

# BULLETIN

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Mohawk Valley Nurse's Association

District #10

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Letters to the Editor accepted and encouraged

District 10 Website:

<http://www.nysna.org/districts/districts.htm>

**You control your future, your destiny.  
What you think about comes about.  
By recording your dreams and goals  
on paper, you set in motion the  
process of becoming the person you  
most want to be. Put your future in  
good hands - your own.**

**Mark Victor Hansen**

## President's Message:

I hope that you all are having a wonderful summer! District #10 board of directors is hard at work planning the events for this next year. Chris Stegel is the chairperson for the yearly continuing education day and she would love to have anyone contact her who would be interested in serving on this committee (cstegel@verizon.net). Sharon Ferro is the chairperson of the Mentorship Program. If anyone is interested in serving as a mentor for a graduate nurse from one of our District's school of nursing (Ellis School of Nursing or Fulton Montgomery Community College), please contact Sharon (sharlee55@aol.com).

We are hoping to see many of you at district functions. It is always so wonderful to see each of you outside of the workplace setting, enjoying a meal together, and catching up with one another's lives. I have missed seeing many of you this last year, but recognize that we all have numerous obligations. I am always amazed how busy each of your lives, as well as mine, has been. For those of you who have seen our daughter grow up, we have a year and a half left of college. At this point she doesn't want to be a nurse, although she is a strong advocate for the profession.

The district recognizes and values the work and obligations that each of you have and hope that at some point we will see you. For those of you who can not join us at meetings and still would like to be involved, please contact me (bsvwarner@frontiernet.net). Sometimes your help is needed in just sending an email to a legislator or writing a letter. All of your talents are welcomed. To all the recently graduated nursing students, best of luck in your endeavors and keep in touch!

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New Officers and Board members elected during the May Annual meeting. The 2008-2010 Officers and Board members are:

President - Sherry Warner  
Vice-President – Diane Gray (elected)  
Secretary – Marcia Wojcik (elected)  
Treasurer – Julianne Passero  
Newly elected board members:  
Anne Oboyski  
Sue Roth-McCormick  
Bob Warner  
Christine Stegel

We thank outgoing board member Deborah Mowery for her volunteer service on the District 10 board.

### **Continuing Education:**

**E-LEARN:** NYSNA's learning website: [www.elearnonline.net](http://www.elearnonline.net).

### **ANA CE offerings:**

- Available in “**American Nurse Today**”
  - *Keeping asthma at bay*
  - *Teaching ostomy patients to regain their independence*
  - *Aortic dissection: countdown to catastrophe*

ANA Online CE at [www.nursingworld.org](http://www.nursingworld.org):

- *Tuberculosis Today: fighting an ancient adversary*
- *Herbal Facts, Herbal Fallacies*

\*\*Advocates of a single-payer insurance for NYS will hold a forum on **September 13<sup>th</sup> in Albany**. The goal of the forum is to form a grassroots statewide coalition. An educational forum will be held in the morning with an organizational meeting in the afternoon. The forum will be held from **10:00AM – 4:00pm at Albany Medical College**, New Scotland & Holland Ave., Albany, NY. For more information email Mark Dunlea at [dunleamark@aol.com](mailto:dunleamark@aol.com).

\*\***New resource titled Geriatrics and the Advanced Practice Curriculum:** a series of web-based interactive case studies. The resource is specifically developed for nurse faculty to incorporate geriatric nursing content into advance nursing practice programs. The tutorial format provides case-

studies that target issues focused on common health problems of the older adult. The American Journal of Nursing has been sponsoring the “How To Try This” series. The series has online videos included and CEUs attached. The topics are relevant to enhancing the clinical nursing skills of the direct care nurse. These articles are also can be incorporated into nursing education classes.

\*\***The NYSNA Business Meeting:** Friday and Saturday, **September 26-27** at the **Hilton Rye Town, Rye Brook NY**. For more information check the NYSNA website.

Foundation of the NYSNA activities:

\*\*On **Saturday, October 4<sup>th</sup>** Catherine Welch, past executive director of NYSNA and past executive director of the Foundation of the NYSNA, she continues direct the Bellevue Alumnae Center of Nursing History and the Central NY Nurses Center for Nursing Research. She will be honored at a gala celebration on NYC. To reserve a seat or table contact Linda Sickler at 456-7858 ext. 23 or [lsickler@foundationnysnurses.org](mailto:lsickler@foundationnysnurses.org).

\*\***The Nurses House Dolphin Award** will be honoring Diana J. Mason on **Wednesday, October 15<sup>th</sup> from 6:00pm-8:00pm** at The Ketch, 181 Pearl St, NYC, NY. Contact Chris Stegel for more information.

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### **Legislative Activity:**

*Nurse Overtime Bill signed by the Governor Patterson*

Mandatory overtime is banned for nurses in hospital and other health care facilities effective July 1, 2009. (the bill does not apply to home care nurses)The new law prohibits a health care facility from requiring a nurse work over their normally scheduled work hours, but does not put a cap on the number of hours a nurse can work in a day or week. There are a few situational exceptions. They are:

- If a nurse volunteers to perform overtime.
- Natural or other types of disasters.

- A federal, state, county declaration of emergency.
- A nurse who is engaged in an ongoing medical or surgical procedure.
- When necessary to provide safe patient care where no other alternative staffing is available.

NYSNA had worked for eight years to pass this legislation.

#### ANA Experience

By Bob Warner, MS, RN

In June, I had the privilege of serving as a delegate to the American Nurses Association (ANA) 2008 House of Delegates. This is considered the organization's general business meeting which outlines the overall direction of the association. Formal remarks/reports were presented by ANA's subsidiaries, structural units and affiliates. However, the bulk of the House's three days were consumed by bylaws changes.

Previous to the 2008 House of Delegates, the House was held on an annual basis. However, it had been 2 years since the House was convened, and we were charged with doing the necessary work from the last 2 years within the confines of a three day meeting. Yikes! Needless to say, the meetings were long and at times stressful. In fact, on Day 3, Michigan Nurses Association formally withdrew its membership from ANA. Its entire delegation left the meeting in mass. This was in response to the House's action to strike out the United American Nurses as an associate organizational member of the ANA. United American Nurses and Center for American Nurses are now separate entities from the ANA.

There were also some positive moments though. On Thursday, Senator Hillary Clinton addressed the House, and the New York State delegation had its photo taken with the Senator. On Friday, Senator Obama addressed the House via telephone. Senator McCain declined ANA's invitation to address the House. I suspect ANA will officially support Senator Obama for

President at the close of the Democratic National Convention.

The bylaws voted on are too vast to discuss here in detail. So, I will give a listing of their content headings. Bylaws that passed were: Expand and clarify the definition of labor affiliates and workforce advocacy affiliates, Approval of multi-state associations, Changes to the Congress of Nursing Practice and Economics composition, and Elimination of Associate Organizational member language. Bylaws that failed were: Licensed Practical Nurses as affiliate members, Constituent Member Association Only membership options, Preamble to bylaws.

The final area of business was the approval of thirteen separate action reports which will be implemented through ANA's various activities. These reports covered the following issues: Access to oral health care for the elderly, Criteria for labor and workforce advocacy affiliation, Global climate change and human health, Healthcare availability for the veterans and their families, Healthy food in health care, Human trafficking, Nursing Professional response to intimate partner violence, Protect and strengthening social security, Protection and enhancement of Medicare, Residency programs for new graduates, Revisions to House of Delegate policies on hearings, Elimination of Chief Nurse Officer Position within the American Red Cross, and Educational advancement for RNs (RN to BS within 10 years).

I left the ANA House feeling physically and mentally exhausted. I also left wondering where is ANA heading? Nurses have so many differing opinions and getting a consensus opinion is very difficult. Will ANA continue to be the national voice for nursing or will the various specialty groups be our smaller voices? Or, in a worse case scenario, will nurse's voice be silenced by larger and more vocal national health care groups? My hope is that nursing and nurses will work towards consensus for the good of all nurses.

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**Nurses House:** A National Fund for Nurses in Need. Nurses House has been assisting nurses in need since 1922. Contributions can now be made online through [Groundspring.org/Network for Good](http://Groundspring.org/NetworkforGood). The website offers several ways to make donations, including recurring donations and options to donate in memory/honor of another. All contributions go directly to nurses who are in financial crisis due to illness, injury, or some other personal/family situation.

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**Evidence-based Practice Corner:**

*Understanding patients with mental illness:*

The nurse-patient therapeutic relationship with patients who are diagnosed with mental illness is very important. People with mental illness often face social stigma. Both verbal and non-verbal communication influence the nurse-patient relationship which must be formed within a few minutes of meeting the patient. How can a nurse tell if the patient feels understood? Shattell, McAllister, Hogan, & Thomas (2006) explored this question. They interviewed participants and asked them to describe and identify feelings. Three themes were identified and included “I was important”, “It really made us connect”, and “They got to my level”.

“I was important” meant the healthcare professional asked how they were doing and remembered something from their past encounter and mentioned it.

”It really made us connect” meant being physically touched by the professional was significant.

“They got to my level” meant the patient felt more comfortable to professionals who disclosed a personal experience.

Being treated with respect was important to all participants. (NY Nurse, March 2008).

*Gluteal IM Injections: does the medication hit the mark?*

When administering an IM injection, it is important to make sure the nurse is not injecting into subcutaneous tissue. This

could alter the patient’s response to the drug.

The gluteal muscle is the most common site for IM injections. Research on IM injection administration is sparse. Crockett, Thompson, Howlett, & Sealey (1982) concluded that using standard technique for IM injections in the gluteal area would result in the medication being administered in subcutaneous tissue. Burbridge (2007) conducted a follow-up study concluded 34.2% of IM injections would be given in subcutaneous tissue.

The nurse needs to be aware of both the importance of where the medication is delivered and how that delivery can be completed. The nurse may need to consider alternate sites (thigh or upper arm) based on the medical status of the patient and the amount and type of medication to be administered. Nurses need to be aware of the relationship between muscle mass, subcutaneous tissue, and needle length used during an IM injection. (NY Nurse, May 2008)

**Nursing History:**

Clara Barton, founder of the American Red Cross, first came to widespread public attention as an amateur nurse who provided aid to soldiers during the Civil War. Later she traveled to Europe where she learned about the International Red Cross and served as a Red Cross volunteer in the Franco-Prussian War (1870-71). Several years after her return to the United States, Barton formed the American Red Cross (1881) and campaigned vigorously for American acceptance of the Geneva Convention which finally occurred in 1882. (source:

<http://www.redcross.org/museum/history/nursing.asp>)

**Nursing Humor:**

*You gotta love a good nurse:* A motorcycle patrolman was rushed to the hospital with an inflamed appendix. The doctors operated and advised him that all was well. However, the patrolman kept feeling something pulling at the hairs in his crotch.

Worried that it might be a second surgery the doctors hadn't told him about, he finally got enough energy to pull his hospital gown

up enough so he could look at what was making him so uncomfortable.

Taped firmly across his pubic hair were three wide strips of adhesive tape, the kind that doesn't come off easily. Written in large black letters was the sentence: 'Get well soon...from the nurse in the Jeep you pulled over last week.'

**Other one liners:**

- Don't take life too seriously, no one gets out alive.
- I'm not a complete idiot—some parts are just missing.
- Stupidity is not a handicap. Park elsewhere!

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**Other Information of Interest:**

What happened at the 2006 TIGER Summit?

The Tiger Summit brought nursing and informatics (computer) leaders together to discuss the relationship between nursing and informatics and how informatics can be integrated into the future of nursing practice and education to provide safe, quality care. A three year plan was outlined that will lead nursing towards their ten-year vision. The TIGER vision is supported by seven (7) pillars and a three (3)-year action plan was outlined. To learn more Search for TIGER Summit on the Internet.

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**Highlights from NYSNA New York Nurse & ANA's The American Nurse:**

**NYSNY: NY Nurse:**

Berger Commission Update:

- Erie County Medical Center and Kaleida Health system will remain separate but under management of a state appointed board of representatives. (Buffalo)
- Ellis/Bellevue/ St. Clare's (Schenectady)
- Ellis Hospital took over Bellevue Woman's hospital operation in November 2007 and St. Clare's hospital's operations in June 2008.

St. John's Riverside/Dobb's Ferry Community (Downstate)

- St John's assumed operation of Dobb's Ferry Community in fall 2007. They are currently awaiting approval to close Dobbs Ferry Community hospital and reopen it as an outpatient center focused on primary and cancer care and management of chronic conditions.

Brooks Memorial/Bertrand Chafee/TLC Health (Buffalo)

- All of the hospitals have agreed to management under "Lake Erie Regional Health System of NY.

Peconic Bay/South Hampton/ELI (Long Island)

- All three hospitals have agreed to affiliate under "East End Health Alliance". This way they can pool their resources and buying power and eliminate duplicate services.

Van Duyn/Community General (Syracuse)

- The two facilities have affiliated under the name "Onondaga Hill Corporation".

Community General has changed its nursing home beds to acute care beds; Van Duyn had decertified a portion of their beds.

St Joseph's/ Arnot Ogden (Elmira)

- Both hospitals have been unable to agree on a merger. St. Joseph's is discussing affiliation with the Guthrie Healthcare System in PA. Both facilities have agreed to open primary care clinics to serve Medicaid patients. (July/August 2008)

**ANA'S The American Nurse:**

The ANA has revised the Guide to the Code of Ethics for Nurses: Interpretation and Application. The Revised ANA Foundation of Nursing Package that also includes Nursing: Scope & Standards of Practice and Nursing and Social Policy Statement can be order through the ANA at

[www.nursebooks.org](http://www.nursebooks.org).

The NYSNA is promoting legislation that will make it a Class C felony to assault and cause physical injury to an RN or LPN while they are on duty. (Bill number: A6186/S3441) The Bill already passed in the State Senate in April 2008. Police officers, firemen, peace officers, and EMTs are already protected under such a law. (May/June 2008, pg 4.)