role of a CEO in navigating an organization through a crisis, and the work of preparing for board meetings so that a board is fully prepared to make good decisions at meetings. "One key point," said Katie Campbell, a panelist and Senior Advisor for the Partnership for non-profit excellence, about being on a board of governance is to "show up and be prepared." Campbell was joined by panel moderator Bill Lukhard, AARP Virginia Executive Council Member, along with Bob Carden, President, Virginia Blood Services; Tom Silvestri, Publisher and President, Richmond Times Dispatch; and Sandra Ryals, Director, Virginia Department of Health Professions.

Participants then heard from nurse leaders who discussed their pathway to board governance now and the knowledge and skills they have developed along the way. They explained how public policy became an interest or how a business was founded using the knowledge and skills developed in the nursing profession. Judy Collins, Chair of the Richmond Memorial Health Foundation, moderated the Nurse Leader Panel. This included: Shirley Gibson, Interim Vice President of Nursing, VCU Health System; President of the Virginia Nurses Association, Dr. Bennie Marshall; Department Chair, Norfolk State University Department of Nursing; and Gail Johnson, Founder and President Rainbow Station and PRISM, Inc.

As one of 30 state teams, Virginia illustrates the value of building strategic partnerships and fostering nurse leadership. Teams are comprised of representatives from nursing education, state workforce offices, state departments of labor, consumers (often AARP state offices), local business, philanthropies, and others. The Center to Champion Nursing in America provides ongoing technical assistance to help teams accomplish these critical tasks and fosters collaborative learning experiences that link the teams and allow them to share best practices and lessons learned with their peers in the other states. ◆

Virginia Health Scorecard

Healthcare and Virginia

Virginia has consistently excelled in attracting competitive businesses to the state, remaining fiscally sound, and providing a high quality education to the children and young adults of the Commonwealth. For over 70 years, Virginia has maintained a AAA bond rating. In addition, Virginia is ranked as:

- #8 nationally in per capita personal income ($42,876 a year)
- The best state for business [Forbes Magazine]
- The best managed state [Governing Magazine]

Yet, by many measures, Virginia has failed to achieve as much success in its health care delivery and availability of care. The Commonwealth lags behind many states in maintaining safety net protections and ensuring affordable private insurance options. Consider that Virginia:

- ranks 47th nationally in per capita Medicaid expenditures
- ranks 33rd nationally in income eligibility in children's health coverage (FAMIS)
- joins 10 others as the only states with more uninsured children today than 15 years ago
- has seen the 4th largest drop in worker health insurance coverage over the past 15 years
- * ranks in middle of the pack for quality and availability of health care

Insurance Coverage in Virginia

Uninsured Population

For the second year in a row, Virginia has reported more than a million uninsured residents (14.8 percent of the population in 2007). Over 600,000 of these Virginians work full-time and are still without insurance coverage. Virginia's uninsured rate is typically lower than the national average, thanks to a large military presence and civilian federal workforce. However, its current rate of 14.8 percent is on a upward trend and approaching the national average of 15.3.

Workplace Insurance and Affordability

Virginia's increasing uninsured rate follows the erosion in the percentage of Virginians purchasing insurance coverage through their employer. The percentage of Virginians receiving health insurance coverage at work has declined in Virginia, from almost 67 percent in 2006 to less than 62 percent in 2007. Premiums for employer provided coverage have increased by approximately 80 percent for family coverage since 2000, with a 65 percent increase for individual worker coverage.

With the rising premiums, employers are passing along more of the premium costs onto the workers. Virginia's workers now pay the highest percent of the total premium cost for single coverage of any state in the nation, and the third highest for family coverage. This has helped lead the decline of worker coverage in Virginia, as average earnings have not kept up with health insurance premium increases. An increasing percentage of Virginians are unable to afford insurance coverage.

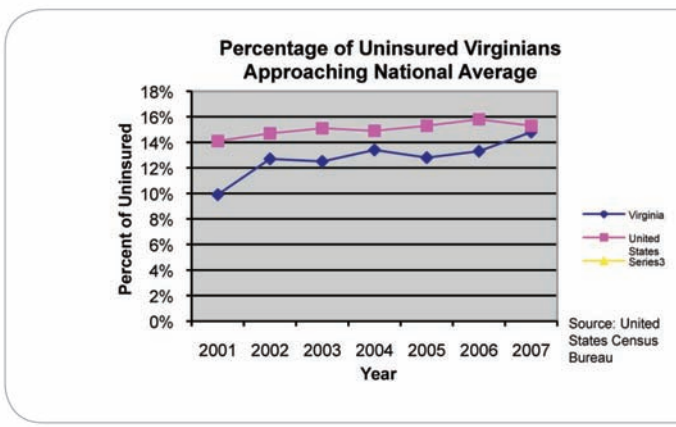
Children

Virginia's children's health insurance program, FAMIS, has been successful at providing insurance to low income children. Currently, 155,000 low-income

Per Capita Medicaid Spending

State	Per Capita Spending, 2006	Rank
Kentucky	$1,041	18
North Carolina	$1,032	19
Tennessee	$1,004	22
Maryland	$890	26
Virginia	$609	47

Source: The Public Policy Institute of New York State, Inc.



Average Percentage of Total Premium Paid by Worker for Single Health Insurance Coverage, 2006

(U.S. Average: 19%)

State	Average Percent of Total Premium Paid by Worker-2006	State Rank
Virginia	24%*	51
Maryland	23%***	49
Tennessee	20%**	35
Kentucky	18%**	21
North Carolina	18%***	21

*increase from 2005 data **decrease from 2005 data ***unchanged

Source: Medical Expenditures Panel Survey, Agency for Healthcare Research and Quality

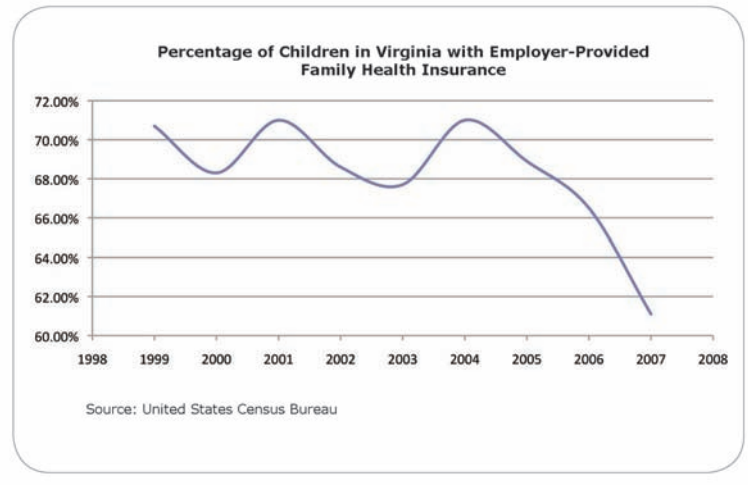
Average Percentage of Total Premium Paid by Worker for Family Health Insurance Coverage, 2006

(US Average: 25%)

State	Average Percent of Total Premium Paid by Worker-2006	State Rank
Virginia	31%*	49
Tennessee	28%*	43
Maryland	27%**	37
North Carolina	26%**	31
Kentucky	25%*	24

*increase from 2005 data **decrease from 2005 data

Source: Medical Expenditures Panel Survey, Agency for Healthcare Research and Quality



Virginia Health Scorecard continued on page 21

News Briefs

Virginia Health Scorecard continued from page 20

children a year access FAMIS insurance, with an additional 490,000 poor children receiving Medicaid insurance.

However, Medicaid and FAMIS still do not reach many of the uninsured low-income children in Virginia. Over 185,000 kids remain uninsured in the state, with 113,000 eligible but uninsured children (18.2 percent of low-income population) still without insurance coverage.

Higher income families have also increasingly become impacted by unaffordable or unavailable private insurance coverage for their children. Just over 60 percent of Virginia's children are insured under a employer insurance policy, down from over 70 percent in 2000.

Medicaid

Virginia's Medicaid program offers insurance coverage to children with family income up to 133 percent of the federal poverty level. Children account for 56 percent of total Medicaid enrollment in Virginia, but only 19 percent of total program spending.

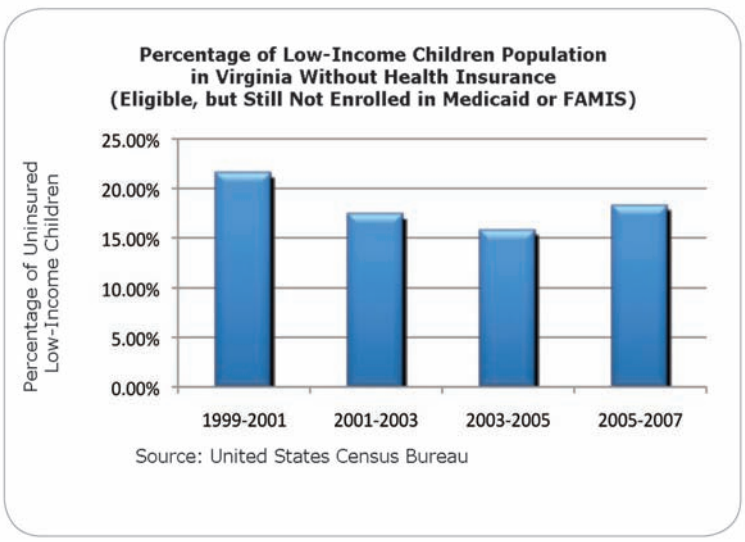
However, the state's Medicaid program fails to provide an adequate safety net for most poor adults in the state. Working parents generally only remain eligible for coverage up to 29 percent of the federal poverty level; in rural areas of the state the limits are as low as 22 percent. Virginia's income eligibility is less than half the national average of 64 percent of poverty.

Quality andAccessibility of Care

Virginia ranks near the middle in many measures of availability of care and quality. However, recent efforts to reduce or flatten reimbursement rates to doctors, dentists, hospitals, nursing homes and other providers could begin to erode the ability of many Virginians to get the care they need.

About Health Care for All Virginians

Healthcare for All Virginians is a coalition of organizations and individuals, working to help create and advocate for accessible and affordable quality health care for all Virginians. ◆



Virginia Medicaid Enrollment and Expenditures by Group

Enrollment Group	Percentage of total Medicaid enrollment	Percentage of total Medicaid Expenditures
Children	56%	19%
Adults	15%	9%
Disabled	17%	44%
Elderly	12%	26%

Source: Kaiser Family Foundation

Medicaid Income Eligibility Limits for Working Parents

State	Income Eligibility Limit (percent of federal poverty level)	State Rank
Tennessee	134%	12
Maryland	116%	15
Kentucky	62%	29
North Carolina	51%	38
Virginia	30%	44

Source: Kaiser Family Foundation

Quality and Access to Care Measures

Measure	U.S.	Virginia	Virginia's State Rank
Access to Care			
% of Adults who Delayed Care Because of Cost	12.8%	12.5%	27
Estimated Underserved Population % (primary care)	11.8%	8.6%	16
Health Care Quality Measures			
% of Adults With a Regular Source of Care	81.1%	81.0%	27
% of Children With a Medical Home	47.6%	47.6%	26
% of Children Receiving Key Vaccines	81.6%	85.8%	5
Infant Dealth Rate	6.80%	7.50%	33

Education Day—2009

On October 17, the VNA hosted an education day program complete with guest speaker Dorothy Jones and twenty-three poster presenters. All of the presentations were wonderful! Below are listed the presentations and authors, in upcoming issues of the VNT, we will highlight many of these presentations in greater detail.

The 2 winners were

Bringing Evidence Based Practice, Best Practice and Performance Improvement Data to the Bedside Nurse; Jeannette Cain, MSM, RN; Virginia Commonwealth University Health System, Richmond, VA

Glycemic Control: An Evidence Based Approach to the Process; Cheryl Dumont, PhD, RN; Rhonda Kiracofe, RN, BS, CCRN; Lisa Dellinger, RN; Darlene Louzonis, RN, CCRN; Ruth Wenzel, MSN, RN, FNP-BC, CDE and Bonnie Harvey, RN, MSN; Winchester Medical Center, Winchester, VA

Other presenters included:

Reducing Medication Errors with the Electronic Medication Administration Record and Barcoding; Amy W. Woods, RN, BSN, CNOR; Dee Hawthorne, RN, CNOR; Aiesha Anderson, RN and Teri Bateman, RN; Montgomery Regional Hospital, Blacksburg, VA

Creating Patient-Nurse Synergy on a Medical-Surgical Unit; Hilda Burnette, RN; Kimberly Ferren Carter, PhD, RN and Deidra Atwood, MSN, RN; Montgomery Regional Hospital, Blacksburg, VA

Seven Day Central Line Dressing Change; Sharron Jones, RN, PCCN; Kerry Richardson, BSN; Sheila Marquez, BSN, PCCN; Kristy Mandzak, RN; Pamela Lindsey, RN, MSN and Kim Carter, RN, PhD; Montgomery Regional Hospital, Blacksburg, VA

Changing Practice: Updating Guidelines for Care of the Patient Experiencing Hypotension Secondary to an Allergic Reaction to Contrast Media; Robin Pearce, MSN, RN; Virginia Commonwealth University Health System, Richmond, VA

Poster Presentations included the Center for the American Nurse. Mary Ann Friesen was the presenter. From left to right, VNA District 8 member, Shokoofeh Mackinnon, Keynote speaker Dorothy Jones; Poster Presenter Mary Ann Friesen and District 8 President, Sallie Bradford.

Participants at the Education Day Program

Decreasing Staff Assaults in a Child/Adolescent Psychiatric Facility; Nancy Doyle, MSN, RN; Virginia Commonwealth University Health System, Richmond, VA

What Psychiatric Unit Design Characteristics Facilitate Improvement in Safety and Therapeutic Outcomes; Libby G. Maguire, MSN, RN, CNS, D; Patricia Gray, PhD, RN; Tamara Fleming, RN; Jeff Wyatt, LPN; Philip Meekins, RN and Kimberly Richardson, RN; Virginia Commonwealth University Health System, Richmond, VA

Best Practice: Blackboard: Pulling It All Together; Linda G. Thomas, BSN, RN; Virginia Commonwealth University Health System, Richmond, VA

An Evidence-Based Interdisciplinary Approach to Reducing Catheter-Related Blood Stream Infections in the Pediatric Intensive Care Unit; Jeniece Roane, MS, RN, NE-BC; Demetrice Thomas, MS, RN; Virginia Commonwealth University Health System, Richmond, VA

Keynote speaker Dorothy A. Jones, EdD, RNC, ANP, FAAN, from Boston College, spoke about evidence-based practice, new knowledge and clinical innovation.

Building Awareness through Education: A Practical Intervention to Patient Safety; Jill Mercier, MS, RN; Virginia Commonwealth University Health System, Richmond, VA

Simply Math, Competency + Collaboration = Safety; G. Gayle Wimbish, BS, RN; Virginia Commonwealth University Health System, Richmond, VA

To the best of our knowledge: Improving Care through Performance Improvement, Evidence-Based Practice and Research

Thank you to our Education Day Sponsors!

Arjohuntleigh

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School of Nursing

Virginia Commonwealth University
School of Nursing

Walden University

Someone To Love-A Service Dog At The Virginia Treatment Center for Children at VCUHS; Tess R. Searls, MS, RN, APRN; Virginia Commonwealth University Health System, Richmond, VA

The Impact of Education on Five Minute Purposeful Interaction; Tamela S. Williamson, RN, MS, AOCN; Ann Kaplan, RN, MS, OCN and Donna Heflebower, RN, MS, OCN; Bon Secours, St. Mary's Hospital, Richmond, VA

Improved Nurse Satisfaction/ Retention From An Interdisciplinary Taught Evidence Based Practice Orientation Program in Obstetrics; Beverly B. McInnis, MSN, RNC; Bon Secours, St. Mary's Hospital, Richmond, VA

Code Ice Patients: Staying Up to Date with High Risk/ Low Volume; Cherie A. Lenzi, RN; Bon Secours, St. Mary's Hospital, Richmond, VA

Creating A Customized Patient-Centered Stroke Education Plan; Mary E. Marshaman, MSN, RN, CNRN; Centra Lynchburg General Hospital, Lynchburg, VA

Nurse Satisfaction with the Telemetry Monitoring Process; Ann W. Clark, RN; Suzanne Johnson; Susan May and Wanda Goin; Centra Lynchburg General Hospital, Lynchburg, VA

The Process Developed to Ensure 100% Pressure Ulcer Coding in Acute Care; Cynthia A. Dowd, RN, BSN, CDE, OCN, CWOCN; Mary Immaculate Hospital, Newport News, VA

Minimizing the Potential for Retained Surgical Instruments; Grace A. Bascettta, BSN, RN, CNOR; Sonji Gaul, RN, BSN, CNOR and Rebecca McDowell, RN, CNOR; Bon Secours, St. Mary's Hospital, Richmond, VA

Handoff Challenges and Opportunities; Mary Ann Friesen, PhD, RN, CPHQ; Zhike Lei, PhD; Vernell DeWitty, PhD, RN; Susan Crocker PhD, RN and Asher Beckwitt, PhD(c); INOVA Alexandria Hospital, Alexandria, VA

Perceived Readiness of New Graduates upon Completion of an Extern Program in the Emergency Department: A Quantitative Study; Meredith Overstreet, RN, BSN, CEN and Aletha Rowlands, PhD(c), RN, CNOR, RNFA; Martha Jefferson Hospital, Charlottesville, VA

A Partnership between Mothers, Education and Practice to create Access to CNMs in Rural Virginia; Juliana V. Fehr, PhD, RN; Shenandoah University, Winchester, VA ◆

Membership News

State Nurses Association Membership Application

AMERICAN NURSES ASSOCIATION

8515 Georgia Avenue • Silver Spring, MD 20910 • (301) 628-5000

DATE _____

Last Name/First Name/Middle Initial

Home Phone Number

Credentials

Work Phone Number

Basic School of Nursing

Preferred Contact: Home _____ Work _____

Fax Number

Graduation (Month/Year)

Home Address

Date of Birth

RN License Number/State

Home Address

E-mail

City/State/Zip County

_____ UAN Member? _____ Not a Member of Collective Bargaining Unit

Employer Name

Member of Collective Bargaining Unit other than UAN? (Please specify)

Employer Address

Employer City/State/Zip Code

Membership Category (check one)

M Full Membership Dues—$244.00
- ❑ Employed - Full Time
- ❑ Employed - Part Time

R Reduced Membership Dues—$122.00
- ❑ Not Employed
- ❑ Full Time Student
- ❑ New graduate from basic nursing education program, within six months after graduation (first membership year only)
- ❑ 62 years of age or over and not earning more than Social Security allows

S Special Membership Dues—$61.00
- ❑ 62 years of age or over and not employed
- ❑ Totally disabled

Please Note: $5.42 of the CMA member dues is for subscription to *The American Nurse*. $16 is for subscription to the *American Journal of Nursing*. Various amounts are for subscriptions to CMA/DNA newsletters. Please check with your CMA office for exact amount.

State nurses association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, that percentage of dues used for lobbying by the CMA is not deductible as a business expense. Please check with your CMA for the correct amount.

Choice of Payment (please check)

❑ **E-Pay (Monthly Electronic Payment)**
This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize my Constituent Member Association (CMA/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 ($20.83); the account designated by the enclosed check will be drafted on or after the 15th each month.

❑ Credit Card: Please complete the credit card information below and this credit card will be debited on or after the1st day of each month.

❑ **Automated Annual Credit Card Payment**
This is to authorize annual credit card payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize CMA/ANA to charge the credit card listed in the credit card information section for the annual dues on the 1st day of the month when the annual renewal is due.

Annual Credit Card Payment Authorization Signature * SEE BELOW

❑ **Payroll Deduction**
This payment plan is available only where there is an agreement between your employer and the association to make such deduction.

Monthly Electronic Deduction Authorization Signature * SEE BELOW

Signature for Payroll Deduction

Full Annual Payment

Membership Investment	_____
ANA-PAC (Optional—$20.04 suggested)	_____
Total Dues and Contributions	_____

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(Credit Card Only)
❑ Check (payable to ANA)
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CREDIT CARD INFORMATION

Bank Card Number and Expiration Date

Authorization Signature

Printed Name

Amount: $_____

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Customer and Member Billing
P.O. Box 17026
Baltimore, MD 21297-0405

* By signing the Monthly Electronic Deduction Authorization, or the Automatic Annual Credit Card Payment Authorization, you are authorizing ANA to change the amount of $10.33 by giving the above-signed thirty (30) days advance written notice. Above signed may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA will charge a $5 fee for any returned drafts or chargebacks.

TO BE COMPLETED BY SNA:

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STATE DIST REG

Expiration Date _____ / _____
Month Year

Employer Code _____

Approved By _____ Date _____

$ _____
AMOUNT ENCLOSED CHECK #

Sponsor, if applicable _____

SNA membership # _____

MEMBERSHIP APPLICATION

Welcome New & Returning Members

District 1—Far SouthWest
Brenda Goodman
Cathy Rhea Marcum

District 2—New River/ Roanoke
Angela Beasley
Sandra Emeott
Raschid Ghoorahoo
Terri Goad
Kimberly Stone Wrenn

District 3—Central Virginia
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Amy Dean
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Melissa McGlothlin

District 4—Southside Hampton Roads
Alfredtina Joyner
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Michelle Hereford
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Kathryn Gioia
Judy Vipperman

District 7—Piedmont Area
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Anne Grab
Gail Green
Deloris Hansen
Shawna Leone
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Karen Miner
Linda Mooney
Wanda Payne
Lisa Ann Scott
Rosalind Sloan
Mary Trainor
Erin Rock
Maureen Schafer
Florence Zalwango

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Amy Huck
MaryAnn O'Connor
Jo Ann Tolley
Bonnie Wisdom ◆