

Tennessee Nurse

The voice for professional nursing in Tennessee since 1905

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Fall 2013



I Am TNA

Sandra D. Wells, RN

I am TNA! Wow, What a powerful statement. So what does it mean to be TNA? Well, to me it means being part of a professional organization that supports and advocates for nursing in ways other organizations do not. It means standing up for what we believe in and supporting other nurses that believe in us. It means understanding the legislative part of the rules and laws that govern our profession.



Sandra D. Wells

It means supporting the PAC so TNA can lobby on our behalf and uphold the standards and scope of the nursing profession. It means having a wonderful experience every year at convention with nurses from all over the state. It also means being part of ANA. Most importantly it means being part of the most trusted and most rewarding profession in the world.

My name is Sandra Wells and I am TNA. I am married to a wonderful man SFC. Kenneth Wells of the US Army reserves, we have three amazing children Austin 16, Cassidy 14, and Hunter 5. I also have the privilege of raising my little brother Tristan, he is 12. I have been in health care for over nine years; however I have only had the privilege of being a Registered Nurse for a little over a year. I have dreamed of becoming a Registered Nurse since childhood. I graduated from Walters State Community College with my Associates Degree on May 5, 2012 and was awarded the Dr. Campbell Leadership award for my outstanding commitment and passion for nursing. I joined TNA shortly after graduation. I am currently working on my BSN at East Tennessee State University. My passion and love for nursing continues to grow as I gain experience and knowledge from the nursing profession and the TNA.

I can remember the first time I heard about TNA, I was part of the Student Nursing Association and Sharon Adkins came to speak to the graduating class of 2011. The work TNA does to support nurses in their profession was appealing to me. I will be the first to admit I have never been actively involved with politics, however when I found out how much politics could affect my career as a nurse I was ready to sign up. It is hard to believe the politicians that make decisions about nursing practice have little to

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I am a Staff Nurse...what has TNA done for me this year?

TNA was successful in passing legislation that increases the penalties for assault against a health care worker. The first step in making you safer in the workplace.

I am an APRN...what has TNA done for me this year?

TNA was successful in defeating legislation that would have decreased your ability to prescribe scheduled drugs. TNA was instrumental in sidetracking TMA's effort to impose additional supervision requirements over your nursing practice.

I am TNA...what have you done to support TNA this year?

Are you a member?

Governor Haslam Signs Legislation to Enhance Penalty for Workplace Violence Against Healthcare Providers



On June 4, 2013, a ceremonial bill signing event was held at the War Memorial Building in Nashville. Along with other bills being signed, TNA sponsored legislation enhancing penalty of Workplace Violence against Healthcare providers was also signed by the Governor. Attending the ceremonial signing were the following bill sponsors and TNA members: Senator Becky Massey, Representative G.A. Hardaway, Senator Mark Green, Mona Kelly, Margie Gale, Sandra Blount, Representative JoAnne Favors, Representative Tony Shipley and Representative Antonio Parkinson.

spiritual caregiver

educator
The Many Dimensions of Nursing
mentor
counselor

care coordinator

clinician

collaborator

leader

policy maker

researcher

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

Tougher Laws On Violence Against Nurses

by Tennessee Senator Mark Green, M.D.

I was treating another Emergency Room patient when the man came in to the hospital's waiting room, obviously under the influence of drugs, and approached a registered nurse. I'll call her "Mary Ann," but that's not her real name. All of us on the shift liked Mary Ann. Besides being a hardworking, dedicated nurse, she was a single mom who was raising two teenagers. All of a sudden the man, who was kindly asked to wait his turn, grabbed Mary Ann by her shirt and started punching her in the face with all the force he could muster. As she struggled to get away from his vicious assault, security guards and other personnel – me included – tried our best to stop him. Most of us got punched in the melee that ensued, and some of us were spit upon. By the time we restrained him, Mary Ann's jaw was broken. She was out of work, forced to take disability, for at least 3 to 4 months – but even when she returned to the job, she was never the same again.

Like most victims of violence, her fear in the days and weeks that followed was palpable. Nobody used the words "post-traumatic stress disorder," but Mary Ann was naturally reluctant to go back into the same environment where she'd undergone this vicious beating at the hands of a complete stranger. The worst part was that the local

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Tougher Laws

(Continued from page 1)

police didn't want to charge the perpetrator with assault. The County Sheriff's Department had to be notified before anything happened to the individual.

That particular incident happened three years ago. Unfortunately, it wasn't unusual. All across the nation, including here in Tennessee, violence against health care workers is out of control. Like almost every health care worker I know, I've seen patients and visitors alike punch, kick, and choke nurses and other personnel. I've seen people have to be forcibly restrained, only to see them spit at the very professionals who are trying to help them. Nationwide, there were 69 homicides in health services during the four years between 1996 and 2000, the last years for which records are available.

While workplace fatalities gain the most public attention, it is the routine acts of violence that are unseen by the public – like the one against “Mary Ann” three years ago – that make the health care field so dangerous. According to the Bureau of Labor Statistics, no occupations in the United States sustain more nonfatal

workplace assaults than health care: the BLS estimates that workers in health care account for the majority – 59 percent – of all such assaults in the private sector.

A 2010 survey by the Emergency Nurses Association found that more than half of emergency department nurses had experienced acts of violence or verbal abuse by patients, including being kicked, shoved or spit upon. Fully a quarter of respondents in that survey reported that they had suffered 20 or more violent incidents in the preceding 3 years. Overall, between 8 to 13 percent of emergency room nurses are the victims of some form of physical violence every week. On an annual basis, according to the U.S. Department of Justice, nearly half a million nurses suffer from some form of workplace violence.

The health care sector leads all other industries in nonfatal assaults against workers resulting in lost workdays, accounting for 45 percent of all such incidents in the United States, according to BLS data. There were 2,050 separate assaults and violent acts reported by RNs in 2009 that required an average of four days away from work. Here in Tennessee, in 2010 alone there were 369 claims by health care workers to Workers' Compensation due to workplace violence.

Thanks to the efforts of the Tennessee Nurses Association, Rep. JoAnne Favors (D-Chattanooga) and myself, we were able to successfully advance legislation this year that greatly enhances the penalties for those who commit these indefensible acts of violence against health care workers. Under our measure, which was passed by both houses of the legislature and has since been signed into law by Governor Bill Haslam, those who commit violent assaults against health care workers will be treated the same as if they had attacked police officers.

In addition, we convinced the legislature to toughen the penalties for both types of offenses: attacks on health care workers and on police officers were both strengthened. Under the new law, the penalty for those convicted of assault upon a nurse or other health care worker in the course of discharging their duties will be doubled. Punishment for aggravated assault on a health care worker – defined as an attack that results in serious physical injury or involves use of a deadly weapon – are tripled.



Rep. Favors has also seen the problem of workplace assaults against health care workers with her own eyes. She is a former *Nurse of the Year* and was Professor of Nursing, and by working across the political aisle, we were able to impress upon our colleagues the critical importance of the new law. Rep. Favors is a Democrat and I am a Republican, but for both of us, this problem is deeply personal.

When Utah passed a similar measure, that state was able to reduce incidents of violence against health care workers by 50 percent. As health care professionals, each of us begins our shifts knowing that we will be treating people who are emotionally distraught, not infrequently suffering from psychiatric illnesses – and often under the influence of drugs or alcohol. We should not have to start our shifts fearing that we won't be able to finish them. This law, similar to Utah's, will add a layer of protection for those in our communities who bring comfort and healing to the neediest among us.

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AUTHOR is Dr. Mark E. Green. Green is an ER doctor, CEO of Align MD and a state senator from Houston, Montgomery and Stewart counties in Tennessee.

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From the President

Health Care Reform in Tennessee: An Economic and Health Care Crisis. How did this happen? What is next?

Jill Kinch, MSN, APN, CPNP-PC/AC, President, TN Nurses Association



Jill Kinch

The economic climate in health care is reaching a crisis point in Tennessee. Why is this happening? Tennessee hospitals are facing simultaneous and significant cuts to reimbursements. These reductions are the result of three factors: funding cuts from the Budget Control Act and sequester, phased out disproportionate share payments from the federal government, and the Governor's decision to opt out of Medicaid expansion.

As mandated by the *Budget Control Act (BCA) of 2011*, automatic, across-the-board cuts to federal discretionary spending began in January 2, 2013 because Congress and the President did not pass alternative legislation to reduce the federal deficit. As a result, the BCA mandated a 2% sequester of Medicare spending over the next nine years from, 2013 until 2021. Despite these reductions to reimbursement, health care teams at outpatient clinics and hospitals must maintain the same standard of care but are being reimbursed 2% less. This sounds like a small reduction, but these cuts are cumulative and significantly impact citizens, healthcare teams, hospitals and clinics.

At the same time, disproportionate share hospital (DSH) adjustment payments are being phased out. DSH payments provide additional help to those hospitals that serve a high number of low-income/uninsured patients. These payments help to offset the unrecovered costs of treating the uninsured. The Affordable Care Act was

designed to provide access to health insurance for as many people as possible, minimizing uncompensated care losses for hospitals. Thus, the Affordable Care Act phases out DSH payments to hospitals that provide a large portion of uncompensated care. Hospitals had expected to recoup the loss of the DSH funds with Medicaid Expansion. However, last summer, the U.S. Supreme Court ruled that the Affordable Care Act could not mandate that states expand Medicaid, that is, states can choose to opt out. For now Governor Haslam has opted out of Medicaid expansion in our state. According to the Tennessee Division of Health Care Finance, with Medicaid expansion, Tennessee would spend \$200 million in state funds and would receive \$6.5 billion from the federal government, between 2014-2020.

These changes to our health care reimbursement results in a devastating economic equation for Tennessee citizens. According to the annual financial and employment data on Tennessee hospitals derived from the Tennessee Joint Annual Reports on Hospitals, there are 121 general medical/surgical hospitals in Tennessee. Fifty-four of these hospitals are in jeopardy of having to close their doors because they have lost money over the past three years or have only had positive revenues due to DSH payments. These at-risk hospitals directly employ over 21,000 Tennesseans, and indirectly sustain tens of thousands more jobs.

Most importantly, Medicaid expansion would improve health for Tennesseans. A study of early expansion states published in the *New England Journal of Medicine* documents:

- A 6.1 percent decline in deaths, for Tennessee, this would mean an estimated 1,100 fewer deaths per year.
- A 21.3 percent decrease in the rates of delayed care due to financial constraints.
- A 3.4 percent increase in rates of positive self-reported "good" or "excellent" health status.

We are hopeful that the Governor and state and federal politicians reach an agreement for expanding Medicaid in our state. It is not too late; please call your representative to advocate for Medicaid expansion.

Source: Division of Healthcare Finance and Administration; Department of Health and Human Services; University of Memphis; Tennessee Hospital Association.

From the Executive Director

by Sharon A. Adkins, MSN, RN

This June the first ANA Membership Assembly took place in Washington D.C. So what's the big deal?

Last year the ANA House of Delegates voted to dissolve itself and form a Membership Assembly giving each state 2 elected representatives with "weighted voting." Instead of a large HOD which met every two years, the smaller assembly will meet every year to make decisions about policy, practice and governance. This change will allow the ANA to be more responsive to the rapidly changing health care environment and issues that affect nursing practice.

Tennessee was well represented by TNA President, Jill Kinch, and District 1 (Memphis) President, Brad Harrell. Besides bylaws changes to operationalize the new Membership Assembly, the representatives debated the issue of licensure jurisdiction across state lines. With the increasing use of technology provided care and the ability of nurses to do follow up care with patients no matter where they are located, the question is...should the nurse be licensed where he/she is practicing or where the patient is located. In a state like Tennessee, with so many border states, it can be a real issue. The question was referred back to the ANA Board of Directors and will be re-visited at the 2014 Membership Assembly.

To be more relevant to nurses in Tennessee, to engage more participation and to effectively get the needed work done, the TNA Board of Directors will be proposing some structural changes at the October TNA House of Delegates. The future for nursing in Tennessee is filled with opportunities and challenges...we will be ready to embrace them all.



Sharon Adkins

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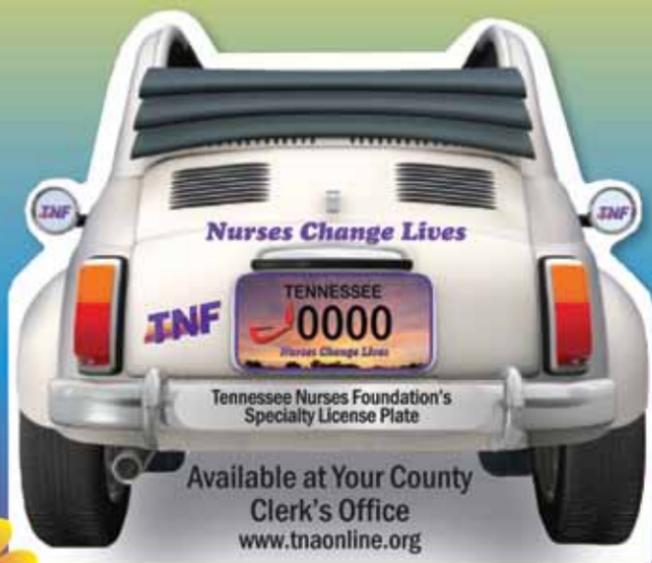
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GOVERNMENT AFFAIRS

Helping Tennesseans Gain Health Care Coverage

Carole R. Myers, PhD, RN,
Chairman of the TNA Government Affairs Committee

Major provisions of the Affordable Care Act will be implemented January 1, 2014. Among these are the advent of the **Health Insurance Marketplaces and Medicaid Expansion**. Governor Bill Haslam made the choice to have the federal government run the Tennessee Health Insurance Marketplace (known previously as Health Insurance Exchanges) and to not participate in the Medicaid Expansion. Instead of the Medicaid Expansion, the Governor has developed an alternative approach called the **Tennessee Plan**. Currently the Governor has not submitted a formal application to the federal government for approval, nor has the Tennessee Legislature approved Medicaid expansion in the state.

The enrollment for the new Health Insurance Marketplace begins October 1, 2013 and continues through March 31, 2014. It is estimated that there are 925,000 uninsured individuals in Tennessee and 525,000 of these are eligible for coverage through the Health Insurance Marketplace. Recent polls have indicated that up to 80% of Americans do not know they are eligible for coverage. As nurses, we need to direct individuals to resources to facilitate them accessing information about enrollment so as many Tennesseans can gain health care coverage as possible. What portion of the remaining 400,000 uninsured Tennesseans will be eligible for the Tennessee Plan and whether the plan will be approved and implemented is unknown.

There will be a single, relatively simple application (no more than three pages in length) that will be used to determine eligibility for coverage through the Health Insurance Marketplace, Medicaid, or CHIP (Children's Health Insurance Plan) and subsidies for purchasing coverage. Enrollment can be accomplished online or on the phone. Select locations will offer in-person assistance from trained volunteers, **Certified Application Counselors**, or paid **Navigators**.

What can nurses do to help Tennesseans secure the information they need? We can display and share information with our patients and others in our communities. We can help others understand the value of insurance and inform them about open enrollment. We ourselves can be informed about key websites, phone numbers, and locations regarding open enrollment in the Health Insurance Marketplace. Some nurses may choose to become a trained volunteer or host an informational meeting in their workplace, church, or other venue.



Where Do Tennesseans Fit In?

- **If you currently have health care coverage** through an employer, Medicaid (TennCare) or Medicare, the provision of this coverage will be the same.
- **If you are currently uninsured or buying an individual policy**, the new portal for health care coverage is the Health Insurance Marketplace; depending on your income level, you may be eligible for financial assistance.

Resources

Application for Health Care and Help Paying Costs: http://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/AttachmentB_042913.pdf

HealthCare.gov (website):
<https://www.healthcare.gov/>

Health Insurance Marketplace Toll-Free Number:
1-800-318-2596

Kaiser YouToons Video on Health Insurance Marketplace: <http://kff.org/health-reform/video/youtoons-obamacare-video/>

Subsidy Calculator: <http://healthreform.kff.org/subsidycalculator.aspx>

I Am TNA

(Continued from page 1)

no knowledge about what, why, and how nurses do their jobs. I think it is great that TNA works hard to educate the politicians on nursing and how important it is for some laws to be or not to be passed. This work helps gain support and respect for nursing from our public leaders.

I can remember my first TNA/TASN convention. I was still a student and it was a fun and exciting weekend. I left the convention eager to join and learn more about becoming a leader. I was also able to attend the 2012 convention; it was an eventful experience for me. I was honored to accept TNA's Professional Promise award. There were many great speakers and the campaign for president was exciting. I am currently the secretary for

TNA District 5 and plan to become more involved in years to come.

In closing I must say becoming a nurse has made many of my dreams become reality. I feel so blessed to be part of this amazing nursing profession and I am honored to be part of TNA. If you are not a member I encourage you to join; you will not regret it. I have heard every excuse in the world from "I do not have enough time" or "It costs too much." No matter how much or little time you have your membership matters and it costs less than a pizza and bread sticks on a monthly payment. I want to challenge each of you to make a stand because together we can make a difference, together we are TNA. I am proud to be TNA.

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TENNESSEE NURSES POLITICAL ACTION COMMITTEE

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2013 TNA & TASN Joint Convention

**Convention Starts
Friday, October 18
at 9:00 a.m.**

**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.

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. The *TNA Achievement Awards Luncheon* to be 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.

TNPAC District Basket Challenge – New This Year! Members from TNA Districts will display baskets specifically designed from their region. These baskets will be auctioned with proceeds going to support TNPAC.

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-MBTESES/index.html> or you may call 1-800-EMBASSY or 615-890-4464 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.

TNA & TASN Joint Convention

October 18 - 20, 2013

Embassy Suites SE - Murfreesboro
1200 Conference Center Boulevard
Murfreesboro, TN 37129



Registration Form

Please Print

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Friday, October 18
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2013 TNA & TASN Joint Convention

2013 TNA & TASN Convention

October 18 – 20, 2013

Embassy Suites SE - Murfreesboro
Murfreesboro Tennessee

Make plans now to attend the 2013 TNA & TASN Joint Convention! Once again the Tennessee Nurses Association and the Tennessee Association of Student Nurses are joining together for the convention offering you the opportunity to meet and greet our upcoming future nurses. The diverse event offers an exciting agenda packed with interesting educational sessions following the theme *“The Many Dimensions of Nursing.”*

Overview

- A variety of breakout sessions will provide the latest information on timely topics, such as the “TN Action Coalition: Nurses Joining Forces to Improve Health and Health Care in TN.”
- Networking opportunities abound at this year’s convention. Many nurses will tell you they are where they are today because of the connections they have made through TNA. Come join us at the Friday night Welcome Reception hosted by TNA’s District 3 and District 15.
- Current state legislators will participate in a panel discussion as part of the session presented by the Tennessee Nurses Political Action Committee (TNPAC).
- Sunday’s general session, “Patient Care Through Primary Care Lenses” will be presented by Jane Owen, MSN, APRN, BC, CHPN.
- The TNF session will be a timely presentation on “Neonatal Abstinence Syndrome: An Emerging Crisis.”
- The Tennessee Nurses Foundation Silent Auction will offer a unique assortment of items for sale with proceeds going to support TNF programs.
- TNPAC Fundraising Event - TNA District Basket Challenge and Auction.

TASN Invitation to Attend Joint Convention

The 2013 TNA & TASN Joint Convention is a wonderful opportunity for students to interact with nurses already in practice and have their “real world” questions answered. On behalf of the TASN Board of Directors, we hope to see you in October!



Keynote Address Spiritual Caregiving: Standing on Holy Ground

Dr. Verna Carson is a nationally known speaker on a variety of topics, including: spirituality in nursing, the care of patients with Alzheimer’s disease, and

psychiatric issues specific to home health care. She is a clinical nurse specialist in psychiatric mental health nursing, an Associate Professor at Towson University in Baltimore, Maryland, the President of C&V Senior Care Specialists, Inc., and a woman who loves to write, having published nine books, five of which focus on various aspects of spirituality and the latest entitled *“Parish Nursing: Stories of Service and Care.”*

“Nurses: If Florence Could See Us Now”

Join us on Saturday evening for Movie Night. “Nurses: If Florence Could See Us Now” is an in-depth exploration of nursing as seen through the

voices and lives of nurses today. From the bedside to the board room, this film explores the complex, exciting and challenging world of being a nurse, the many different roles that nurse’s play, and the realities of nursing – its joys and sorrows and the many ways nurses impact the lives of others.



TNA Awards Luncheon

The TNA Achievement Awards Luncheon offers a special opportunity to honor nurses and other individuals by acknowledging their exceptional dedication, commitment and passion for the profession of nursing. This year’s emcee is Mary Hance, Ms. Cheap, who

has written the Ms. Cheap column in the Tennessean for more than 17 years. She loves helping people save money and is always looking for good sales and penny pinching strategies for stretching our hard earned dollars.

Exhibits & Schools of Nursing Luncheon

Saturday’s *Exhibits and Schools of Nursing Luncheon* offers attendees the opportunity to visit with vendors as well as their school’s alumni while eating lunch.

Hotel Information – Embassy Suites

SE – Murfreesboro

To make a room reservation at Embassy Suites SE - Murfreesboro, visit www.tnaonline.org, click the Events/TNA Annual Convention link on the homepage for the *TNA & TASN Joint Convention*, then click the link for Hotel Reservation Information. You may also call 1-800-EMBASSY or 615-890-4464 and mention the conference name and code of TCN. Room rates are \$149 plus tax per night. Embassy Suites SE - Murfreesboro offers complimentary guest parking. **Hotel cut off date is September 25, 2013.**



2013 TNA & TASN Joint Convention Registration Fees										
NOTE: Only paid registrants, displaying an official TNA convention name badge will be allowed entrance to convention program events. The Tennessee Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.	Early Bird Registration (Must be postmarked by 8/29/13)			Regular Registration (Postmarked between the dates of 8/30/13 until 10/7/13)			On-Site Registration (On-Site Registrations will be accepted after 10/8/13)			Amount
	Member	Non-Member	TNA Member Full Time Student or Retiree	Member	Non-Member	TNA Member Full Time Student or Retiree	Member	Non-Member	TNA Member Full Time Student or Retiree	
Convention Registration Options - Friday, October 18 through Sunday, October 20, 2013										
Full Registration - Includes attendance at all educational activities, entrance to Friday Awards Luncheon, Exhibit Hall, Saturday Luncheon, all Continental Breakfasts, and all Breaks	\$265	\$315	\$235	\$280	\$320	\$250	\$305	\$355	\$275	\$
Friday Only - Includes educational activities for the day, Lite Continental Breakfast, Awards Luncheon, and Breaks	\$150	\$190	\$125	\$170	\$210	\$145	\$190	\$230	\$165	\$
Saturday Only - Includes educational activities for the day, Continental Breakfast, entrance to Exhibit Hall, Luncheon, Breaks	\$210	\$245	\$190	\$230	\$265	\$210	\$250	\$285	\$230	\$
Sunday Only - Includes educational activities for the day and Continental Breakfast	\$60	\$80	\$40	\$80	\$100	\$60	\$100	\$120	\$80	\$
TASN 1st Annual 5K Run/Walk Sunday Fundraiser	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$
Guest Tickets (Additional Guests Only)							Guest Ticket Pricing		Quantity Ordered	
Friday - Awards Luncheon							\$35 each		\$	
Saturday - Exhibits and Schools of Nursing Luncheon							\$30 each		\$	
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2013 TNA & TASN Joint Convention

Meeting Information

Embassy Suites SE - Murfreesboro

The Embassy Suites SE - Murfreesboro Conference Center is headquarters for the *TNA & TASN Joint Convention* and offers guests a complimentary cooked-to-order breakfast served each morning, a well-equipped fitness center and a Manager's Reception each evening featuring your favorite beverages and hors d'oeuvres. You'll enjoy casual dining at the Gateway Grille and Atrium Lounge or visit the many local area restaurants and attractions.

Hotel Parking

Embassy Suite SE - Murfreesboro offers complimentary on-site parking for hotel guests.

Convention Registration

TNA is offering an "Early Bird" rate for registrations postmarked by August 29, 2013. Regular Registration will be available from August 30 through October 7, 2013.

On-Site Registrations will be accepted after Oct. 8

Please refer to the Registration Form to see rate differentials. For additional information, contact TNA at 615-254-0350. Note: A \$40 service fee will be charged for returned checks.

Meeting Attendance

Only paid registrants, displaying an official TNA convention name badge, will be allowed entrance to convention program events.

Attire

Attire at educational and business sessions is business casual. Note: Temperatures in the hotel can fluctuate so please dress accordingly. A jacket is recommended.

ADA Compliance

Embassy Suites SE - Murfreesboro will comply, to the best of its abilities, with the Americans With Disabilities Act. In order to offer this program to all interested parties, please indicate any special needs on the registration form.

Cancellations

A refund of registration fees, less a \$45 processing fee, will be made upon receipt of a written cancellation request postmarked no later than Monday, October 7, 2013. No refunds will be made after that date.

IRS Statement

Registration fees are not deductible as charitable contributions for federal income tax purposes. Generally, registration fees can be deducted as an ordinary and necessary business expense.

Continuing Education

The Tennessee Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Nurses who attend the entire Convention program will be awarded a maximum of **7.0** contact hours.

If you only attend a portion of convention, you may receive CNE credit for each session you attend. You must attend the entire session and complete and sign the Attendance Verification/Certificate Form listing each session you attended. Attendance Verification/Certificate Forms must be turned in at the close of convention.

Disclaimer

TNA will make every effort to ensure information herein is accurate at the time of publication. TNA will not be held liable for misprints, omissions, changes or alterations.

Disclosure

A portion of what you pay for overnight accommodations is rebated back to TNA by the hotel to assist in underwriting the cost of the convention. Please help keep the registration costs low by booking your room through the TNA room block at Embassy Suites SE - Murfreesboro.

Murfreesboro Area

Embassy Suites SE - Murfreesboro is adjacent to The Avenue Murfreesboro providing convenient shopping and dining options. Numerous historical sites in the area include the Stones River National Battlefield, Cannonsburgh Village, The Sam Davis Home and the Oaklands Historic House Museum.

Ways to Register

Secure Online Registration: Visit the TNA website at www.tnaonline.org to register online. Online registration fees may be paid with a credit card through our secure website. If you choose to pay by check or money order, your registration will not be processed until your payment is received at the TNA office.

Mail: If you do not wish to register online, you may access and print the two-page Registration Form at www.tnaonline.org or contact TNA at **615-254-0350** for a form. Mail your two-page registration form to TNA, 545 Mainstream Drive, Suite 405, Nashville, TN 37228-1296. Include credit card number, check, or money order payable to the Tennessee Nurses Association.

Fax: 615.254.0303 Faxed registrations are for credit card payments only. Please contact TNA to confirm receipt of faxed registrations. For additional information, contact TNA at 615-254-0350.

NOTE: Only MasterCard and Visa are accepted.

The Tennessee Nurses Association appreciates those who helped develop this event, especially the Committee on Education members:

Chita Farrar, Chair
Mary Lynn Brown
Shirley Brown
Faye Grimes
Tommie Norris
Karen Ward



2013 TNA & TASN Joint Convention



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**Eighth Annual
Silent Auction**
October 18-19, 2013
Embassy Suites Nashville SE Murfreesboro
1200 Conference Center Boulevard
Murfreesboro, TN

Come join the fun at TNF's Eighth Annual Silent Auction! Presented by the TNF Board of Trustees, during the TNA Convention, the Silent Auction features a multitude of items, gifts and collectibles donated by TNA members and TNF supporters. This is a great opportunity for you to network with other participants at the TNA Convention and you might possibly take home a great item for yourself or a loved one. The TNF Board of Trustees will accept donations up to Saturday, October 19. We ask that you fill out a Silent Auction donation form which is located on this page, at www.tnaonline.org, or call 615-254-0350.

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October 18-19, 2013
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IMPORTANT NOTE: Submission of this form to the Tennessee Nurses Foundation constitutes a written agreement between TNF and Donor in that Donor agrees to provide TNF with the donated item by: (1) getting the item to the TNF office at 545 Mainstream Dr., Suite 405, Nashville, TN 37228-1296 on or before October 4, 2013; (2) getting the item to their local District President on or before October 4, 2013 (District President contact information can be obtained by calling 615-254-0350 or email tnf@tnaonline.org); or (3) taking the item to the TNA staff office at the Embassy Suites Nashville SE-Murfreesboro in Murfreesboro, TN between Thursday, October 17, 2013 and no later than 8:00 a.m. Saturday, October 19, 2013. The Silent Auction begins Friday, October 18, 2013.

This donation becomes the property of the Tennessee Nurses Foundation and is to be offered for sale at an auction, the proceeds of which go to the Tennessee Nurses Foundation. Should donor provide any displays or samples of the donation to coincide with a donated gift certificate, TNF will not be held responsible for those items. It will be the sole responsibility of the donor to either pickup the samples or displays, as stated above, at the hotel or to pay the shipping charges on the return.

Donors will be listed in the winter issue of the *Tennessee Nurse* (circulation 80,000+). The Tennessee Nurses Foundation is a non-profit, tax-exempt, 501(c) (3) organization.

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Spotlight on Practice

Focus on Patients, Not Titles

Robertson Nash, MBA, MSN, ACNP, BC



Robertson Nash

I am currently employed as a full-time clinician in the Vanderbilt Comprehensive Care Clinic, one of the largest HIV specialty care clinics in the region. We have five physicians and four nurse practitioners in our group. I maintain an active roster of more than 300 patients. For many of our uninsured patients, we provide primary care services, in addition to HIV specialty care. We are a high-functioning team, and any one of us is comfortable receiving input from one another in complex situations. Our focus is on our patients, not our titles. We work well together because we are all focused on the same goal – excellent care for our complicated, challenging patient population. I am writing because the collaborative relationships I enjoy in my work belie the ongoing battles in the General Assembly about the role and supervision of Advanced Practice Registered Nurses (APRNs) in Tennessee. These battles detract from providing the best care possible to our patients.

Whenever I encounter a person whose needs are beyond my abilities, I seek the consult of an attending physician. When I do this, I am happy to explain to my patient what I am doing and why. If an attending physician joins me in the exam room, it is made clear to the patient that they are there as a consultant, not a replacement provider. When the goal is the patient's health, then this is a natural way to practice.

Focusing on patients and their needs is what drew me to healthcare and what continues to sustain me. Writing in 2009, Donald Berwick, at that time president and CEO of the Institute for Healthcare Improvement suggested the following new definition of patient centered care as "transparency, individualization, recognition, respect, dignity, and choice in all matters, without exception, related to one's person, circumstances, and relationships in

health care." (2009). I think that Berwick is spot on with this definition. Healthcare is about the patient and their experience of their illness. Healthcare is not about the title of the person providing the care.

Being a nurse is a great honor. As professionals, we are trained to provide caring and supportive healing guidance to our fellow human beings when they find themselves dealing with illness and disruptions in daily living. Our holistic perspective of health and illness gives us unique and powerful insights into the complex biological, psychological, social, and spiritual forces at work in our lives. As an advanced practice nurse working in Middle Tennessee, I understand that a diagnosis of Type II diabetes isn't only about serum blood glucose, glycosolated hemoglobin levels, and urine ketones. It's also very likely about poverty, social marginalization, poor health education, lack of access to transportation to my clinic, lack of funds to pay for medications, and immersion in a culture whose dietary habits are both deeply ingrained and highly damaging to optimal management of Type II diabetes. As an APRN, I have both the responsibility and the luxury of being able to address each of these components of my patient's illness in a way that would not be possible were I to be solely focused on physiological concerns.

My approach to my patients involves assessment, diagnosis, and treatment of the illnesses from which they suffer. I take these responsibilities very seriously, and consider them to be well within the bounds of my professional and practical training. I also take my position as a member of a larger team seriously, and respect and value the consults of my APRN and MD colleagues when presented with an unusually complicated situation. Part of this perspective comes from my good fortune to belong to an outstanding and forward-thinking practice. I appreciate that not every APRN in Tennessee has the luxury of a supportive and collegial work environment. But that's not the end of the story. My perspective also comes from putting the patient ahead of myself. In my experience working with the chronically homeless and with HIV-infected populations, patients aren't really that interested in our credentials. I have never had a patient ask me

about the status of legislative back and forths with other professional organizations. Patients care about getting good care, which they tend to define as the care that compassionately addresses their disease in a manner that they understand and can afford.

We must continue to work hard on critical legislative issues, and we are blessed here in Tennessee to have strong leadership at the Tennessee Nurses Association. We cannot be naïve and assume that if we do the right thing, we will achieve the desired outcome. It's frustrating to see professional colleagues become legislative adversaries, and we must continue to press our cause and celebrate the successes that we achieve for all citizens of Tennessee every day.

But that's not enough. Hard-won turf battles can easily become pyrrhic victories. We have to protect our position and concurrently continue to extend the best of ourselves to all of our colleagues in healthcare, because there's simply no other way to maximize the opportunity for good patient outcomes. If we are perceived as more focused on professional identity and practice than on patients, we have won a battle and lost a war.

The art and science of clinical practice is an ever-evolving thing. There are new tools, techniques, and rules coming at us every day. I try to remain open to new ways of doing patient care – it's simply not possible to navigate through healthcare with one's rear-view mirror. More than ever, our patients are driving the future of healthcare. As nurses, we should be leading the way and setting an example of patient-centered care that can be followed by all of our professional colleagues. By focusing on our patients and being the exemplary nurses we are all trained to be, we can have a stronger and more positive impact on the future health of all Tennesseans than will be possible if we confine our vision to titles.

In addition to working as an APRN, Robb is pursuing a PhD in Nursing at Vanderbilt University. Robb is a Jonas Scholar; in this role he is working with the Tennessee Action Coalition on an e-Mentoring program for new RN graduates.



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Full Practice Authority: What Does It Mean?

by Carole R. Myers, PhD, RN
Chairman of the Tennessee Nurses Association
Government Affairs Committee

Across the country, momentum for full practice authority for Advanced Practice Registered Nurses (APRNs)¹ has accelerated (see Figure 1 and Box 1). Eighteen states and the District of Columbia have achieved full practice authority, four of these since 2010 when the Institute of Medicine issued a clarion call for full practice authority on the *Future of Nursing* (2010) report. In five populous states, laws granting full practice authority are under consideration. According to the National Conferences of State Legislatures there were 349 measures in 2011 and 2012 supporting less restrictive practice authority and 178 measures thus far in 2013. Bills supporting full practice authority failed recently in three states. Twenty-two states have reduced practice authority, while 11 states, including Tennessee, have restricted practice authority. In Tennessee we are in the unenviable position of having to fend-off legislation that would further reduce practice authority for the past several years.

Full practice authority refers to the board of nursing having full control of the regulation of nursing practice (contrast this to the regulation of APRN prescriptive privileges in Tennessee which requires the joint supervision of the Board of Nursing and the Board of Medical Examiners). This authority allows APRNs to “evaluate patients, diagnose, order and interpret diagnostic tests, [and] initiate and manage treatments—including prescribing” (AANP, 2013). APRNs in states with full practice are bound to board of nursing regulations that define standards of care and professional conduct and spell-out minimum licensure requirements for educational preparation, practice requirements, and national certification.

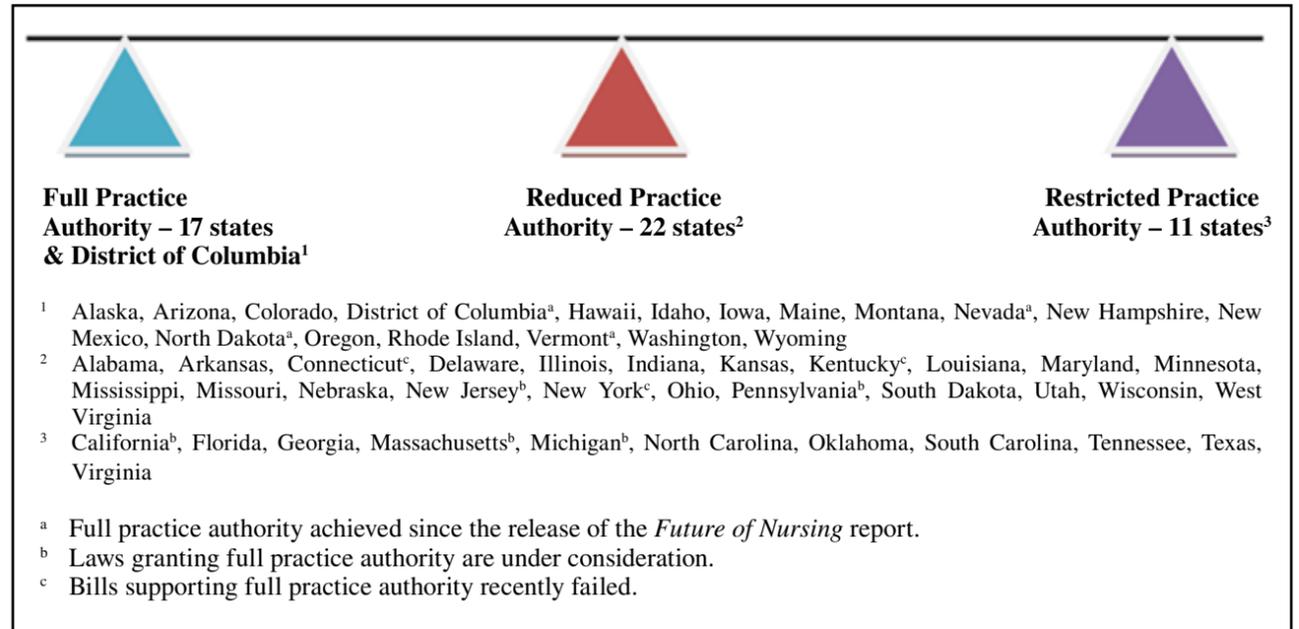
The *Consensus Model for APRN Regulation* (2008) is a template for state regulation of APRN’s practice which standardizes requirements for education, certification, and licensure of APRNs and accreditation of academic programs. The aim of the model is to ensure patient safety while expanding access to care and minimizing unnecessary state-to-state variation. The model promotes APRNs practicing to the full extent of their education and training and is supported by a long track record of providing primary services comparable or better to those provided by physicians.

Support for full practice authority has come from numerous reports in addition to *The Consensus Model for APRN Regulation* (2008) and *The Future of Nursing* report from the Institute of Medicine (2010). Other noteworthy reports include: the National Governors’ Association’s report *The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care* (2012), and *The AARP Policy Book 2011-2102*.

The push to break down barriers to full practice

Barriers to full practice authority are being broken down as the need for primary care services grow and evidence mounts about the efficiency, effectiveness, and acceptability of care provided by APRNs. Demands

Figure 1: APRN Practice Authority Continuum



Box 1: Practice Authority Definitions

Full practice authority – State practice and licensure law provide for nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments—including and prescribe medications—under the exclusive authority of the state board of nursing.

Reduced practice authority – State practice and licensure law reduce the ability of nurse practitioners to engage in at least one element of NP practice.

Restricted practice authority – State practice and licensure law restrict the ability of a nurse practitioner to engage in at least one element of NP practice.

Source: American Academy of Nurse Practitioners (2013).

related to the enactment of the Patient Protection and Affordable Care Act, major demographic changes, and the rise in chronic diseases far exceed the current supply of primary care providers.

Many Tennesseans do not have access to acceptable primary care. The state’s physician access problem is related both to an inadequate number of primary care physicians, as well as an uneven distribution of the available physicians. The value of strong primary care is indisputable. **Say more?** Enhancing primary care for Tennesseans is an important strategy for improving the health of Tennesseans which consistently is ranked among the lowest in national surveys.

Primary care provider shortages are most pervasive in Tennessee in rural areas. At a time when fewer and fewer physicians are specializing in primary care, the number of APRN graduates has grown from 6,979 in 2002 to 14,432 in 2012 (Nooney, 2013). Importantly, nationwide primary care nurse practitioners (NPs) are distributed in rural areas at rates greater than Family Practice physicians (27.8% for NPs versus 22.5% for physicians) (Peterson, Phillips, & Bazemore, 2013).

Full practice authority has a positive impact on the provision of care by NPs. The overall percentage of Medicare beneficiaries with a NP as their primary care provider (PCP) increased from 0.2% in 1998 to 2.9% in 2010. The growth in NP PCPs was greatest in states with full practice authority, increasing in these states from 0.6% to 5.3% (Kuo, Loresto, Rounds, & Goodwin, 2013).

Despite all this, Tennessee is increasingly an outlier. While barriers are being removed in other states, we continue to have to ward-off efforts in our state legislature to impose further restrictions contrary to years of supportive data about care provided by APRNs².

Successful strategies for promoting full practice authority

Each state’s legislative efforts to promote full practice authority are unique. However, there are important lessons learned from other states and policymaking experience.

Full practice authority is a non-partisan issue.

Access to high-quality, safe, cost-effective, and acceptable care transcends political differences. Public policy is government’s response to a problem. Full practice authority is part of the solution for inadequate access to care and assuring patient options and choices.

Make it personal. Health care is about people and highly personal. Attention should be focused on how access problems affect individuals, their families, and communities across the state. Personal stories draw people in and deepen understanding and appreciation of problems. In addition, nurses, patients, and other stakeholders need to cultivate personal connections with legislators and tell their story. Legislators are motivated to respond to constituents’ problems.

A network of support of nurses and other stakeholders is essential. Nurses must be organized and engaged with each other. Connections between various types of APRNs and nursing organizations are important. A strong state nurses association supported by a competent, professional lobbyist and a PAC is an imperative for producing positive change. The value of visible and vocal non-nurse collaborators is immeasurable. Legislation is more likely to succeed with the support of committed bill sponsors from each party and each chamber that are willing to champion the bill’s passage.

Policymaking is incremental; patience is needed. Any progress is better than none. Success may take several years. Success often emerges from crisis, exacerbation of long-standing problems, or a galvanizing event.

Successful campaigns require educated, well-organized, and activated participants and strong leaders. Campaign leaders are needed to educate, coordinate, and motivate campaign participants and lead efforts to reach the goal. Ultimately success depends on channeling and leveraging the expertise and talents of various campaign participants.

Time for productive change and collaboration

The unprecedented demands for the provision of primary care, necessary for improving patient outcomes and options, require a collaborative, broad-based strategy. Success in other states in enhancing practice authority can be used as a guide in Tennessee but we must recognize the unique circumstances that characterize our state. There are compelling reasons to grant APRNs “the authority to use fully the knowledge and training acquired to deliver high quality care without having to get permission from physicians to use that knowledge and training” (Bednash, 2013) when the need for such permission is not supported by evidence that it protects citizens, as practice acts are designed to do, or improves outcomes. Improving outcomes should be the goal that unites all stakeholders in breaking down barriers that divide us and fragment care.

¹ APRNs include Nurse Practitioners, Certified Nurse Anesthetists, Certified Nurse Midwives, and Clinical Nurse Specialists. The term APRN, coined in the *Consensus Model* report, is preferred to the older term APN.

² The majority of research done on APRNs focuses on nurse practitioners. Nurse practitioners are the most numerous of the APRN types.

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Keeping Health Care Reform Healthy, Patients Informed

ANA has advocated for decades to secure meaningful health care reform. Passage of the Affordable Care Act (ACA), a comprehensive law that aims to protect consumers, increase access to care, promote health, improve and refocus the health care delivery system, and control costs. Prior to full implementation, it has been reported that the law has provided *54 million Americans free access to preventive services like check-ups and mammograms. More than six million seniors have saved more than six billion dollars on their prescriptions. Nearly 13 million consumers have received more than one billion dollars in rebates from insurance companies that had overcharged them. There are more than three million happy young adults who have been allowed to stay on their parents' health insurance until they turn 26.*

As the largest and most trusted segment of health professionals, nurses are needed to help educate and guide the public to accessing health care services, particularly those who are uninsured or underinsured in the past. People seek nurses out for information about health concerns and navigating the health care system. Several provisions of the 2010 health care law have already been implemented, yet many people are still not aware of them.

How Nurses Can Get Involved

Educate patients, family and friends about provisions of the law.

Ten good things about the law include:

- 1. Goodbye doughnut hole.** Medicare drug plans (Part D of Medicare) stop providing insurance to people after their claims for covered drugs hit a certain level (\$2,970 in 2013), and coverage doesn't resume until spending hits another level (\$4,750 in 2013). Health care reform is closing this doughnut hole in annual stages, and it will be totally closed by 2020. Savings to Medicare beneficiaries will be in the tens of billions of dollars.
- 2. Free Medicare preventive services.** Health care reform greatly expanded the menu of free preventive services to Medicare consumers.
- 3. Free preventive services to all women.** Health insurance plans have added eight women's health benefits because of the law, in areas including breastfeeding, contraception, domestic violence, gestational diabetes, HIV screening and counseling, sexual diseases and wellness visits. These benefits are free, meaning they involve no co-payment or co-insurance, and women don't need to meet their plan deductibles to use these free services.
- 4. Pre-existing conditions.** Beginning in 2014, no one can be denied health insurance because of a pre-existing medical condition.
- 5. Premium equity.** Insurers can't gouge people with pre-existing conditions by forcing them to pay unreasonably high premiums. The law also limits insurers' ability to impose age-related premium increases for private coverage.
- 6. End of pre-existing restrictions on children's access to health insurance.** The law has ended insurance denials based on pre-existing conditions for the roughly 20 million children under age 19.
- 7. Adult dependent insurance coverage.** Adult children up to age 26 can now continue to get health insurance on their parent's policies.
- 8. Insurance payout limits.** The law will end lifetime limits on insurance payouts. It also has been phasing out annual coverage limits, and these will be completely outlawed for insurance plans taking effect next year.
- 9. Minimum medical loss ratio for insurers.** Health insurers must spend at least 85 percent of their premium dollars on health care (80 percent for smaller group plans) or rebate shortfalls to consumers.
- 10. New consumer health coverage reports.** Consumers have begun receiving a standardized report explaining their health insurance. This seemingly modest accomplishment is actually a big deal. For the first time, different health insurance plans have to present their coverage details in the same format, using the same language. Consumers can now accurately compare different health insurance plans.

Encourage uninsured or underinsured individuals to visit the Health Insurance Marketplace to shop for the best insurance coverage specific to their needs and enroll in a health plan.

Key to the health reform success is the individual mandate and particularly the inclusion of young, healthy adults. Be sure to talk to your young adult friends and children about signing up for health insurance.

Messaging particularly to young adults can include:

- No one plans to get sick or hurt but most people need medical care at some point. Health insurance covers most of these costs and protects from very high expenses.
- Plans obtained at the Marketplace (and most other plans) provide free preventative care, such as vaccines, screenings and check-ups. They also cover some prescription drug costs.
- The "average" cost of a 3-day hospital stay is \$30,000; repairing a fractured leg is \$ 7,500, and a visit to the emergency department can range from a low of \$100-\$3,000. Having health insurance coverage can help protect from high unexpected costs like these.

Information about the Health Care Law ACA provisions & state specific information is available at www.healthcare.gov and <http://marketplace.cms.gov>. Updated 7/2013

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Combating the Prescription Drug Crisis in TN: A Nurse Practitioner's View

Brett B. Snodgrass, MSN, APRN, FNP-C
Family Nurse Practitioner

The prescription drug abuse problem is epidemic in the United States, and most evidently in Tennessee. According to Intercontinental Marketing Service Health, the use of Hydrocodone, the #1 most prescribed opioid, has grown dramatically from 112 million doses prescribed in 2006, to 131 million in the U.S. today. The United States makes up only 4.6 percent of the world's population, but consumes 80 percent of the world's opioids, 99% of the world's hydrocodone. It also reported that in 2011, Tennessee ranked #2 Per Capita of all Schedule II controlled substances prescribed in the United States. (1)



Brett B. Snodgrass

There has been an eleven-fold increase since 1999 in the incidence of babies being born addicted to prescription opioids that they were exposed to while in the womb. (2) We are only beginning to realize the long-term toll that Newborn Abstinence Syndrome (NAS) causes, including cognitive and social deficits and rising costs to care for, educate, and provide long-term services. In Tennessee, we have seen a nearly ten-fold rise in the incidence of babies born with Neonatal Abstinence Syndrome in the past ten years. (2) This is a personal and societal tragedy that cannot be ignored.

In 2011, Dr. Mitchell Mutter was appointed, by the Tennessee Department of Health, as head of the Tennessee Task Force of Prescription Drug Abuse. Dr. Mutter's role is to help combat the opioid epidemic that exists. In the fall of 2012, this task force set up stakeholder meetings across Tennessee. Stakeholders included physicians, nurse practitioners, physician's assistants, pharmacist, DEA representatives, state law enforcement, General Counsel for the Tennessee Department of Health, and others. The meetings were informational in nature, to discuss the problem and create a group from across Tennessee to come together and establish guidelines for safe opioid prescribing.

In January of 2013, a group of stakeholders reconvened in Nashville, TN for an Opioid Prescribing Symposium. Some ideas presented at this meeting, are shown in Table 1.

What is important to remember is these were simply ideas the group came up with. There is a lot of work to be done to establish guidelines for Tennessee. Utah (<http://health.utah.gov/prescription/pdf/Utahguidelinespdfs.pdf>) and Washington State (<http://www.agencymeddirectors.wa.gov/Files/OpioidGdline.pdf>) have established guidelines, and are being considered in developing Tennessee's guidelines.

As a stakeholder, I am pleased to report that Advanced Practice Nurses (APNs) in Tennessee have been "offered a seat at the table" in developing guidelines for safe opioid prescribing in Tennessee. In taking part in these meetings, I wish to share a few "pearls" I have gleaned from the process.

Inter-professional collaboration is essential to improving patient outcomes and to address the prescription drug epidemic.

To improve patient outcomes, all health care providers need to set aside professional self-interests and do what is best for the patient. For the most part, the members of the Chronic Pain Task Force in Tennessee value the importance of each provider's role in treating chronic pain patients across the state. We recognize the need for each discipline and the important role we all play. It is a positive experience to see providers working as a fluid group and respecting the roles and responsibilities that are required in safe, effective opioid prescribing.

APNs are recognized as essential players.

Nurse Practitioners are at the table, as we should be. We are involved in the process of creating workable guidelines for chronic opioid prescribing. While there may always exist a voice of negativity from certain providers towards APNs, that voice is waning. The focus is moving toward collaborative care; while allowing APNs to practice to the full extent of their education. The best way to strengthen inter-professional collaboration is to build successful practice relationships across the state. With the possibilities before us, it is an exciting time to practice in Tennessee.

There is a responsibility to balance our care and ethos as nurses with the need to help combat the prescription drug problem.

Nurses have always been known as the best patient advocate around. Caring for patients, as well as their families; is of utmost importance. But, I would challenge each Nurse Practitioner to remain steadfast in the fight to combat the epidemic of prescription drug abuse. Safe and appropriate prescribing must be our focus when treating chronic pain patients. We want to partner our caring advocacy with appropriate education and safeguards to protect our practice, our patients and our community. We must also remember, we are not just prescribing to one patient – but there are far reaching ramifications in our prescribing habits. We must create a balance through continued education and appropriate referrals.

Each provider must be personally accountable for their safe and appropriate opioid prescribing.

At present, each patient chart that has a prescription for a controlled substance prescribed by an APN in the state of Tennessee must be co-signed by that APNs supervising physician. This can prove to be costly, ineffective, and at times very frustrating. It can also, be cumbersome on a state level to evaluate general trends and investigate inappropriate prescribing habits by providers, due to this supervisory chain that exists. It is obvious, but I want to point out that all prescriptions written

Table 1: Suggestions for Controlling Prescription Drug Abuse:

- At or above 100mg MED (morphine equivalent dose) – recommend referral to Pain Management (PM) specialist
- At or above 200 MED-require referral to PM specialist, evaluation by a psychiatric provider or addictionologist, and sleep study
- Recommend against use of benzodiazepines in combination with opioids
- At or above 30 mg methadone/day – Refer to pain specialist
- Limit of four doses of short-acting opioids per day
- Limit of one short-acting agent concurrently
- Discontinue use of suboxone prescribing for pain

in the state of Tennessee are ultimately signed by a physician. So, in the current climate, 100% of prescriptions in Tennessee are approved by a physician; creating this cumbersome conundrum.

The current prescription drug abuse crisis that exists affects all Tennesseans. As APNs, we must be professionally accountable for our actions. It is incumbent upon us to practice in accordance with current evidence and practice guidelines, including but not limited to, appropriate prescribing, patient safeguards such as urine drug screening, pain agreements, utilization of the *Controlled Substance Monitoring Database*, and appropriate referrals for patients needing specialized care. I would encourage anyone providing Chronic Pain Management to develop an interdisciplinary team to allow our patients in Tennessee to receive the very safest, appropriate care available. I support the removal of supervisory language, holding those who are prescribing inappropriately accountable for their own actions. Supervision is not supported since there is no plausible evidence that it is needed or results in any incremental value.

The need for and value of inter-professional collaboration is apparent in practice and policymaking. All stakeholders need to be engaged and their contributions recognized and respected for us to make headway in a problem as multi-factorial and damaging as prescription drug abuse.

Sources:

- 1) IMS Health. (2012) "C-II Controlled Substance Utilization By State [Chart]." Plymouth Meeting, PA.
- 2) Jansson L. M. and Velez M. (2012, April) "Neonatal abstinence syndrome." *Current Opinion in Pediatrics*. 252-258.

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If you are not receiving emails from TNA, you are missing out on vital information regarding your practice. In some cases, particularly during the Legislative Session, your very practice could be compromised and we need your help. Nurses really must begin to understand the Legislative process and how much it affects your practice. TNA provides Legislative Updates to our members to keep you abreast of what is happening at the Legislature. You may also miss out on opportunities to serve both within TNA and ANA; receive continuing education event information and nursing news from across the nation, your State and your local area happenings. Contact Tracy Depp, TNA's Communication Administrator, to update your email address today. Tracy can be contacted at tdepp@tnaonline.org or call 615-254-0350. If you are not a member of the Tennessee Nurses Association you need to **join today**. A secure membership application is available online at tnaonline.org or turn to page 18.

TASN Student Forum

Remember When....

by *Katie Grimaud, TASN Vice President*



Katie Grimaud

This summer I had the opportunity to work as a student nurse at a local hospital. I was overtaken with excitement when I received the phone call offering the position. I have to be honest, I was a little less than thrilled with the hours (7pm-7am) but I was grateful for the experience. My first couple of shifts I was reserved, not really knowing my preceptor nor what to really expect, but it wasn't long until I was comfortable in my new role. I worked with an incredible group of nurses and techs and I couldn't have asked for a more wonderful preceptor and now friend. During my externship, I did many things: start IV's, tube feedings and central line draws, each experience providing me with the knowledge to return to school with more confidence. However, the most rewarding experience didn't come from a nursing skill, it came in the early morning hours of my last few days as an Extern. One of my patients needed a bath and although at the end of a very long shift, I willingly obliged. Now I've given baths before but this one was different, every time I touched that warm soapy washcloth to her skin she showered me with gratitude and praise. I watched her relax with every wipe of my hand, as I not only washed away the dirt but the stress of her illness. Afterwards I gently rubbed lotion on her thin dry skin and she grabbed my hand and thanked me over and over again. I left that day really feeling I made a difference in that patient's day without administering medication or making some life-changing discovery of her condition. I gave her

a bath and for those 30 minutes I was exactly where I needed to be.

I've been told when I'm a nurse I won't be able to spend that time with patients. The nurses I've talked to, talked about burnout and patient workload. I know I have yet to experience this level of stress but someone once asked me "How will you measure the success of your career?" Will it be by the number of letters behind your name or the many years you have been nursing? What about by the numbers of time you have touched a patient? Maybe not physically touch but touched their heart? Remember when you were a nursing student before your job responsibilities put more on your plate than just giving a bath? Remember your first couple of semesters when you only had one patient and they were the center of your day? I challenge you the next time you have a little extra time, spend it with a patient – listen to a story, give them a bath, do something to reignite the reason you became a nurse.

My time as TASN Vice President is quickly coming to an end. I have been very fortunate to have the opportunity to represent the student nurses in this great state, and I value the relationships I have made this year. The TNA/TASN Joint Convention is right around the corner on October 18-20 at the Embassy Suites in Murfreesboro. Both boards have been working hard to make this year's convention a wonderful experience for professional and student nurses alike. The theme of this year's convention is "The Many Dimensions of Nursing" highlighting not only our patient's physical health but their emotional and spiritual health as well. I look forward to the opportunity to mingle with TNA members at the Friday night mixer and learn from the wisdom that you all will provide. Those of you who are teachers, clinical instructors or know student nurses, I encourage you to reach out to your students and bring them with you to our event.

Looking forward: The 2014 NSNA Convention will be held right here in Nashville in April so mark your calendars. Thank you for allowing me the opportunity to serve you; I look forward to seeing you at convention.

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- "As a registered nurse I need to support the organization that supports me."*
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Tennessee Nurses Foundation Report

Janice Harris, MSN, RN
 TNF President

Happy Fall to all our nurses in Tennessee. It is time to start looking forward to the 2013 annual TNA Convention October 18 – 20. The Tennessee Nurses Foundation will once again be sponsoring a Silent Auction. We are looking for items to be placed in the auction so if you are doing some fall cleaning and find gently used items you no longer need or have access to sports items, gift certificates, holiday treats then please send them to the TNA office or to your district president to bring to the convention auction. The book and DVD sells were excellent last year and again we are asking for those items for the silent auction room.

We are also pleased to offer a panel discussion on

Sunday, October 20 at approximately 10:00 AM. The session is titled, "Neonatal Abstinence Syndrome: An Emerging Crisis." The panel will focus on identification and prevention, side effects of drug addicted infants of addictive mothers, historical review of TN and the aftermath for the child and the family of these addictive mothers.

I hope you have your TNF license plate. It is wonderful to ride down the highways and see this very distinctive license plate supporting the Foundation. As the sales and renewals are still on the rise, we are able to provide more benefits in research, education and leadership opportunities for the nurses in Tennessee. Be sure to look on the website for scholarships for LPN to RN and RN to BSN and for those seeking higher degrees.

I look forward to seeing all of you at convention.

Tennessee Nurses Foundation • Contribution Form

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The Tennessee Nurses Foundation (TNF) welcomes you to publicly recognize a special nurse in your life. With your \$50 tax-deductible donation to TNF, your honored nurse's name will appear in the *Tennessee Nurse* as well as in the designated "Honor A Nurse" section of the Tennessee Nurses Association's (TNA) website at www.tnaonline.org. A photo and brief paragraph may also be submitted to further recognize your honored nurse.

This program is available to honor any Tennessee nurse. Honor a nurse friend, nurse family member, or nurse colleague by marking their anniversary, birthday, special event or occasion, or as a memorial. Patients, or the patient's family, may honor a nurse that truly made a difference in their care or the care of a family member.

Your \$50 donation will go toward continued support of the TNF and their work pertaining to scholarships, and grants that support the needs of nurses in Tennessee. TNF is a nonprofit, 501(c)(3) organization. Donations are tax-deductible to the fullest extent allowed by law and support the mission of TNF.

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- Promote the professional image of nursing
- Support nursing education
- Facilitate leadership development
- Encourage nursing research
- Support professional health and wellness

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- **Leadership Nursing Program** provides scholarship opportunities for members of the Tennessee Nurses Association to participate in a variety of leadership development programs, and to prepare nurses for an enhanced role in nursing and community involvement. **Submission Deadline:** the last day of February and August.
- **Nursing Research Grants** provides grants to registered nurses engaging in scholarly projects focusing on nursing. **Submission Deadline:** the last day of February and August.
- **TNA Membership Dues Scholarship Program** allows a tax-deductible donation to be given for TNA membership dues, thereby sponsoring a Registered Nurse's membership in the Tennessee Nurses Association.
- **Honor A Nurse** with a \$50 tax-deductible donation to TNF, this program is available to honor any Tennessee nurse. Honor a nurse friend, nurse family member, or nurse colleague by marking their anniversary, birthday, special event or occasion, or as a memorial. Patients, or the patient's family, may honor a nurse.
- **Tennessee Professional Assistance Program (TnPAP)** Provides advocacy, referral, education and monitoring services for chemically dependent, psychologically or physically impaired health care professionals and students in health professional programs.

All criteria and submission forms are at www.tnaonline.org
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-Theodore Roosevelt

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Member News

Susie Adams, PhD, PMHNP-BC, PMHCNS-BC, FAANP, Professor, Vanderbilt University School of Nursing and Director of the Psychiatric Mental Health Nurse Practitioner Program, PMHNP Faculty Practice affiliated with Brentwood Obstetrics & Gynecology Practice, Nashville, TN has been elected President-Elect of the American Psychiatric Nurses Association (APNA).



Susie Adams

Wanda Neal Hooper, MS, RN, CIC, Assistant Chief Quality Management for Veteran's Administration Tennessee Valley Healthcare System, has been appointed by the Board of Directors of the Tennessee Center for Performance Excellence (TNCPE) to the 2013 Board of Examiners.



Wanda Hooper

Chaundel Presley, APRN, FNP-BC graduated May 4th, 2013 from Indiana State University with her Doctor of Nursing Practice (DNP) degree. Chaundel has practiced in the family practice setting the last 17 years along with the academic setting the past 6 years. She hopes to continue both her clinical and academic practices. Her capstone project for her DNP was developing a rural advanced practice network



Chaundel Presley

in her home community of Macon County, focusing on evidence based practice and professional networking in order to enhance the quality of care in the county. She has been selected to present her project at the Sigma Theta Tau 42nd Biennial convention in Indianapolis, IN in November. In addition, she has written an article entitled *Cultural Awareness: Enhancing Clinical Experiences in Rural Appalachia* that will be published in the October/November issue of Nurse Educator magazine.



Patricia Cunningham

Patricia D. Cunningham, DNSc, APRN, BC, Associate Professor at the University of Memphis Loewenberg School of Nursing, Memphis, TN, is the incoming President of the American Psychiatric Nurses Association (APNA).



Maureen Nalle

Maureen A. Nalle, PhD, RN, Clinical Associate Professor of the University of Tennessee College of Nursing in Knoxville has been selected to serve on the Editorial Advisory Board for ANA's member newspaper, *The American Nurse (TAN)*.

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District News

District 9

Sigma Theta Tau Iota Beta Chapter at TN Technological University (TTU) in Cookeville sponsored the first annual Research Day for student nurses on April 23, 2013. The conference took place at the Whitson-Hester School of Nursing with 250 students attending! District 9 donated \$350 to purchase student lunches for the event.

District 9 awarded \$200 to TTU graduating nursing student Rhonda Ethridge in May. We honor 1-2 graduating nursing students in the district with a monetary award each semester for their excellence and commitment to nursing!



College of Nursing

Faculty Positions Openings

The University of Alabama in Huntsville (UAHuntsville) College of Nursing invites applicants for tenure-track and non-tenure track/clinical positions, who are passionate about nursing and thrive in a creative and caring work environment. As a member of the faculty, the appointee will be expected to contribute to teaching, service, practice, and research at the College of Nursing.

The UAHuntsville College of Nursing offers the Bachelor of Science in Nursing, the Master of Science in Nursing, the Doctor of Nursing Practice, Post-Master's Family Nurse Practitioner Certificate, and Graduate Certificate in Nursing Education. The College of Nursing online graduate program was ranked at 13 among the best in the nation by U.S. News & World Report's 2013 Edition of America's Best Online Education Programs.

The College of Nursing currently cooperates with more than 500 sites for clinical education and provides statistical and research consultation and information technology services. Our Nursing Learning Resources Center includes a modern simulation laboratory.

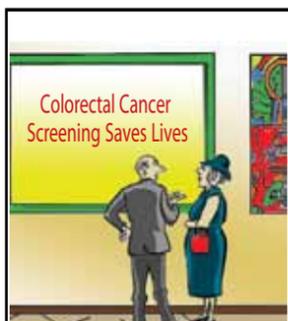
The College of Nursing occupies a four-story building with private faculty offices. The planned expansion, to be completed in the fall of 2014, will more than double the size of our facilities in order to serve over 1,300 students by 2019. There will be a 43,000 square foot renovation of the existing building and a 46,000 square foot addition located adjacent to the University's greenway. The College's biobehavioral facility, which will be located in the new building, will provide state-of-the-art laboratory services for researchers who investigate the links between behavior and physiological factors.

Candidates should possess a doctorate in nursing or a closely related field with a record of successful teaching and scholarship for tenure earning positions. Non-tenure earning clinical positions, requiring a doctorate or master's degree in nursing are available for faculty preferring an intensive clinical and teaching focus. Candidates must be licensed or eligible for RN licensure in Alabama. Salary and rank will be commensurate with experience and qualifications.

The University of Alabama in Huntsville is an Affirmative Action/Equal Opportunity Employer

Send letters of application, curriculum vitae and names of three professional references with contact information, including name, address, phone number, and email address to:

Dr. C. Fay Raines, Dean, College of Nursing,
The University of Alabama in Huntsville,
301 Sparkman Drive, Huntsville, AL 35899
Or rainsc@uah.edu



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Application Deadlines for Fall Admission
Nurse Anesthesia: September 1, 2013
Nurse Practitioner Specialty Concentrations: January 15, 2014

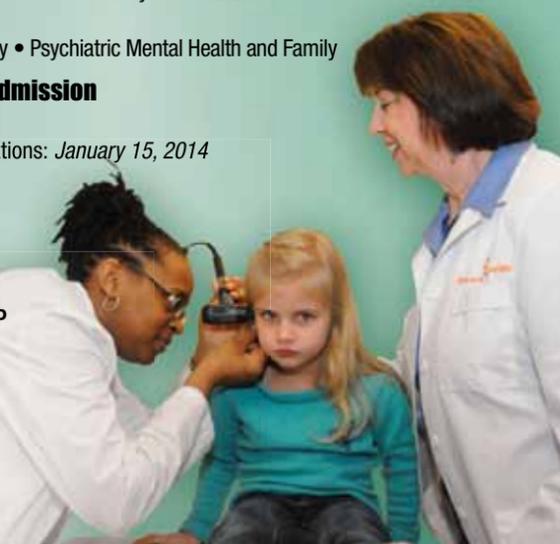
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TNA also has Payroll Deduction Dues plans set up at the: Regional Medical Center – Memphis @ \$11.59 per pay period

Free Prescription Discount Card for Nurses

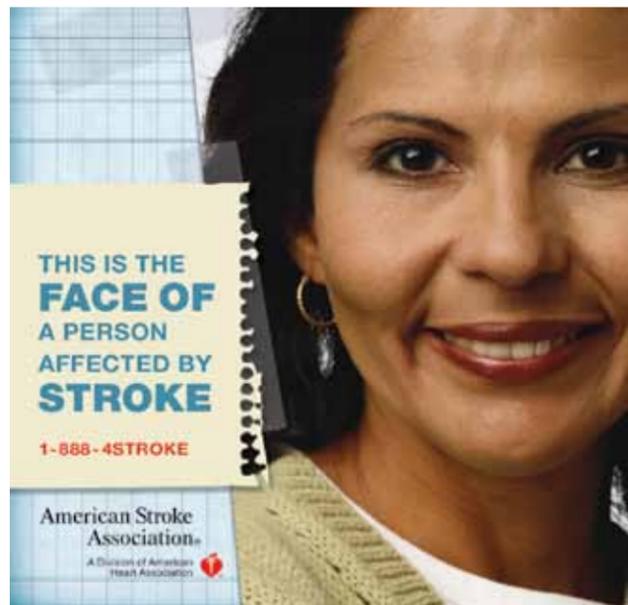
The Tennessee Nurses Association Drug Card is a free prescription discount program that offers free drug cards to all nurses, patients, friends and family members. The program provides discounts on both brand and generic medications up to 75%. The program has no restrictions to membership, no income requirements, no age limitations and there are no applications to fill out. All members are eligible to receive savings!

The Tennessee Nurses Association Drug Card was launched to help uninsured and underinsured individuals afford their prescription medications. The program can also be used by people who have health insurance coverage with no prescription benefits, which is common in many health savings accounts (HSA) and high deductible health plans. Additionally, people with prescription coverage can use the program to get a discount on prescription drugs that are not covered by insurance.

There are currently more than 56,000 pharmacy locations across the country participating in the program, including all major pharmacy chains. To locate participating pharmacies and search medication pricing, go to www.tnaonline.org and locate the "Free Prescription Drug Card" button located within the *Market Place* section of TNA's website. There, you can also learn more about the program and print customized cards for your patients, friends, family, etc. **You will need to enter TNA's Group Number, which is TNDTNA.** No personal information is required to print a card and all prescriptions processed through the program are completely confidential.

For more information or to request a card, please contact:

Natalie Meyer
Program Director
Tennessee Drug Card
Email: Natalie@tennesseedrugcard.com
Phone: 1-888-987-0688



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Please type or print clearly. Please mail your completed application with payment to TNA, 545 Mainstream Drive, Suite 405, Nashville, TN 37228-1296

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 Employed at _____ as _____
 Employer's Address _____
 Academic Degree(s) _____ Certification(s) _____
 Graduation from basic nursing program (Month/Year) ____/____/____ RN License # _____ Date of Birth ____/____/____

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Membership Categories (please choose one category) *New Membership Dues Rates Effective January 1, 2011

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ANA/TNA Reduced Membership Dues
Newly-licensed graduates, not employed, RNs who are full-time students, or age 62+ and not earning more than Social Security allows. **\$12.09 per month** or \$139 annually. Includes membership in and benefits of the American Nurses Association, Tennessee Nurses Association and the TNA District Association.

ANA/TNA Special Membership Dues
62+ and not employed, or totally disabled. **\$6.29 per month** or \$69.50 annually. Includes membership in and benefits of the American Nurses Association, Tennessee Nurses Association and the TNA District Association.

TNA Individual Membership Dues
Any licensed registered nurse living and/or working in Tennessee. **\$16.34 per month** or \$190.00 annually. Includes membership in and benefits of the Tennessee Nurses Association and the TNA District Association.

American Nurses Association Direct Membership is also available. For more information, visit www.nursingworld.org.

Communications Consent
I understand that by providing my mailing address, email address, telephone number and/or fax numbers, 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 Committee) via regular mail, email, telephone, and/or fax.

Signature _____ Date _____

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FALL	<input type="checkbox"/> 4. TNA Individual	<input type="checkbox"/> 4. PD	

Dues Payment Options (please choose one)

***SIGNATURE REQUIRED BELOW**

Automatic Monthly Payment Options
This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize TNA/ANA to withdraw 1/12 of my annual dues and any additional service fees from my account. *SEE AT RIGHT

Automatic Annual Credit/Debit Card Payment
This is to authorize annual credit card payments to American Nurses Association, Inc. (ANA). By signing below I authorize TNA/ANA to charge the credit card listed below for the annual dues on the 1st day of the month when the annual renewal is due. *SEE AT RIGHT

Annual Payment
Make check payable to TNA or fill out credit card information below.

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

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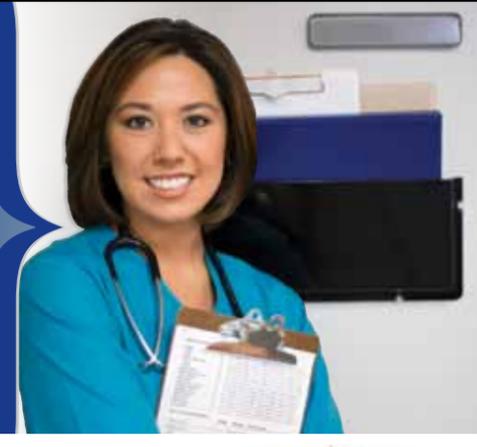
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