

ACNP National Nurse Practitioner Summit: Report by Alexa Schneider, FNP

Policy in Action

The 16th Annual ACNP National Nurse Practitioner Summit and Leadership Conference was held in Washington, D.C. in February. There are four key initiatives that our lobbyists are seeking support from Representatives and Senators. These initiatives center on the inclusion of NPs in key programs as providers of care. The first is to include Nurse Practitioners in any newly created or expanded demonstration projects for medical homes. The basic concept of a medical home is that providing patients with a point of coordinated care by a provider who has in-depth knowledge of that patient will lead to better health care outcomes for the patient. The provision of care envisioned in medical homes is inherent in the care NPs provide as NPs have a long history of providing compassionate, coordinated care to patients.

Second, recognizing Nurse Practitioners as Primary Care Providers in any health care reform initiative. Approximately 80% of nurse practitioners provide primary care services through out the United States. According to a recent medPAC report, nurse practitioners provided the highest percentage of primary care visits compared to other Part B providers in the Medicare fee-for-service. Care provided by nurse practitioner epitomizes the delivery of high quality, cost effective primary care.

The third initiative is Cosponsoring the Home Health Care Planning Improvement Act which would allow Nurse Practitioners to order home health. The Home Health Care Planning Improvement Act of 2009 would broaden the list of eligible health care professionals authorized to order home health services under Medicare, ensuring that Medicare patients requiring these services receive adequate continuity of care. Currently, under the Social Security Act, only physicians can order home health services, despite the fact that physician assistants, nurse practitioners, clinical nurse specialists and certified nurse midwives are authorized Medicare providers. This legislation is especially important in rural underserved areas where nurse practitioners are often more accessible and familiar with particular cases than the attending physician.

The fourth initiative is Senate Only: Cosponsor S. 63 – the Medicaid Advanced Practice Nurse and Physician Assistants Access Act of 2009, supporting patient's full access to NPs by ensuring that third party payment for care provided by nurse practitioners is integrated into Medicaid. The Medicaid Advanced Practice Nurse and Physician Assistants Access Act of 2009 will expand Medicaid coverage to include direct payment for services provided by all Advanced Practice registered Nurses, including NPs.

Additionally, there were updates on the following topics: PhRMA Guidelines, The DNP, The CACC (Health Care Payer Systems and Insurers), The NBME, Medical Homes and Nurse Practitioners, and NCSBN Consensus Paper.

The ACNP leadership identified the following Public Policy Priorities for 2009:

- Provide full reimbursement and empanelment for all nurse practitioners in all settings;
 - Include provider-neutral language in all federal legislation, regulation and other policies;
 - Recognize nurse practitioner's authority to order home health and hospice services and to admit patient's to skilled nursing facilities;
 - Develop and sustain a national nurse practitioner database and tracking mechanism;
 - Support policies that recognize nurse practitioners as primary care providers;
 - Appropriate increased funding for nursing faculty, advanced practice nursing and basic nursing education and research; and
- Enact global malpractice reform that includes nurse practitioners.



Inside this Issue:

The APRN Regulatory Model	2	Feel free to visit the ACNP website for additional information at www.acnpweb.org
President's Message	5	
Member Spotlight:	3-5	
NP & Student NP of the year: criteria/	5	
New NPAGR personnel	6	

Happy Nurse Practitioner Month!

In April, New Yorkers celebrate Nurse Practitioner month! Your NPAGR board would like to thank each of its members for their continued provision of high quality, holistic compassionate advanced practice care in the NP role. Our members provide care in community and school based clinics, hospitals, private offices in specialties ranging from oncology and dermatology to neurology, pediatrics and women's health. Below you will find a YouTube link provided by the AANP to reflect NP practice. Take some time in the next few days to view this and reflect on the essential health care that you provide to people from all walks of life. AANP video for public education about Nurse Practitioners <http://www.youtube.com/watch?v=ezym96Inma8>

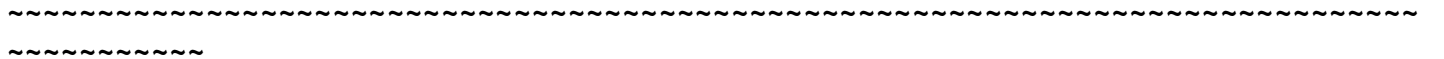


Most Organizations Representing Nurse Practitioners Have Signed on to the Proposed Advanced Practice Registered Nurse Regulatory Model Jane Tuttle, FNP, PNP, Past-President

The National Council of State Boards of Nursing (NCSBN) in conjunction with most of the major organizations that represent Nurse Practitioners, has proposed a new Advanced Practice Registered Nurse REGULATORY MODEL. The model proposes that we maintain the four primary APRN roles: Nurse Practitioner, Nurse Midwife, Nurse Anesthetist, and Clinical Nurse Specialist as the base of the model. The next layer in the proposed model is the particular population; Family/Individual across the lifespan, Adult-Gerontologic, Neonatal & Pediatric, and Psychiatric-Mental Health. A fifth population focus (“gender specific”) has been added to accommodate APRNs who treat only women. The third and most specific layer in the model consists of APRN specialties, which focus on; “practice beyond role and population focus linked to health care needs. Examples include but are not limited to *Oncology, Older Adults, Orthopedics, Critical Care, Nephrology, Palliative Care*”(DRAFT APRN Joint Dialogue Group Report, June 18, 2008). More details are available at www.ncsbn.org.

The National Organization of Nurse Practitioner Faculties (NONPF) has archived a webcast in two parts. The first part gives more specific information for practicing Nurse Practitioners. The second part has more relevance for the education of Nurse Practitioners. Both feature, Ann O’Sullivan, former NONPF president, outlining what adoption of the model means for our Education, Licensure, Accreditation, and Certification. According to Dr. O’Sullivan, the proposed APRN regulatory model “has no requirement for collaboration”, which is certainly supportive of our current effort to remove statutory collaboration in New York State. Both parts of the February 12, 2009 webcast and handouts are accessible at: <http://presentplus.com/nonpf/2009feb12.html> .

Once adopted, this model will provide uniform regulation of APRN practice throughout the United States. This is also known as the “Consensus Model”. Acts by each state legislature will be required before it is actually in place.



Do you know about this resource? The Green Sheet, a monthly newsletter on compensation and reimbursement for nurse practitioners. This letter is composed and published by Carolyn Buppert, the author of *The Nurse Practitioners Business Practice & Legal Guide* , (2008), Jones & Bartlett Publishers. To subscribe to The Green Sheet or to purchase other

Member Update Sandy Glantz, Membership Chair

Great news– we currently have 186 members,! There are a few who will be lapsing soon. Sandy Glantz will be contacting you and encouraging renewals with **The NPAs stimulus package** which actually decreases membership dues for either one or two years, depending upon length of renewal . The 2009 NPA Economic Stimulus package includes a temporary dues adjustment for members in the regular category. This reduction in membership from \$200 to \$180 for one year and from \$ 400 to \$360 for two years is in effect from April 1 2009 until March 31, 2010. Also any member who brings in 1 new member between April 1, 2009 and June 1, 2009 will receive a NPA Bucks voucher to be used toward the September Annual NPA convention at Turning Stone. See the NPA website: www.TheNPA.org for details. Click on New or Renew.



Member Spotlight: Dee Krebs, NPA, SANE

As a nurse I was very involved within the hospital at which I worked. I was a member of the Diabetes Committee, the Night Staff Committee, and the Medical Service Quality Control Committee, just to name a few. It was not until I became a Nurse Practitioner that I expanded my scope of practice outside the hospital. I joined the Nurse Practitioner Association (NPA) of Greater Rochester and was the Chapter Representative for the NPA for several years. Through the NPA, I learned the importance of increasing the visibility and credibility of nurse practitioners within the healthcare community. My professional involvement with the NPA has provided an opportunity for me to serve an emergency room (ER) population which is largely misunderstood: the victims of sexual assault.

My involvement with victims of sexual assault began in 1999 when Strong Memorial Hospital agreed to partner with Rape Crisis Services, utilizing ER nurse practitioners and physician assistants. I was asked to help in the beginning stages and collect data. Before I realized what I was getting into, I was responsible for educating all my colleagues about the dynamics of sexual assault, including the medical and psychological aspects, evidence collection, and preparing nurses to testify in a court of law.

Our program initially started out with trained nurse practitioners and physician assistants working in the ER. Now it has expanded to include an on-call system covering in-patients and ER patients at Highland and Strong Memorial Hospitals. Our Sexual Assault Forensic Examination (SAFE) Center evaluates about **140 patients annually** who have been sexually assaulted. Approximately 66% of the women knew their assailant, with 26% being sexually assaulted by a stranger and 8% by an intimate partner. The highest risk years are between **12 and 34 years of age**. Well over half of our adult victims evaluated at the SAFE Center have had their cases forwarded to the Monroe County District Attorney's Office.

Our Sexual Assault Response (SART) team of Monroe County is an integral part of our program. It is a collaborative effort made up of representatives from Rape Crisis Services, the Monroe County Sheriff's Department, the Rochester Police Department, Strong Memorial Hospital, the Monroe County Crime Laboratory, and the Monroe County District Attorney. To support the program, the SART team developed forms used during a forensic exam as well as a documentation tool for the Crime Laboratory, medical and legal consent forms, systems for labeling and storing photographs and videos, as well as a drug-facilitated rape screening questionnaire. The SART team has also developed QA forms to monitor the quality of the completed evidence kits. The group worked with an advertising agency on marketing the SAFE Center to the community as well as first responders (i.e., 911 operators, Emit's, police officers). Posters, print ads, business cards, and brochures were created. The SART team is currently working on policies and procedures within law enforcement agencies to ensure interagency communication and effective coordination regarding SAFE Center cases. Over the last two years, our SART team has added representation from Highland Hospital, Rochester General Hospital, and, recently, Park Ridge Hospital.

I also became involved with another professional organization, the International Association of Forensic Nursing (IAFN), which was formalized in 1992. Forensic nursing, which includes sexual assault examiners, legal nurse consultants, and psychiatric nurses, is recognized as a subspecialty of Nursing through the American Nursing Association (ANA). Through the support of the School of Nursing at the University of Rochester, I applied for a New York State (NYS) Chapter of the IAFN. It was approved in 2003 and I was elected President. Our chapter meets four times per year and now has a web site to communicate with their members.

Sexual assault is closely connected to legislation. In 2000, the Sexual Assault Reform Act (SARA) was enacted. This legislation mandated the NYS Department of Health (DOH) to designate interested hospitals as 24-hour Sexual Assault Forensic Examiner (SAFE) programs. After filling out a lengthy application for DOH certification, Strong Memorial Hospital's sexual assault program was named a "Center of Excellence in Sexual Assault Care" in NYS. The 40-hour SANE educational program I teach is also one of five throughout the State which are DOH-approved. All of our SAE at Strong and Highland Hospital will be certified in NYS; several are in the certification process and others also have national certification through the IAFN.

With the continued support of the School of Nursing at the University of Rochester, the 40-hour SANE training has been held yearly. This has enabled nurses at Rochester General and Park Ridge Hospital to attend a local training approved through NYS DOH.

NPAGR Member Spotlight: Dee Krebs , continued.

Rochester General Hospital has been named a “Center of Excellence in Sexual Assault Care” in NYS, and now many examiners in Rochester are certified through NYS DOH.

After much discussion among local legislators, the “Emergency Contraception in the Emergency Room” law passed the NYS assembly and senate in 2003. It requires all ERs to offer and provide emergency contraception to sexual assault victims. In 2006, NYS legislators passed the “Expansion of the DNA Databank” law, requiring all those who commit felonies and 30% of those who commit misdemeanors to submit DNA samples to the NYS databank. In 2007, the “NY Defendant HIV Testing Law” was passed. This law requires HIV-related testing of defendants in certain situations.

The Sexual Assault Educators of NYS (I SAE NY), is a group consisting of physicians, nurse practitioners, and nurses throughout NYS, including New York City. This summer we evaluated the 2004 NYS DOH Sexual Assault Protocol for Adults. After re-writing the objectives for SAE adult training programs, we met with the DOH in Albany to address our recommendations. The NYS DOH Sexual Assault Protocol is presently being revised.

The Department of Criminal Justice called a multidisciplinary team together to revise the sexual assault evidence kits used in NYS. Changes were made and the new kits are now being distributed across NYS. Recently a 30-minute video was made featuring Mariska Hargitay. The video is for non-SAEs to view using the new SAE kit. This winter, I was honored when I was asked to present at the First Sexual Assault course for NYS American College of Emergency Physicians (ACEP), a one-day class for physician examiners and medical directors of adult programs.

This past year the DNA Initiative has provided funding for DOH-certified educators to train nurses with the goal of having all SAEs certified through the DOH to conduct a medical-forensic examination on victims of sexual violence. To further expedite this goal, we have partnered with the NYS Nurses Association, offering 20 hours of the 40-hour SANE course online.

Lastly, I have had the privilege of working on a “white paper” with child abuse experts regarding care of pediatric sexual assault/abuse in NYS. In collaboration with the Child Abuse Medical Provider (CHAMP) task force, Sealing (2007) surveyed current practice in NYS regarding pediatric sexual assault/abuse cases. Surveys were distributed to sexual assault forensic examiners/sexual assault nurse examiners, child advocacy centers, and ERs. The objectives of this study were to describe current training and practice of providers caring for suspected pediatric sexual assault/abuse cases. A disturbing 72% of NYS respondents report that they were “not satisfied” with the care received by children in their county when child abuse is suspected.

Sealing (2007) also reported that 47% of all respondents stated that they, or the examiners at their site, have not received additional training in pediatric sexual assault examinations. Results of this study clearly showed that there is a lack of child abuse experts in NYS. Presently, there is no training

April is “Sexual Assault Awareness” month, which features events to raise awareness about sexual violence and educate communities and individuals on how to prevent sexual violence. The hope is that if we all work together, sexual violence will be highlighted as a serious public health issue and the need to provide prevention techniques for all ages will be made apparent.

Directing the Sexual Assault Program is a very small aspect of my position in the ER. I jokingly tell everyone that my real job is working in the Department of Emergency Medicine is evaluating patients of all ages. In the ER, I am able to work with a high degree of autonomy: obtaining medical histories, performing complete and/or focused examinations, ordering laboratory tests, x-rays, and treatment. In the process of evaluation, I provide client education to promote wellness and/or support disease management processes. Treatment plans are evidence-based, using state-of-the-art equipment. In summary, the NPA NYS has helped protect and advance my profession through active representation, advocacy, and education on many different levels.

NPAGR President's Message: Susan O. Smith, ANP

I am happily celebrating Spring as I know most of us in Western New York are. When I think of the season change it always gives me more energy to take advantage of the extra sunlight to get more accomplished in each day.

All of us are busy in our individual practice settings and our personal lives. When you make time to be involved in your professional organization you can reap many rewards. I have found the opportunity of representing our NPA members locally a valuable addition to my professional life.



The NPAGR will be **looking for volunteers this Fall** who are interested in becoming involved in our monthly education program planning. The monthly educational meetings are a great way to meet colleagues, learn and obtain contact hours all at the same time.

We need people who are interested in coordinating topics and speakers that meet the needs of our diverse membership. For those of you who wish to be considered for President Elect, feel free to contact me or any of the Board Members to discuss this role.

Our chapter will be sponsoring the regional conference for the NPA in April of 2010. I would like to hear suggestions from the membership for speakers and topics that should be include.



Upcoming Programs for NPs:

Spring: *NPA Region 1 Conference:*

Challenges for the Nurse Practitioner

Earn 3.75 Ed. credits on Saturday, April 25th 8-1 :30pm
Conference will be held at Harry's Harbor Place Grill,
2192 Niagara St. Buffalo, NY 14207

Coming up in Spring/early Summer:

May: Management of Fibromyalgia: Date, time & place TBA

June: 1. Post Partum Depression

2. Early Stroke Intervention (pending sponsor)

Fall Programs: Mark your calendar for these notable events!

- The **NPA Convention** will be **9/23-9/27, 2009** at the Turning Stone in Verona NY. This annual event features excellent educational opportunities, silent auctions with tempting treasures, wonderful networking and lovely surroundings for free time activities, be it golf, or the casinos! Several members of the NPAGR are sure to attend. Contact the Board if you are interested in car pooling and attending
- This Fall there will be the first annual **Acute Care Conference for Advanced Practice Clinicians** at the RIT Inn & Conference Center, sponsored by the **Sovie Center**. The conference is all day Friday, Oct 9 and half day on Sat Oct 10 with a "welcome" reception at the RIT Inn on Thursday evening. Tim Quill, MD, one of the world's leading experts in ethics will keynote the conference.

Deadline for application is June 1, 2009

Questions can be addressed to L. Markwick @ lmarkwick@frontiernet.net

Please circle appropriate award:

Nurse Practitioner of the Year Award

Student Nurse Practitioner of the Year Award

To be completed by person making nomination:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

To be completed with Nominee's information:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

For Student Nominations only:

Program Attending _____

Expected Date of Completion: _____

Nominee Acceptance: I hereby accept nomination for the above indicated award.

Signature: _____ Date: _____

Please return this application with other materials to:

The Nurse Practitioner Association of Greater Rochester Attn: Awards Committee P.O. Box 23556 Rochester, NY 14623

THE NURSE PRACTITIONER ASSOCIATION OF GREATER ROCHESTER
NURSE PRACTITIONER OF THE YEAR AWARD

Criteria for Nomination:

An individual who is a member of The Nurse Practitioner Association of Greater Rochester and who is eligible for certification to practice as a Nurse Practitioner in New York State, and who meets **three** of the following criteria:

1. Demonstrates excellence in clinical practice
2. Promotes the profession through outstanding leadership, mentoring, and/or education.
3. Is actively involved within The NPA at the local/regional and/or state level.

Community service that exemplifies the Nurse Practitioner profession at either the local or state levels.

Research with relevance to NP clinical practice, education or public policy that has been published in a journal or textbook.

Materials to include with nomination:

- A completed nomination form including contact information for The NPAGR member making the nomination and signature of nominee accepting the nomination.
- Three letters of recommendation from a professional colleague or community service organization.
- Documentation of an innovative practice program demonstrating positive outcomes
- Peer evaluation.
- Letter of support from a local or state NP organization.
- Copy of current Curriculum Vitae.
- Copy of published research if applicable.

Award recipient receives the following:

\$500.00 cash award

Framed certificate of excellence

DEADLINE FOR APPLICATION IS JUNE 1, 2009

Nominations should be sent to:

The NPAGR, Attn: Awards Committee, P.O. Box 23556, Rochester, NY 14692

NOMINATIONS ARE REVIEWED BY A COMMITTEE WITHOUT KNOWLEDGE OF THE NOMINEE'S NAME

3/31/2009

THE NURSE PRACTITIONER ASSOCIATION OF GREATER ROCHESTER
STUDENT NURSE PRACTITIONER OF THE YEAR AWARD

Criteria for Nomination:

1. Current student in NP program and in good standing with at least 20 credit hours completed.
2. GPA of 3.7 or above (on a 4 point scale).
3. Demonstrated clinical excellence.
4. 500-word essay on an issue of importance of Nurse Practitioners in practice today.
5. NPA Student Membership

Materials to include with nomination:

- A completed nomination form including contact information for individual making nomination and signature of nominee agreeing to nomination.
- Two letters of recommendation from faculty members to include evidence of GPA and student status.
- Evaluation from clinical preceptor attesting to clinical excellence.
- Documentation of participation in NPAGR.
- Essay.
- Copy of current Curriculum Vitae.

Award recipient receives the following:

- \$500.00 cash award
- Framed certificate of excellence

DEADLINE FOR APPLICATION IS JUNE 1, 2009

Nominations should be sent to: The NPAGR, Attn: Awards Committee, P.O. Box 23556, Rochester, NY 14692

NOMINATIONS ARE REVIEWED BY A COMMITTEE WITHOUT KNOWLEDGE OF THE NOMINEE'S NAME

3/31/2009



THE NURSE PRACTITIONER ASSOCIATION

New York State • *Greater Rochester Chapter*

Pride of the Profession

NPAGR
PO Box 23556
Rochester, N.Y.
14692

Communication Chair: CMcCloskey
Phone: 585-385-8471
Fax: 585-385-8466
Email: cmccloskey@sjfc.edu

www.npagr.org

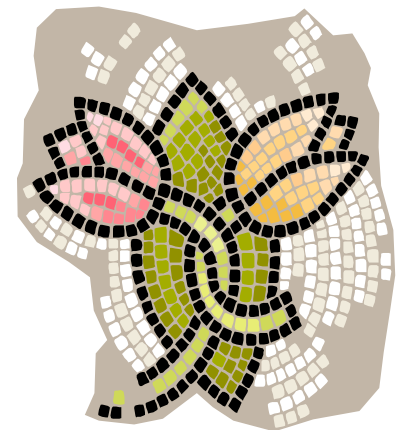
NPAGR Personnel Additions!

We are pleased to welcome a new Board member and a new committee member!

Elissa Hughes, NP has been appointed as Public Relations Chair. Elissa has nearly 30 years as a nurse and graduated from the University of Rochester as a Family Nurse Practitioner in 2003. Past experiences include working at a Federal prison in the Adirondacks for two years as part of her National Health Service Scholar "pay back". She now works with Rochester General Medical Group in Endocrinology. Elissa looks forward to helping the public better understand who NPs are and what we do.

Shirley Rast, FNP-C, has joined the membership committee. A graduate of the St. John Fisher FNP program, Shirley is employed at Strong's Neuromedicine Pain Management Center which is affiliated with the U of R Department of Neurosurgery. She will help the membership committee by attending programs as well as contributing to the monthly teleconference focused on membership with the NPA. She will also assist Sandy with activities surrounding renewals and new members. Welcome to Elissa and Shirley. We so appreciate your help on behalf of our members!

The next issue could feature other members who have decided to assist the board—**will it be you?**



The spring flowers will prevail— If it would just stop snowing!