In 1999, our daughter was attending University of Kentucky and dating a student, Thomas Brotherton, from England. That spring I received a call from Amy asking, “Where’s your lung hospital?” When I stated that those services could be found at each of these hospitals he was dumbfounded, and repeated the question as if I hadn’t understood. Mr. Brotherton seemed confused and, her parents to meet him for dinner. My husband was out of town, so I served as tour guide for the Lexington area. We were on our way to a wonderful restaurant and had driven by three well-recognized central Kentucky hospitals. I provided a brief description of the services provided at each hospital. Mr. Brotherton seemed confused and asked, “Why is your lung hospital?” When I stated that those services could be found at each of these hospitals he was dumbfounded, and repeated the question as if I hadn’t understood. Mr. Brotherton explained that disease management occurred in specific hospitals in Britain, and one would not necessarily receive treatment for all conditions in a single place, thus regionalizing resources.

Fast forward to 2014. The emphasis on health care outcomes in the United States by well single place, thus regionalizing resources.

Marjorie Brown Glaser Bindner, RN, BSN, MA 1918-2014

In 1973 she became the Executive Director at the Kentucky Board of Nursing where she was able to influence nursing education and nursing practice throughout the state and in the legislature. Marge was always an advocate for nurses and patients. She excelled in being a mentor to faculty, whether it was helping them be better teachers or helping them view nursing in a larger context. She was famous for taking nurses to Frankfort to learn the legislative process and its impact on the nursing profession.

Throughout her nursing career Marge was a staunch supporter of KNA. She required all faculty to not only be active members but to also hold offices in the organization. Marge was President of KNA from 1966-1968. She was the main catalyst in building the KNA headquarters which was housed at First and Magnolia in Louisville. She served on the KNA Board numerous times, and chaired many committees for over 40 years.

She has received many awards and recognitions by nursing schools and various agencies. As one of the premier historians of nursing in Kentucky, Marge upon her retirement co-authored/authorized three books:

- A Historical Review: St. Joseph Infirmary School of Nursing
- The Giving of Self: A History of St. Joseph Infirmary School of Nursing
- The History of Professional Nursing in Kentucky

She also produced a DVD “Lest We Forget” an oral history of Kentucky nurses serving in WWII.

During her retirement years Marge served as a nursing consultant to numerous nursing programs and state boards of nursing. During this time she

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19% of the patients aged 75-79 who had in-hospital revealed that only massive colon cancer. Several tests later it is determined that she has doing pretty well for someone her age. Unfortunately, in hospital cardiac arrests occur in the ICU. For the admissions have a cardiac arrest and 45% of adult Association (2013) reports that 6.65% per 1000 adult people over 65 is heart disease (National Center nurse to be a patient advocate for DNR if appropriate. Ethical and professional obligations require the must advocate for and play an active role in recovery will be complicated. Injuries can be sustained during the CPR process that can make the recovery even more difficult. Rib fractures and contusions are the most obvious injuries, but are not limited to upper airway resuscitation. Fractures, dental injuries, hemarthrosis and pneumothorax, and liver lacerations (Krischer, Fine, David, & Nagel, 1987). Post resuscitation has a risk of ventilator use, anoxic injuries to organs causing shock or failure, and neurologic damage (American Heart Association, 2010). The more frail and chronically ill a patient is, the more likely the recovery will be complicated. Having a frank conversation about the realities of resuscitation can assist the patient and family in making an informed choice. Hospital patients to have more in depth discussion with their physicians about their disease prognosis, what a recovery from a cardiac arrest would be like, and the likelihood of returning to prior level of functioning should an emergency event take place. If the term DNR is too unsettling, try using the acronym for "allow natural death" and allow natural death (AND) decisions. Retrieved from: http://circ.ahajournals.org/content/137/7/1538.full American Heart Association. (2010). American Heart Association consensus statement: Strategies for improving survival after in-hospital cardiac arrest in the United States: 2013 consensus recommendations. Retrieved from: http://circ.ahajournals.org/content/127/14/1538.full American Nurses Association. (2012). ANA position statement: Nursing care and do not resuscitate (DNR) orders. Retrieved from: http:/ /www.nursingworld.org/dnrposition and county of employment. Do not include any specific patient name or other information. As a nominator, please include your name, phone number, email, and county of residence. E-mail to: Karen.Rose@louisville.edu OR Mail to: University of Louisville School of Nursing, 555 S. Floyd Street, Louisville, KY 40292, Attention: Karen Rose *You do not have to be a UofL alum to nominate or be a nominee.*

References


Ethnic and professional obligations require the nurse to be a patient advocate for DNR if appropriate. Approximately 200,000 adult admissions in 2010 were patients over 65 years of age (National Center for Health Statistics, 2010). Over 70% of people in the United States over the age 75 suffer from hypertension, and the leading cause of death for people over 65 is heart disease (National Center for Health Statistics, 2010). The American Heart Association (2013) reports that 6.65% per 1000 adult admissions have a cardiac arrest and 45% of adults in hospital cardiac arrests occur in the ICU. For the elderly, the risk of an emergency cardiac situation is real and the conversation is important.

Scenario 2:

Aunt Jo is an 84 year old widow who has been retired until one day she stroke landed her into the ICU. Her family frequently repeats how Aunt Jo has been waiting to reunite with her husband, and how she would not want a feeding tube or to be totally dependent. She has been having more frequent bouts of ventricular tachycardia, and the ICU nurses are worried that the next time the rhythm will be sustained.

Injuries can be sustained during the CPR process that can make the recovery even more difficult. Rib fractures and contusions are the most obvious injuries, but are not limited to upper airway resuscitation. Fractures, dental injuries, hemarthrosis and pneumothorax, and liver lacerations (Krischer, Fine, David, & Nagel, 1987). Post resuscitation has a risk of ventilator use, anoxic injuries to organs causing shock or failure, and neurologic damage (American Heart Association, 2010). The more frail and chronically ill a patient is, the more likely the recovery will be complicated. Having a frank conversation about the realities of resuscitation can assist the patient and family in making an informed choice. Hospital patients to have more in depth discussion with their physicians about their disease prognosis, what a recovery from a cardiac arrest would be like, and the likelihood of returning to prior level of functioning should an emergency event take place. If the term DNR is too unsettling, try using the acronym for "allow natural death" and allow natural death (AND) decisions. Retrieved from: http://circ.ahajournals.org/content/137/7/1538.full American Heart Association. (2010). American Heart Association consensus statement: Strategies for improving survival after in-hospital cardiac arrest in the United States: 2013 consensus recommendations. Retrieved from: http://circ.ahajournals.org/content/127/14/1538.full American Nurses Association. (2012). ANA position statement: Nursing care and do not resuscitate (DNR) orders. Retrieved from: http:/ /www.nursingworld.org/dnrposition
Nursing Problem

Postpartum hemorrhage (PPH) is the leading cause of maternal mortality worldwide. In the labor and delivery process, the third stage of labor is defined as the period immediately after the baby is born and before the placenta is expelled. During this stage, uterotonics (i.e. exogenous forms of the natural contraction-stimulating hormone oxytocin) may or may not be used. In oxytocin induced pregnancies, women have a lack of consistency in the administration of the drug during the third stage. Exogenous oxytocin stimulates the uterus to contract, thereby reducing uterine blood flow by constricting vessels. Many hospital protocols use oxytocin during the third stage as a prophylactic measure to prevent postpartum hemorrhage. Other protocols discontinue the exogenous oxytocin at the onset of the third stage and restart the medication after the delivery of the placenta. Despite these risks, there are often no evidence-based criteria for determining when to begin or discontinue the administration of oxytocin during the third stage of labor (Schott & Anderson, 2008). The question remains of whether the risk of placental entrapment is greater than the risk of postpartum hemorrhage during the third stage of labor following oxytocin administration. The purpose of this review is to determine the current evidence related to oxytocin administration during the third stage of labor.

Method of Review

PubMed, MedLine, and Academic Search Premier databases were searched to explore the literature relevant to management of labor and delivery. Only studies of pregnant women who delivered vaginally were included. Oxytocin administration studies conducted worldwide were included to give a comprehensive idea of the effects of oxytocin in varying circumstances. Due to additional extraneous factors that could contribute to a hemorrhage during surgery, articles that addressed women who delivered via C-section were excluded. Limited to articles set to only include articles in English and from the year 2007 or later.

Summary of Finding

Research shows that there are two principal ways to manage the third stage of labor: active management and expectant management. Active management involves administration of uterotonic medications (usually exogenous oxytocin) along with other measures such as early umbilical cord clamping and cutting between the membranes. In contrast, expectant management involves the body of the placenta left on the uterus without intervention (Matar et al., 2010).

Clinical Application

There have been limited studies that explored the effects of third stage labor oxytocin administration among women in low resource settings. There is evidence to show that mothers and mothers over the age of forty may react to oxytocin differently and the exogenous hormone may impact the risks for PPH depending on age. Despite these risks, there is evidence to show that PPH can be treated with exogenous oxytocin in the third stage can be established, further research must be conducted on the varying maternal ages. Based on current evidence, exogenous oxytocin should be included in an established protocol for the third stage of labor administered during first and second stages of labor.

Prevention of Postpartum Hemorrhage: Exogenous Oxytocin in the Third Stage of Labor

Hinali Gandhi, Student Nurse
University of Kentucky College of Nursing

References

Assessment of Barriers Associated with Provider Referrals to a Diabetes Education Program

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Christine Hanshaw, RN, BSN, CDE  
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Disease Management Team Leader  
Barren River District Health Department

Up to 370,000 Kentucky citizens have diagnosed diabetes. An additional 233,000 have pre-diabetes. In 2011, diabetes was the 6th leading cause of death in Kentucky (Kentucky Department of Health and Family Services, 2000[39]). It is estimated that 1 in 2 Kentuckians are at risk of developing diabetes because of lifestyle factors such as overweight and inactivity (Kentucky Diabetes Network, 2011). Diabetes costs the Commonwealth over $2.9 billion annually (The Department of Diabetes on the Commonwealth of Kentucky, 2005). Thus, diabetes is a major public health problem for our state and nation.

Although diabetes education programs have been shown to be effective in a number of studies (eg., Funnell et al., 2008; Norris, Lau, Smith, Schindel, & Engle, 2002; Norris, Engelgau, & Naranyan, 2001; Reder, Hendrick, Guhan, & Miller, 2009; Duncan, Birkmeyer, Coughlin, Gajan, Sherr, & Boren, 2009), physician referral rates to these education programs remain low (Guccardi, Chan, Fortungo, Khan, Horodeny, & Swartzack, 2011; Ruppert, Uhl, & Simmerman, 2010). Few studies have explored reasons for the lack of physician referrals to Diabetes Self Management Education (DSME) (Guccardi et al., 2011; Ruppert et al., 2010). The limited number of articles which have explored the topic (Guccardi et al., 2011; Ruppert et al., 2010), used physician self-report in a quantitative survey but did not provide specific information about strategies to increase referral rates. The goal of this study was to conduct qualitative research with primary care physicians in order to find out what factors prevent them from referring patients to diabetes education programs. With these findings, programs may be developed and strategies recommended to reduce identified barriers and increase physician referral rates to DSME.

Physician Referrals to DSME

Studies show diabetes education programs can be effective in reducing comorbidities associated with diabetes, increasing quality of life among patients, and reducing healthcare costs (Funnell et al., 2010). Norris et al., 2001; Norris et al., 2002; Rengers et al., 2001; Duncan et al., 2009). The success (success) of diabetes education is so well documented that one objective of Healthy People 2020 is to increase by 10% the number of individuals with diabetes who receive diabetes education by 2020 (US Department of Health and Human Services, 2000[39]). Although the effectiveness of diabetes education programs is well documented, physician referral rates to diabetes education programs remain low. Ruppert et al., 2010, showed that 76% of selected patients with diabetes (n=295) did not receive a referral to DSME. Those patients who were referred by their primary care providers (PCP) were more likely to have a higher number of risk factors, comorbid conditions and be in poorer health than patients with diabetes who were not referred. This trend is consistent in other studies and shows that physicians may be more likely to refer patients to DSME who have exhausted all other available options (Ruppert et al., 2010).

Research Study

Approval from the Western Kentucky University Human Subjects Review Board was obtained prior to the study. Key informant interviews were conducted with a volunteer sample of primary care providers from three clinical settings in South Central Kentucky. Four were from a public health clinic that provides medical care to both uninsured and insured patients, one provider worked at a free health clinic, which provides care for the working uninsured, and five providers were from a local multi-specialty clinic.

One researcher interviewed each provider in his or her respective office. A description of the current study and a questionnaire were presented to each participant, after which consent to take part in research was obtained. Provider interviews were conducted based on an open-ended, 5-item questionnaire. The questions were adapted from questionnaires used in other studies examining physician referral practices (eg., Chan et al, 2003; Ruppert et al, 2010). Interview lengths ranged from 15 to 65 minutes.

To analyze the qualitative data, information from the interviews was grouped into common themes. The resulting three main themes identified common barriers to physician referral to diabetes education services. The qualitative information also identified potential strategies to overcome obstacles and increase referrals.

Results

Results of the key informant interviews identified three main barriers to physician referral: lack of awareness, confusing referral process, and poor communication or follow-up between provider and diabetes education personnel. Lack of awareness was the most significant obstacle to provider referrals to diabetes education services. Six of the seven providers were unaware of the diabetes education program. One provider indicated that he/she was aware of such programs and did refer patients to the services “somewhat often.”

Difficulty with the existing referral process was also an issue. Providers who had referred to diabetes education in the past were concerned because referred patients had difficulty scheduling appointments, having their calls returned, and experienced long wait times between scheduling and appointment. From the six providers who reported they had not referred patients to diabetes education previously, concerns were expressed regarding previous experience with poor communication between the diabetes program personnel and the provider, as well as the amount of time needed to complete the referral form as well as the complexity of the form.

Discussion

Although the above-mentioned barriers were the most frequently reported obstacles to provider referrals, several other issues were reported. Two of the seven providers indicated their hesitancy to refer to diabetes education programs because they did not believe their patients were motivated to attend. This finding is consistent with past research of referral patterns to DSME (Guccardi et al., 2011; Ruppert, et al., 2010). Another potential obstacle was fear that patients would be turned away. This fear was based on past patient experiences with other educational programs.

Limitations

There are several limitations to this study. First, the study population was a small convenience sample. Primary care providers are very busy and it was difficult to accommodate their changing schedules in a relatively short time period. Additionally, the data utilized in this study were self-reported and recorded by an interviewer. This may have led to a potential bias in provider responses. Providers may have withheld some information from the researcher for various reasons such as embarrassment about actual practice,insicis of the interviewee, or fear of potential consequences based on their answers.

Recommendations to Increase Physician Referrals to DSME

Based on the findings of this study that indicate that lack of awareness, complexity of the referral process, and poor communication/follow-up between providers and diabetes education program personnel are barriers to provider referrals. The following recommendations were made to increase provider referral rates to diabetes education programs:

• Develop a Menu of Services binder of diabetes program offerings. Include a brief synopsis of the program, eligibility requirements and program contact information. The binder documents may be updated as needed and provided to the physician.

• Conduct “Lunch and Learn” meetings in which DSME program personnel meet with physicians and provide them with information and the Menu of Services binder

• Revise referral forms so that they are easier to use. Make the forms simple with clear fax information. Also, make the form available electronically so that physicians may refer while completing Electronic Medical Records (EMR).

• Ensure that all referrals are confirmed with physician’s office through fax or electronic mail. Also provide periodic follow-up regarding the patient’s progress. If the patient fails to show up for scheduled meetings, let the physician’s office know.

References


Funnell, M., & Miller, 2009; Duncan, Birkmeyer, Coughlin, Gajan, Sherr, & Boren, 2009). Diabetes costs the Commonwealth over $2.9 billion annually (The Department of Diabetes on the Commonwealth of Kentucky, 2005). Thus, diabetes is a major public health problem for our state and nation.

Assessment of Barriers continued on page 6

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• Conduct “Lunch and Learn” meetings in which DSME program personnel meet with physicians and provide them with information and the Menu of Services binder

• Revise referral forms so that they are easier to use. Make the forms simple with clear fax information. Also, make the form available electronically so that physicians may refer while completing Electronic Medical Records (EMR).

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Assessment of Barriers continued on page 6
Accurate clinical documentation is a vital component to patient care, physician satisfaction, and revenue cycle strategies. CDI specialists, along with clinical care providers and senior management, must contribute to organizational success and ensure the right information is available at the right time.

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Begin Your Nursing Career with a Powerful Edge:
Kentucky Nurses Association Membership

Perhaps one of the biggest mistakes newly-minted RNs make is not joining their professional association, the Kentucky Nurses Association (KNA) and American Nurses Association (ANA), as soon as possible. And this oversight is entirely understandable. After four years of nursing school followed by weeks of study for the NCLEX, as a new RN you are focused on celebrating, finding a job and starting life as a nurse.

However, there is no better resource for your career, your clinical skills and learning “everything you need to know, but they didn’t teach you in nursing school” than your professional association. KNA and ANA have resources and support for the life of your nursing career!

Benefits of membership include:

• Explore job openings and get advice on how to job hunt in the ANA Career Center.

• Grow your professional network by getting involved locally with KNA. To really get to know your fellow nurses – volunteer. It’s a cliche, but true, that when you volunteer you’ll always get more than you give.

• Social network with KNA and ANA nurses – like KNA and ANA on Facebook, follow ANA on Twitter and LinkedIn.

• Stay up-to-date with nursing news with a free subscription to ANA’s peer-reviewed, award-winning journal The American Nurse and many other resources that are free to ANA members: American Nurse Today, Online Journal of Issues in Nursing and SmartBrief.

• Speak out for nurses by supporting KNA’s advocacy efforts in Frankfort and ANA’s work in Washington. Help us improve nursing through our work with Congress and ANA’s work in Washington.

• Advance your knowledge through ANA’s extensive online Continuing Education library which includes more than 150 modules free or discounted for ANA members.

• Save on ANCC specialty certification exams through exclusive member discounts—save 85% on the initial exam and 85% on recertification.

• Keep your knowledge current by attending monthly live Navigate Nursing webinars designed to help you with all facets of your nursing practice—many free to members.

• Continue your higher education with members-only tuition discounts on nursing programs leading to a BSN, MSN or DNP degree.

• Improve your leadership skills through ANA’s Leadership Institute that provides resources to nurses at all stages of their career.

And for parents, grandparents and friends who are looking for the perfect graduation gift – a joint membership in KNA and ANA is a thoughtful and practical idea. A gift membership can be reserved in your name and activated upon graduation. Additionally, it’s a great way to support your loved one’s new career.

To learn more, go online at www.kentuckyhelps.com.

Call for Research Abstracts for Poster Presentation

Greetings! The Kentucky Nurses Association’s Education and Research Cabinet is sponsoring a poster session at the bi-annual KNA Convention. The Cabinet cordially invites all faculty, students, and nurses in practice who have conducted research, utilized research findings in practice, and/or developed creative educational training models to share their findings. You will not want to miss this opportunity that highlights the activities of nurses and nursing students throughout Kentucky.

We are seeking a broad array of research and educational projects. These could include: research in progress or completed hospital or community based studies, teaching strategies using evaluative research, graduate student research projects, and innovation in practice settings. Magen designated hospitals and those aspiring to that level of quality will want to share ideas in service to the profession and community. Poster presentations should be 48” X 36” in size and will be displayed on standing displays that will be provided. All participants will be awarded a Certificate, and all abstracts will be published in the Kentucky Nurse unless otherwise stated.

There is a $70 registration fee which covers day-long CE Program, contact hours, breaks, Instruction, Handout Materials, Research Poster Session/CE Credit, Wine and Cheese Reception, and Poster Presenter KNA Commendation Certificate. The student rate of $35 will apply to all undergraduate students. Participants must register by October 1, 2014 for a late fee will apply.

The KNA Convention will be held on October 9-10, 2014 at the Holiday Inn Hurstbourne, 1320 South Hurstbourne Parkway, Louisville, KY 40222.

The Poster Session, which includes wine and cheese, will be held on Thursday, October 9, from 6:00 pm until 8:00 pm as a continuing education session.

KNA Call for Posters and Presenter’s Information form and an Abstract must be completed and returned to Education & Research Cabinet no later than September 22, 2014 with attention directed to the Education and Research Cabinets, PO Box 2616, Louisville, Kentucky 40201-2616, Fax: 502-637-8236 or e-mailed to carleneg@kentucky-nurses.org. Download the forms at www.kentucky-nurses.org.

We look forward to seeing you at the 2014 Convention!

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Kentucky Nurses Association
2014 BALLOT

INSTRUCTIONS: Please note number code to the left of the candidates’ name (that is 1, 2, 3, etc.). Mark your BALLOT (attached) by darkening the numbered area which corresponds with the code for the candidate of your choice with a NO. 2 LEAD PENCIL. DO NOT USE INK. (See example on Ballot).

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<thead>
<tr>
<th>OFFICERS &amp; DIRECTORS</th>
<th>CODE</th>
<th>NAME</th>
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<td>Treasurer (1 Year Term)</td>
<td>1</td>
<td>Joe Middleton</td>
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<tr>
<td>Director (2 Year Term)</td>
<td>2</td>
<td>Teena Darnell</td>
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<tr>
<td>Vice Chairperson (Vote for 1)</td>
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<td>Nancy Banum</td>
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<tr>
<td>Members At Large (Vote for 2)</td>
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<td>Lydia Sturman</td>
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<td>NOMINATING COMMITTEE (2 Year Term)</td>
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<td>Kathleen M. Ferrill</td>
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<tr>
<td>EDUCATION &amp; RESEARCH (2 Year Term)</td>
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<td>Dinah Mozier</td>
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<td>Cindy Jo Shumaker</td>
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The KNA Bylaws allow for write-in candidates in any position. Please clearly indicate the candidate’s name and position on the back of the ballot.

Return the Ballot POST-MARKED by SEPTEMBER 1, 2014 to: KNA Teller, PO Box 2616, Louisville, KY 40201-2616.
Commonwealth. One of these decisions was to decrease the cost of membership in KNA. This change in cost of membership has resulted in an increase in the number of members. I have declared for years that reducing the cost of dues would do just that. KNA has much to offer members, both those who are new to the organization and those like me who have been members for years. I truly believe that the Kentucky Nurses Association is the one organization that represents all nurses in Kentucky. I ask for your support as I seek a second term as Director. I ask that you allow me to continue to serve the members of the organization in this way. I pledge to serve all nurses in Kentucky.

Gracie S. Wishnia, PhD, MSN, RN, BC – River City Chaple (Formerly District 1)

Present Position: Spalding University
Type of Position: Associate Professor
Area of Expertise: Educator, Gerontology, Clinical Specialist, Researcher, Case Manager Personal Company
Education: University of California San Francisco, MSN; University of Louisville School of Business, PhD; George Mason University, Post Doctorate Public Policy and Leadership
Professional Organizational Activities: District/ Chapter: State: National: Statement:

ETHICS & HUMAN RIGHTS (4)

VICE-CHAIRPERSON (1)

Nancy Barnum, PhD, MSN, RN – Chapter 2 (Formerly District 2)

Present Position: Midway College
Type of College: Associate Professor/Director, RN- BSN Program
Area of Expertise: Administrating, Educator, Staff Nurse, Supervisor/Manager
Education: University of Kentucky College of Education, PhD; University of Kentucky College of Nursing, MSN; Michigan State University, BS
Professional Organizational Activities: District/ Chapter: State: National: Statement: Nurses must be courageous advocates for their patients, many times in the face of conflicting opinions and views. As our nation ages and becomes more culturally diverse, nursing care will become even more ethically and morally challenging. Nurses must have an ethical foundation and knowledge of the ethical decision-making process to be the voice for their patients in the midst of stressful and challenging circumstances. As vice chairperson of the Ethics and Human Rights Committee, I will assist in disseminating knowledge of the ANA Code of Ethics while serving as a resource to nurses as they face ethical dilemmas.

MEMBER AT LARGE (3)

Jennifer L. McGee, MSN-Ed, RN – Green River Chapter (Formerly District 8)

Present Position: Owensboro Community & Technical College
Type of Position: Assistant Professor of Nursing
Area of Expertise: Educator
Education: Western Kentucky University, MSN-Ed, BSN; Henderson Community College, ADN
Professional Organizational Activities: District/ Chapter: Corresponding Secretary State: Ethics and Human Rights Committee Member National: Statement:

Statement:

Maggie Miller, PhD, RN – River City Chapter (District 1)

Present Position: Retired Nurse
Type of Position: Area of Expertise: Retired Nurse Educator, Parish Nurse, Parish Nurse Educator
Education: University of Louisville, PhD and Experimental Psychology; University of Kentucky, MSN, Indiana University, BSN
Professional Organizational Activities: District/ Chapter: Board of Directors State: Education & Research Cabinet, Ethics and Human Rights Committee National: KNA Delegate to ANA

Statement:

NOMINATING COMMITTEE (4)

Kathleen M. Ferreri, MSN, RN – Heartland Chapter (Formerly District 4)

Present Position: St. Catherine College
Type of Position: Educator
Area of Expertise: Assistant Professor of Nursing
Education: University of Louisville, MSN; Murray State University, BSN
Professional Organizational Activities: District/ Chapter: Past President 1, Past President 4, Past VP District 4 State: Past Director on Board National: Statement:

Statement:

As a long-term member of KNA, I would be honored to help in seeking candidates for the association offices. These are members that may be interested in running for office who have never been approached or are new and unsure of the process. Through my contacts and other members, I hope to help fill our ballot and provide good choices for which members can vote.

Linda J. Thomas – (Formerly District 1)

Present Position: Murray State University
Type of Position: RN-BSN Coordinator
Area of Expertise: Educator
Education: University of Louisville and Western Kentucky University, PhD
Education: University of Evansville, MSN; University of Kansas, BSN
Professional Organizational Activities: District/ Chapter: Secretary State: Kentucky Nurses Foundation Treasurer, KNA Nominating Committee National:

Statement: I believe in working with other interested individuals in actively promoting the professional organization. I believe that service is extremely important to advance any profession or any community organization. Although having been a nurse for many years, I believe that my work with the KNA is as vital as mentoring younger nurses to establish a dynamic group of professionals to impact the ongoing business of the organization. I believe the future of the organization is important and must have a diverse group of professionals working for many of the same ideals. As a member of the Nominating Committee I can pursue my goals and interests.

OPEN– District

Present Position: Area of Expertise: Type of Position: Education:

Professional Organizational Activities: District/ Chapter: State: National: Statement:

EDUCATION & RESEARCH (3)

STAFF NURSE (1)

Dinah Meister, BSN, RN, OCN – Northern Kentucky Chapter (Formerly District 3)

Present Position: Cincinnati Children’s Hospital Medical Center
Type of Position: Research Nurse
Area of Expertise: Research
Education: Northern Kentucky University, BSN – MSN Expected in May 2015
Professional Organizational Activities: District/ Chapter:

Biographical Information continued on page 10

Nurses heal.
Red tape doesn’t.

Nurses are lifesavers, and that's why AARP Kentucky fought to give you more authority to heal. We're proud to have supported the Kentucky legislature's decision to remove the red tape preventing you from practicing to the full extent of your training.

On behalf of the millions of seniors who want to live in their homes as they age and the family caregivers who make it possible, AARP Kentucky salutes you. We pledge to keep fighting so you can continue to provide the care your patients need.

Learn more about AARP's fight for nurses and other issues affecting older Americans at aarp.org/ky.
Biographical Information continued from page 9

Chapter: State: National
Statement: I am interested in being re-elected to the Research and Education Cabinet for several reasons. First, as a Research Nurse, I want to support and promote nursing research and the profession of research nurses. I feel that I can promote the interests of education and research, and in doing so, can be a valuable resource to nurses and to the communities we serve. Second, I ask for the opportunity to participate more fully. Previously, I did not have organizational support for my participation in KNA activities. Now, I work at Cincinnati Children’s, who has pledged support for my participation in professional organizations.

NURSE FACULTY (1)
Liz Sturgeon, Ph.D, RN, CNE – Kentucky Nurses REACH Chapter (Formerly District 7)
Present Position: Southern Kentuck Community and Technical College
Type of Position: Assistant Nursing Program Coordinator / Professor of Nursing
Area of Expertise: Educational Administrator, Educator
Education: Western Kentucky University, Master of Science in Nursing Education; BSN
Professional Organizational Activities: District/Chapter: State: National:
Statement: My name is Angie Harlan and I currently serve as Assistant Program Coordinator and Professor of Nursing at Southern Kentucky Community and Technical College. My nursing career began after graduating from WKU as a medical/surgical nurse. After practicing for 5 years, I began nursing education in January 2011 and received my Masters in Nursing Education in 2007. I have served as nursing faculty for the past 13 years and in nursing administration for 7 years. I will expand my professional role in KNA to help stimulate the professional development of nursing students and nurses to ultimately help advance the profession of nursing.

Lisa Sturgeon, Ph.D, RN, CNE – Kentucky Nurses REACH Chapter (Formerly District 7)
Present Position: Western Kentucky University School of Nursing
Type of Position: Associate Professor of Nursing
Area of Expertise: Educator
Education: University of Kentucky, PhD; Western Kentucky University, MSN, BSN, MS, BS
Professional Organizational Activities: District/Chapter: REACH (formerly District 7)
Statement: My name is Angie Harlan and I currently serve as Assistant Program Coordinator and Professor of Nursing at Southern Kentucky Community and Technical College. My nursing career began after graduating from WKU as a medical/surgical nurse. After practicing for 5 years, I began nursing education in January 2011 and received my Masters in Nursing Education in 2007. I have served as nursing faculty for the past 13 years and in nursing administration for 7 years. I will expand my professional role in KNA to help stimulate the professional development of nursing students and nurses to ultimately help advance the profession of nursing.

Lisa Sturgeon, Ph.D, RN, CNE – Kentucky Nurses REACH Chapter (Formerly District 7)
Present Position: Western Kentucky University School of Nursing
Type of Position: Associate Professor of Nursing
Area of Expertise: Educator
Education: University of Kentucky, PhD; Western Kentucky University, MSN, BSN, MS, BS
Professional Organizational Activities: District/Chapter: REACH (formerly District 7)
Statement: My name is Angie Harlan and I currently serve as Assistant Program Coordinator and Professor of Nursing at Southern Kentucky Community and Technical College. My nursing career began after graduating from WKU as a medical/surgical nurse. After practicing for 5 years, I began nursing education in January 2011 and received my Masters in Nursing Education in 2007. I have served as nursing faculty for the past 13 years and in nursing administration for 7 years. I will expand my professional role in KNA to help stimulate the professional development of nursing students and nurses to ultimately help advance the profession of nursing.

Alicia Marquess, RN, MSN(c)
Type of Position: Staff Nurse
Area of Expertise: Educator
Education: Frontier Nursing University; Enrolled in ADN to MSN
Professional Organizational Activities: District/Chapter: State: National:
Statement: On my journey to becoming an Advance Practice nurse, I have been reminded to the importance of being open to government and political issues in the field of nursing. The involvement of nurses, at all levels (entry level and advance practice) in governmental affairs is nursing ensures the longevity and furtherance of its practice in modern medicine. Who better to govern the practice of nursing than fellow nurses? Being able to be part of a mission designed to explore the legislative issues and governmental policies of nursing practice in the great state of Kentucky would be an honor for me.
Biographical Information continued from page 10

Practical Nursing

Professional Organizational Activities: District/Chapter: State: National:

Statement:

PROFESSIONAL NURSING PRACTICE & ADVOCACY CABINET (4)

ADMINISTRATIVE ROLE (1)

Jennifer Waterbury, RN, BSN, CM, LNC – Kentucky Nurses REACH Chaper (Formerly District 7)

Present Position: Health Corporation of American
Type of Position: RN Clinical EHR Test Analyst
Area of Expertise: Nursing Informatics
Education: Western Kentucky University, BSN, Currently pursuing MS in Health Care Administration (Graduation May 2015); St. Catherine College; Associate’s Degree in Nursing

Professional Organizational Activities: District/Chapter: State: National:

Statement:

CLINICAL PRACTICE STAFF NURSE (1)

Jennifer Jo Shoemake, MSN, RN – Kentucky Nurses REACH Chaper (Formerly District 7)

Present Position: Twin Lakes Regional Medical Center
Type of Position: Chief Nursing Officer
Area of Expertise: Administration, Leadership, Risk Management, Patient Safety
Education: Seton Hall, MSN; University of Kentucky, BSN; Elizabethtown Community College, ADN

Professional Organizational Activities: District/Chapter: District 4 Board of Directors

Statement:

F. NURSES FOUNDATION BOARD OF TRUSTEES (4)

OPEN – District:

Present Position: Type of Position: Area of Expertise: Education:

Professional Organizational Activities: District/Chapter: State: National:

Statement:

THE PAINTING

“The Human Touch” is an original oil painting 12” x 16” on canvas which was the titled painting of Marie’s first art exhibit honoring cancer survivors in nursing. Promoted by many requests from nurses and others, she published a limited edition of full color postcards. These may be obtained from the Kentucky Nurses Association.

Copyright 1990 Limited Edition Prints by Marcia Warner Blecker RN Artist

Limited Edition Full Color Print

• Signed and numbered (750) --- SOLD OUT

• Signed Day (1,250) --- $20.00

Overall size 14 x 18

Shipping and Handling...

• $0.01 to $30.00 .......... $6.50

• $30.01 to $60.00 .......  $10.95

• $60.01 and up ......... $15.00

Make check payable to and order for Kentucky Nurses Association, P.O. Box 1359, Louisville, KY 40201-1359.

For more information, please contact Dina Byers, dbyers@murraystate.edu

July, August, September 2014

KENTUCKY NURSES FOUNDATION (KNF) BOARD OF TRUSTEES (4) OPEN – District:

Present Position: Type of Position: Area of Expertise: Education:

Professional Organizational Activities: District/Chapter: State: National:

Statement:

THE PAINTING

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Present Position: Type of Position: Area of Expertise: Education:

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July, August, September 2014

KENTUCKY NURSES FOUNDATION (KNF) BOARD OF TRUSTEES (4) OPEN – District:

Present Position: Type of Position: Area of Expertise: Education:

Professional Organizational Activities: District/Chapter: State: National:

Statement:
Welcome New Members

The Kentucky Nurses Association welcomes the following new and/or reinstated members since the April / May / June 2014 issue of the Kentucky Nurse.

Said Abusalum
Julie Aron
Tracey A. Adams
Danielle R. Adkinson
Bobbi Anderson
Jeaninne Arthur
Karen Avery
Phelan D. Bailey
Debra A. Barber
Jodi Behir
Jennifer Bentley
Melissa Stafford Bentley
Robert Bentley
Duska Bethel
Lindsay Bilrey
Renee Black
Michele Bodine
Brandi Bolin
Kyle Brady
Leslye Bransford
Carla Broderick
Martieta L. Brooks
Melissa Brown
Mallori Bryant
Kimberly Ann Buckley
Anna Marie Burns
Cindy Bush
Jill Campbell
Alise Cassity
Reese Clark
Sandra Clark
Gloria J. Coleman
Barbara Collins
Candace Combs
Mary Crockett
Nancy F. Crawford
Chasity Crepps
Sean Desimone

Steven Dukes
Bill Edwards
Tonya Edwards
Jason Elliott
Zita Epling
Rusanna Marie Faulkner
Kristy Fleming
Jennifer A. Fowler
Kristi Friedrich
Remelie Fuentes
Judith Galvin
Patricia Glass
Christy Garkey
Tracy Goodman
Sharon Goodpaster
Kristyn Gordon
Melissa Griffin
Jenny Grimes
Sandra Delores Gross
Janice Haile
Gwen Hammans
Ann Marie Hanman
Heather Lynn Hans
Michael Hartlin
Tammy Rodgers Harkleroad
Ronda Hart
Denise Heyob
Kelly Hekker
Pamela Hobbs
Lisa Hubbard
Janet Hurley
Kathy Hurley
Davonna Hutcherson
Angela R. Irvin
Sarah Jefferson
Sharon K. Jenkins
Elizabeth Jervis
Angela D. Johnson

Kristin Johnson
Margaret E. Johnson
Bethany Jones
Dawn Jones
Nebraska Jones
Teressa Ray Jones
Camille Jordan
Magdalene Jordan
Woahah Kargho
Carrie Kellogg
Michael Keown
Sandra De La Rancic
Diana S. King
Julie King
Darrah J. Krueze
Karen Lambertson
Ashley Logan
Elizabeth Logsdon
Gaurab Lamsal
Barbara L. B. Lamham
Sherrie G. Layne
Yolanda Loveless
Megan Loy
Michelle Malicote
Susan Mallory
Kristen Martin
Dehah Matthews
Dena McCormick
John C. McDavie
Patience McLaughlin
Tiffany McMinn
Jennifer McMillen
Phyllis Milburn
Connie Miller
Karena Miller
Martha Miller
Suzanne Miller
Kimberly Mitchell
Peggy Mulligan
Mandy Newman
Megan Newman
Pamela North
Lisa J. Oetjen
Chizumuo Okoli
Tara Ortha
Bobbie Osborne
Kimberly Pearce
Jennifer Dawn Penn
Lewis L. Perkins
Na Krisha Perkins
Denise Pettit
Patrick Pitcock
Allison Porter
Lahoma Prather
Kimberly Probus
Colette Provitt
Michelle L. Rayburn
Helen M. Rentch
Betty Reynolds
Veronica R. Richardson
Diane Robben
Shella L. Rogers
Sharon Rogers
Anastat Sample
Cathy Saukoone
Gina Jo Sedkak
Donna Scharold
Terri J. Sharp
Kimberly J. Short
Olga M. Skirner
Denzel Smith
Kara Smith
LaToya Spencer
Rebecca Springer
Steven D. Stanley
Angela Starr
Pamela Sue Stevens
Shelley Stockton-Bruce
Ramila Stone
Cindy Swanson
Tutka Talbert
Ratheren M. Taylor
Rebecca Taylor
Bethany Thomas
Kocheari Thomas
Christa Thompson
Sharon Vernon
Linda Verdon
Linda M. Villmow
Misty Waddell
Christen Wihl
Katie Watts
Lorna Weaver
Kiki Annette Webb-Watts
Debra Wieser
C. G. Webster
Rizzy West
Lindsey Wheat
Stephanie Whetter
Deborah C. White
Justin White
Leanne Williams
Carolyn Winchester
Jill Withurst
Lauren Woford
Jennifer Woodroom
Kelly A. Workman
Sharon Wright
Yolanda Wurth
Lisa Hooks Young
Sherry Young
Melissa Young-Flynn
Mulbah Zowah

NURSING: LIGHT OF HOPE

Scott Gilbertson
Felix Straus, Louisville, Kentucky

Photo submitted by the Kentucky Nurses Association.

July 2005 to the Citizens Stamp Advisory Committee

requesting that a first class stamp be issued honoring

the nursing profession. (Request Pending)

Package of 5 Note Cards with Envelopes - $5 for 96.50

I would like to order: Nursing Light of Hope Note Cards

Package of Note Cards # 5 For 96.50

Shipping and Handling (See Chart)

Options:

Option 1

Option 2

Option 3

$7.50...
$15.00...
$25.00...

$0.75...
$1.50...
$2.50...

$0.35...
$0.65...
$0.95...

60-99...
100-199...
200-399...

Shipping and Handling (Continued)

Payment Method:

Cash

Check

Mailing to: 360 E. Main St., Box 20076, Louisville, KY 40207-20075

Card Info:

Credit Card Number:

Expiration Date:

Signature (Required for Credit Card Orders)

$0.35

Package of 5 Note Cards with Envelopes - 5 for $6.50

Note Cards

Email: jbreedlove@eastlouisvillepediatrics.com

Send resume to Administrator:

Mildred Mitchell-Bearden Hospital is a 110-bed acute care mental health facility operated by the West Virginia Department of Health & Human Resources. Surrounded by beautiful mountains, the Hospital is located in the second largest city in West Virginia on the banks of the Ohio River, only minutes away from Ohio and Kentucky.

We are seeking qualified staff to fill permanent and temporary positions.

Full-Time Positions Come with Generous State of West Virginia benefits!

Temporary positions do not include benefits. Interested individuals should contact:

Patricia A. Hamilton, RN, BC Director of Nursing

patricia.a.hamilton@wv.gov

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4171 Westport Road, Louisville, KY 40207
Fax: (502) 651-2625.

LPNs for busy pediatric practice. Light lab, injections, history etc.
Salary commensurate with experience. Excellent benefits.
Send resume to:

Margaret E. Johnson

Bethany Jones

Dawn Jones

Nebraska Jones

Teressa Ray Jones

Camille Jordan

Magdalene Jordan

Woahah Kargho

Carrie Kellogg

Michael Keown

Sandra De La Rancic

Diana S. King

Julie King

Darrah J. Krueze

Karen Lambertson

Ashley Logan

Elizabeth Logsdon

Gaurab Lamsal

Barbara L. B. Lamham

Sherrie G. Layne

Yolanda Loveless

Megan Loy

Michelle Malicote

Susan Mallory

Kristen Martin

Dehah Matthews

Dena McCormick

John C. McDavie

Patience McLaughlin

Tiffany McMinn

Jennifer McMillen

Phyllis Milburn

Connie Miller

Karen Miller

Martha Miller

Suzanne Miller

Kimberly Mitchell

Peggy Mulligan

Mandy Newman

Megan Newman

Pamela North

Lisa J. Oetjen

Chizumuo Okoli

Tara Ortha

Bobbie Osborne

Kimberly Pearce

Jennifer Dawn Penn

Lewis L. Perkins

Na Krisha Perkins

Denise Pettit

Patrick Pitcock

Allison Porter

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Michelle L. Rayburn

Helen M. Rentch

Betty Reynolds

Veronica R. Richardson

Diane Robben

Shella L. Rogers

Sharon Rogers

Anastat Sample

Cathy Saukoone

Gina Jo Sedkak

Donna Scharold

Terri J. Sharp

Kimberly J. Short

Olga M. Skirner

Denzel Smith

Kara Smith

LaToya Spencer

Rebecca Springer

Steven D. Stanley

Angela Starr

Pamela Sue Stevens

Shelley Stockton-Bruce

Ramila Stone

Cindy Swanson

Tutka Talbert

Ratheren M. Taylor

Rebecca Taylor

Bethany Thomas

Kocheari Thomas

Christa Thompson

Sharon Vernon

Linda Verdon

Linda M. Villmow

Misty Waddell

Christen Wihl

Katie Watts

Lorna Weaver

Kiki Annette Webb-Watts

Debra Wieser

C. G. Webster

Rizzy West

Lindsey Wheat

Stephanie Whetter

Deborah C. White

Justin White

Leanne Williams

Carolyn Winchester

Jill Withurst

Lauren Woford

Jennifer Woodroom

Kelly A. Workman

Sharon Wright

Yolanda Wurth

Lisa Hooks Young

Sherry Young

Melissa Young-Flynn

Mulbah Zowah

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For more information, contact Brad Bailey at
4171 Westport Road, Louisville, KY 40207
Fax: (502) 651-2625.

LPNs for busy pediatric practice. Light lab, injections, history etc.
Salary commensurate with experience. Excellent benefits.
Send resume to:

Margaret E. Johnson
married her second husband, Jim Bindner and pursued her avocation as an artist. One of her most famous paintings "The Human Touch" has been reproduced in several printings and is known widely throughout gerontology circles. In her generosity and continued support of KNA, Marge gave the rights to the painting to the organization. Even at 95 years of age, Marge attended District One monthly meetings. A month before her passing Marge encouraged the District to create a project that would hopefully interest younger and new members to be active in KNA.

Makes you wonder if Marge is forming a new chapter of KNA in heaven - perhaps Angels of Mercy?
recognized professional organizations and backed by research/evidence has gained significant momentum. Organizations are now being paid for patient outcomes and monitored closely for quality. Treating large numbers of one diagnosis has real world application to identify best practices. Electronic medical records, when properly documented by health care workers and respecting confidentiality, hold a gold mine of information offering new insights for treatments by researchers.

Last year some nurses were asked by a client in overall excellent health with deteriorating eyesight due to “optic nerve meningioma” - where would you go for surgery? The initial health care provider consulted had described anticipated patient outcomes, but had a conflict of interest, and was evasive on some points of information. The Web Site was flawless. Seeking a second surgical opinion proved enlightening. What this client learned was treatment at a facility by practitioners who have cared for lots of these specific cases, and had “coordinated patient care” had a shorter length of stay as well as better outcomes. Ultimately, the client had the procedure out of state by an expert, with some long distance follow-up and fared very well.

Why is this information important? Nurses are often asked “Who would you recommend?” (fill in the blank) for a family member or friend with a specific diagnosis or requiring an operative procedure. The next question is does this organization have coordinated care? How is the overall care rated? But what many clients need most is an advocate, to be with them during appointments and treatments, to hear what the health care provider is saying (or not saying).

The primary care giver closest to home is the person with whom most patients and families identify. When the average amount of time spent with a patient is 15 minutes (or less), one can't cram a lifetime of history into that time slot, nor remember every detail. As some community hospitals are closing across the country, those rural areas that have struggled to improve response rates for strokes, heart attacks and other conditions will undoubtedly see those rates again increase, unless new systems of care are designed and delivered.

What will health care look like in 2024 when Baby Boomers are the aging population? Health care professionals from an array of backgrounds will be competing for seats at the treatment table, requiring increased collaboration and education. Financial information is a key piece of that equation in addition to health outcomes to be successful, whether we like it or not. Nurses need to be at the decision making tables at all levels to impact health outcomes. Now is the time to educate the public and our legislators of the value added that nurses bring in all settings as the most trusted profession.

Kentucky Education Centers*
- Post-licensure (RNBSN)

IWU Online
- ASN-MSN
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- Certificate in Parish Nursing
- MSN/MBA
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Indiana Wesleyan University

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A degree from Indiana Wesleyan University says you value the education, not just the degree. It says you want to treat the whole person, not just the patient. And it says you want to make a difference in your life and the lives of others.

**Not all programs available at all locations
*** Some residency requirements

Online program with three, one-week residencies held on the Marion campus throughout the program

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**KNA Centennial Video**

**Lest We Forget Kentucky’s POW Nurses**

This 45-minute video documentary is a KNA Centennial Program Planning Committee project and was premiered and applauded at the KNA 2005 Convention. “During the celebration of 100 years of nursing in Kentucky—Not To Remember The Four Army Nurses From Kentucky Who Were Japanese prisoners for 33 months in World War II, would be a tragedy. Their story is inspirational and it is hoped that it will be shown widespread in all districts and in schools throughout Kentucky.

POW NURSES
Earleen Allen Frances, Bardwell
Mary Jo Oberst, Owensboro
Sallie Phillips Durrett, Louisville
Edith Shacklette, Cedarflat

- _Video Price:_ $25.00 Each
- _DVD Price:_ $25.00 Each
- _Total Payment_

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**Kentucky Nurses Association Calendar Of Events 2014**

### July 2014
- 2  Last Day to Submit Paperwork to be on the Ballot for 2014
- 4  Fourth of July Holiday – KNA Office Closed
- 29  KNA Board of Directors, Clarion Hotel Lexington North, 1950 Newtown Pike, Lexington

### August 2014
- 1  KNA Ballot 2014 Mailing
- 11  Deadline for the Kentucky Nurse (October/November/December 2014 Issue)
- 26  KNA Board of Directors, Clarion Hotel Lexington North, 1950 Newtown Pike, Lexington

### September 2014
- 1  Labor Day Holiday – KNA Office Closed
- 30  KNA Board of Directors, Clarion Hotel Lexington North, 1950 Newtown Pike, Lexington

### October 2014
- 9–10  Convention 2014, Holiday Inn Hurstbourne, 1325 South Hurstbourne, Louisville, KY
- 9–11  KANS Convention, The Center for Courageous Kids in Scottsville, KY
- 17  District / Chapter 2 Nurse Advocacy Conference in Lexington – contact KNA district2@gmail.com for more information

### November 2014
- 10  Deadline for the Kentucky Nurse (January/February/March 2015 Issue)
- 11  Veterans Day - KNA Office Closed
- 27–28  Thanksgiving Holiday - KNA Office Closed

### December 2014
- 22–31  Christmas Holiday – KNA Office Closed

*All members are invited to attend KNA Board of Directors meetings (please call KNA first to assure seating, meeting location, time and date)*

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Let us show you how others have done it and you can, too!

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- Adult-Gerontology Clinical Nurse Specialist
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- Populations and Organizational Systems Leadership
- Primary Care Nurse Practitioner (family or adult-gerontology)
- Psychiatric/Mental Health Nurse Practitioner

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**UK HealthCare recruiting**

CURRENTLY RECRUITING FOR:
- Director for Perioperative Services
  (MSN + 5 yrs exp required)

EXPERIENCED RNs IN THE FOLLOWING AREAS:
- Endoscopy
- Emergency
- Telemetry
- Progressive Care
- Medical/surgical
- CTVICU
- Critical Care
- Dialysis

For more information on employment at UKHC, including the possibility of advancing your education and qualifying for tuition reimbursement, visit our employment website at www.uky.edu/hr/ukjobs.