



### PRESIDENT'S MESSAGE



Welcome to the second edition of SEPONL's quarterly newsletter. Inside you will find various updates from the SEPONL Board as well as informational topics regarding future SEPONL activities. We hope that you find this information of value and look forward to seeing you at our upcoming educational conference. This fall's conference, titled "Implications for Nursing Practice Under Accountable Care" will be hosted at the Double Tree in Plymouth Meeting on November 4<sup>th</sup>. This will be a thought provoking symposium geared towards understanding how health care reform is impacting clinical practice and nursing leadership strategies.

I believe that we, as nursing leaders, will need to focus on broader concepts as we tackle the challenges and opportunities framed in health care reforms' structure. These broader concepts are beginning to crystallize and numerous implications of the healthcare reform platform are taking shape. The future work of healthcare leaders is becoming clearer and the need for nursing to have a voice in the structure of programs and processes is evident.

Some of the specific implications that will require nursing's expertise include:

- An increased focus on assuring coordination of services across the continuum of care as it relates to the integration of hospital services, physicians, and supporting providers of care;
- The increased need and establishment of certified medical homes;
- The shifting of sub-acute services from the hospital setting to transitional care units, home care, and other care settings outside of traditional care scenarios;
- Physician groups embracing advanced practice nurses in order to manage and compete with "minute clinics" through the creation of extended and week-end hours;
- Patient activism. With greater numbers of uninsured and under-insured individuals transitioning into the health care market; coupled with rising copayments, coinsurance, and deductibles; consumers will be increasingly aware of the delivery and cost of the health care they receive.

All of these factors will come into play in an already pressurized environment of reduced reimbursement from Medicare and Medicaid.

As nursing leaders, we need to be a part of the healthcare financial solution by recognizing implications such as those listed above, innovating new models of care and most certainly, advocating. As advocates for our profession, we should make clear that nursing needs to be at the table for these critical discussions. Additionally we need to continue to influence state and national policy. Enclosed on page 4 and 5 is an update on three bills currently introduced in Harrisburg. Additional thoughts on these pending bills will be shared at the November 4<sup>th</sup> meeting.

Wishing you a wonderful Fall filled with Indian Summer pleasures ~

Pamela DeCampli, RN, MSN, NEA-BC

President SEPONL

## Committee Reports:

SEPONL Educational Program November 4, 2011

7:30 am – 2:00 pm

Plymouth Meeting, Pennsylvania

*(Earn 4 CE Contact Hours)*

### “Implications for Nursing Practice Under Accountable Care”

The introduction of sweeping health reform initiatives outlines provisions for expanded healthcare coverage, reforms in healthcare delivery, improved cost efficiency, and an increased focus on primary care, wellness, and prevention. Nurses, central to the care delivery process, play a major role in the success of the numerous programs targeted to address the objectives of health reform. Increased accountability for care and quality outcomes is a major area of focus. Under accountable care there are a number of care delivery models being tested and evaluated. This program will review impacts to clinical practice with health reform, share the visions and strategies of organizations evolving toward accountable care and provide the views of nurse leaders across the industry.

**Mary Agnes Fox, MSN, RN, NEA-BC**

Director, Telemetry Services  
St. Mary Medical Center

**Barbara B. Frink, PhD, RN, FAAN**

Vice President for Clinical Excellence and Informatics  
Main Line Health System

**Patricia M. Haynor, PhD, RN**

Associate Professor, Coordinator BSN/MSN  
Gateway Program for RNs  
Villanova University College of Nursing

**Gail E. Latimer, MSN, RN, FACHE, FAAN**

Vice President, Chief Nursing Officer  
Siemens Healthcare

**Diane Littlewood, RN, BSN, CDE**

Director, Population Management Operations  
Geisinger Health Plan

**Victoria L. Rich, PhD, RN, FAAN**

Chief Nursing Officer  
Hospital of the University of Pennsylvania

**Barbara Wadsworth, MSN, RN, MBA, NEA-BC**

Senior Vice President, Chief Nursing Officer  
Abington Memorial Hospital

#### Overview:

- Define the basic premise of accountable care and how it relates to nursing practice.
- Describe the role of the nurse leader in an accountable care model and new ways to successfully engage staff and patients.
- Discuss the impact of ACO initiatives underway in Pennsylvania that support health reform.
- Explore how organizations are supporting the shift toward an ACO model of care delivery.
- Analyze how changes in care delivery models will impact various members of the health care industry.



**President Elect**

Debra Laumer  
Nurse Manager, 4A  
Paoli Hospital



**Immediate Past President**

Gail E. Latimer  
Vice President, CNO  
SIEMENS Healthcare



**Secretary**

Elizabeth Menschner  
Director, Nursing Services  
Temple University Health System



**Treasurer**

Susan McCulley  
Clinical Director, Acute and  
Rehab Services  
MossRehab/Einstein at Elkins Park

## SEPONL MEMBERSHIP UPDATE

### Welcome to our newest members:

#### July

Ann Boyle, Lankenau Hospital

Teri Jackson, Nurse Manager, Albert Einstein Medical Center

Kathryn MacDavitt, Nurse Executive, Philadelphia

Tammy Torres, Chief Nursing Officer, Brandywine Hospital

Kelly Ann Zazyczny, Pediatric Patient Care Manager, Bryn Mawr Hospital

#### HLNDV / SEPONL Networking Event October 18, 2011

“Patient Care Services Excellence & VBP-Building & Sustaining HCAHPS Quality Improvement”

8:00-12:00

Registration begins at 7:15am (Continental Buffet Breakfast)

Thomas Jefferson University Hospital, DePalma Auditorium

Thompson Building/1020 Sansom Street, Philadelphia, PA 19107

\$40 HLNDV Members

\$45 Non HLNDV Members

Contact [events@HLNDV.ACHE.org](mailto:events@HLNDV.ACHE.org) to register or for more information.

#### “Each one- Reach one” Membership Drive running until October 31st !

SEPONL is embarking on a membership drive beginning July 1<sup>st</sup> through October 31<sup>st</sup> in order to strengthen the membership of the organization. By recruiting just one new member, members will have an opportunity to win a prize such as an iPad 2, one year free membership in PONL/SEPONL, or free attendance at one SEPONL Conference. One entry per person. Prizes will be issued at the SEPONL Annual Conference in Plymouth Meeting on November 4<sup>th</sup>, 2011. See page 4 for details of this program and support SEPONL with this critical membership initiative!



**Member-At-Large**  
Mary Kinneman, Consultant, IMA Consulting



**Member-At-Large**  
Marilyn Pollock, Director of Nursing Operations, Albert Einstein Healthcare Network



**Member-At-Large**  
Jan Nash, Vice President Patient Services, Paoli Hospital



**Member-At-Large**  
Carol Chwal, Nurse Director, Professional Practice Abington Memorial Hospital



**Member-At-Large**  
Marion Glazier, Staff Development & Quality Specialist, The Home Care Network, Jefferson Health System



**Member-At-Large**  
Susan Lundquist, Director of Patient Care Solutions, Siemens Medical



**Member-At-Large**  
Catherine Spahr, Nurse Manager, Surgical Trauma/Toll Intensive Care Unit, Abington Memorial Hospital

## Components of PA House Bill 1880 (PSNA supported)

Impacts general and special hospitals and affects the “professional nurse” but doesn’t delineate RN specifically. Requires a staffing plan for each unit supported by a Staffing Committee, which is required to meet 3 times/year. Majority of the members are direct care nurses selected by peers. The Staffing Committee chair is a direct care provider nurse selected from the committee. The staffing plan must take into consideration variables such as skills, competencies, standards from professional organizations, skill mix, certifications, numbers, support staff, volume, acuity, patient turnover, throughput, tasks, assessment, surveillance, education, discharge planning, and physical environment. Public notices must be posted indicating staffing plans are available upon request. It is the responsibility of the CNO to ensure the committee is functional and “working”. Staffing plans must be accessible to all staff and an evaluation of adherence to the plan must occur at least 2 times/year. A plan of action is required when evidence of noncompliance. Ensures a process for staffing concerns within nursing outlining mechanisms for staff to raise concerns and make recommendations. The CNO receives periodic reports from the Committee. The Committee receives reports from Patient Safety and Quality Committee as it relates to staffing. An annual report from the committee is generated and sent to the CEO and Board. Whistle Blower protection is offered. A \$1000/day penalty for noncompliance is levied upon the organization.

## Components of PA House Bill 1874 (union supported)

Incorporates many pages of definitions. This Bill affects general acute care, critical access, and long term care hospitals and all units within those facilities. The following critical elements are outlined:

- ✓ **Refusal of Work Assignment.** Written policy disseminated to staff which details circumstances when nurse may refuse an assignment or to execute physician/authorized health care professional order. Much detail about notifying supervisor, process, denial of request, etc. Non retribution and whistle blower protection all clothed under patient advocacy language.
- ✓ **Free Speech.** RN’s, other health care professionals and workers responsible for patient care have right to free speech. – during work hours and off work hours. Extends to spoken, gestured, written, printed, electronic expression concerning any matter related to nursing care. Includes events, practices, institutional actions, policies, adverse outcomes, incidents, sentinel and reportable events and arguments. All clothed under patient advocacy language.
- ✓ **Staffing Ratios.** Detailed nurse-patient ratios for every unit and service imaginable. No averaging of patients and nurses to meet ratio. Only direct care RN included – management, including charge nurse, not included. Only direct care RN’s may relieve for breaks, meals, etc. Nursing administrator may not be a charge nurse or provide direct patient care. Mandatory OT may not be used to reach ratios.
- ✓ **Assignment.** Hospital and nurse must agree that nurse has demonstrated and validated competence and has received orientation. Policies contain criteria for making this determination. Only RN’s can be assigned to Infant Intensive Care and trauma patients in the ED.
- ✓ **Prohibits.** Patient-acuity adjusted units, clinical patient care areas (no definition of these in bill?).
- ✓ **Staffing Plans.** Must use valid **acuity-based classification system.** Staffing plan developed by CNO for each unit. Posted for public view on each unit on a day-to- day and shift- by- shift basis along with the variance. PCS must be reviewed for accuracy annually. PCS must be transparent. Disclosure of methodology, factors, assumptions, values, scientific and empirical basis and certification by an authorized rep of the hospital that all of the above is valid and true.
- ✓ **Staffing Committee.** At least half must be direct care RN’s appointed by CNO or collective bargaining agent. If a dispute occurs, direct care RN assessment prevails. Process for all interested staff to provide input into plan.
- ✓ **Agency Nurses.** Must have demonstrated and validated competency. Must have written procedures to orient and evaluate.

- ✓ **Routine Staffing Fluctuations.** Must have plan for these. In emergency must be able to demonstrate diligent efforts to maintain required staffing levels. Emergency is one declared by government - federal, state, local, county or municipal.
- ✓ **Documentation.** Evaluation and report at least annually by staffing committee. Submitted to Dept. of Health and available for public inspection. Contains certification by CNO under penalty of perjury, fraud and criminal and civil prosecution.
- ✓ **Violations of Employee Rights.** \$25K for each violation and \$10K per unit until violation corrected. Relief for nurse includes reinstatement, compensation, attorney fees, etc.

## Components of PA House Bill 1570 (HAP supported)

Affects all types of hospitals, outpatient centers, dialysis, home care, hospice, long term care, cancer centers, ambulatory surgeries, birthing centers, etc. Facilities accredited by a national accrediting organization approved by CMS (like JCAHO) are issued a license. Facilities not accredited by a CMS-approved organization will be required to meet Medicare Conditions of Participation to obtain license. Facilities not accredited and who do not participate in Medicare are required to comply with regulations adopted by department to obtain license. These regs, at a minimum, will address: patient care, medical supervision of pts, physical environment, infection control, quality assurance, transfer protocols, sanitation, safety, and dietary.

### FROM THE MEMBERSHIP COMMITTEE

The Southeastern Pennsylvania Organization of Nurse Leaders, SEPONL, is the regional chapter for the state organization, the Pennsylvania Organization of Nurse Leaders (PONL). Both organizations offer numerous member benefits, including:

- Membership to the state (PONL) and regional (SEPONL) organization;
- Access to educational sessions featuring expert speakers through PONL, SEPONL, and other regional Pennsylvania chapters;
- Poster presentations as a forum to share evidence-based best practice;
- Networking sessions with nurse and healthcare leaders at the state and regional level;
- Access to research grants for your organization through SEPONL;
- Newsletter and e-mail updates on current nursing issues as well as state- and/ regional nurse leader accomplishments;
- An opportunity to have a common voice about state and national legislation, including issues such as “title of nurse protection” and proposed staffing legislation;
- Position statements regarding issues affecting nursing , such as advocacy for increasing the number of BSN-prepared nurses, aligning with the Institute of Medicine Report on the Future of Nursing;
- Opportunities for leadership development through service on chapter committees.

SEPONL is embarking on a membership drive in order to strengthen our position in the nursing leadership community. As leaders, we ask that you encourage your colleagues and your nursing leadership team to join SEPONL/PONL. The annual fee is \$150 (less \$15 for the recruiter and person being recruited if submitted at the same time OR less \$15 for the person being recruited if submitted subsequent to the member’s annual fee). The membership website is accessible through the following link: [http://www.panurseleaders.org/documents/PONLmembershipbrochure\\_061311\\_lowrez.pdf](http://www.panurseleaders.org/documents/PONLmembershipbrochure_061311_lowrez.pdf).

The membership drive will take place from **July 1<sup>st</sup> through October 31<sup>st</sup> 2011**. Our membership campaign slogan is: **“Each one - Reach one”**

Each member who recruits a new member will have an opportunity to win: (One entry per person)

- An Apple i-Pad 2, or
- A free year membership to PONL/ SEPONL, or
- Attendance at a free SEPONL conference

If you would like PONL/SEPONL representatives to make a visit to your organization to present the value of membership to your nursing leadership team, you may contact me at [LaumerD@comcast.net](mailto:LaumerD@comcast.net). Thank you in advance for your support of our nurse leaders and SEPONL.

## **FROM THE SPECIAL PROJECTS COMMITTEE**

SEPONL is excited to be able to continue to offer grants to our membership to support their scholarly work or a special project that would benefit the area of nursing administration and leadership. Below you will find the process and criteria for the grant application.

### **SEPONL PROJECT GRANT CRITERIA**

The Southeastern Pennsylvania Organization of Nurse Leaders has instituted a program to recognize and financially support projects in Nursing Administration and Nursing Leadership. The following criteria are required for submission of proposals to SEPONL's Special Projects Committee:

1. PONL/SEPONL membership is required of project coordinator
2. Electronic copy of project proposal is submitted to the chairperson
3. Project proposal should include:
  - a. Introduction
  - b. Description of the project
  - c. Importance of the project and its application to nursing administration or leadership
  - d. Length of time of your project
  - e. Anticipated budget
  - f. Letter of support from Chief Nursing Officer
  - g. Grant amount requested
  - h. Evaluation criteria and outcomes desired
  - i. Name, credentials, address, phone number and email address of Project Coordinator

All proposals will be reviewed by the SEPONL Special Projects Committee who recommends the project to the SEPONL Executive Board for their final approval.

Awards will be made based on the following

1. Merit of the proposal
2. Extent to which project supports Nursing Administration and Leadership

**SEPONL**

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*Shaping nursing leadership in Southeastern Pennsylvania*

**Karen Kirby, RN, MSN, FACHE, NEA-BC**

President & CEO, Kirby Bates Associates

Karen was recently appointed by the National Association of Professional Women as "2011 Professional Woman of the Year".

Karen Kirby, Nancy Valentine, and Kathleen Wolf published "The CNO/CFO Partnership: Navigating the Changing Landscape" Nursing Economics July-August 2011/Vol.29/No4.

**Pamela DeCampi, RN, MSN, NEA-BC**

Executive Vice President, Kirby Bates Associates received Nurse Executive Advanced Certification from the ANCC.

**Jim Hoelz, MS, MBA, RN, CEN, FAEN**

Chief Nurse  
Executive/Managing Partner  
Blue Jay Consulting  
Jim was recently inducted as a fellow into the Academy of Emergency Nursing. Jim was recognized for lasting and sustained contributions to emergency nursing. Jim is currently the Chief Nurse Executive and a managing partner at Blue Jay Consulting, a firm that specializes in ED process improvement and interim leadership.

**Elissa Della Monica, RN, MSN, NEA-BC**

Executive Director  
Abington Memorial Hospital  
was selected as a semi-finalist in the Nightingale Awards of Pennsylvania in the Nursing Administration category. Finalists will be selected at the award gala on November 4<sup>th</sup>.

**Gail Latimer, MSN, RN, FACHE, FAAN,**

Publication of the 5th Edition of Essentials of Nursing Informatics, authors: Virginia K. Saba, EdD, RN, FAAN, FACMI and Kathleen A. McCormick, PhD, RN, FAAN, FACMI, FHIMSS including Gail E. Latimer, MSN, RN, FACHE, FAAN, Vice President and Chief Nursing Officer, Siemens Healthcare as a senior editor and chapter author, also contributing as a chapter author, **Sue Lundquist, RN, BSN, Director of Patient Care Solutions, Siemens Healthcare**

**Gail Latimer, MSN, RN, FACHE, FAAN,**

Vice President and Chief Nursing, Office of the CNO, Industry and Government Affairs Officer, Siemens Healthcare published the article "Nursing in the New Era of Accountability" in Hospitals & Healthcare Networks. July 28, 2011