The Nebraska Nurses Association Hires New Management Team: O’Hara Lindsay Association Management

The Nebraska Nurses Association (NNA) is pleased to announce that O’Hara Lindsay Association Management will provide management services for the NNA. O’Hara Lindsay Association Management will function as a team, with four staff members Don Wesely, Anne Bowen, Lynn Meinke, and Claire Baddeley assisting NNA through various capacities.

Anne Bowen will be the main contact for O’Hara Lindsay Association Management and will assist with the daily NNA business. Contact Anne Bowen at executive@nebraskanurses.org for the majority of your NNA queries. Lynn Meinke will be available for all financial questions at financial@nebraskanurses.org. Claire Baddeley will be the Assistant to the Director and can be reached at admin@nebraskanurses.org. As the current lead lobbyist for NNA, Don Wesely will expand his role to include the supervision of the O’Hara Lindsay Association Management team.

The NNA phone number, mailing address, and email addresses will remain the same for the organization. The only NNA contact change will be the fax number. The new fax number is 402-474-6206.

As the current lobbyists for NNA, O’Hara Lindsay Government Relations believes that expanding their partnership with the NNA to include association management will only strengthen NNA effectiveness and productivity. O’Hara Lindsay believes that NNA could and should be one of the most influential health care organizations in the State of Nebraska.

“We will strive to strengthen and organize the NNA membership into a cohesive and influential voice in Nebraska,” said Wesely. “As lobbyists for the Nebraska Nurses Association, we are familiar with the many issues of concern to Nebraska nurses. We feel adding the role of managing the Nebraska Nurses Association will only enhance our ability to advocate on behalf of Nebraska nurses for nursing and health issues within the state of Nebraska.”

O’Hara Lindsay wants the NNA to grow and build on its past success. “We believe in Nebraska nurses. NNA can become even more influential in health policy in Nebraska if we work together to add to NNA’s membership,” said Wesely. O’Hara Lindsay is excited to expand their work on behalf of the Nebraska Nurses Association.

If you’d like more information about this topic, please contact Torri Merten at nnapresident@nebraskanurses.org or executive@nebraskanurses.org.

Many Thanks to Annette Harmon

Annette Harmon joined the Nebraska Nurses Association as the Executive Director a little over 5 years ago. Although she is not a nurse, many consider her “one of us.” Since her arrival she has consistently supported nurses and loved being a part of the leadership of our organization.

I recently traveled across Nebraska with Annette celebrating all of the nurse’s week celebrations at the various districts that comprise the Nebraska Nurses Association. This was a very difficult journey, as we knew that it would be Annette’s last during this celebration week. However most people would have never known had we not made a point to thank her along the journey. She continued to advocate for nursing and advancement of the profession. Annette has encouraged students, new graduates and nurses across the state to be proud of everything they do for one another and for our patients. She educated nurses on legislative issues and current happenings in the American Nurses Association. She also continued the excitement she has always shown when talking to nurses about nursing.

Many Thanks continued on page 3
President’s Column

Torri R. Merten RN, MSN

As many of you have read in my previous columns, I talk a lot about the journeys that we are all on in our lives and in our careers. Looking back, 10 years ago I never would have guessed that nursing school would lead me to a pivotal point in my life where my personal and professional life would collide. As many of you know, I became unemployed in May of this year. This was something I thought could never happen in nursing. Since then I have looked at a number of positions, applied for countless jobs, and considered many options. I recently met with a number of nurses discussing all of the different options available to me, and came to the conclusion that no matter what I did I wanted to be passionate about the work I was doing each and every day. That led me to the newest leg of my journey. A journey that is ever evolving and ever changing.

I sat down and discussed my goals with others. I started to study again for the first time in over six years. I couldn’t believe how rusty my study skills had gotten. I wanted to continue to utilize my nursing skills while building on success in other areas of my life. I wanted to combine nursing with health and wellness. I became a Certified Personal Trainer. An overweight, obese (if we use medical terminology) Certified Personal Trainer. I sat in a room with other nurses who had laid down and talked about their goals with others. Theirs was an obvious choice for them. They chose to go back to nursing and to focus on their career choice. I chose to become a Certified Personal Trainer. I chose to focus on my personal health and wellness.

I now utilize my nursing degree and knowledge to support my Personal Training, Group Exercise and Nutrition and Weight Management work with other individuals struggling with their weight. I can utilize nursing skills to properly monitor and educate these individuals on diabetes and high blood pressure. I can be there to support them and I can continue the journey right beside them.

Can you say that you are inspiring, motivating and encouraging others in their nursing journey? If not, I ask you to look around. Identify potential nurses or nursing leaders in your workplace, your friendships and your family. Seek them out. Tell them about nursing and the Nebraska Nurses Association and all that both have to offer. Encourage them to check it out or to continue on with more education, try out a new practice area or serving on a volunteer basis. Encourage them to be involved and to continue to do in their own way. Take opportunities to invite them to events and share everything the Nebraska Nurses Association has to offer.

As you receive your newsletter this month, convention will be just around the corner. I hope that many of you consider joining us for Continuing Education, vendor exhibits, poster presentations, networking and much more in Kearney, Nebraska. We have a number of exciting speakers, a leadership training opportunity and the convention concludes with the business of the organization—the House of Delegates meeting. Please consider attending and inviting a fellow nurse to join us.

Ohio State Gradu- ate School of Public Health, BSN

As I write this column, I am finishing my last class at Ohio State University for a Master of Science in Health Administration. I have been thinking about my career path and where I want to go. As many of you have read in my previous columns, I talk a lot about passion, and I believe it is very important in everything we do. As a nurse, I believe that passion is the key to success.

I recently attended a conference where I learned about the importance of leadership and how important it is to have a clear vision. As a leader, it is important to have a clear vision and to be able to communicate it to others. I believe that the Nebraska Nurses Association (NNA) has a clear vision and mission, and I am excited to be a part of it.

As a nurse, I believe that we have a responsibility to be role models for others. We can inspire and motivate others to pursue a career in nursing, and we can provide them with the tools they need to be successful. I am proud to be a part of the NNA and to be able to work with such dedicated and talented nurses.

I am excited to be able to use my new skills to continue to grow and support the profession. I am looking forward to continuing to grow and support the profession.
Don Wesely

As you may know our firm, O’Hara Lindsay Government Relations, was retained by the Nebraska Nurses Association to lobby on your behalf starting in January 2010, after the retirement of long time NNA lobbyist Tom Vickers. Tom and I are good friends having been first elected to the Nebraska Legislature the same year in 1978. I served on the Legislature’s Health and Human Services Committee from 1979-1999 and chaired the Committee from 1985-1999. With term limits that kind of longevity as a chair or member of a committee is no longer possible. I worked closely with the NNA while I served in the Legislature. I have always had great respect for Nebraska’s Nurses. On scope of practice and other important issues I was very supportive of the NNA while a member of the Legislature. Now as NNA lobbyist it is an honor to be an advocate for Nebraska Nurses from outside the Legislature.

Earlier this year Annette Harmon announced her decision to retire as the Executive Director and Association Manager for the NNA. It has been a pleasure as the NNA lobbyist to work with Annette over the past two legislative sessions. She was very dedicated to the NNA. Her knowledge and experience with the NNA will be sorely missed.

In June of this year O’Hara Lindsay was honored to be selected as the Association Manager for the NNA. These additional duties will strengthen our ability to serve the NNA. We have much to learn as we assume the management responsibilities for the NNA. We welcome your suggestions and criticisms to help us do the best job possible for the NNA.

Annette has always been the consummate professional. She extended her contract well into June to ensure that the transition to the new association management would be as smooth as possible for our organization. She has been available whenever needed to answer questions and to continue to provide support as the transition continues. We would like to take this opportunity to thank Annette for her dedication to our organization and the nurses of Nebraska. She has done an excellent job serving all of us and she will be greatly missed this year as convention nears.

We wish Annette much success in her future endeavors which we have heard includes a much overdue vacation, national speaking, continued association management and consulting work. Wherever her career takes her we know she will be successful and any organization that gets the privilege of working with her will be blessed.

Please join us in thanking Annette and wishing her well in her new journey. You may send cards and well wishes to Annette Harmon, C/O Nebraska Nurses Association, P.O. Box 82086, Lincoln, NE 68501 and we will ensure that she receives them.

Don Wesely

Professional Development Continuing Education Programs

• Keeping the Beat with Pacemakers – September 8
• NTS Biennium Workshop – September 14 & 15
• Phlebotomy for Health Care Professionals – Sept. 17 or Nov. 11
• Oncology Nursing Society Chemotherapy and Biotherapy Course – September 22 & 29
• Adoption Workshop – September 27
• Oncology Nursing Certification Preparation Course – Sept. 30
• 10th Annual Nebraska Stroke Symposium: Present Challenges and Future Hopes – October 10
• Bariatric Symposium – November 4

For more information please see our website at:
www.methodistcollege.edu/professionaldevelopment
Call for Names for Nightingale Tribute Reading

Nursing is a calling, a way of life. Nursing is a service profession that cannot be lived in isolation. Nurses rely on each other for the synergistic effect of teamwork in our efforts to care giving. It is appropriate that we honor our colleagues not only during their career, but also at the end of life’s journey. The Nightingale Tribute is a way of honoring our colleagues at the end of life’s journey. The Tribute was developed and piloted by the Kansas State Nurses Association. At the 2005 Annual Convention, NNA adopted the Nightingale Tribute to be given during a Nebraska registered nurse’s funeral by a nurse colleague or friend to honor his/her years of service to the profession.

The honor begins with a short synopsis of the nurse's career. A creative reading exemplifying nursing follows the synopsis. A white rose is placed with the nurse after the reading, with the statement: “(Name), we honor you this day and give you a white rose to symbolize our honor and appreciation for being our nursing colleague.”

The Nightingale Tribute has already been used multiple times since its adoption last October and has been well received by ministers, family, friends and fellow nurses. Either the family has requested the Tribute or nurses have stepped forward to the family of the deceased, offering the Tribute.

In order to honor all registered nurses who have passed away since October 2010, we are asking your assistance in compiling their names. Please email the information to Anne Bowen, at Executive@NebraskaNurses.org or fax it to (402) 474-6206. Thank you for helping us celebrate the lives of our fallen colleagues.

Annual Silent Auction

Each year NNA’s Budget & Finance Committee conducts a silent auction in conjunction with convention for the purpose of raising non-dues revenue for the association. This year’s auction will take place during convention on Friday, October 14, 2011, and the lucky bid winners will be announced just prior to the Awards and Foundation Recognition Banquet. Each NNA District will be contributing a basket; but any individual is welcome to donate an item, as well as bid during the auction. Be sure to let the NNA office know what you are bringing to convention; or if you aren’t able to attend convention but would still like to contribute, call Anne Bowen at (402) 475-3859 to arrange a pick-up of your donation prior to October 10th. All items--big or small--are appreciated.

NNA Scholarship Available for 2011-2012

For several years, the Arthur L. Davis Publishing Agency has worked with the Nebraska Nurses Association on the production and distribution of our quarterly newsletter, the Nebraska Nurse, and the annual NNA Book of Reports. They demonstrate their commitment to the nursing profession in Nebraska by providing annual funding for a scholarship sponsored by the “Arthur L. Davis Publishing Agency.”

[Application for Scholarship]

The Nebraska Nurses Association will grant two (2) $500 scholarships to student nurse applicants that meet the following criteria:

1. A resident of Nebraska.
2. Enrollment in an accredited nursing program in Nebraska.
3. A 3.0 GPA (transcripts required)
4. Completion of more than half of the nursing degree courses required by the degree granting institution.
5. Two letters of recommendation (at least one from a faculty member).
6. An essay of not more than 500 words relating: a. Why the student chose nursing as a career b. Career goals.

A cover sheet should include:
- Date
- Name of applicant
- SS# Address Phone
- Email
- Program: name, date of entry, date of anticipated completion

Submit your application by mail to:
Nebraska Nurses Association Scholarship Committee
PO Box 82086
Lincoln, NE 68501-2086

The deadline for applications is postmarked no later than September 15, 2011. Scholarship recipients will be recognized at the annual Award Banquet during the NNA Convention on Friday, October 14, 2011 at the Kearney Holiday Inn.

2011 Convention Education and Schedule

Each educational session is designed to address certain objectives along with the following major convention program goals:
1. Update nursing knowledge and expertise, network with colleagues.
2. Discuss timely information on local and national trends in nursing and health care.

All registered nurses in Nebraska and surrounding areas who desire current information about nurses, nursing, the health care system and research are invited to attend.

NNA Convention Schedule

Friday, October 14, 2011
7:00-9:30 Convention Registration & Continental Breakfast/Pre-Function Area
8:00-8:30 First Time Attendee/Student Orientation
*8:30-10:00 KEYNOTE PRESENTATION-Laughing Matters
(1.5 c.h.) Speaker: Tracie Foreman
Spouse Care and the Matters Program/Office of Women’s and Men’s Health
Moderator: Cathy Clark
10:00-10:45 Break/Exhibits/Networking/Silent Auction
*10:45-12:15 Presentation/Contact Hours-Nursing Hot Topics: Scope of Practice, Community Paramedicine, and Violence Against Healthcare Workers
(1.5 c.h.) Speakers: Don Wesely, Heidi Twohig, Karen Wiley
Moderator: Rebecca Seeber
12:15-1:30 Lunch/Exhibits/Networking
Have table discussions on legislative topics

September, October, November 2011

*1:30-2:30 Presentation/Contact Hours-Nursing Workforce: Nebraska Center for Nursing Data
(1 c.h.) Speaker: Juan Ramirez
Moderator: Nancy Wallman
2:30-3:00 Break/Exhibits/Networking
3:00-4:00 Presentation/Contact Hours-IOM Report on Future of Nursing
(1.0 c.h.) Speaker: Linda Lazare and Dr. Marilyn Valerio
Moderator: Deb Ussery
4:00-5:00 Presentation/Contact Hours–Concepts of Care Transitions and Reducing Heart Failure Readmissions
(1 c.h.) Speaker: Dianne Hayko
Moderator: Rhonda Sherman
5:00-5:15 BREAK (to transition to poster presentations)
CE Evaluation and Pick up CE Certificates–Pre-Function Area/Registration Area
5:15-6:00 Poster Presentations
6:00-6:30 Reception
6:30-8:30 Awards Banquet
Adjournment of Convention

ABOUT CE (6.25 contact hours applied for):
Application for contact hours has been made to CNE-NET, the education division of the North Dakota Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. Please call Anne Bowen at Nebraska Nurses Association for more information about contact hours.

This continuing nursing education activity is supported through unrestricted educational grants and exhibits. This does not imply ANCC Commission on Accreditation or CNE-NET approval or endorsement of any product.

Saturday, October 15, 2011
8:00–12:00 Leadership Training with Les Wallace
12:00-1:00 Lunch
1:00-6:00 House of Delegates

2011 Convention Exhibitors

(as of August 12, 2011)

AAA Nebraska
CE Solutions Group
Centers for Medicare & Medicaid Services
College of Saint Mary
Madonna Rehabilitation Hospital
Nebraska Beef Council
Nebraska Child Find
Nebraska Methodist College
Nebraska Organ Recovery
Nebraska Wesleyan University Nursing Program
Office of Women’s and Men’s Health

2011 Convention Sponsors

(as of July 14, 2011)
Arthur L. Davis Publishing
Every Woman Matters Program, Office of Women’s and Men’s Health
St. Elizabeth’s Regional Medical Center

MEMORIAL HEALTH CARE SYSTEMS
We provide an integrated network of health care services. We offer a competitive wage and benefit program. All dedicated professionals interested in providing quality care to our customer services are encouraged to contact:
HR Department
300 N. Columbia Ave.
Seward, NE 68434
Fax: 402 646 4921
Ph: 402 644 6418
Email: hr@memorialhc.org
Quality Care by Quality People

MORYS HAVEN
RN/LPN
Morys Haven in Columbus, NE currently has part-time positions for an evening nurse, every third weekend. If you are self-motivated and a team player, looking for a home-like work environment, competitive wages and benefits, Morys Haven is the place for you!
If interested, please call Jannelie Prather, RN, Director of Nursing at 402-564-3197 or stop in to fill out an application.
Nurses: Trusted to Care
NNA 2011 Annual Convention
Registration Form

REGISTER ONLINE at www.NebraskaNurses.org! Look under the Education / Convention tab!
Please complete the information below. Save $$$ when you pre-register by September 23rd! On-site registrations, October 14, will incur an additional $25 late surcharge so please pre-register! BADGES WILL BE REQUIRED AT ALL EVENTS:

Name ____________________________ Credentials ____________________________
Address __________________________ City __________________________ State Zip __________________________
Day Phone __________________________ Email __________________________

How many years have you been an NNA Member? __________

Registration includes Friday's sessions and luncheon, and Friday's reception and Awards Banquet.

RN Registration Fees: By Sept. 23 Sept. 24- Oct. 13 At Door TOTAL
❑ NNA Member Registration (includes Reception and Awards Banquet) $125.00 $135.00 $170.00 $ __________
❑ Non-Member Registration (includes Reception and Awards Banquet) $135.00 $145.00 $180.00 $ __________

RN EXTRA TICKETS:
❑ Awards Banquet Tickets (each): # __________ $25.00 $30.00 $35.00 __________
(One ticket is included with an RN’s paid Registration)

TOTAL DUE $ __________

SPECIAL REQUESTS OR NEEDS:
❑ I would like vegetarian meals.
❑ I need special accommodation for a disability or handicap in order to attend:

STUDENT Nurse Registration Fees: (for those who have not yet received their initial RN license)

What school do you attend and at what location? ________________________________________________________________

STUDENT TOTAL DUE $ __________

Mail registration form and check to arrive at NNA BEFORE 10/13/11 to avoid the on-site registration fee surcharge. Or register online at www.NebraskaNurses.org look on the Education / Convention tab or click the box on the home page!

Nebraska Nurses Association (Federal ID# 47-6034912)
PO Box 82066
Lincoln, NE 68501-2086

Refund policy: If you have to cancel your plans to attend the NNA Convention, please notify us in writing by September 16 and we will refund your registration fee MINUS a $50 administrative fee ($10 fee for student category). We're sorry, but we cannot refund registration cancellations after September 16. You may, however, send a substitute attendee. Let the NNA office know the name of the substitution prior to October 13.

Questions? (402) 475-3859.

ABOUT CE (6.25 contact hours applied for):
Application for contact hours has been made to CNE-Net, the education division of the North Dakota Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

APPLICATIONS FOR CE CREDIT ARE NOT AVAILABLE AT THE CONVENTION.

STUDENT Total Due $ __________

NNA 2011 Calendar

September
1 The Nebraska Nurse is in your mailbox
1 Names of district delegates due to NNA
5 Labor Day – NNA office closed
6 Ballot postmark Return Deadline/Closed Polls
15 NNA Convention hotel sleeping room reservation discount deadline
15 NNA scholarship (sponsored by A.L. Davis) application postmark deadline
14–16 ANA/CMIA Lobbyist Meeting, Washington, DC
23 NNA convention pre-registration deadline
TBA CE Approval Committee meets; 9 am–3 pm
TBA NNA Board of Directors Meeting

October
10 Nebraska Nurse: Articles due to NNA state office
13 NNA Board of Directors Meeting, Holiday Inn, Kearney
14–15 NNA Convention/HOIDE Convention Center, Kearney, NE
– Nominating Committee looks for candidates for 2012

November
5–6 ANA Constituent Assembly, Virtual Meeting
8 Election Day
18–19 NNA Board Meeting (Friday night–Saturday afternoon)
24–25 Thanksgiving Holiday, NNA office closed
TBA Budget and Finance Committee prepares annual budget

December
1 The Nebraska Nurse is in your mailbox
TBA NNA Board Meeting (Friday night–Saturday afternoon)
23–31 Christmas Holiday, NNA office closed

St Mary’s Healthcare Center

Acute and Long Term Care Nursing Opportunities

St Mary’s Healthcare Center, sponsored by Catholic Health Initiatives, is currently recruiting for nurses in our acute and long term care settings.

St Mary’s is located in Pierre, SD on the banks of the Missouri River and is the only hospital within a radius of 160 miles. Our community offers unparalleled outdoor recreation such as hunting, fishing, sailing, boating, hiking, and camping.

Please visit our website at www.st-marys.com to apply! We provide a full range of benefits to help employees care for themselves and their families in mind, body, and spirit.

St. Mary’s Core Values: Reverence – Integrity – Compassion – Excellence

St. Mary’s Healthcare Center

Join us at the newest medical center, in Alaska’s fastest growing economy. We are highest ranked in patient satisfaction and core measure scores, in the most beautiful place on Earth!

• FT Operating Room RN’s
• FT Labor and Delivery RN
• FT Cardiac Cath Lab RN
• FT Physical Therapist
• Health Information Management Director
• FT Quality/Risk Director

Annual salaries averaging $65K with exceptional benefits package including Medical/Dental/Vision/Life, 401k with Employer match, Paid Time Off, relocation and sign on bonus.

Apply online at www.matsuregional.com or email c.babuscio@msrmc.com

NURSING INSTRUCTOR

Requires a master’s degree in nursing or showing yearly academic progress toward meeting degree requirement within 5 years. Must be registered as a professional nurse in Nebraska or eligible for same upon moving to Nebraska. Requires a minimum of three years nursing practice experience with experience as a nurse educator; nursing practice experience in a variety of areas preferred. Please call the Human Resources office at (402)844-7045 for further information or access our website www.nebraskahcr.org for an application and complete job description.

NORTHWEST COMMUNITY COLLEGE
801 E. Benjamin Ave., P.O. Box 469, Norfolk, NE 68022-0469

Southeast community college

Check out these professional development opportunities!
1) Command Spanish for Nurses
2) Cardiovascular Disease in the Hospitalized Patient: Including A Review of Hemodynamic Monitoring
3) Post Anesthesia Care
4) Ventilation Management
5) LPNCE Review online workshops
6) Emergency Nursing
7) Rhythm Strips and Diabetes workshops

For a complete listing, go to our Website: 800-982-0672 or www.southeast.edu

St. Mary’s Healthcare Center

Come Live the Alaskan Dream

Join us at the newest medical center, in Alaska’s fastest growing economy. We are highest ranked in patient satisfaction and core measure scores, in the most beautiful place on Earth!

• FT Operating Room RN’s
• FT Labor and Delivery RN
• FT Cardiac Cath Lab RN
• FT Physical Therapist
• Health Information Management Director
• FT Quality/Risk Director

Annual salaries averaging $65K with exceptional benefits package including Medical/Dental/Vision/Life, 401k with Employer match, Paid Time Off, relocation and sign on bonus.

Apply online at www.matsuregional.com or email c.babuscio@msrmc.com

The Nebraska Nurse • Page 5
Prescription drug abuse is a rapidly growing drug problem in the United States. "In 2009 alone, seven million Americans abused prescription medications (Howard, Floor Debate, 2011, p. 4). Children and young adults are the two largest populations abusing prescription medications. Prescription drug abuse accounts for significant percentage of deaths, and in many states, the only other cause of more deaths are motor vehicle crashes." Legislation Bill (LB) 237 was created by Senator owen Howard, Nebraska’s priority bill, it is known as the “Medication Alert System” (Howard, Floor Debate, 2011, p. 4). This article will describe and analyze LB 237 through the legislative process, apply theory, and analyze how LB 237 affects nurses, staff nurses, advanced practice nurses, the health care system and society.

LB 237 defines the need to establish a prescription drug-monitoring program. This prescription drug-monitoring program will serve two purposes, first, as a preventative measure against the misuse of prescription drugs, and, secondly, through enabling primary care providers, and pharmacists monitoring privileges of the care and treatment of patients who receive a prescription drug. This program will be utilized in a cost effective manner to ensure that prescription drugs are used for medically appropriate purposes. This bill requires collaboration between the Department of Health and Human Services and the Nebraska Health Information Initiative in order to either “enhance or establish technology for prescription drug monitoring…” (Howard, Final Reading of Bill, 2011, p. 1). The March 1st amendment that was discussed implement the drug-monitoring program. The Department of Health and Human Services may establish rules and regulations to limit the use of electronic information if necessary.

Bill Summary & Analysis

LB 237 was introduced on January 11, 2011 by Senator Howard, referred to the Health and Human Services Committee and then progressed through the legislative process. By the end of February, it was ready for a floor vote in order to implement the legislative steps. The major proponents of LB 237 were “the major proponents included representation from the Nebraska Nurses Association in order for the voice of the nursing profession to utilize their voice and specialties are affected by the misuse of prescription drug abuse” (Howard, Floor Debate, 2011, p. 4). After implementation and Zero Tolerance. Two goals identified by the Joint Commission on Accreditation of Healthcare (JCAHO), 2010. Once implemented appropriately, the prescription drug-monitoring program will improve the processes currently utilized within the health care field, and, therefore, improve patient safety. Nurses have a crucial role in the prescription drug-monitoring program to effectively implement revisions necessary to present the most effective prescription drug-monitoring program available to aid in the resolution and future implementation. Nurses employed in all different areas of health care field, and, therefore, improve patient safety.

During the first two stages, the major proponents included representation from the Nebraska Nurses Association, and the Nebraska Pharmacists Association, which are the major proponents of LB 237. The purpose of LB 237 is to implement a prescription drug-monitoring program in order to prevent the misuse of prescription medications. LB 237 is a proposed state law that creates a system for the prevention and detection of drug misuse. Other states within the United States that have implemented a prescription drug-monitoring program include: Alabama, California, Colorado, Connecticut, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, and Minnesota (Pain & Policy Studies, 2008). The underlying issues identified are patient and public safety. Pogar references the national patient safety goals that the Joint Commission has developed in order to improve patient safety in the chapter entitled: Patient Safety and Zero Tolerance. Two goals identified by the Joint Commission are to safely use medications and to check patient medications (JCAHO, 2011). Once implemented appropriately, the prescription drug-monitoring program will improve the processes currently utilized within the health care field, and, therefore, improve patient safety.

The passing of LB 237 will increase the effectiveness of the health care system, increase the safety of patients and the prevention of excessive and unnecessary drug utilization. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) 2010. Once implemented appropriately, the prescription drug-monitoring program will improve the processes currently utilized within the health care field, and, therefore, improve patient safety. Nurses have a crucial role in the prescription drug-monitoring program to effectively implement revisions necessary to present the most effective prescription drug-monitoring program available to aid in the resolution and future implementation.

The passing of LB 237 will increase the effectiveness of the health care system. Improving and maintaining the quality of care is central to our client’s needs, staff nurses, and patients. The yielding of access to a patient’s prescriptions, prevention of prescription medication misuse and increase public safety.

Advanced practice nurses. The prescription drug-monitoring program will affect staff nurses in numerous ways. Staff nurses work together with primary care providers and pharmacists to ensure that patients have access to their medications. As nurses gain information statewide, thus, patients will be unable to consult multiple providers and use multiple pharmacies in order to receive additional prescription medications. Another vital role of staff nurses is to be a patient educator. With access to a patient’s prescriptions, prevention of prescription medication misuse and increase public safety.

The passing of LB 237 will increase the effectiveness of the health care system. Improving and maintaining the quality of care is central to our client’s needs, staff nurses, and patients. The yielding of access to a patient’s prescriptions, prevention of prescription medication misuse and increase public safety.
Lessons Learned from Planning, Conducting, and Evaluating in Situ Healthcare Simulations for Nebraska Hospitals

by Beth Beam

Simulation technology for healthcare education is increasingly available and portable in recent years (Kobayashi, Patterson, Kobayahsi, Overly, Shapiro, & Harrison, 2011). Mobile simulation units are emerging throughout the United States in order to make this technology more accessible to all kinds of facilities in a cost-effective manner (Guise, et al., 2008). The HEROES project at the University Medical Center (UNMC) College of Nursing has a mobile simulation project which brings high-fidelity simulators directly into the rural hospital environment for training through their regular scheduled program. The project is called ‘Healthcare and Emergency Responder Operator Education through Simulation’ (HEROES) and has been in internal need assessment and training for nursing personnel. Funding covers all expenses related to the project except travel. Facilities are only asked to cover any fuel or lodging costs. Using simulation as an educational intervention brings a new dimension to learning and can help the motor skills healthcare providers need to practice in a rural healthcare environment. This type of simulation where the equipment is directly placed and the care environment is sometimes referred to as “in situ” simulation (Lighthall, Poon, & Harrison, 2011). This article will discuss the components of the HEROES project and this type of simulation experience. In addition, we will describe the participant evaluation processes used by the HEROES project.

Every hospital or patient care team has unique learning needs and outcomes. The facility’s education coordinator, the hospital’s simulation director, and the providers are all involved in this process. The nurse educator must identify learning needs for specific patient scenarios or laboratory skills. The nurse educator can also determine the learning material for specific patient scenarios. The nurse educator must assess the learning needs of the group as the simulation progresses. The level of rigor is determined by communications with the educator at the site.

The planning discussion includes a description of the type of simulation and the process for the HEROES project. Some healthcare institutions in Nebraska have purchased simulators, but for most of the critical access hospitals the HEROES project is the only way to offer simulation. Each scenario is adapted to challenge the skill level of the participants. The nurse educator must determine the appropriate scenario to meet those objectives. Some scenarios are very detailed and followed carefully throughout the experience, while others are more variable and situations are adjusted based upon the learning needs of the group as the simulation progresses. The level of rigor is determined by communications with the educator at the site.

The planning discussion includes a description of the type of simulation and the process for the HEROES project. Some healthcare institutions in Nebraska have purchased simulators, but for most of the critical access hospitals the HEROES project is the only way to offer simulation. Each scenario is adapted to challenge the skill level of the participants. The nurse educator must determine the appropriate scenario to meet those objectives. Some scenarios are very detailed and followed carefully throughout the experience, while others are more variable and situations are adjusted based upon the learning needs of the group as the simulation progresses. The level of rigor is determined by communications with the educator at the site.

Simulation does not embed the situation into their care environment fully. The experience with their equipment and supplies. Despite the increased workload required for “in situ” simulation, the experience that the providers are extremely valuable. The time delays in accessing the medication and equipment become real for the providers. Often the time required to access and use in a moment’s notice. The scenario can also be changed slightly at a moment’s notice. The scenario can also be changed if the facilitator decides to change the scenario. The specific areas where changes are important is key to smooth transitions for the participants. The simulations for the HEROES project are run “on the fly” by the project staff. This means specific patient scenarios are left open-ended. Questions are left open-ended to encourage participants to share ways in which they might improve the programming. Suggestions are considered and learning strategies can be adapted as needed. It seems no matter how similar content is from one presentation to another, there are always differences in the educational product. If two identical presentations are given on different days, we try to separate the evaluations accordingly to detect subtle differences.

This manuscript has outlined important features of a successful simulation mobile program in the state of Nebraska. Providing “in situ” simulation at different hospitals and different communities requires a great deal of flexibility and coordination on the part of the project team. Each facility will have its own unique milieu. Even a standard educational activity may have to be tweaked for the specific learning needs of the participants. Every day it seems there are more organizations obtaining funding to take educational simulation for healthcare to rural hospitals. The successes and challenges offered here are shared in hopes of helping others as they embark on similar journeys and to encourage open communication state-wide about ways to collaborate. For more information about HEROES, contact Beth Beam at beam@unmc.edu.

References

Nursing professional development (NPD) practice is a specialty that facilitates the lifelong learning and development activities of nurses, aimed at influencing the achievement of the new educational and role competence and proficiency. NPD specialists use knowledge and skills in education theory and application, career development, leadership, and program management to support lifelong nursing professional development. This sixth revision of the Nursing Professional Development: Scope and Standards of Practice (2010) builds on the strengths of the previous documents published by the ANA between 1974 and 2000. There are five key changes which are notable in this 2010 edition, including:

- An intentional focus on nursing professional development as a practice specialty, with less emphasis on the individual nurse’s professional development;
- A new nursing professional development framework that more accurately portrays current and future NPD practice;
- A merging of roles and elements of practice that reflects changes in professional expectations;
- The operationalization of increased use of technology throughout healthcare environments; and
- The integration of evidence-based practice (EBP) and practice-based evidence.

The specialty is grounded on the understanding that specialists will operationalize their NPD role based on their specific position within a particular setting, while practicing within the defined scope and standards. The goal of the new program is to create a “dynamic trajectory” for the future of nursing professional development. As a result of the rapidly changing practice environment, the staff development domain has been profoundly changed. NPD specialists must use their expertise in assessment, planning, development, implementation, and evaluation to create change and promote quality. Expectations are for higher levels of education and expertise.

The new edition provides a system model for Nursing Professional Development practice, analyzing the inputs, throughputs, and outputs expected within this area. This new model also involves the overlap of two environments—the environment of practice and the environment of learning. Also notable within this discussion is the distinction between evidence-based practice (EBP) and practice-based evidence. EBPs is the integration of the best research evidence, educational and clinical expertise, and learner values to facilitate decision-making. In contrast, PBE is a study methodology related more directly to practice effectiveness and improvement, with a goal to determine practices and interventions that work under normal day-to-day practice. The scope of responsibilities of the NPD specialist include career development, education, leadership, program management, and compliance initiatives. There are specific expectations for the education, certification, and core competencies of the NPD Specialist. The NPD Specialist functions in the roles of educator, facilitator, academic liaison, change agent, team member, researcher, collaborator, advisor, and mentor.

As with other ANA standards, the standards for NPD include the standards of practice and standards of professional performance, as listed here:

**Standards of Nursing Professional Development Practice**

**Standard 1. Assessment.** The nursing professional development specialist collects data and information related to educational needs and other pertinent situations.

**Standard 2. Identification of Issues and Trends.** The nursing professional development specialist analyzes issues, trends, and supporting data to determine the needs of individuals, organizations, and communities.

**Standard 3. Outcomes Identification.** The nursing professional development specialist identifies desired outcomes.

**Standard 4. Planning.** The nursing professional development specialist establishes a plan that prescribes strategies, alternatives, and resources to achieve expected outcomes.

**Standard 5. Implementation.** The nursing professional development specialist implements the identified plan.

**Standard 5A. Coordination.** The nursing professional development specialist coordinates educational initiatives and activities.

**Standard 5B. Learning and Practice Environment.** The nursing professional development specialist employs strategies and techniques to promote positive learning and practice environments.

**Standard 5C. Consultation.** The nursing professional development specialist provides consultation to influence plans, enhance the abilities of others, and effect change.
Nursing Professional Development continued from page 8


Standards of Professional Performance for Nursing Professional Development

Standard 7. Quality of Nursing Professional Development Practice. The nursing professional development specialist systematically enhances the quality and effectiveness of nursing professional development practice.

Standard 8. Education. The nursing professional development specialist maintains current knowledge and competency in nursing and professional development practice.


Standard 10. Collegiality. The nursing professional development specialist establishes collegial partnerships contributing to the professional development of peers, students, colleagues, and others.

Standard 11. Collaboration. The nursing professional development specialist collaborates with interprofessional teams, leaders, stakeholders, and others to facilitate nursing practice and positive outcomes for consumers.

Standard 12. Ethics. The nursing professional development specialist integrates ethics in all areas of practice.

Standard 13. Advocacy. The nursing professional development specialist advocates for the protection and rights of individuals, families, communities, populations, healthcare providers, nursing and other professions, institutions, and organizations.

Standard 14. Research. The nursing professional development specialist integrates research findings into practice.

Standard 15. Resource Utilization. The nursing professional development specialist considers factors related to safety, effectiveness, and cost in regard to professional development activities and expected outcomes.

Standard 16. Leadership. The nursing professional development specialist provides leadership in the professional practice setting and the profession.

Each standard is accompanied by specific measurement criteria. While these criteria are not all-inclusive and do not establish the legal standard of care, they do provide a means for nursing professionals to measure professional performance. NPD specialists can identify opportunities for development and improvement by evaluating performance on these elements.

It is the responsibility of each nurse to practice within the scope and standards for their specialty field and to comply with legal and regulatory requirements governing professional nursing practice. The individual nurse can only meet these expectations when fully aware of them.

Visit http://www.nursesbooks.org to obtain the ANA Nursing Standards documents and other professional resources from ANA Publishing.

Reference

UNIFORMS ‘N MORE
Mon.–Fri. 10–6 Sat. 10–4
Bring in this ad for a 15% Discount on one item
(Excludes Littmans)

© 2011 American Nurses Credentialing Center. All Rights Reserved.
The American Nurses Credentialing Center (ANCC) is a subsidiary of the American Nurses Association (ANA).
The year is going by quickly, but District II still has several activities for its members to enjoy.

The general membership June meeting included a presentation by Robin Higley and Jamie Bengston on NORS. The attendees gained new knowledge about how this very important organization carries out its mission to bring life to patients through organ transplantation.

The September 22nd membership meeting will be held at Lakeside Hospital at 6:30 p.m. The delegates to the state convention will be oriented to their responsibilities and the registration procedure. The proposals will be reviewed. Everyone is welcome.

On October 25th, nurses will have the opportunity to attend a continuing education day at Lakeside Hospital. The topics covered will be Crucial Conversations, Licensee Assistance Program and Patient Safety Impact. The District 2 board hopes many of you will be able to attend.

The final event of 2011 will be the annual dinner at Grisanti’s restaurant on November 7th. The evening will include dinner, installation of the newly elected 2012 officers, the presentation of the Nurse Excellence Awards, and a program on the Alegent PACE program for nurses. We anticipate a very fun evening.

We wish to extend congratulations to Karen Wiley, the district and state legislative representative, on being elected to one of three director’s positions on the national ENA board. Karen and Lisa Kowalski also wrote the proposal Safe Nurse Staffing for Patients and Nurses, which will be presented at the NNA State Convention.

The NNA District 3 Board of Directors continues to meet every 4th Monday of the month from 5:30-7:00 p.m. at Madonna Rehabilitation Hospital. Attendance remains hearty and discussions lively as we continue to actively pursue our goals.

Our annual Celebrate Nursing event in April was a grand success. We recognized seven nurses from across the district, awarded a poster presentation, held a drawing for a free registration to the 2011 NNA Convention, and raised enough monies at our silent auction to once again sponsor 2 nursing student scholarships. Nurse of the Day recipients included Karen Prhoun, Amy Sanford, Jo Horner, McKenzie Randel, Faye Weckle, Mary Seger Barker, and Jan Ott. These outstanding nurses were nominated by peers, managers, patients, and families. We congratulate you all on your dedication to the nursing profession.

University of Nebraska Medical Center-College of Nursing graduate students, Janice Chramosta and Angela Curran, received the poster presentation award. Jo Horner also won the free registration to the 2011 NNA Convention. We will award our 2 nursing student scholarships at our annual fall meeting on November 3rd. We wish to thank both BryanLGH and Sigma Theta Tau International-Gamma Pi and Nu Rho-AI Large Chapters for their assistance with this annual endeavor.

Seventeen delegates have been selected for the 2011 NNA Convention via on-line voting. We held our Issues Forum in June with 14 people in attendance. Prior to this event, our Legislative Co-Directors, Teresa Spohn and Jodi Nelson, piloted an online questionnaire to gather information from NNA constituents as to pertinent issues to discuss within the district and state. Thanks to the assistance of Heidi Twoght, we submitted one reference proposal to the state NNA office. Our delegate caucus will be held on September 26.

Our summer edition of Nursing Perspectives will be available on our website by the middle of July. Our free summer continuing education offering will be held July 25th at Madonna Rehabilitation Hospital. Cinda Zimmer, RN, MSN will provide a presentation on Engaging the Adult Learner: Creating Learning Opportunities. Registration information will be provided on the NNA website under District 3.

The District 3 Board of Directors welcomes your input and looks forward to visiting with 2011 NNA Convention participants in Kearney.

The general membership June meeting included a presentation by Robin Higley and Jamie Bengston on NORS. The attendees gained new knowledge about how this very important organization carries out its mission to bring life to patients through organ transplantation.

The September 22nd membership meeting will be held at Lakeside Hospital at 6:30 p.m. The delegates to the state convention will be oriented to their responsibilities and the registration procedure. The proposals will be reviewed. Everyone is welcome.

On October 25th, nurses will have the opportunity to attend a continuing education day at Lakeside Hospital. The topics covered will be Crucial Conversations, Licensee Assistance Program and Patient Safety Impact. The District 2 board hopes many of you will be able to attend.

The final event of 2011 will be the annual dinner at Grisanti’s restaurant on November 7th. The evening will include dinner, installation of the newly elected 2012 officers, the presentation of the Nurse Excellence Awards, and a program on the Alegent PACE program for nurses. We anticipate a very fun evening.

We wish to extend congratulations to Karen Wiley, the district and state legislative representative, on being elected to one of three director’s positions on the national ENA board. Karen and Lisa Kowalski also wrote the proposal Safe Nurse Staffing for Patients and Nurses, which will be presented at the NNA State Convention.

The NNA District 3 Board of Directors continues to meet every 4th Monday of the month from 5:30-7:00 p.m. at Madonna Rehabilitation Hospital. Attendance remains hearty and discussions lively as we continue to actively pursue our goals.

Our annual Celebrate Nursing event in April was a grand success. We recognized seven nurses from across the district, awarded a poster presentation, held a drawing for a free registration to the 2011 NNA Convention, and raised enough monies at our silent auction to once again sponsor 2 nursing student scholarships. Nurse of the Day recipients included Karen Prhoun, Amy Sanford, Jo Horner, McKenzie Randel, Faye Weckle, Mary Seger Barker, and Jan Ott. These outstanding nurses were nominated by peers, managers, patients, and families. We congratulate you all on your dedication to the nursing profession.

University of Nebraska Medical Center-College of Nursing graduate students, Janice Chramosta and Angela Curran, received the poster presentation award. Jo Horner also won the free registration to the 2011 NNA Convention. We will award our 2 nursing student scholarships at our annual fall meeting on November 3rd. We wish to thank both BryanLGH and Sigma Theta Tau International-Gamma Pi and Nu Rho-AI Large Chapters for their assistance with this annual endeavor.

Seventeen delegates have been selected for the 2011 NNA Convention via on-line voting. We held our Issues Forum in June with 14 people in attendance. Prior to this event, our Legislative Co-Directors, Teresa Spohn and Jodi Nelson, piloted an online questionnaire to gather information from NNA constituents as to pertinent issues to discuss within the district and state. Thanks to the assistance of Heidi Twoght, we submitted one reference proposal to the state NNA office. Our delegate caucus will be held on September 26.

Our summer edition of Nursing Perspectives will be available on our website by the middle of July. Our free summer continuing education offering will be held July 25th at Madonna Rehabilitation Hospital. Cinda Zimmer, RN, MSN will provide a presentation on Engaging the Adult Learner: Creating Learning Opportunities. Registration information will be provided on the NNA website under District 3.

The District 3 Board of Directors welcomes your input and looks forward to visiting with 2011 NNA Convention participants in Kearney.
District 4 met in July for the summer meeting. The district ballot was discussed, and Winnie Delph gave a summary of the Critical Conversation workshop that was in North Platte on May 13th. District 7 member and North Platte Community College instructor Marge Koubba was recently selected as 2011 National Institute for Staff and Organizational Development Excellence Award (NISOD) winner. Marge received her honors during NISOD's International Conference on Teaching and Leadership Excellence that took place in Austin, Texas, May 29th-June 1st. This year marks the 33rd annual NISOD International Conference on Teaching and Leadership Excellence, honoring over 1,200 dedicated community college educators for outstanding contributions to the field. More than 700 community colleges around the world are NISOD members, including almost every large community college district, the majority of urban and technical colleges in the United States and Canada, and more than 200 small, rural colleges around the world.

The Farwell Arms Bed and Breakfast was the site of the April meeting for District 4. We had 13 members and one guest. We also had one member attend via Skype.

We will again offer a scholarship to a nursing student active in SNA in district 4. The deadline for the application was April 29th. The district celebrated Nurses Week by having a billboard in Kearney. Annette Harmon and Torri Merten were the guests for our meeting. They gave updates on NNA issues and the association management company search. Phylis Anderson presented the plans for Convention 2011 in Kearney. Gifts for Nurses Day were presented by Pat Trasche. Douglas reported that we have 20 fans so far on our Facebook page.

District 4 members, June Collison and Douglass Haas have also volunteered to be part of a statewide membership task force.

Many thanks were presented to the owner of the Farewell to Arms Bed and Breakfast for the wonderful meal they served. The planning committee was also praised for their selection. The next meeting will be in September in Broken Bow.

Unplanned Pregnancy?

If you have a client dealing with an unplanned pregnancy, Nebraska Children’s Home Society (NCHS) can help... without obligations or fees. We provide statewide:

- Education on Parenting & Adoption
- Parenting Resources
- Adoption Information
- Birthparent Support Groups
- Post Adoption Services

Please call our toll free, 24 hour number or visit our website: (800) 390-6754 www.nchs.org

LEAD.

Nurse Leader Executive Advanced Development

A distance education advancement program for all RNs.

- RN to MSN — accelerated master’s degree path for Associate Degree (ADN) or Diploma RNs.
- BSN to MSN — for RNs with a bachelor’s degree. See website for MSN specialty tracks overview.
- PMC — Postmaster’s Certificate: advanced leadership preparation for RNs with a master’s degree. Also available: traditional RN to BSN option for ADN/Diploma nurses to advance to a bachelor’s degree.

Learn. Lead. Advance.

For details | Karen Grigsby, RN, PhD | kgrigsby@unmc.edu | 492-659-6622 | unmc.edu/nursing

OMAHA | LINCOLN | KEARNEY | SCOTTSBLUFF | NORFOLK | BSN | MSN | PMC | PHD

Feel Frazzled?

Are you on your last nerve? Find a satisfying job on www.satisfyingALD.org

Registration is free, fast, confidential and easy! You will receive an e-mail when a new job posting matches your job search.
The traditional medical model driving the healthcare industry can be summed up as follows: *We sit and wait for the phone to ring.* Of course, the “we” is *us*-healthcare providers; those of us who have attached ourselves to the notion that it's the *patients* who need our services. 3) It is 'outcome-based,' as we are promoting healthcare services on a pro-active basis to an entire population. And, as we know, doing so will promiseagi a long, long time! (I'll as we were reimbursed on a fee-for-service basis (so, more income). However, the ancient Chinese probably knew how to treat disease and trauma (and we did it very well). 2) It was ‘consumer-based,’ as we focused on treating one patient at a time (after they brought their symptoms to our door). OK, here's my answer: technology? Well, one thing we do know it's not the result of a new healthcare model or a new healthcare delivery system. Something (or someone) has to give to.

The 20th-century medical model had three primary challenges that we need to address today: 1) How do we diagnose and treat disease and trauma (and we did it very well); 2) It was ‘consumer-based,’ as we focused on treating one patient at a time (after they brought their symptoms to our door). OK, here's my answer: technology? Well, one thing we do know it's not the result of a new healthcare model or a new healthcare delivery system. Something (or someone) has to give to.

Compensation plays a crucial role in healthcare, as the type of reimbursement determines the type of incentive. Of course, our current system of fee-for-service, which only rewards for volume, so the financial incentive is to treat disease and trauma—and lots of it. Next on the spectrum is ‘pay for performance’ (P4P), which rewards for quality, so the incentive is to improve quality, rather than the competition, in order to receive additional payment. On the other end of the spectrum is ‘risk-sharing’ (or salaried compensation), which rewards for prevention, detection and mitigation of disease. Only risk/salaried reimbursement is entirely health-based, where providers achieve their goals through financial rewards when they keep their patients healthy.

The ancient Chinese were experts at aligning the incentive between provider compensation and patient outcome. A physician would receive ongoing payment from their patients in the form of food, services or money for as long as the patient remained healthy. When the patient became sick or injured, all payment would cease, as the patient could no longer grow food, perform services or generate income. However, the ancient Chinese probably too many physicians to avoid a clash of interest. Moreover, the physician is to treat disease and trauma, but do it better than the patient did, in order to receive additional payment. On the other end of the spectrum is ‘risk-sharing’ (or salaried compensation), which rewards for prevention, detection and mitigation of disease. Only risk/salaried reimbursement is entirely health-based, where providers achieve their goals through financial rewards when they keep their patients healthy.

Speaking of sick people, I believe I’m fairly safe in making this generalization: Everyone wants to be healthy. Maybe it’s due to insurance company premiums? Or, how about new technology? Well, one thing we do know it’s not the result of a new healthcare model or a new healthcare delivery system. Something (or someone) has to give to.

The Outreach Program’s service menu should include health coaching, behavior modification, home-based tele-counseling, and computer-based modeling software is then applied to help identify high-risk patients. The Outreach Program is its Health Information Technology (HIT) source may be built into the risk-sharing arrangement, or be paid separately on a per-member-per-month basis. And, the funding source .

To implement this proactive strategy, a new organizational entity, the ‘Outreach Program,’ must be created. Its purpose is to actively engage, educate and encourage our covered population through a continuous, aggressive and unrelenting delivery of evidence-based, health-behavior modification.

The Affordable Care Act of 2010 goes a long way towards encouraging the development of both PHM and ACOs. PHM is one path to re-frame the PCMH (Patient-Centered Medical Home) into the Accountable Care Organization (ACO). An ACO can be defined as: A group of healthcare providers who agree to provide medical care and share clinical and financial accountability for a defined patient population. The ACO must have an appropriate HIT system and demonstrate coordinated, patient-centered care based on evidence-based protocols. The Outreach Program may be an internal component of an ACO’s infrastructure, or a third-party vendor providing services to the ACO on a contract basis.

The path of the PCMH is to ensure that each patient has a strong, ongoing relationship with a primary care physician or ‘the whole-person’ nurse, who assumes responsibility for providing or coordinating all healthcare services for his or her covered membership. The PCMH should be the first point of contact for all patients, and a one-stop-shop for all healthcare needs. Consumer-based care focused on improving health, encouraging self-management and teaching health literacy. The primary care provider also assumes responsibility for arranging and managing referral services when tertiary care is needed. The PCMH contracts with the ACO for administrative, marketing and financial services, and works closely with the ACO as a member staff in improving the health and wellbeing of its patient population.

Clearly, PHM holds great promise for enhancing our nation’s level of health, happiness and productivity, while moderating the escalating price tag for delivering and accessing medical care services. For nurses, it offers a vast, uncharted landscape for the development and provision of new skill sets that will play a crucial role in transforming our industry from a 20th-century model based on sickness, consumer passivity and provider dominance, and toward a 21st-century model based on prevention, wellness and personal responsibility.

**Population Health Management: The Next Frontier**

**Population health management (PHM) can be described as a proactive, coordinated and comprehensive approach to improving health, reducing healthcare costs, and decreasing the number of chronic conditions. It is comprised of seven components: Screening, educating, motivating, navigating, monitoring, intervening and evaluating. The key to PHM is the role played in every component.**

In envision each one representing a new or updated nursing specialty, i.e., ‘Outreach Program Coordinator,’ ‘Health Coach,’ ‘Nurse Navigators,’ ‘Health Educators.’ Of these, Nurse Motivator (or Nurse Coach) is the single most challenging, and the single most important key to PHM success. As we cannot control the lifestyle choices of patients, we must influence their effectiveness with efficient and effective ways to help them control themselves. We must help them develop the capacity for both Self-Efficacy (‘I can learn how to live well in spite of my disease and well-being’) and Self-Discipline (‘I can implement and maintain the lifestyle regimen my Nurse Coach has prescribed for me’). Indeed, if we are truly serious, health-behavior modification requires the social support of all society, e.g., Mandatory vaccinations for school children; Banning smoking in public places; Nutritional dedicated staff; or mafia; and so on.

This aphorism from ancient India shows how their healthcare system, along with its ability to electronically access the patient’s medical record, is an important aspect of PHM. Only risk/salaried reimbursement is entirely health-based, where providers achieve their goals through financial rewards when they keep their patients healthy.

Of course, the “we” is “us”-healthcare providers; those of us who have attached ourselves to the notion that it’s the patients who need our services. 3) It is ‘outcome-based,’ as we are promoting healthcare services on a pro-active basis to an entire population. Particularly, with the added burden of an aging population coupled with an aging economy. Something (or someone) has to give to.

In the PCMH contracts with the ACO for administrative, marketing and financial services, and works closely with the ACO as a member staff in improving the health and wellbeing of its patient population.

Clearly, PHM holds great promise for enhancing our nation’s level of health, happiness and productivity, while moderating the escalating price tag for delivering and accessing medical care services. For nurses, it offers a vast, uncharted landscape for the development and provision of new skill sets that will play a crucial role in transforming our industry from a 20th-century model based on sickness, consumer passivity and provider dominance, and toward a 21st-century model based on prevention, wellness and personal responsibility.

**Catastrophic Conditions**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percent of Population</th>
<th>Percent of Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple Chronic Conditions</td>
<td>25%</td>
<td>20%</td>
</tr>
<tr>
<td>Chronic Conditions</td>
<td>7%</td>
<td>2%</td>
</tr>
<tr>
<td>All Risk of a Chronic Conditions</td>
<td>2%</td>
<td>1%</td>
</tr>
</tbody>
</table>

**Stable Conditions**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percent of Population</th>
<th>Percent of Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAND 3</td>
<td>21%</td>
<td>19%</td>
</tr>
<tr>
<td>BAND 4</td>
<td>19%</td>
<td>9%</td>
</tr>
</tbody>
</table>

**Healthy**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percent of Population</th>
<th>Percent of Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAND 5</td>
<td>50%</td>
<td>6%</td>
</tr>
</tbody>
</table>

**Source:** BCBS of Maryland
What’s Next for Your Healthcare Career?

Look to BryanLGH for the answer. Located in Lincoln, Nebraska, we are a multi-site, multi-discipline system with a rich 85-year history of providing the area’s best care.

You want to make a difference in your career, and at BryanLGH there is no limit to what you can achieve. Our professional staff is a talented group of individuals, caring for patients and families, and providing an atmosphere that is focused on our Beliefs and Standards of Behavior.

You can find out more about our industry reknowned, comprehensive nursing orientation program, and more by visiting us at www.bryanlgh.com.

EOE/AA
### New NNA Members: January 2011

#### District 1
- Joely Goodman
- Mike Khalil
- Annata Rae Sullivan
- Teri Tipton

#### District 2
- Mark Applegate
- Rose Townley Bakewell
- Kellie Lynn Berry-Hert
- Regina Brand

#### District 3
- Candice Carter
- Susan Channel
- Brenda Liermann
- Liz Licking

#### District 4
- Janet Caviglia
- Indra Masny
- Sherryl Selvage
- Heidi Muller

#### District 5
- Lissa Kowalski
- Kelli Kubik
- Ashley Linn
- Kelli Northam

#### District 6
- Morgan Olson
- Katherina Pirtz
- Samantha Lea Rambo
- Theresa Soucy

#### District 7
- Julie Sandermeier
- September Wanzennier
- Janet Winkle

#### District 8
- Bernita Mascher
- Crystal Gail Nelson
- Kathleen Schauf

---

### Nebraska Nurses Association Membership Application

**Membership Information**

- **Address**
  - City/State/Zip Code: [ ]
  - Work Fax Number: [ ]

**Payment Plan**

- **Plan (please check)**
  - Check/Money Order
  - Payroll Deduction

**Renewal**

- **Bill** on the 1st day of the month when the annual renewal is due.

**Authorization Signature**

- **Signature**

**Electronic Payment**

- **Secure Payment Plan** converted to the debit card.

- **Authorize NNA/ANA to withdraw 1/12 of my annual dues and any additional service fees from my account.**

**Credit Card Information**

- **Card Type:** [ ]
  - [ ] Visa
  - [ ] MasterCard
  - [ ] American Express

**Order Information**

- **Month:** [ ]

---

### Membership Dues By District

<table>
<thead>
<tr>
<th>District</th>
<th>Membership Dues ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>12.25</td>
</tr>
<tr>
<td>2</td>
<td>12.50</td>
</tr>
<tr>
<td>3</td>
<td>13.00</td>
</tr>
<tr>
<td>4</td>
<td>13.50</td>
</tr>
<tr>
<td>5</td>
<td>14.00</td>
</tr>
<tr>
<td>6</td>
<td>14.50</td>
</tr>
<tr>
<td>7</td>
<td>15.00</td>
</tr>
<tr>
<td>8</td>
<td>15.50</td>
</tr>
</tbody>
</table>

*50 cent surcharge per month for epay feature*
Find the perfect nursing job where you can work smarter, not harder on

nursingALD.com

Registration is free, fast, confidential and easy! You will receive an e-mail when a new job posting matches your job search.

Find Your Success

RN - BSN Completion Program
- Finish your degree in one year by going to class once a week

Master of Science in Nursing
- Program design allows flexibility while earning your degree

Doctorate in Education
- Research your area of interest in health professions education

Applications are currently being accepted & significant financial aid is available for those who qualify.

neheart.commendable

Join the #1 organization for cardiac care in the state of Nebraska. Critical care nurses at Nebraska Heart Hospital belong to a dynamic team devoted to providing specialized care with superior outcomes. We offer excellent staffing ratios, guaranteed shifts with the flexibility of self-scheduling, competitive wages, and a comprehensive benefit package.

Visit www.neheart.com/careers to learn more about our rewarding nursing opportunities. RN licensure required.
Innovation is nothing without inspiration.

At Banner Health, an award winning hospital system, we don’t take everyday activities for granted. We give you all the resources you need to be successful with your patients, career and life, and we strongly believe in making a difference in our employees’ lives so they can make a difference in the lives of others. We are committed to providing state-of-the-art facilities, leading-edge technology, an engaging environment and comprehensive benefits.

We are currently seeking:

**RN Patient Care Manager**
**Staff RNs (Med/Surg & OR)**

For full-time, part-time and per diem opportunities, call 1-866-377-5627, or visit:

www.BannerHealth.com/careers

---

**OGALLALA, NEBRASKA**

Join Nebraska Organ Recovery System as we partner with the Nebraska Hospital Association to add 80,000 new potential organ, eye and tissue donors to the Donor Registry of Nebraska!

**Give the most precious gift of all.... LIFE!**

Visit www.nedonordrive.com to learn more!

---

**Why nurses need their own malpractice plan:**

Because an employer’s plan generally won’t cover you if you provide care outside of work.

- You come across a car accident with bad injuries on your way home from work...
- Another child gets hurt at one of your children’s soccer games...
- A neighbor falls from a ladder while cleaning the eaves and his frantic wife calls you for help...

As a nurse, it’s not unusual to use your skills outside of work. But lending a hand at an accident or helping a neighbor child can spell trouble if something goes wrong. That’s because if you aren’t at work, your employer malpractice coverage generally won’t cover you.

That’s also the reason ANA recommends personal malpractice coverage for every practicing nurse.

Your personal malpractice plan gives you seamless protection that constantly travels with you...giving you reliable protection if a claim suddenly arises from acting as a Good Samaritan or giving assistance at a community event.

---

**Special Discounts Negotiated For ANA Members**

- Setting up your own malpractice plan doesn’t have to be expensive.
- As an ANA member, you have four ways to save 10%:
  1. Attend an approved risk management seminar
  2. Hold an approved certification
  3. Work at a Magnet Hospital
  4. Work in a unit that has received the AAN beacon award for Critical Care Excellence

---

**Over 110,000 people are waiting for a life-saving transplant.**

- One organ donor can save eight lives!
- One tissue donor can enhance the lives of 50 people!

Visit www.nedonordrive.com to learn more!