I Am TNA

Tammy Howard, MSN, RNC, IBCLC, WHNP

In the last edition, Dr. Brad Harrell made the statement “If you are not a TNA member, you should be.” I am in full agreement with that statement! He even goes on to state he will help you complete the membership application and lists the cost per day to be a TNA/ANA member. That amount is less than most of us spend on coffee or cola each day. While most nurses think that their coffee/cola provided caffeine intake is essential – I beg to differ in that I think TNA/ANA membership is essential while caffeine intake is optional.

I, like many nursing students, was not very active in NSNA/TASN/SNA organizations while I was in nursing school. I was a member of the local SNA chapter but I don’t remember being a member of NSNA/TASN. At the time, I was just glad to “survive” a very rigorous nursing school program. I don’t think I really hit the “thrive” stage of nursing until I was out in professional practice. However, I did have a very vocal – pro TNA/ANA Tennessee Tech nursing professor by the name of Carolyn Whitaker. Carolyn was and is very active in TNA and she talked so much about the important role TNA & TASN joint convention.

Embassy Suites SE – Murfreesboro
Murfreesboro, TN

See details on pages 5-7

TNA & TASN Joint Convention
October 18-20, 2013
Murfreesboro, TN

I must be a member----I get the Tennessee Nurse

Myth: I must be a member----I get the Tennessee Nurse

Fact: TNA/ANA membership does not happen automatically when you become an RN----it’s your choice.

Your choice to gain access to knowledge in the wonderful profession you have chosen. Your choice to have opportunities to further your nursing experience through networking, mentoring opportunities, serving on committees and boards that truly impact how you practice every day in the state of Tennessee, and becoming a voice among thousands of other colleagues who experience what you experience each day in the workplace.

Our mission is to promote and protect the Registered Nurse and advance the practice of nursing in order to assure a healthier Tennessee. And we don’t stop there—improved access to quality, cost-effective health care for all Tennesseans is also a TNA priority and has been for more than 100 years.

What an incredible force RNs will have in the health care world if more nurses support their professional organization. When you join TNA/ANA, you will become an integral part of a network that speaks for nursing...and, even more important, the profession will gain your much needed participation, support and expertise.

Your career is important in your life. What is it worth to you to protect your license and to be a part of the cutting edge of nursing decisions in Tennessee? Is it worth less than a cup of coffee a day? Your choice should be YES.

Make TNA/ANA your choice today. If you have any questions regarding membership, please call 615-254-0350 or 1-800-467-1350 or email KDenton@tnaonline.org.

Sharon Adkins, MSN, RN, TNA Executive Director, and Wilhelmina Davis, TNA Manager of Government Affairs, discussed the bills of interest and explained the legislative process.

Students, Nurses, Faculty Hold Nurses Day on Capitol Hill at TNA Legislative Summit

The Tennessee Nurses Association held its annual Legislative Summit on April 9 at the War Memorial Auditorium in Nashville. More than 1,000 enthusiastic nursing students, registered nurses, and nursing faculty attended the event to experience firsthand the legislative process.

The Agenda included welcome remarks from Jill Kinch, TNA’s President, and House Speaker, Beth Harwell. We were honored to have Janet Habler, from the American Nurses Association’s (ANA) Government Affairs Department, as the keynote speaker this year. Janet spoke to the relationship and impact the legislature has on the profession of nursing. Rep. JoAnne Favors and Sen. Mark Green, sponsors of TNA’s workplace violence legislation were part of our legislative panel, along with Sen. Becky Massey and Carolee Myers, PhD, RN, Chair of TNA’s Government Affairs and Health Policy Committee was the panel facilitator.

A group of over 1,000 attendees at TNA’s Legislative Summit stopped for a photo on the steps outside War Memorial Auditorium while on their way to meet with the Legislators.
I Attended the TNA Board meetings and was a representative on the Tennessee Nurses Foundation and the Centennial Convention planning committee. I highly recommend this path to every nurse. It was such an awesome professional growth experience and I gained valuable insight into the organization and the IMPORTANT role TNA plays in giving feedback and maintaining communication with the Tennessee Nurses Foundation, and our elected officials. TNA members have a STRONG voice and our elected officials usually listen to nurses. However, nurses NEED a larger voice at the state and national level. Every nurse should be a part of that voice by being a member of TNA/ANA. If there was a stronger voice, maybe bills that restrict nursing practice and limit access for clients, such as the one passed in TN in 2012, won’t be passed in the future. I am currently active in TNA District 9 (Upper Cumberland Region) activities and continue to serve as a District 9 officer. I am very committed to not only having a voice but maintaining a nursing voice from a rural healthcare area.

Currently, I teach in a BSN program (TTU’s Whitson-Hester School of Nursing) and have the opportunity to educate nursing students about TNA/ANA organizations as well as work with the students on TTU Student Nurse Association (SNA) activities. I encourage them to become active members of the nursing profession and to have a professional VOICE. I hope they will hear my voice as loud as I heard my nursing professors…

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The official publication of the Tennessee Nurses Foundation shall be the Tennessee Nurse. The purpose of the publication shall be to support the mission of the Tennessee Nurses Foundation and Tennessee Nurses Association through the communication of nursing issues, continuing education and significant events of interest. The statements and opinions expressed herein are those of the individual authors and do not necessarily represent the views of the association, its staff, its Board of Directors, or editors of the Tennessee Nurse.

Article Submissions: The Tennessee Nurses Foundation encourages submissions of articles and photos for publication in the Tennessee Nurse. Any topic related to nursing will be considered for publication. Although authors are not required to be members of the Tennessee Nurses Association, when space is limited, preference will be given to TNA members. Articles and photos should be submitted by email to cglass@tnaonline.org or marked to Managing Editor, Tennessee Nurses Foundation, 545 Mainstream Drive, Suite 405, Nashville, TN 37228-1296. All articles should be typed in Word. Please include two to three sentences of information about the author at the end of the article and list all references. Preferred article length is 750-1,000 words. Photos are welcomed as hard copies or digital files at a high resolution of 300 DPI. The Tennessee Nurses Foundation assumes no responsibility for lost or damaged articles or photos. Contact the Managing Editor for additional contribution information.

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From the President

by Jill Kinch, MSN, APN, CPNP-PC/AC

We have an access to care problem in Tennessee, and nurses can help. The Update to the Health Care Safety Net Report, prepared by the Tennessee Department of Health, provides an assessment of health care resources including “the array of services, adequacy of services, and access to care.” During the 2010-11 state fiscal year, this report designates 78 of 95 counties in Tennessee as medically underserved.

Economic factors influence individuals’ access to care. The United Health Foundation states that the effect of poverty on overall health has been well documented. “Poverty directly influences a family’s ability to meet the basic needs of their children including lack of access to care.” According to a 2012 report from America’s Health Rankings, 22% of the children in Tennessee are living below the poverty line. Nurses are ready and willing to contribute and meet the needs of these vulnerable populations.

Nurses have a legacy of providing quality care in amazingly diverse settings and specialties. From acute care hospitals, to skilled nursing facilities, community and public health clinics, behavioral health and substance abuse facilities, schools and churches, triage call centers, prisons, retail clinics and patients’ homes, nurses are the foundation of our health care systems. Wherever nurses practice, their expertise supports the patients’ journeys to optimal wellness and independence. This is challenging work, but few professionals are able to connect and establish trust with another person in such a profound and humbling way.

Advanced practice registered nurses (APRNs), including nurse practitioners, certified-midwives, nurse anesthetists and clinical nurse specialists have advanced preparation, education, training and licensure. In many areas of the state, these professionals are the only accessible primary care providers. Years of research and hundreds of studies document the excellence of nurses. APRNs provide high-quality, cost-effective care, while ensuring patient satisfaction.

High-quality health care consists of trustworthy clinicians working in teams to maximize patient outcomes. According to the Institute of Medicine (IOM) Report on Nursing, nurses are essential to improving patients’ access to care, organizing and aligning critical resources, and leading and contributing to teams. These teams improve communication and coordination, minimize errors, and reduce costs. The IOM report emphasizes that nurses need to be utilized to the fullest extent of their abilities, and scope of practice barriers must be removed to achieve affordable, high-quality care.

Atul Gawande, a noted surgeon and author at Brigham and Women’s Hospital in Boston, believes that we need better teamwork. “Better is possible,” Gawande assures us. “It takes diligence. It takes moral clarity. It takes ingenuity. And above all, it takes a willingness to try.” Tennessee nurses are willing and ready to contribute fully to a healthier future. Our experience and proximity to patients facilitates the identification of the Flaws and failures in our current delivery of care. Nurses understand how to realistically improve our health systems. Nurses’ mastery is needed to reach our goal of meaningful health care reform for our state to improve access to care for our citizens.

Despite these recommendations, and our state’s placement as 39th in overall health by America’s Health Rankings, there continues to be scope of practice barriers in our state.

In order to effectively advocate for access to care for the citizens of Tennessee we are called to continue to be a unified, well organized voice advocating for citizens.

This month I request that every member recruit a new member by August 1st. We will discount memberships by $25 for those who join during this campaign and offer a coupon for those members who were able to successfully recruit a new member.

Thank you for being a nurse.

Thank you for your leadership in our communities and commitment to exceptional caring.

Blackberry Picking….A Lesson in Life

by Sharon A. Adkins, MSN, RN

Every year in mid July, our woods offers up an abundance of blackberries… all ripe for the picking. On this one particular early morning, as I gathered my companions for the road (our three dogs, fondly referred to as Old Dog, Old Lady, and Butt Head), it occurred to me that picking berries is very similar to our journey through life… if only we would stop to pause and consider.

The early morning sun glinting through the lacy patterned leaf and the diamonds of dew resting on the intricate spider’s web remind us that this incredible and fragile beauty is before us every day. But too often we go rushing through our days and nights without taking a quiet moment to "see" that beauty.

The search for blackberries is similar to our search for success, joy, meaning, love and relationships. Sometimes discovery is right before our eyes, easy to pick and sweet to the taste. But more often, there are thorns attached and one must be cautious and determined to harvest the fruit. However, no matter how careful, there will always be some pain from the unseen thorn or the poking branch. And so often it seems that the biggest and juiciest berries, the ones we want the most, are just beyond our grasp… impossible to reach alone… but with a helping hand for support, even the most difficult berries are easier to pick.

Along the way we meet some interesting folks… those we like and admire at once, others we admire and enjoy… and of course, there are those who are just downright irritating and pesky… the buzzing of a rabbit or the small sleeping tree snake just next to the berry we were about to pick. And of course, there are those who are just downright irritating and pesky… the buzzing fly or mosquito ready to bite. These are not unlike the encounters we have in our life’s journey or our nursing profession.

These are just a few of the similarities to life I discovered on that morning of blackberry picking. And yes, I did end up with scratches and scrapes… but also with enough blackberries to make a pot of very good jam!
When I enrolled in college in the late 1970s, I knew for certain I was completely uninterested in a career in nursing or teaching. I smile now when I recall my determination to avoid these traditional female professions. Although I now find myself inhabiting both of these worlds, my role is anything but conventional.

I came to nursing after several unsatisfactory retail and banking positions as well as a few years of stay-at-home motherhood. I wanted a job that allowed me to be home with my children as much as possible and make a decent wage. I completed an ADN program at my local technical college and took a position as an L&D nurse at an inner city hospital. It was during this time, I had my first exposure to nurse-midwifery. I was intrigued by the relationship the CNMs had with the women they cared for and by the professional autonomy they enjoyed. I enrolled in a BSN completion program, followed by graduate course work and certification as a Nurse-Midwife.

As a new CNM, I worked in the private sector with one other midwife in a busy metro Milwaukee practice. During this time, I was fortunate to be able to offer my time as preceptor for student nurse-midwives. In 2005, I began employment as the first CNM in a large academic medical setting. It was there I first began instruction of medical students and OB/GYN residents in addition to NP students. Four years ago I made a move to Nashville to join the faculty at Vanderbilt’s School of Medicine, department of OB/GYN. My duties here are wide in scope and deep in satisfaction.

I enjoy work in several venues within the ambulatory setting. I provide traditional prenatal, postpartum, and GYN care during several clinic sessions weekly. As a coincidence, my arrival in Tennessee coincided with an influx of Arabic speaking immigrants to Nashville. Since most immigrants are of reproductive age, the number of Arabic women seeking prenatal care with our practice expanded exponentially. Having worked with ethnically diverse populations since the start of my career, I feel comfortable working with translators while caring for my patients. As a means of meeting their needs, I devote one clinic session per week to seeing only Arabic speaking pregnant women. Working with women that share similar backgrounds on such a frequent basis has enabled me to provide more culturally competent care than only sporadic interaction would.

Prenatal care in group format has become an important way of providing antenatal care at my practice site. Knowing one of the major obstacles faced by immigrants, and immigrant women in particular, is social isolation, it seemed only logical to me to offer group care to Arabic speaking women. I am delighted that I have now been able to provide group care to Arabic speaking women for the last two years. This program is a first in the state of Tennessee and the entire country. I am frequently asked if I speak Arabic, I don’t, but I have been fortunate to work with a very talented medical translator.

Although, I never intended a career in nursing or teaching, my lived experience in both these areas has been exciting, intellectually stimulating, and professionally fulfilling. Now, I can’t imagine doing anything else.

Leilani Mason is an Assistant Professor at Vanderbilt University School of Medicine in the department of Obstetrics and Gynecology. She currently serves as president of the TN affiliate of the American College of Nurse-Midwives. She resides in Nashville, TN with her husband Scott.
Make Plans Now to Attend!

2013 TNA & TASN Joint Convention
October 18 - 20, 2013
Embassy Suites SE – Murfreesboro
Murfreesboro, TN

Make plans now to attend the 2013 TNA & TASN Joint Convention! The event offers an exciting agenda packed with interesting educational sessions and enjoyable activities for all nurses and students who attend.

Educational sessions will focus on a variety of informative, innovative topics related to your practice. In addition, plenty of networking opportunities will be available for you and your colleagues, including an expanded Poster Presentation session.

The Tennessee Nurses Foundation Silent Auction will be held for the eighth year and again offer a unique assortment of items for sale with proceeds going to support TNF programs.

TNA Achievement Awards Luncheon
We have all crossed paths with outstanding nurses. Don’t put it off until it’s too late.

The TNA Achievement Awards Luncheon held on Friday, October 18, offers an opportunity to honor nurses and other individuals by acknowledging their exceptional dedication, commitment and professionalism to the profession of nursing.

We ask all TNA members to consider nominating someone today. The deadline for nominations is August 30. Visit www.tnaonline.org for details.

Exhibits & Schools of Nursing Luncheon
The Exhibits & Schools of Nursing Luncheon held on Saturday, October 19, allows all attendees to visit with the large variety of vendors who exhibit and learn more about new products and services. It also offers a great opportunity for graduates, from the many schools of nursing, to visit with alumni and gives student nurses and seasoned nurses the chance to network and get to know one another.

Hotel Information – Embassy Suites – SE Murfreesboro
To make a room reservation at the Embassy Suites – SE Murfreesboro, you may visit http://embassysuites3.hilton.com/en/hotels/tennessee/embassy-suites-nashville-se-murfreesboro-SMTESES/index.html or you may call 1-800-EMBASSY or 615-216-5354 and mention the conference name and the group code of TCN. The special room rate of $149 per night plus tax will be available until the group block is filled and includes a full, made-to-order, breakfast and afternoon cocktail hour. The cut-off date for the discounted rate is Wednesday, September 25, 2013. The Embassy Suites – SE Murfreesboro offers complimentary guest parking.

Registration Form
Call For Resolutions

The Tennessee Nurses Association is issuing a formal Call for Resolutions for the 2013 TNA House of Delegates to be held during the TNA & TASN Joint Convention on October 18-20, 2013 at the Embassy Suites-SE, Murfreesboro, 1200 Conference Center Blvd., Murfreesboro, Tenn.

Resolutions can be submitted by any TNA member. If you wish to submit a Resolution, please submit it in writing to TNA no later than September 18, 2013. If you should need assistance, please contact Barbara Martin at the TNA office at bmartin@tnaonline.org.

Tennessee Nurses Association
Members Only
Request for Absentee Ballot

Please send an absentee ballot for the 2013 Tennessee Nurses Association election. “Request for Absentee Ballot” must be received at TNA by September 18, 2013. I understand that mailing this ballot to me in the manner and form approved discharges TNA’s responsibility to me in the matter of absentee voting. Absentee ballots will be mailed September 20, 2013.

I further understand that requesting an absentee ballot removes my name from the list of eligible voters at the TNA Annual Meeting. No “group requests” will be honored. Fill in this Request for Absentee Ballot form and return it by:

- Email to Barbara Martin at bmartin@tnaonline.org
- Fax to (615)254-0303
- Mail to TNA, 545 Mainstream Drive, Suite 405, Nashville, TN 37228-1296.

Completed absentee ballots must be received at TNA headquarters by the close of business on October 11, 2013.

Name: ____________________________
Address: __________________________
City/State/Zip: _______________________
District Number: _____________________
Member ID Number: ___________________
Electronic Signature: (Required to receive ballot) ____________________________
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The University of Tennessee is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA institution in the provision of its education and employment programs and services.
The first session of the 108th Tennessee General Assembly adjourned on Friday, April 19, 2013. Upon returning to their offices from a two week break in January, legislators were advised by Speakers of the Senate and House to begin the work on bills expeditiously. It was the intent of both Houses to adjourn by late April.

As the session progressed, TNA worked alongside legislators to address the myriad of legislation introduced having an impact on the nursing profession, as well as the health and welfare of all Tennesseans. We can say the mission was fulfilled as committee Chairs began notifying members to have bills calendared and taken off notice if they weren’t planning to present the legislation this session. The swift and determined mechanism proved to work as evident of the early adjournment date.

The matter of Medicaid Expansion was a priority this year also, and although TNA and other concerned stakeholders, expressed support of Medicaid expansion (TennCare), Governor Bill Haslam announced his decision not to engage in the expansion. He informed the legislature and all others, instead he would ask that federal dollars be made available to those Tennesseans who would have qualified for the expansion under the Affordable Care Act. The Governor indicated that this plan could leverage federal dollars and persons qualifying under certain guidelines would be allowed to purchase their own insurance through the newly formed Federal Health Insurance Exchange. Thereby, making private health insurance available to those Tennesseans who would have qualified for the expansion under the Affordable Care Act. The Governor indicated that this plan could leverage federal dollars and persons qualifying under certain guidelines would be allowed to purchase their own insurance through private insurance at a reduced rate and with a co-pay. This plan has to be approved by Department of Health and Human Services.

Also, before adjourning, Legislators worked to pass a balanced budget. Several key components of the budget include, a sales tax reduction on grocery items from 5.25% to 5.0% and funding for the Governors Health and Wellness Initiative. With funding approved for Health and Wellness Initiatives, programs addressing the skyrocketing problem of obesity in Tennessee, the health and wellbeing of teenagers, pregnant women and mothers with infants, as well as other target health concerns of the citizens of Tennessee will now be funded and implemented.

TNA worked tenaciously with Rep. Joanne Favors and Sen. Mark Greene to address the overwhelming concern of healthcare providers who gave voice to the issue of violence in the workplace. To address the concerns, TNA sponsored legislation House Bill 306/Senate Bill 412 passed and will become law upon signature of Governor Haslam.

The bill permits the enhanced punishment for assault and aggravated assault which applies to law enforcement officers under present law, now is applicable to health care providers acting in the discharge of their duties.

Under present law, a person who commits assault against a law enforcement officer has a maximum fine of $5,000. If the same offense is committed against a health care provider acting in the discharge of the provider’s duties, then the maximum fine will also be $5,000. The offense includes the following acts:

1) Intentionally, knowingly or recklessly causes bodily injury to another;
2) Intentionally or knowingly causes another to reasonably fear imminent bodily injury; or
3) Intentionally or knowingly causes physical contact with another and a reasonable person would regard the contact as extremely offensive or provocative.

Also, under present law, a person who commits aggravated assault against a law enforcement officer, then the maximum fine is $15,000. This enhanced penalty now applies to healthcare providers.

Other bills of interest passed by the General Assembly which TNA either worked on or supported this session include the following:

SB257 / HB1019 – Replaces current do not resuscitate order with a new provision authorizing physician orders for scope of treatment (POST). Defines POST as written orders on an approved form that specifies whether in the event of cardiac or respiratory arrest, cardiopulmonary resuscitation should or should not be attempted and specifies other medical interventions that are to be provided or withheld. This requires nurse practitioners or clinical nurse specialists to issue a POST under certain circumstances. Establishes a POST to be valid and in effect until revoked. Requires health care facilities to communicate the existence of the POST.

Empowers the board for licensing health care facilities to promulgate rules and create forms regarding procedures for withholding resuscitative services. Removes civil and criminal liability for health care providers acting in good faith for decisions regarding a POST.

SB529 / HB49 – Prohibits nurse practitioners and physician assistants from off formulary prescribing of schedule II, III, and IV controlled substances unless the prescription in question is expressly approved after consultation with the supervising physician before initial issuance of the prescription or before dispensing the medication. Requires the Department of Health to notify the top 50 prescribers at least annually and requires a written response on a form to be developed by the department.

SB442 / HB880 – Provides immunity to a hospital or health care provider in determining that a person needs emergency mental health treatment or needs physical restraint or vehicle security during transportation to a hospital or treatment resource.

SB665 / HB611 – Requires a health care provider to provide at least one parent or caretaker of a newborn infant in instruction in cardiopulmonary resuscitation before the infant is discharged from the hospital.

Expands the list of health care practitioners and facilities that are to provide information and instruction in infant cardiopulmonary resuscitation before the infant is discharged from the hospital. States that there shall be no required classes for certification in infant CPR. Grants civil liability immunity to any health care provider or any hospital for any claim arising from furnishing instructions in infant CPR.

SB676 / HB1264 – Requires the Commissioner of the Department of Health, by January 1, 2014, to develop recommended treatment guidelines for prescribing opioids, benzodiazepines, barbiturates, and carisoprodol that can be adopted by prescribers in the state as a grade for caring for patients. Further requires the Commissioner to review and update such guidelines by September 30th of each year, and post such updates on the Department’s website. Guidelines shall be sent to the appropriate licensing boards and such boards are required to review them and determine how they may be used for their licensees.

SB705 / HB668 – Prohibits pain management clinics from dispensing controlled substances. The bill specifies that buprenorphine combined with naloxone may only be prescribed as a maintenance treatment for patients diagnosed with opioid dependence and may not be prescribed or dispensed in this state for pain.

SB955 / HB541 – Requires a health care practitioner to report to the practitioner’s licensing board within seven calendar days when the practitioner is under state or federal indictment for an offense involving the sale...
or dispensing of controlled substances. Encourages the district attorney and appropriate federal attorneys to promptly notify a practitioner’s licensing board. Requires the licensing board to conduct an expedited review of the practitioner’s alleged conduct within 15 days of receiving a report of an indictment.

SB963 / HB319 – Broadens tamper resistant prescription paper and prescription for prescribing a medication that results in a tamper-resistant prescription that meets current regulatory guidelines and requirements. Allows a pharmacist to fill a prescription issued on tamper-resistant prescription paper or a prescription printed utilizing a technology that results in a tamper-resistant prescription. Allows unique serial numbers to be included on all tamper-resistant prescriptions, written or printed.

The following bills of concern and/or in opposition by TNA were withdrawn or not considered this session includes:

SB976 / HB1211 – Prohibits a nurse practitioner or physician assistant from prescribing schedules II, III, and IV controlled substances unless such prescription is specifically authorized by the formulary or approved after consultation with the supervising physician. Exempts a nurse practitioner or physician assistant who is specifically authorized to prescribe a controlled substance from having to provide or verify a written or oral prior authorization. Allows a nurse practitioner or physician assistant to provide or verify a written or oral prior authorization, which may only prescribe or issue an opioid or benzodiazepine for a maximum 30 day non-refillable course of treatment unless specifically approved after consultation with the supervising physician. The bill was withdrawn by the Sponsors and was not considered by Senate or House committees.

SB1244 / HB1256 – Requires a nurse who has been issued a certificate of fitness as a nurse practitioner to file a notice with the board containing the name of the nurse practitioner and the specific name of a Tennessee licensed physician who is providing primary supervision, control and responsibility for the medical care services to be offered. This bill was not considered by Senate or House committees.

SBI – Prohibits TN from expanding Medicaid as part of the Affordable Care Act. The bill was withdrawn in the Senate.

SB804 / HB937 – Prohibits the state from establishing, failing to implement, or participating in any expansion of the medical assistance program, also known as Medicaid, pursuant to the Patient Protection and Affordable Care Act. The House and Senate Finance Committees deferred the bill to 2014.

SB1387 / HB82 – Establishes the “TennCare Flowthrough Reimbursement Act.” Permits Tennessee, participating in any Medicaid expansion authorized under the federal Patient Protection and Affordable Care Act. This bill was not considered by Senate or House committees.

SBS48 / HB144 – Permits motorcycle operators to ride a motorcycle without a helmet if they have completed a department of safety approved motorcycle safety education course, they have been legally operating a motorcycle for at least two years, they are at least 21 years of age, and they have a minimum of $100,000 of liability insurance coverage and a minimum of $200,000 of medical insurance coverage. The House Finance Subcommittees deferred the bill to January 2014.

SB1143 / HB894 – Creates the “Motorcyclist Liberty Restoration Act.” Requires the driver of a motorcyclist under the age of 21 to wear a crash helmet. Requires the passenger of any motorcyclist under the age of 21 to wear a crash helmet. Allows a driver or passenger who is over the age of 21 to wear a crash helmet, no helmet, or a helmet meeting certain requirements. Increases the licensing renewal cost for a Class M license from $17.50 to $19.50. Allocates the $2.00 increase in funds to be earmarked to the bureau of TennCare. Directs the department of health and the department of safety to prepare a report on the number of motorcycle accidents on Tennessee roads and highways involving riders without helmets and the costs to Tennessee to care for such riders. Requires the commissioner of health to report the findings on February 1, 2015. This bill was not considered by Senate or House committees.

As you see from the bills listed, several bills remain to be considered when the legislative session reconvenes in January 2014. These bills again, will warrant our attention, along with any new introduced legislation. A special THANKS to TNA members who were instrumental in helping make this legislative session a success. Please remember to continue to reach out to your elected officials, it is imperative for Legislators to hear from professional Nurses who are their constituents. All contact information is located on the TN General Assembly’s website at http://www.capitol.tn.gov/legislator or TNA’s website at tnaonline.org.

Don’t forget to mark your calendars and make plans to join us for the 2013 TNA/TASN Annual Convention to be held October 18-20 at the Embassy Suites in Murfreesboro, Tn.

Hope to see you there!

Respectfully submitted by Carole R. Myers, PhD, RN – Chairman of the TNA Government Affairs Committee

Person-Centered Policymaking: Is It an Answer to Improving Health and Healthcare in Tennessee?

Providing person-centered care will require major transitions. Today’s organizational and other policies will need to be re-tooled. In essence we need to create new cultures for the delivery of care. Doing this will require major shifts in power. How do we close the gap between where we are currently and where we need to be? Brendan McCormack is a nurse who heads the Person-Centered Practice Research Institute at the University of Ulster in Northern Ireland. She and her colleagues have written extensively on person-centered care. According to McCormack, we need to create learning cultures. Learning cultures have been essential components of the health care safety and quality improvement movements. These two related movements gained traction with the release of two landmark Institute of Medicine reports, To Err is Human and Crossing the Quality Chasm. These two reports were a clarion call for progressive institutions that then studied the aviation and select industries to see how to cultivate organizational cultures that achieved desired outcomes by learning from mistakes and “near misses,” promoting innovation, maximizing individual potential, and understanding the interplay between individual and system/system interactions.

To Err is Human and Crossing the Quality Chasm forever re-oriented the health care delivery system in the US and globally. Today’s system for improving patient outcomes. Individual, group, and organizational barriers must be torn down to improve and sustain safety and quality that is necessary to be both safe and effective. Today’s system is not sustainable.

Some have mentioned that a person-centered approach is in conflict with the growing emphasis on population health and the need to create an efficient system. Dr. Don Berwick, a pediatrician long involved with quality improvement, has concluded that if patients do not subscribe to recommendations based on evidence, we need to look at what we are doing as providers. We should listen to and respect the patient, and consider that we need to improve how we interact with patients in describing evidence and how it applies to the person’s situation. We
Greetings from the Tennessee Association of Student Nurses! We are very excited to be forging such a great relationship with the Tennessee Nurses Association. During the month of April, the TASN Board of Directors attended the National Student Nurses Association Annual Convention in Charlotte, NC and TNA Legislative Summit in Nashville. Let me start by congratulating TASN Legislative Director, Terry Cox, on writing a successfully adopted resolution by the NSNA. Her resolution “In support of increasing education on health policy in nursing curricula” was passed with an 89% vote in favor by the House of Delegates and was one of only two resolutions to be recognized for discussion in one of the faculty breakout sessions. As President, I served in the House of Delegates, as the representative for our state, and this is when I realized the importance of encouraging attendance to conventions. Students are introduced to policy development, shared governance, cooperative leadership and many other aspects that will eventually transfer over when they become registered nurses and nurse leaders. Tennessee’s NSNA constituency allotted for 35 delegate positions, of which only 11 students were present. I was puzzled, why is Tennessee’s turnout so low at these conventions? I understand most students are overwhelmed with other obligations such as work, family, school, financial strain, and extra curricular activities but so are some of the people attending state and national conventions. San Francisco State University and TASN Board of Directors presented their resolution “Pursing greater involvement of faculty and administrators in adopting policies and philosophies that support nurses and students who aspire to be actively involved in NSNA membership.” The door was open to pro and con statements from the house. A delegate approached the “Pro” microphone and stated she was in support of this resolution and the way it was personalized, one letter grade for missing class to attend the NSNA annual convention, which could not be made up. She also stated she would rather have this opportunity and sacrifice a letter grade to be involved with something as empowering as being an NSNA delegate. Everyone was astonished by her dedication and she received a standing ovation. Over the course of the convention, hundreds of students signed a petition in support of the student to be able to make up the work that she had missed. I then thought to myself, “Could this be happening in Tennessee?” Are students being rewarded or recognized for being actively involved with their pre-professional and professional organizations? This weighed heavily on me because one of the first things I learned in nursing school is our scope of practice, and why it is important to be involved in our professional organizations that fight and defend our scope of practice. The Institute of Medicine’s report “The Future of Nursing: Leading Change, Advancing Health” is putting nursing’s future in the hands of nurses. We, as nurses and future nurses, will be responsible for the shaping of the nation’s future healthcare system.

One of my goals when I was elected President was to improve camaraderie and involvement among the Tennessee student nurses. The NSNA convention was a great opportunity for us to establish contact with other schools within our state. It also allowed us to discuss with other states’ organizations to compare goals and accomplishments. While discussing many different issues, I was able to distinguish one common theme that determined their success: the degree of faculty and administrator support and involvement they had received.

One day after returning from the convention, I was honored to attend and present at the TNA Legislative Summit in Nashville. I found myself among more than a thousand other nursing students who were passionate and actively supporting current issues in Tennessee nursing today. This is where it all came together for me. One of the topics of discussion was Senate Bill 412 by Senator Mark Green/House Bill 306 by Representative JoAnne Favors, both of whom were present as part of our Legislative Panel. The legislation seeks to enhance protection of healthcare providers in the workplace by increasing penalties for assault and battery by persons who intentionally or knowingly cause bodily injury to said worker while performing his or her assigned duties. It was astounding that there was not already policy in place to protect healthcare workers in the workplace. I wondered if my class even knew or cared that a policy that would protect us from a dangerous workplace environment was at stake and was soon to be voted on. Realizing that no laws were in place to protect healthcare workers made me understand the importance of the advocacy and lobbying by TNA and their mission “To promote and protect the registered nurse and advance the practice of nursing in order to assure a healthier Tennessee.” I have had the pleasure of working with members of the TNA Board of Directors, very supportive faculty, and would like to commend the TNA/TASN Liaisons who are either practicing nurses or current faculty at other institutions for their time and effort. I would also like to recognize every nurse or nurse leader who supports and recommends to new graduate nurses to be involved with their respective professional organizations. Considering the NSNA Annual Convention April 9-13, 2014 will be hosted in Nashville, I want to challenge and encourage all nursing faculty, nurse preceptors, and nurse leaders to support those who aspire to be the nurse leaders of tomorrow and together strengthen and build a better future for nursing.

Federal Agency for Healthcare Research and Quality (AHRQ) Offers Free Evidence-Based Resources for Nurses and Patients

The Federal Agency for Healthcare Research and Quality (AHRQ) has launched a nationwide initiative to raise awareness of comparative effectiveness research (CER) and to encourage its use. AHRQ provides nurses, other clinicians, and patients free resources and tools that objectively synthesize current clinical evidence on various treatment methods to inform health care decisionmaking. TNA is partnering with AHRQ to provide our members access to these materials and to announce new products as they become available.

A type of patient-centered outcomes research, CER informs health care decisionmaking by comparing the evidence on the effectiveness, benefits, and harms of different treatment options for common health conditions. These include cancers, cardiovascular diseases and related conditions, diabetes, arthritis, and mental health disorders. Researchers synthesize the available evidence on drugs, medical devices, tests, surgeries, or ways to deliver health care. The research findings are translated into practical resources, including:

- Clinician research summaries
- Plain-language patient brochures (in English and Spanish)
- Accredited CME/CE modules (including nearly 40 CE accredited for nurses)
- Faculty slide presentations

All of these tools are designed to encourage and support shared decisionmaking between clinicians and patients, with a goal of better care and outcomes. Clinician materials are available via an online web-based application, clinical bottom line information, citation research gaps, when applicable. Patient materials contain an overview of the condition in addition to the comparative effectiveness information. These unbiased resources can help nurses:

- Identify issues to discuss with patients
- Talk about side effects
- Analyze treatments and assess benefits and harms for patient outcomes
- Examples of currently available titles include:
  - Comparing Medications for Adults With Type 2 Diabetes
  - Treating Cholesterol With Combination Therapy
  - Second-Generation Antidepressives for Treating Depression
  - Treating and Preventing C. difﬁcile Infections

To view or download AHRQ resources, visit www.EffectiveHealthCare.ahrq.gov. To order free printed copies of the clinician or patient research summaries, including bulk quantities, call the AHRQ Publications Clearinghouse at 1-800-358-9295 and provide the code C-02. For more information about this initiative, contact Victoria McGehee in AHRQ’s Atlanta Regional Ofﬁce at 404-836-2303 or victoria.mcghee@ahrq.hhs.gov.

[Contact Information]

Teresa Dewaratanawich TASN President

[Contact Information]
Tennessee nurse cares for patients for seven decades

At 87, Helen Deneka may be the nation's oldest working nurse.

Each workday, Helen Deneka, 87, does what she's been doing since she was a teenager—caring for sick, injured and ailing people.

"The patients start coming at 6 a.m.," says Deneka, bundling surgery consent forms into a stack at Baptist Memorial Hospital-Tipton's ambulatory care unit in Covington, Tenn. "We have to get the charts ready and make sure the rooms are set up."

Believed to be the oldest working nurse in the United States, Deneka has readied rooms, administered medicine and tended to tens of thousands of patients since graduating from nurse training in 1946.

"I do the paperwork, then start the patients' IVs," says Deneka, describing her daily routine at the outpatient surgical center. "Fortunately, I get them on the first stick 99 percent of the time."

"She never sits," says fellow nurse Margaret Green, 66. "She's going all the time."

Born the day after Christmas in 1925, Deneka grew up in Munford, Tenn., with three brothers and two sisters, who turned to her when they were sick. "I'd take care of them to help my mother," she recalls.

Deneka's mother, Rose, encouraged her to become a nurse. "I think she saw it in me," she says.

In 1943, Deneka enrolled in the nurse training program at Baptist Memorial Hospital in Memphis, Tenn., graduating three years later. After earning a certificate in anesthesia, she worked at the hospital as a nurse anesthetist.

"Back then, we did everything by hand," Deneka says. "Checking the pulse, taking blood pressure. Now, you just look up at the monitors."

Deneka has seen other changes during her seven-decades-long nursing career. "We used to wash all the syringes and needles between patients and sharpen our needles with a whetstone," she says. "Now they throw everything away."

Deneka witnessed the introduction of penicillin in the 1940s, the installation of air-conditioning at the hospital in the early 1950s, and the addition of bathrooms and telephones in individual patients’ rooms in the late 1950s.

She's also experienced major changes in nurses' uniforms, from striped dresses with starched and pressed white aprons when she was a nursing student to today's casual and colorful scrubs.

"Student nurses wore dresses and caps," she recalls. "We’d be inspected every morning. If your uniform wasn’t perfect, you were sent back to your room to change."

Working in Memphis provided claims to fame as well. Deneka was on duty at Baptist Memorial the day Elvis and Priscilla Presley’s daughter, Lisa-Marie, was born in 1968, as well as the day Elvis died in 1977.

"Both those days were bad," she recalls. "So much commotion. People were everywhere." Though she loves nursing, Deneka took a five-year hiatus from the hospital in 1981 to help her husband, Harry, 90, a 20-year military veteran turned retailer, operate Fred's Discount Store near their home in Millington, Tenn. (pop. 10,716). Eventually, her oldest son Michael, 58, now an attorney in Roanoke, Va., took over as store manager.

Deneka's sons Ray, 48, a Tipton County paramedic, and David, 47, a Memphis-based orthopedic surgeon, both followed their mother into the medical field. She returned to the profession in 1986 when joining the nursing staff at Baptist Memorial Hospital-Tipton, where she works at least 40 hours each week.

"She's such a caring and conscientious person," says co-worker Margaret Green. "I can't imagine her retiring."

"I’m thinking about it," Deneka says, returning to her charts. "But not today. We have a lot of patients coming in."

Reprinted with permission from American Profile, which published the original story on Jan. 27, 2013. Read more: http://americanprofile.com/articles/meet-the-nations-oldest-working-nurse/#ixzz2RxVhxUep

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**Honor A Nurse**

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

We honor you…

Janie F. Sullivan, RN

Mrs. Sullivan was director of the School of Nursing at Baptist Hospital (Nashville) and served as a mentor and role model for hundreds of students and faculty. She portrayed the epitome of a professional nurse. Honored by Susan Seager, EdD, RN.

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

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**Person-Centered Policymaking**

(Continued from page 9)

need to learn from patients to be better providers. What about the need to look at health and health care from a population perspective and consider the stewardship of scarce resources in a system that is person-centered? Are these ideas in conflict? The verdict is still out. Some preliminary data and a model of shared-decision making among patients and providers revealed a trend of less invasive care. Much of the current oversurge of services can be attributed to oversupply or mismatches between need and supply. Providers can lead in changing these dynamics.

As nurses we care for patients many different ways. Policymaking is one way we extend what we traditionally do in the direct provision of care. Policymaking affords us the opportunity to improve the environment in which we provide care and more general environmental factors which are major determinants of health. Involvement in policymaking is crucial to allowing us to practice to the best for the patient? Do we have the confidence that such an approach help us to transcend partisan and professional divides that have become so frustrating as we are called to champion improved health and health care for all Tennesseans? Can we change our language and approach such that we advocate for policies which ultimately improve health and health care by leading with what is best for the patient? Do we have the confidence that such an approach will ultimately advance the profession? My answer to all these questions is YES...but we have to work hard to get to yes.

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**TNA Members, Are You Interested...**

In shaping the future of the Tennessee Nurses Association? We need you... your enthusiasm, your expertise and your commitment!

Take this opportunity to get involved! We know of your interests and we will find a place for you. Committee appointments take place each October and must be set for two-year terms. Elected positions within TNA are chosen by a TNA-Nominated, Indicated your choice and return the form to TNA at the address below.

Your participation does make a difference! For more information, contact the TNA office at 615.244-0391 or tna@tnonline.org

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**Person-Centered Policymaking**

(Continued from page 9)

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**Person-Centered Policymaking**

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(Continued from page 9)
ANA Leads Initiative to Develop National Safe Patient Handling Standards

Multi-disciplinary group seeks to establish evidence-based guidelines to address deficiency

SILVER SPRING, MD–The American Nurses Association (ANA) is leading a broad-based effort to develop national standards to guide hospitals and other health care facilities in their implementation of policies and equipment to safely lift and move patients, a culture change many experts agree is necessary to reduce injuries to health care workers and patients.

ANA convened a panel of 20 specialists this summer with expertise in nursing, occupational and physical therapy, ergonomics, architecture, health care systems, and other disciplines to devise overarching standards for implementing safe patient handling programs and detailed guidelines for making them work effectively in practice.

The Safe Patient Handling (SPH) National Standards Working Group plans to distribute the standards and guidelines to their professional memberships for comment in October, with publication and release set for March 2013.

The panel is seeking to build a consensus of evidence-based best practices in safe patient handling that will apply to multiple health care professions and settings. The panel’s goal is to develop language that can be incorporated nationwide into practices, policies, procedures, and regulations and become the basis for resource toolkits and certifications.

“It’s long overdue to press for widespread adoption of safe patient handling programs to protect health care workers and patients,” said ANA President Karen A. Daley, PhD, RN, FAAN. “Nurses can’t wait any longer. Too many are suffering debilitating injuries that force them from the bedside. With demand for nursing services increasing, our nation can’t afford for the nursing shortage to worsen by losing nurses to avoidable injury.”

Currently, there are no broadly recognized government or private industry national standards for safe patient handling. Health care facility programs lack consistency, with varying regulations in 10 states that have enacted safety programs.

In the meantime, health care professionals continue getting injured and musculoskeletal injury remains a top concern.

ANA conducted its own Health and Safety Survey of nurses in 2011, in which 62 percent of the more than 4,600 respondents indicated that suffering a disabling musculoskeletal injury was one of their top three safety concerns.

The survey also showed that eight of 10 nurses worked despite experiencing frequent musculoskeletal pain, and 13 nurses were injured three or more times on the job within a year.

A resolution in the 2009-2010 session of Congress urging the adoption of safe patient handling programs, noting that RNs and other health care workers are required to lift and transfer “unreasonable loads, with the average nurse lifting 1.8 tons on an eight-hour shift.” Additionally, recent figures from the Bureau of Labor Statistics show that nursing ranks fifth of all occupations in work days missed due to occupational injuries or illnesses.

The ANA convened a panel of 26 specialists this summer from the hospital, research, education, and community sectors representing the interests of the nation’s 3.1 million registered nurses through its constituent and state nurses associations and its organizational affiliates. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

Registered Nurse Safe Staffing Bill Introduced in Congress

Nurse staffing directly impacts patient safety; direct care nurses to drive staffing plans

SILVER SPRING, MD – The American Nurses Association (ANA) applauds the introduction of federal legislation that empowers registered nurses (RNs) to drive staffing decisions in hospitals and, consequently, protect patients and improve the quality of care.

The Registered Nurse Safe Staffing Act of 2013 (H.R. 1821), crafted with input from ANA, has sponsors from both political parties who co-chair the House Nursing Caucus – Reps. David Joyce (R-OH) and Lois Capps (D-CA), a nurse.

“Nurse staffing has a direct impact on patient safety. We know that when there are appropriate nurse staffing levels, patient outcomes improve. Determining the appropriate number and mix of nursing staff is critical to the detection of quality of care,” said ANA President Karen A. Daley, PhD, RN, FAAN. “Federal legislation is necessary to increase protections for patients and ensure fair working conditions for nurses.”

Research has shown that higher staffing levels by experienced RNs are linked to lower rates of patient falls, infections, medication errors, and even death. And when unanticipated events happen in a hospital resulting in patient death, injury, or permanent loss of function, inadequate nurse staffing often is cited as a contributing factor.

The bill would require hospitals to establish committees that would create unit-by-unit nurse staffing plans based on multiple factors, such as the number of patients on the unit, severity of the patients’ conditions, experience and skill level of the RNs, availability of support staff, and technological resources.

The safe staffing bill also would require hospitals that participate in Medicare to publicly report nurse staffing plans for each unit. It would place limits on the practice of “floating” nurses by ensuring that RNs are not forced to work on units if they lack the education and experience that are necessary for safe patient handling. The bill would also allow hospitals accountable for safe nurse staffing by requiring the development of procedures for receiving and investigating complaints; allowing imposition of civil monetary penalties for knowing violations; and providing whistle-blower protections for those who file a complaint about staffing.

ANA backed a similar staffing bill in the last Congress. This version includes requirements that a hospital’s staffing committee be comprised of at least five percent direct care nurses or their representatives, and that the committee publish a plan against adjustable minimum nurse-to-patient ratios.

Additionally, ANA has advocated for safe staffing conditions for the nation’s 4.5 million RNs through the development and updating of ANA’s Principles for Nurse Staffing, and implementation of a national nursing quality database program that correlates staffing to patient outcomes.

To date, seven states have passed nurse safe staffing legislation that closely resembles ANA’s recommended approach to ensure safe staffing, utilizing a hospital-wide staffing committee in which direct care nurses have a voice in creating the appropriate staffing levels. Those states are Connecticut, Illinois, Nevada, Ohio, Oregon, Texas, and Washington.

For more information on ANA’s safe staffing legislative efforts, please visit www.RNAction.org.

ANA NEWS

Safe Patient Handling National Standards Working Group Participating Organizations

• American Association for Long Term Care Nursing
• American Nurses Association
• American Physical Therapy Association
• American Society for Healthcare Risk Management
• Ascension Health
• Association of periOperative Registered Nurses
• DELHEC, LLC (Educational Services and Consulting)
• Diligent Services (Safe Patient Handling Programs)
• Hill-Rom (Medical Technology)
• Human Fit (Ergonomics and Human Factors Consultants)
• Lockton Companies, LLC (Loss Control Consultants)
• National Association for Home Care & Hospice
• National Institute for Occupational Safety and Health
• Park Nicollet Health Services
• School of Health and Rehabilitation Sciences, The Wexner Medical Center, The Ohio State University
• Stanford University Medical Center
• U.S. Army Public Health Command
• Veterans Health Administration
• Veterans Health Administration, Patient Safety Center of Inquiry
• VisionHealth Care/American Journal of Safety in Handling and Movement
• Washington State Department of Labor and Industries
New/Reinstated Members

District 01

District 02

District 03

District 04

District 05
Mara J. Black, Cheryl Lynn A. Badeen, Karen A. Dewitt, Trisha Jenkins, Casey Kickliter, Christina McCray, Vickie Joy Phillips, Gina Russell, Melanie Marie Scott, Leah A. Simms, Mary Steele, Meera Devi Sudarsanan, Dustin T. Williams

District 06
Cassandra Fronabarger, Jessica M. Suiter

District 07
Kimberly Extine, Kim W. Stockton, Melinda T. Williams

District 08
Kelley Bass, Eric Deterting, Elizabeth Diane Gentry

District 09
Gina Marie Leath

District 10
Matt Bowden, Melinda Mosby

District 11
Cindy Sherrill Daniel, Katie S. Nelson, Tracy R. Wilson, Susan G. Wright

District 12
Marilyn Dubree, Colleen Conway-Welch and Margie Gale

Member News

TNA Past President, Laura Beth Brown, was recently recognized with Leadership Health Care’s Health Care Emerging Leader of the Year award.

Nancy Donoho has recently been accepted to a 2-year term as an American Nurse Credentialing Center (ANCC) appraiser.

Sharon Karp, Sheila Ridner and Debra Wollaber

March of Dimes Honors Outstanding Caregivers at Annual Nurse of the Year Awards.

Advanced Practice: Sharon Karp, assistant professor of nursing at Vanderbilt School of Nursing

Research Nursing: Sheila Ridner, professor of nursing at Vanderbilt School of Nursing

Entry to Practice Nursing Education: Debra Wollaber, professor of nursing at Belmont University School of Nursing

Congratulations to the following District 3 members who were nominated for the Salute to Nurses awards sponsored by The Tennessean in partnership with TNA during Nurses Week: Diane Black, Kimberly Butler, Margie Gale, Steven Klintworth and Chelsea Odil.
American Nurses Association/Tennessee Nurses Association Membership—It’s Your Choice! It’s Your Privilege!

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Home Fax: ___________________________ Work Fax: ___________________________
Employed at: ___________________________ Employer’s Address: ___________________________
Academic Degree(s): ___________________________ Certification(s): ___________________________
Graduation from basic nursing program (Month/Year): ___________________________ RN License # (State): ___________________________

SPONSOR BY: ___________________________ SPONSOR’S DAYTIME PHONE NUMBER: ___________________________

Membership Categories (please choose one category)

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Employed full or part time, $29.47 per month or $357.60 annually. Includes membership in and benefits of the American Nurses Association, Tennessee Nurses Association, and the TNA District Association.

☒ ANA/TNA Reduced Membership Dues
Newly licensed registered nurse, non-employed, who are full-time students, or age 65 and not earning more than Social Security allows, $120.99 per month or $1,451.88 annually. Includes membership in and benefits of the American Nurses Association, Tennessee Nurses Association, and the TNA District Association.

☒ ANA/TNA Special Membership Dues
21 and not employed, or totally disabled, $6.29 per month or $75.50 annually. Includes membership in and benefits of the American Nurses Association, Tennessee Nurses Association and the TNA District Association.

☒ TNA Individual Membership
Any licensed registered nurse living and/or working in Tennessee. $16.34 per month or $196.05 annually. Includes membership in and benefits of the Tennessee Nurses Association and the TNA District Association.

Communications Comment: I understand that by providing my mailing address, email address, telephone number and/or signature, I consent to receive communications sent by or on behalf of the Tennessee Nurses Association (and its subsidiaries and affiliates, including its Foundation, Districts and Political Action Committees) via regular mail, email, telephone, and/or fax.

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Activation of the Tennessee Nurses Association Credit Card

Cards can be obtained through TNA’s website at www.tnastoreonline.ca

District News

District 1
Jennifer Hurlow GNP-BC, CWCN of Germantown, TN has been elected to serve as member on the Board for the Association for the Advancement of Wound Care (AAWC). AAWC is a multidisciplinary, nonprofit association that was conceived to accomplish and promote excellence in wound education, clinical practice, public policy and research. The 2013 AAWC Board of Directors will officially take office on May 3, 2013 at the Annual AAWC Membership Meeting held during SAWC Spring in Denver, Colorado. Jennifer will use this opportunity to promote the value of the nurse practitioner in meeting the needs of the more than 6.5 million people in our country who suffer with chronic wounds.

District 5
Denise Forester, PhD, RN is going to Japan, May 11-21, and will be meeting with Japanese nurses.

TNA Credit Card
Support the Tennessee Nurses Association while earning more cash back for the things you buy most. Apply for the new Tennessee Nurses Association BankAmericard Cash Rewards™ Visa Signature® credit card that rewards customers with up to 3% cash back on certain purchases, all while supporting TNA initiatives. In addition to earning cash back rewards for yourself, use of this card benefits the TNA at no extra cost to you!

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June, July, August 2013

The Tennessee Nurse

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Check Payroll Deduction on the lower-right-hand side of the TNA Membership application. A TNA staff member will send you the form you need to take to the VA Payroll Department to setup your payroll deduction dues plan. It’s that simple. You will never miss $10.70 from your paycheck and you will have gained so much in return. If you have any questions, call 615-254-0350.

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