THE BULLETIN

Volume 40, No. 4 | Official Publication of the Indiana Nurses Foundation and the Indiana State Nurses Association | August 2014

Quarterly circulation approximately 100,000 to all RNs in Indiana.

Policy Primer

Page 4

"The Next Disaster: Are You as a Nurse Prepared?"

Meeting of the Members September 12th

Page 5

The Challenges of Prescription Drug Use/ Abuse - Trends and Solutions

Page 9

current resident or

Non-Profit Org.
U.S. Postage Paid
Princeton, MN
Permit No. 14

Message from the President

Using the ISNA Four Pillars to Prepare Yourselves for Nursing's Future

Jennifer L. Embree, DNP, RN, NE-BC, CCNS

As we contemplate our future as nurses, I invite you to look through the lens of ISNA's four pillars-leadership, professionalism, unity and advocacy. Think about what personal tools you currently possess that guide your talented practice. Reflect upon what strengths supported your past nursing work. If you working as a nurse in any capacity, your burden may be feeling particularly heavy and those brain cells may be in overload! If you are pursuing a nursing degree, you may be experiencing "reflection fatigue!" Bear with me for an additional backward glance that may assist in propelling you forward.

Be open to exemplars of leadership, such as I was to the Systematic Review Librarians –Margaret and Ahlam that I recently encountered as an attendee at a Systematic Review of the Literature conference in northern Indiana. True "servant leaders," they were all about how they could help the nurses expand their expertise and knowledge about searching the literature. As nurses, are we "servant leaders?" Who are true leaders that you admire? How can you gain some of their strengths? How can nurses exemplify servant leadership? How do we define our leadership style and live that style?

In viewing the professionalism pillar, the "breakfast hostess" comes to mind! She said to me and several nurse friends "you are nurses, you have the look!" Is the look smiling, being open, and appearing concerned? (She mentioned her daughter is a nurse-is that how she knew the look?) What is your look of professionalism? As I recently told an audience of long-term care nurses and nursing assistants, when asked if they greeted each person they met with a smile: "Your smile may be the only smile that family, patient, nurse or nursing assistant sees today, why hold that back from them?" What is your "look" that defines you as a nurse?

As a member organization, unity is critical to our success. Is unity about having consensus around a topic? Supporting each other? Having each other's back in one's absence? Allowing everyone to have a voice? Is it about being fair? Is it being objective? How can we make sure we embrace the future of diversity in nursing and in our communities? How do we craft communication in a variety of forms that reach our diverse populations, giving consideration to health literacy and the ability to understand messaging? How do we ensure access to care for our public? How do we maintain the nursing "brains" in Indiana? How do we always advocate for patient safety? Having charge of someone's life requires knowledge, commitment, and obligation to improvement (Burnes Bolton, 2014). Can you be part of an organization or do you feel that you are a group of one?

Through the lens of advocacy, we think about helping others and sometimes being their voice. A brilliant highly skilled nurse recently spoke to me of her experience at a conference several years ago. As three nurse attendees had a discussion about a topic that was in her area of expertise, she offered comments. Immediately, six eyes glared at her. Without speaking a word, the laterally violent nurses turned and rapidly left the room.

As an advocate for nurses, I apologized to the offended nurse for their laterally violent behavior. The victim went on to describe how she isolated herself from everyone at the conference, ate in her room and went home feeling dejected. She said she would never forget how these nurses made her feel. The victim nurse encouraged me to continue to speak out, write about lateral violence and tell her story to raise the awareness of lateral violence. We also must continue to view ourselves as leaders, not victims and not allow others to make us "feel" anything we choose not to feel. How do we always make sure what we say lifts others up (Hunt, 2012)? Improving our leadership qualities via self-awareness, self-management, social awareness and relationship management (TalentSmart, 2014) is the way to deter emotional "lack of intelligence" (Embree, 2014). Ninety percent of top performers have high emotional intelligence (TalentSmart, 2014).

In keeping with advocacy, we must increase the level of leadership of all of our nurses and teach nurses skills to mitigate laterally violent behavior that is not reflective of nursing leadership. We also must remember people will not remember you saved their life (Deckard, 2009) or performed a great assessment on them. They will remember however, how you made them feel (Deckard, 2009). How are you making others feel? Are you letting others control how you feel? If you are comfortable with keeping things the same, do not block

President's Message continued on page 2

CEO Note

Pamela Cipriano

In June the American Nurses Association held their second annual Membership Assembly but its first elections since changing its governance structure. Pamela Cipriano (Virginia Nurses Association) was elected the 35th president of the American Nurses Association (ANA), the nation's largest nurses organization representing the interests of the nation's 3.1 million registered nurses.

A distinguished nursing leader, Cipriano has held executive positions in health care systems, academia and national professional organizations in her career.

Prior to becoming ANA president, Cipriano was senior director for health care management consulting at Galloway Advisory by iVantage. She has served in faculty and leadership positions at the University of Virginia (UVA) since 2000, and currently holds a faculty appointment as research associate professor at the UVA School of Nursing.

Cipriano is known nationally as a strong advocate for health care quality, and serves on a number of boards and committees for high-profile organizations, including the National Quality Forum and the Joint Commission. Cipriano was the 2010-11 Distinguished Nurse Scholar-in-Residence at the Institute of Medicine.

A longtime member, Cipriano has been active in ANA at the national and state levels. In addition to serving two terms on the ANA Board of Directors, she was the recipient of the association's 2008 Distinguished Membership Award for her outstanding contributions to ANA. In addition, she was the inaugural editor-in-chief of American Nurse Today, the official journal of the American Nurses Association, from 2006-14. Cipriano is a member of the Virginia Nurses Association.

Cipriano holds a PhD in executive nursing administration from the University of Utah College of Nursing, a master of nursing degree in physiological nursing from the University of Washington, and a bachelor of science in nursing degree from American University. She was inducted into the American Academy of Nursing as a fellow in 1991.

Meet the rest of the ANA Board of Directors:

- Cindy Balkstra, MS, RN, ACNS-BC Vice President (Georgia Nurses Association)
- Pat Travis, PhD, RN, CCRP, Secretary (Maryland Nurses Association)
- Gingy Harshey-Meade, MSN, RN, CAE, NEA-BC, Treasurer (Indiana State Nurses Association & Ohio Nurses Association)
- Devyn Denton, RN Director at Large (Oklahoma Nurses Association)
- Andrea Gregg, PhD, RN, Director at Large (Florida Nurses Association)
- Linda Gural, RN, CCRN , Director at Large (New Jersey State Nurses Association)
- Faith Jones, MSN, RN, NEA-BC, CMA, Director at Large (Wyoming Nurses Association)
- Gayle Peterson, RN-BC, , Director at Large (ANA-Massachusetts)
- Jesse Kennedy, RN , Director at Large (Oregon Nurses Association)

You might have notice that the ANA Board of Directors has shrunk in size under the old governance structure it was a fifteen member Board currently the Board is in transition and will shrink one more director seat at the next elections. The final size will be nine members.

I was very humbled to be elected Treasurer and would like to thank the Indiana State Members and Ohio Members who believed enough in me to work tirelessly to help get me elected.

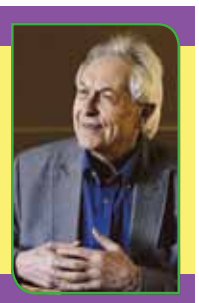
President's Message continued from page 1

others seeking change (Burnes Bolton, 2014). It is your responsibility as a nurse to always provide compassion, caring, and kindness to others…..

Advocacy must also be kept in mind as our nurse friends depart our organizations for new adventures. Remember their personal "sparkles" or talents they shared with us. (I recall a former patient commenting about the "sparkles" in a nurse's hair (not gray!) and think of those as the gifts they earned through sharing their talents with others). Enhance those as gifts they inspired in us in the form of support, wisdom, and guidance when we needed a hand. Share your own "sparkles" with the new and fragile emerging nurses and nurse leaders. Maintain the flow of wisdom. Use the four pillars of ISNA to help guide your nursing work and remember together we have the nursing power to accomplish our dreams. Linda Burnes Bolton recently commented: be a sensei or a knowledge worker who is a scientist in their field, but who teaches others and is willing to learn from other's teaching (2014). The *sensei* uses evidence to find knowledge gaps and focuses their efforts on desired outcomes (Burnes Bolton, 2014). Enjoy your nursing journey as *realists*. The *pessimist* complains about the wind; the *optimist* expects the wind to change; and the *realist* adjusts the sail (Ward, n.d.). Adjust *your sail* and join us at ISNA as we continue to work for Indiana nurses!

Maternal-Child Health Conference

Indianapolis, IN
September 30 – October 2, 2014



Featuring Michel Odent

Over 50 sessions to choose from!

Join fellow perinatal professionals this Fall in Indianapolis to experience the Maternal-Child Health Conference. You will hear from world-renowned speakers, experience great networking and dialogue, interact with interesting companies in the exhibit hall, and be exposed to quality content with multiple topic strands, including: infant mortality, traumatic birth, health disparities, and more! CERPs have been approved; CNEs and midwifery credits have been applied for and are pending approval.

Enter code ISNAEG for a discount on your registration

2014 MCH Conference Indianapolis, IN

For more information, visit
www.MCH2014.com
or call: **855-345-4331**

Indiana Nurses Foundation

The Indiana Nurses Foundation (INF) is the Foundation of the Indiana State Nurses Association (ISNA). It exists to be the philanthropic arm of ISNA. The Foundation has been dormant for a few years but ISNA is committed to having a robust Foundation which provides additional avenues to enrich the nursing profession of Indiana. If you are a member of ISNA and would be interested in assisting in the rebirth of INF please contact the ISNA office at 317-299-4575 or gingy@indiananurses.org.

Gingy Harshey-Meade MSN, RN, CAE, NEA-BC
Chief Executive Officer

THE BULLETIN

An official publication of the Indiana Nurses Foundation and the Indiana State Nurses Association, 2915 North High School Road, Indianapolis, IN 46224-2969. Tel: 317/299-4575. Fax: 317/297-3525.E-mail: info@indiananurses.org.
Web site: www.indiananurses.org

Materials may not be reproduced without written permission from the Editor. Views stated may not necessarily represent those of the Indiana Nurses Foundation or the Indiana State Nurses Association.

ISNA Staff

Gingy Harshey-Meade, MSN, RN, CAE, NEA-BC, CEO
Blayne Miley, JD, Director of Policy and Advocacy
Marla Holbrook, BS, Office Manager

ISNA Board of Directors

Officers: Jennifer Embree, President; Diana Sullivan, Vice-President; Michael Fights, Secretary; and Ella Harmeyer, Treasurer.

Directors: Heather Savage-Maierle, Angie Heckman, Vicki Johnson, Emily Edwards, Monica Weissling.

ISNA Mission Statement

ISNA works through its members to promote and influence quality nursing and health care.

ISNA accomplishes its mission through unity, advocacy, professionalism, and leadership.

ISNA is a multi-purpose professional association serving registered nurses since 1903.

ISNA is a constituent member of the American Nurses Association.

Bulletin Copy Deadline Dates

All ISNA members are encouraged to submit material for publication that is of interest to nurses. The material will be reviewed and may be edited for publication. To submit an article mail to The Bulletin, 2915 North High School Road, Indianapolis, IN. 46224-2969 or E-mail to info@indiananurses.org.

The Bulletin is published quarterly every February, May, August and November. Copy deadline is December 15 for publication in the February/March/April *The Bulletin*; March 15 for May/June/July publication; June 15 for August/September/October, and September 15 for November/December/January.

If you wish additional information or have questions, please contact ISNA headquarters.

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613, (800) 626-4081, sales@aldpub.com. ISNA and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement.

Acceptance of advertising does not imply endorsement or approval by the Indiana Nurses Foundation of products advertised, the advertisers, or the claims made. Rejection of an advertisement does not imply a product offered for advertising is without merit, or that the manufacturer lacks integrity, or that this association disapproves of the product or its use. ISNA and the Arthur L. Davis Publishing Agency, Inc. shall not be held liable for any consequences resulting from purchase or use of an advertiser's product. Articles appearing in this publication express the opinions of the authors; they do not necessarily reflect views of the staff, board, or membership of ISNA or those of the national or local associations.

www.indiananurses.org

Published by:
Arthur L. Davis Publishing Agency, Inc.

ISNA Welcomes Our New and Reinstated Members

Emily Arney	Hobart, IN
Michelle Beckley	Indianapolis, IN
Karen Blue	Elkhart, IN
Cindy Bowers	Lafayette, IN
Stephanie Calabrese	Harrodsburg, IN
L Kathleen Cerbin	South Bend, IN
Brandi Chipps	Cynthiana, IN
Barbara Chivers	Albion, IN
Kevin Clemans	Granger, IN
Lacye Clement	Bloomington, IN
Valorie Clouse	Andrews, IN
Cheryl Conces	Zionsville, IN
Michaeleen Conlee	South Bend, IN
Amy Craw	Goshen, IN
Erin Daniels	Indianapolis, IN
Shantrece Davis	Zionsville, IN
Samuel M. Dekarkeh	Indianapolis, IN
Misty Dickson	Knox, IN
Marjo Doyle	Lafayette, IN
Christy Durbin	Fishers, IN
James Eads	Jasper, IN
Gerald Eaton	Fishers, IN
Kari Evans	Portage, IN
Denise Ferrell	Indianapolis, IN
Loren Garza	Evansville, IN
Barbara Gillman Lamping	West Harrison, IN
Barbara Hasbargen	Valparaiso, IN
Kathleen Haughan	Avon, IN
Patti Henson	Plainfield, IN
Laura Herring	Warsaw, IN
Barbara Hickman	Monticello, IN
Ina Hodges	Dyer, IN
Alice Marie Holder	Indianapolis, IN
Tina Hostetler	North Liberty, IN
April Hyneman	Princeton, IN
Elizabeth Jones	West Lafayette, IN
Pam Karsen	Granger, IN
Victoria Kuiken	Michigan City, IN
Ruth Lamar	Hagerstown, IN
Melinda Lambdin	Paoli, IN
Suzanne Lappas	Indianapolis, IN
Debra Lawson	Indianapolis, IN
Mikyoung Lee	Indianapolis, IN
Rita Martinez	Indianapolis, IN
Deborah McCarter	Greensburg, IN
Kim McCullough	Plymouth, IN
Jacque McMillon	Michigan City, IN
Nina Meschino	Zionsville, IN
David Miller	Hope, IN
Melissa Monnahan	Cannelton, IN
Elise Montoya	Fishers, IN
Robin Nelson	Bloomington, IN
Udezuo Okoye	Merrillville, IN
Lindsey Parson	Albany, IN
Lori Persohn	Jasper, IN
Sara Ridlen	Evansville, IN
Gregory Sethman	Indianapolis, IN
Caitlin Shera	Fishers, IN
Marti Silvidi	Muncie, IN
Brandy Strand	Westport, IN
Michelle Terwilliger	Wolcott, IN
Biname Tshiefu	South Bend, IN
Bradley Weaver	Brownsburg, IN
Linda Wessic	Shelbyville, IN
Cathy Wichman	Seymour, IN
Sonya Zeller	Bloomington, IN
Anjanette Zielinski	La Porte, IN
Kim Ziner	Reelsville, IN

Now at home in your community.

Fast-track growth. Nationwide reach. Hometown touch.

Amedisys of Indiana is actively seeking candidates for the following positions in the **Bloomington, Terre Haute, Fort Wayne, Munster locations:**

- **Registered Nurse**
- **Psychiatric Registered Nurse**
- **RN Clinical Manager** – must have home health exp.
- **Therapists**: PT/PTA, OT/OTA, SLP

To apply, visit **amedisys.com/careers**.

EOE.

Amedisys Home Health Services

GET YOUR PROFESSIONAL TOOLKIT

✔ LICENSE – BOARD OF NURSING
✔ MEMBERSHIP – INDIANA STATE NURSES ASSOCIATION (ISNA)

ISNA IS CARING FOR YOU WHILE YOU PRACTICE
WWW.INDIANANURSES.ORG

ISNA INDIANA STATE NURSES ASSOCIATION

The ISNA is a Constituent Member of the American Nurses Association

APPLICATION FOR RN MEMBERSHIP in ANA / ISNA

Or complete online at www.NursingWorld.org

PLEASE PRINT OR TYPE

Last Name, First Name, Middle Initial

Name of Basic School of Nursing

Street or P.O. Box

Home phone number & area code

Graduation Month & Year

County of Residence

Work phone number & area code

RN License Number State

City, State, Zip+4

Preferred email address

Name of membership sponsor

1. SELECT PAY CATEGORY

_____ **Full Dues – 100%**
Employed full or part time.
Annual – $281
Monthly (EDPP) – $23.42

_____ **Reduced Dues – 50%**
Not employed; full-time student, or 62 years or older.
Annual – $140.50
Monthly (EDPP) – $11.88

_____ **Special Dues – 25%**
62 years or older and not employed or permanently disabled.
Annual – $70.25

2. SELECT PAYMENT TYPE

_____ **FULL PAY – *CHECK***

_____ **FULL PAY – *BANKCARD***

Card Number

VISA/Master card Exp. Date

Signature for Bankcard Payment

_____ **ELECTRONIC DUES PAYMENT PLAN, MONTHLY**

The Electronic Dues Payment Plan (EDPP) provides for convenient monthly payment of dues through automatic monthly electronic transfer from your checking account.

To authorize this method of monthly payment of dues, please read, sign the authorization below, and enclose a check for the first month (full $23.42, reduced $11.88).

This authorizes ANA to withdraw 1/12 of my annual dues and the specified service fee of $0.50 each month from my checking account. It is to be withdrawn on/after the 15th day of each month. The checking account designated and maintained is as shown on the enclosed check.

The amount to be withdrawn is $_____ each month. ANA is authorized to change the amount by giving me (the under-signed) thirty (30) days written notice.

To cancel the authorization, I will provide ANA written notification thirty (30) days prior to the deduction date.

Signature for Electronic Dues Payment Plan

3. SEND COMPLETED FORM AND PAYMENT TO:

Customer and Member Billing
American Nurses Association
P.O. Box 504345
St. Louis, MO 63150-4345

The Pain Chronicles

Presented by the:

MEDICAL ACADEMIC CENTER

Saturday, October 11th – Carmel, IN

A series of three courses providing attendees competencies to effectively manage all aspects of chronic pain

Course Director: Dmitry Arbuck, MD

Part I: The Practice; October 11, 2014; $155.00. Register before September 10, 2014 and receive 20% off. Coupon code: THEPRACTICE. 6.5 hours CME/CEUs available. To register, go to www.medicalacademiccenter.com and click on the "Courses" tab. **For more information**, contact Sandra Haugo at 317-275-1947 (office), 651-278-0812 (cell) or shaugo@medicalacademiccenter.com

Psychiatric Nurse Practitioner and Director of Nursing

- **Psychiatric Nurse Practitioner-Full Time**
  Indiana's leading Community Mental Health Center has an immediate opening for a Full-Time Psychiatric Nurse Practitioner and Director of Nursing Position. The Psychiatric Nurse Practitioner position evaluates and treats psychiatric illnesses, obtain relevant health and medical history for assigned patients, and assume primary on-call responsibilities. The position provides competitive benefits opportunity. Position requires a Board Certified Psychiatric NP.
- **Director of Nursing-Full Time**
  Directs the nursing process, functions and duties center wide. Assists the Chief Medical Officer and Director of 24-Hour Services in the development of a proposed budget for the center wide Nursing Services Program and manages her (his) portion of the program within that budget as approved. Position requires a MSN.

HAMILTON CENTER, INC

Apply Online at www.HamiltonCenter.org EOE

Policy Primer

Blayne Miley, JD
Director of Policy & Advocacy

How has ISNA been spending our summer? By working to support and advance Indiana's nurses. When policy issues arise, I seek input from ISNA members through our weekly e-newsletter, the ISNAbler, then speak up for Indiana's nurses.

ISNA Successfully Advocates for Change in Healthy Indiana Plan 2.0 Proposal

In May, Governor Mike Pence announced the Healthy Indiana Plan (HIP) 2.0 proposal. HIP currently provides health coverage for approximately 40,000 Hoosiers. The HIP 2.0 waiver request to the federal government would expand the Healthy Indiana Plan to cover approximately 348,900 Hoosiers. When the HIP 2.0 proposal was released by the State, it included a footnote indicating covered ambulatory patient services included primary care services provided by "advanced practice registered nurse practitioners (APRNs)." In June, the proposal was open for public comment. After seeking input from ISNA members though the ISNAbler, we submitted the following:

"The Indiana State Nurses Association (ISNA) supports the Healthy Indiana Plan 2.0 proposal and urges the federal government to grant approval for its implementation. ISNA promotes delivering safe, cost efficient, and quality patient care with compassion. ISNA suggests that FSSA makes a technical correction to the proposal on page 22. Footnote 11 indicates that for the EHB Category: Ambulatory Patient Services, the covered benefit of Primary Care Physician Services "includes advanced practice registered nurse practitioners (APRNs)." Advanced practice registered nurse practitioner is not a nationally recognized term. The nationally recognized term "APRN" refers to advanced practice registered nurse and includes the 4 APRN roles: (1) Nurse Practitioner, (2) Clinical Nurse Specialist, (3) Certified Nurse Midwife, and (4) Certified Registered Nurse Anesthetist. Footnote 11 should be corrected to use advanced practice registered nurse. Otherwise it potentially would exclude some APRNs providing primary care services in ambulatory settings and qualifying for reimbursement under the current version of the Healthy Indiana Plan. For example, Clinical Nurse Specialists and Nurse Practitioners both have a fee schedule of 85% of the Medicare physician fee schedule according to the Healthy Indiana Plan Reimbursement Manual published June 10, 2014. The collateral consequence of not correcting the footnote would be to worsen access to care for Hoosiers. ISNA applauds the HIP 2.0 proposal for recognizing the valuable contributions that nurses of all levels make in providing quality health care to Hoosiers."

At the end of the public comment period, FSSA published a summary of the public comments and made modifications to the original proposal, which included correcting Footnote 11. FSSA reported that a "technical revision was made to a footnote describing advanced practice registered nurse (APRNs) per a comment received from the Indiana State Nurses Association." This is an example of your professional association looking out for you.

ISNA Represents Nurses in Health Data Workgroup

Last session, the General Assembly passed Senate Bill 44, instructing the Indiana State Department of Health and the Family & Social Services Administration to convene a workgroup to study how the increased use of health data could improve the provision of health care in Indiana. Subtopics included consent, patient & caregiver access, integration of public health, and provider usage of health data. The results of the workgroup are being published in a report by Purdue Healthcare Advisors that will be submitted to the legislature. I expect the report to include specific recommendations to improve the Indiana regulatory structure for health data. ISNA was the voice for nursing in this workgroup. Once again, through the ISNAbler, we solicited input from our members to give them the opportunity to help shape public policy.

Legislative Interim Study Committees Begin Meeting

The Indiana General Assembly conducts interim study committees every summer to examine issues and potentially draft legislation for the upcoming session. The 2014 interim study committees started meeting in July. The committees will meet approximately monthly through the fall and produce reports that could include precursors to bills introduced in the 2015 Indiana General Assembly session.

Of particular note, the Committee on Fiscal Policy is studying:

(1) whether Indiana should implement a state-based health exchange.
(2) current operation of the federal exchange in Indiana.
(3) definition of "essential health benefits" for use in Indiana under the ACA, including ensuring that the definition results in adequate benefits.
(4) access to consumer choice of health care providers.

The Public Health, Behavioral Health, & Humans Services Committee is studying:

(1) implementation of a high cost management program.
(2) integrity and security of the INSPECT program, including recommendations to the IPLA to ensure that data collected by INSPECT may be used only for lawful purposes.
(3) whether opioid treatment programs should be prohibited from allowing patients to take home a multiple day supply of medication (methadone).
(4) public policy that assists individuals with chronic eye disease in removing barriers to long term access to effective treatment therapies.
(5) issues related to adding blindness and vision impairment services to the First Steps program.
(6) evaluating the efficacy of housing all state programs relating to emergency medical services and the state's trauma system within one state agency and comparing Indiana's trauma system to trauma systems in other states.

The meetings will be webcast and accept public testimony. General information is available through the Indiana General Assembly website: http://iga.in.gov. ISNA members receive weekly updates through the ISNAbler.

ISNA Revises Policy 101 to be More Accessible

Every legislative session, ISNA conducts three legislative conferences: two sessions of Policy 101 and one session of Advanced Policy. Advanced Policy is an interactive workshop designed for those engaged in public policy. Policy 101 is an instructional program on what shapes nursing policy to introduce those who wish to be more involved. We have presentations covering ISNA, the Indiana State Board of Nursing, the Indiana Center for Nursing, the Indiana General Assembly, and professional engagement. Previously all three conferences were in a six-week timespan during the legislative session. Based on feedback from you, we are moving one of the Policy 101 sessions to November. We are also shortening the program to morning only, while maintaining the core content. This will make it easier for you to fit Policy 101 into your schedule. We will also reach more students, because we will have an offering both in the fall and spring semesters. The fall session of Policy 101 is November 7th. As always, continuing nurse education contact hours will be provided. Registration is open at www.indiananurses.org, so sign up today!

Your Involvement is Crucial

If you're not an ISNA member, you have the opportunity to be more involved, to receive information more timely, and to contribute to how policy shapes your world. If you are an ISNA member, thank you for being engaged. To all of you, thank you for being nurses, thank you for the care you provide, and thank you for your compassion that makes nursing the most trusted profession in the country! I'm always excited to hear from nurses and readily available to come present to any nursing group about policy: bmiley@indiananurses.org.

ISNA
INDIANA STATE NURSES ASSOCIATION

Public Policy 101 Legislative Conference
November 7, 2014
West Market Conference Center, 150 West Market Street, Indianapolis

Program objectives are for participants to be able to (1) Describe the legislative process and committee hearings, (2) Describe ISNA's role in public policy, (3) List 2 non-legislative entities affecting nursing policy, and (4) List three methods of involvement in the public policy process.

(All times EST)

8:30 a.m.	Registration
9:00	Welcome & Introductions – Blayne Miley, ISNA Director of Policy & Advocacy
9:05	Indiana State Board of Nursing Elizabeth Kiefner-Crawford, Director Indiana State Board of Nursing
9:40	Indiana Center for Nursing - Kimberly Harper, Executive Director
10:15	Break
10:25	Professional Engagement - Ella Harmeyer, ISNA Treasurer
11:00	ISNA's Role and General Assembly Update Blayne Miley, ISNA Director of Policy & Advocacy Glenna Shelby, ISNA Lobbyist
11:50	Questions and Answers/Evaluation/Contact Hours
12:00	Adjournment

Fee to Attend:	ISNA Member:	$30.00
	Non-ISNA Member:	$60.00
	Student:	$20.00

To Register: www.IndianaNurses.org
Click "Make Payment"

Application will be made to provide continuing nurse education credits

The Next Disaster: Are You As a Nurse Prepared?
Meeting of the Members

Friday, September 12, 2014 • Brown County Inn, Nashville, Indiana

Registration

ISNA Members/Organizational Affiliates

- ☐ Full Day Registration: (Lunch Included) $60.00
- ☐ Half Day Registration: Business Meeting (11am-4pm) $45.00
- ☐ Non-Members: Full Day $85.00
- ☐ Non-Members: Half Day: Business Meeting (11am-4pm) $55.00
- ☐ Undergraduate Students: (Full Day w/Lunch) $25.00

***Late Fee After September 1,2014 ADD $10**

Total Due $_____

There will be a $25 administrative fee charged for all refunds. Notice to cancel must be received before **9/6/14 for partial refund.**

Name _____

Address _____

_____

Phone Email

Size of T-shirt:
☐ SM ☐ MD ☐ LG ☐ XL ☐ XXL

Method of Payment:
☐ Check ☐ MasterCard ☐ Visa

Number _____

Exp. _____

Mail or FAX to:
Indiana State Nurses Association
2915 North High School Road
Indianapolis, IN 46224
FAX 317-297-3525

ONLINE REGISTRATION
www.IndianaNurses.org

OUR VISION
ISNA is the recognized leader for nurses and professional nursing practice in Indiana.

OUR CORE VALUES
Unity
Advocacy
Professionalism
Leadership

OUR MISSION
ISNA works through its members to promote and influence quality nursing and health care.

The Next Disaster: Are You As a Nurse Prepared?
Dan Kirkpatrick, RN, MSN
Over thirty years experience in disaster planning and response in the military and civilian world. Currently, teaches disaster preparedness courses at the undergraduate and graduate level at the College ofNursing and Health at Wright State University, Dayton,OH.

Goals:
1. Frequency of both natural and man-made disasters.
2. Personal, family and work disaster preparedness guidelines.
3. Natural and man-made disasters.
4. The role of nurse in disaster response.

Objective:
Describe steps nurses can take to be better prepared both personally and professionally for a disaster.

Continuing Nurses Education Credits have been applied for through Ohio Nurses Association.

Brown County Inn

51 St. Rd. 46 E.
Nashville, IN 47448
TOLL FREE:
1-800-772-5249
info@browncountyinn.com

Discounted Hotel Rooms for Thursday $79.00 (breakfast not included)
Contact Brown County Inn use code 0911 to receive this discount.

For Conference Questions:
Contact Marla at (317)299-4575 or
mholbrook@indiananurses.org

Friday, September 12, 2014
(Note: All times EDT and are subject to change without notice)

8:30 a.m.	Registration
9:00 a.m.	Welcome
9:15 a.m.	*The Next Disaster: Are You As a Nurse Prepared?* Dan Kirkpatrick, RN, MSN President, Ohio Nurses Association
10:45 a.m.	Break/Exhibitors
11:00 a.m.	Annual Meeting Proposed Resolutions Affiliate Reports
12:30 p.m.	Luncheon/Exhibitors
1:30 p.m.	Member Get a Member
2:15 p.m.	Break/Exhibitors
2:30 p.m.	Optional Breakouts Sessions for Attendees to Meet with other Affiliate Organizations
4:00 p.m.	Conclusion/Adjournment

To be the Renowned Leader in Nursing Excellence

At Methodist, Nursing Excellence is defined as:
• High-quality, cost-efficient patient care
• A culture of patient safety
• A shared governance environment
• A commitment to the professional development of our staff
• Adherence to our Model of Care and Conduct

For information about Methodist and our available nursing opportunities, please visit our Web site at:
www.methodisthospitals.org

METHODIST HOSPITALS
Leading the way to better health.
Like us on: facebook.com/MHJobs
eoe

Mental Health Center of Denver
Where Recovery Happens

Psychiatric Nurse Practitioner

Prescriptive Authority Nurse

Mental Health Center of Denver is a nonprofit community mental health center, and is the nation's leader in progressive community-based mental health. Work as part of a multidisciplinary team to provide various mental health services to a diverse population. We offer counseling, housing, education, and vocational services for adults, children and families. We build upon each consumer's strengths and resiliency to help them toward recovery.

**Bilingual applicants are encouraged to apply.*

For more information about Mental Health Center of Denver and our forward-focused wellness culture please visit our website at www.mhcd.org.
To apply: Complete the online application or email your resume to resumes@mhcd.org. Fax: (303) 758-5793.

TOP WORK PLACES The Denver Post denverpost.com

BETHEL COLLEGE INDIANA NURSING

Expand your nursing career with an advanced degree
• RN to BSN
• MSN
• MBA

Expand your options. Take Control.
For more information or to enroll, contact:
574.807.7570
BCinfo@BethelCollege.edu
Adults.BethelCollege.edu

INDIANA STATE NURSES ASSOCIATION BYLAWS as amended September 28, 2012

ARTICLE I NAME, PURPOSES, AND FUNCTIONS

SECTION 1. NAME
The name of this corporation shall be the Indiana State Nurses Association, Inc., hereinafter also referred to as Corporation, Association, or ISNA.

SECTION 2. PURPOSES
a) The purposes of the ISNA shall be to:
   (1) Foster high standards of nursing, and
   (2) Promote the professional and educational development of nurses and advance their welfare, and
   (3) Work for the improvement of health standards and the availability of health care services for all people.
b) These purposes shall be unrestricted by consideration of age, color, creed, disability, gender, health status, lifestyle, nationality, race, religion, sexual orientation, or any other consideration in accordance with the Bylaws of the American Nurses Association, hereinafter also referred to as ANA.

SECTION 3. FUNCTIONS
The functions of the ISNA shall be:
a) To promote through appropriate means standards of nursing practice, nursing education, and nursing services as defined by the ANA.
b) To insure adherence to the Code of Ethics for Nurses established by the ANA.
c) To promote legislation and to speak for nurses in regard to legislative action.
d) To promote the welfare of nurses.
e) To encourage and promote research designed to enlarge the knowledge on which the practice of nursing is based.
f) To ~~provide and~~ promote continuing professional development of nurses.
g) To represent nurses and serve as their state spokesperson with allied professional, community and governmental groups, and with the public.
h) To provide for representation in the ANA Membership Assembly.
i) To promote relationships with nursing students.
j) To promote the general health and welfare of the public through association programs, relationships, and activities.

ARTICLE II CHAPTERS

SECTION 1. A chapter may be proposed by a minimum of ten (10) members to improve networking, professional practice, and development within a specific clinical, functional, or geographic area according to the policies and procedures of the Board of Directors. An ISNA member may join any chapter according to ISNA policies.

SECTION 2. Chapter leadership structure shall be determined by each chapter. The Chapter shall select a spokesperson to serve as a liaison to the ISNA Board of Directors.

SECTION 3. An ISNA Individual Affiliate or a representative from an Organizational Affiliate may participate in a chapter based on ISNA policies.

SECTION 4. The chapters shall have the opportunity to make recommendations to the Board of Directors and to the members at the annual meeting of the membership.

SECTION 5. Funding for chapter activities will be available according to ISNA policies

ARTICLE III MEMBERSHIP

SECTION 1. Members of the ISNA shall be those persons accepted in accordance with qualifications and other requirements described in the ISNA Bylaws, unrestricted by consideration of age, color, creed, disability, gender, health status, lifestyle, nationality, race, religion, sexual orientation, or any other consideration in accordance with the Bylaws of the ANA.

SECTION 2. QUALIFICATIONS
a) An ISNA/ANA member is one:
   (1) Who has been granted a license to practice as a registered nurse in at least one state, territory, or the District of Columbia of the United States and who does not have a license under revocation in any of the foregoing areas, or
   (2) Whose license is suspended or surrendered and can document, according to policies and procedures, a program of recovery from chemical dependency, or
   (3) A nurse who has retired and/or no longer chooses to practice, but whose license was in good standing with the Board of Nursing at the time the nurse made the decision not to maintain an active license, and
   (4) Whose dues are not delinquent, and
   (5) Whose membership is not under revocation for violation of the Code of Ethics for Nurses or the Bylaws of the ANA or its constituent/state nurses associations (C/SNA).
b) An ISNA State-Only member is one:
   (1) Who has been granted a license to practice as a registered nurse in at least one state, territory, or the District of Columbia of the United States and who does not have a license under revocation in any of the foregoing areas, or
   (2) Whose license is suspended or surrendered and can document, according to policies and procedures, a program of recovery from chemical dependency, or
   (3) A nurse who has retired and/or no longer chooses to practice, but whose license was in good standing with the Board of Nursing at the time the nurse made the decision not to maintain an active license,
   (4) Whose dues are not delinquent, and
   (5) Whose membership is not under revocation for violation of the Code of Ethics for Nurses or the Bylaws of the ANA or its constituent/state nurses associations.

SECTION 3. PRIVILEGES
a) Privileges for ISNA/ANA Members are as follows:
   (1) voting for ISNA officers, directors, nominating committee, and representatives and alternates to the ANA Membership Assembly;
   (2) serving in any ISNA and ANA office if elected or ISNA or ANA appointed position if so qualified and selected;
   (3) attending and participating in meetings, and unrestricted activities of ISNA and ANA;
   (4) receiving regular ISNA/ANA communications;
   (5) receiving an ISNA/ANA membership card;
   (6) receiving all member discounts on ISNA and ANA events;
   (7) receiving access to Members Only page on ISNA's and ANA's web sites.
b) Privileges for ISNA State-Only Members:
   (1) voting for ISNA officers (except ISNA President, Vice-President or Treasurer, and representatives to the ANA Membership Assembly, directors, and nominating committee;
   (2) serving in any ISNA elected (except ISNA President, Vice-President or Treasurer, and representatives to the ANA Membership Assembly or ISNA appointed position if so qualified and selected;
   (3) attending and participating in meetings and unrestricted activities of ISNA;
   (4) receiving regular ISNA communications;
   (5) receiving an ISNA membership card;
   (6) receiving all member discounts on ISNA events;
   (7) receiving access to Members Only page on ISNA's web site.

SECTION 4. DISCIPLINARY ACTION
a) A member shall be subject to censure or expulsion by the ISNA or ANA for violations of The Code of Ethics for Nurses as established by the ANA; for violation of the ISNA or ANA Bylaws; or other actions which are detrimental to the purposes, goals, and functions of the ANA or the ISNA. No such action shall be taken against a member until such member shall have been served with written specific charges, given a reasonable time to prepare any defense, and afforded a full and fair hearing pursuant to common parliamentary and statutory laws.
b) Disciplinary action, appeal, and reinstatement shall be conducted in accordance with the policies and procedures of the ISNA or ANA.
c) Any disciplinary action taken by any other constituent/state nurses association against one of its members or against a member of ISNA shall be given full recognition and enforcement provided that such action was taken in accordance with that state nurses' association's bylaws and disciplinary procedures.
d) Members expelled under provisions of this section and who are subsequently reinstated shall be automatically reinstated by the ISNA.
e) Any disciplinary action taken by any other constituent/state nurses association against one of its members or against a member of ISNA shall be given full recognition and enforcement provided that such action was taken in accordance with that state nurses' association's bylaws and disciplinary procedures.

SECTION 5. DUES
a) The annual dues for a member of ISNA may be recommended by the Board of Directors. A change in the amount of dues shall be determined by a majority vote of all members in good standing and in attendance at the annual Meeting of the Members or special meeting of the membership provided reasonable notice of the intent to take such a vote shall have been given. The vote will be by secret ballot.
b) ISNA/ANA dues shall include the assessment paid by the association to the ANA, in accordance with the policies adopted by the ANA. Any change in the ANA Assessment will automatically be passed through to the members.
c) ISNA State-Only member dues shall include the ISNA state amount plus the amount identified in the agreement with ANA for the state only, individual membership option.
d) The forfeiture of all membership rights shall occur if dues are not paid as required by current policy.
e) No additional dues, fees, or assessments will be required to participate in a chapter.
f) Members who qualify for one of the following categories may elect to pay fifty percent (50%) of the full annual dues:
   (1) nurses who are not employed;
   (2) registered nurse students in full-time study;
g) Members who are permanently disabled or sixty-two (62) years of age or older who are not employed may elect to pay twenty-five percent (25%) of the annual dues.
h) The Board of Directors may approve a variance in dues for special membership projects. Each project shall not exceed two years in length.

SECTION 6. CHANGE OF DUES CATEGORY
No monies shall be refunded nor additional monies collected when a change in dues category is made within a membership year.

SECTION 7. DISAFFILIATION FROM ANA
ISNA shall continue to pay the assessment to the ANA pursuant to policy and/or the ANA bylaws until such time as 2/3 (two thirds) of the ISNA/ANA members vote to disaffiliate from the ANA.

SECTION 8. TRANSFERS
a) Members of the ISNA who have completed full payment of dues shall be transferred to another state association that is a constituent of the ANA, upon written request giving cause. ISNA will not refund individual dues already paid to the member nor to the receiving constituent/state nurses association.
b) Members of another constituent of the ANA who have requested a transfer of membership to the ISNA may be accepted for the remaining portion of the membership year for which the ANA assessment has been paid, without further payment of dues to the ISNA. Any charge of additional fees for services to transferred members shall not interfere with the rights of members as defined in these bylaws.

ARTICLE IV AFFILIATES

SECTION 1. ORGANIZATIONAL AFFILIATES
a) An organizational affiliate is an organization which is not a member but
   (1) Has Articles of Incorporation that govern its members and regulate its affairs.
   (2) Has stated purposes and functions harmonious with those of the ISNA.
   (3) Has a governing body composed of a majority of registered nurses.
   (4) Has paid a fee as established by the Board of Directors.
b) Organizational affiliates shall have privileges as granted by the ISNA Board of Directors.

SECTION 2. INDIVIDUAL AFFILIATE
a) An individual affiliate is a person who is not a member but who:
   (1) Elects to join ISNA in accordance with the provisions of this section, and
   (2) Pays the fee established by the ISNA Board of Directors, and

Bylaws continued on page 7

Bylaws continued from page 6

(3) Whose views are congruent with ISNA.

b) Individual affiliates shall have privileges as granted by the ISNA Board of Directors.

ARTICLE V OFFICERS AND THEIR DUTIES

SECTION 1.

a) The officers of the ISNA shall be a President, a Vice-President, a Secretary, and a Treasurer.
b) The President, Vice-President, and Treasurer must be ISNA/ANA members. The Secretary may be an ISNA State-Only member.

SECTION 2. Vacancies in office shall be filled as provided in Article VI, Section 6.j.

SECTION 3. The President shall:

a) Preside at meetings of the:
   (1) Board of Directors,
   (2) Board Executive Committee,
   (3) Annual Meeting of the Members.
b) Appoint, with the approval of the Board of Directors, a Parliamentarian who shall be a non-member of this Association.
c) Serve as an elected representative to the ANA Membership Assembly.
d) Perform all other duties pertaining to the office.

SECTION 4. In the event a vacancy occurs in the office of President, the Vice-President shall assume such office for the unexpired term and/or until a successor is elected.

SECTION 6. The Secretary shall:

a) Be responsible for and cause the proper recording of minutes of the:
   (1) Board of Directors,
   (2) Board Executive Committee,
   (3) Annual Meeting of the Members.
b) Be the official custodian of all fiscal records and the corporate seal of the ISNA.
c) Send to the secretary of the ANA the name and address of the President immediately after election.
d) Send to the headquarters office of the ANA a complete copy of all amendments or a revision of the Bylaws of the ISNA within one month after adopting and after printing send copies of Articles of Incorporation and Bylaws.
e) Authenticate corporation minutes and documents.

SECTION 7. The Treasurer shall be responsible for:

a) The proper receipt, deposit, disbursement, and withdrawal of funds of the ISNA.
b) The proper care of its fiscal records.
c) Reporting the financial standing of the ISNA to the Board of Directors and to the annual Meeting of the Members.

SECTION 8. The Executive Director shall assume such duties in connection with the work of the Secretary and Treasurer as shall be designated by the Board of Directors.

SECTION 9. All officers shall, within two (2) weeks upon resignation or expiration of their terms of office, surrender all property of the ISNA in their possession to their successors or to the Headquarters office.

ARTICLE VI BOARD OF DIRECTORS

SECTION 1. Members of the Board of Directors shall be four (4) officers and five (5) directors. No member shall serve more than eight (8) consecutive years on the Board of Directors.

SECTION 2.

a) The five (5) directors shall be elected for a term of two (2) years and no director shall serve more than four (4) consecutive terms.

b) One seat shall be designated for a recent graduate of an RN licensure program.
c) One who has served more than one-half of a term shall be credited with having served that term.

PROVISO: This shall become effective for the 2013 elections of directors. Directors elected in 2011 shall complete the four-year term (2011-2015) they were elected to.

SECTION 3. The Board of Directors of the ISNA shall exercise all powers of the Association not reserved in the Bylaws to the officers.

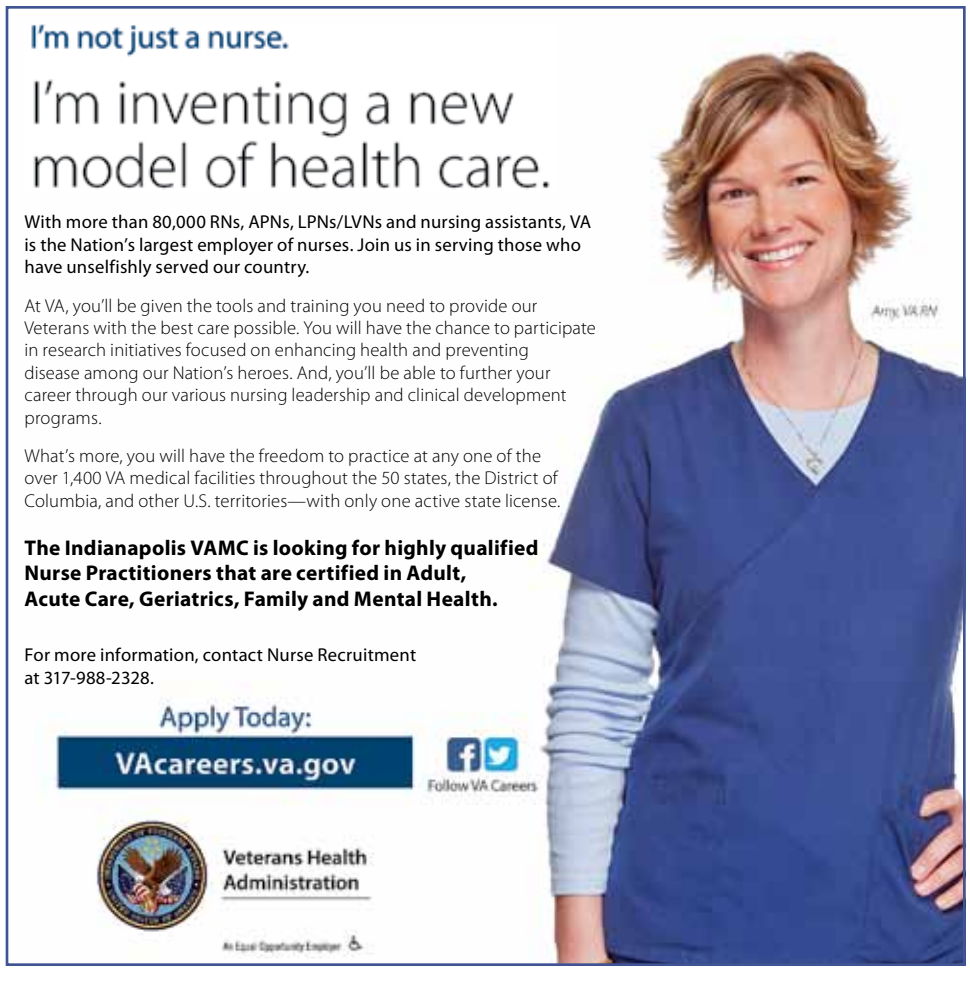
SECTION 4. The Board of Directors shall meet at least annually and at such other times as shall be determined by the President or by the Board. Absence from three (3) meetings within one calendar year without good cause as determined by the Board of Directors shall constitute a resignation, and the vacancy shall be filled as provided for in these Bylaws.

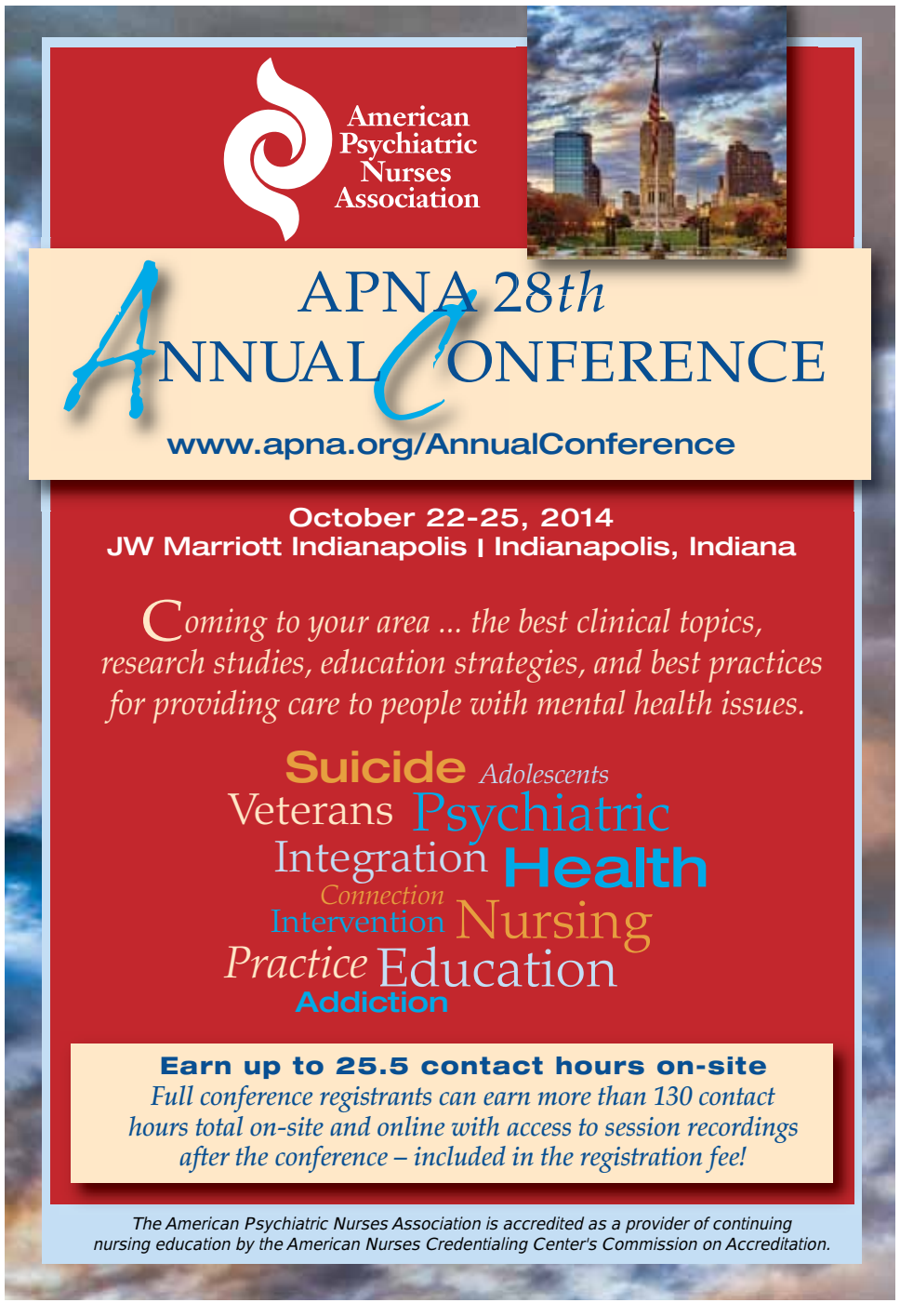
SECTION 5. Special meetings of the Board of Directors may be called by the President or by a majority of the members of the Board.

SECTION 6. The Board of Directors shall:

a) Transact the business of the Association in the interim between annual Meetings of the Members.
b) Establish major administrative policies governing the affairs of the Association and devise and coordinate measures for the growth and development of the Association.
c) Provide for:
   (1) The maintenance of the Headquarters office.
   (2) An office, making it the center of activities of the Association.
   (3) The care of materials, equipment, and funds of the Association.
   (4) The payment of legitimate expenses.
d) Assume responsibility for disciplinary action and rights of members as specified in these Bylaws.
e) Appoint, define the duties, and set compensation for the chief staff officer.
f) Determine what officers and other persons shall be bonded, fix the amount of bond for each, and approve the same.
g) Provide for the auditing of all books of account at least annually by a certified public accountant.
h) Create special committees and task forces as the need arises to perform specific functions.
i) Appoint the Chairperson and members for all appointments not otherwise provided for in these bylaws.
j) Fill vacancies on the Committee on Nominations and on the Board of Directors, except for a vacancy occurring in the office of President.
k) Assign such other activities to the committees as is deemed necessary.
l) Decide upon:
   (1) Registration fees, date, and place of the annual Meeting of the Members.
   (2) Time and place of meetings of the Board of Directors.
m) Adopt criteria for selection of representatives of the profession to be submitted to the appropriate State authorities for consideration in making appointments

Bylaws continued on page 8





Bylaws continued from page 7

to the Indiana State Board of Nursing and other State agencies, and name the representatives to be submitted.

n) Approve the minutes of the annual Meeting of the Members.
o) Adopt an annual budget.
p) Report to annual Meetings of the Members.
q) Approve establishment or dissolution of chapters.

SECTION 7. There shall be an Executive Committee of the Board of Directors composed of the four (4) elected officers. This committee shall have all the powers of the Board to transact business of an emergency nature between Board meetings. All transactions of this committee shall be reported to the Board at its next meeting.

SECTION 8. Any action required or permitted to be taken at any meeting of the Board of Directors or of any committee thereof may be taken without a meeting, if prior to such action a written consent to such action is signed by eighty percent (80%) of the board or committee members, as the case may be, and such written consent is filed with the minutes or proceedings of the board or committee.

SECTION 9. Any meeting of the Board of Directors or of a committee or task force designated by the Board may be conducted by means of a conference telephone or similar communication equipment by which all persons participating in the meeting can communicate with each other, and participation in this manner constitutes presence in person at the meeting.

ARTICLE VII ELECTIONS

SECTION 1. Members who seek nomination and election to office must maintain current ISNA membership without a lapse throughout the nomination, election, and term of office.

SECTION 2. Elections will be held in the odd-numbered calendar years, and the term of office shall commence at the adjournment of the annual Meeting of the Members at which their election is announced.

SECTION 3. Five (5) Directors shall be elected to serve for two (2) years.

SECTION 4. Five (5) members of the Committee on Nominations shall be elected in the odd-numbered calendar years to serve for two (2) years.

SECTION 5. A member shall be considered eligible for only one office in ISNA elected by the entire membership at any one time. This does not apply to representatives to the ANA Membership Assembly.

SECTION 6. The ISNA shall have elected representatives and alternates to the ANA Membership Assembly who shall be elected by the official ballot of the ISNA.

a) One representative to ANA shall be the President, and
b) The alternate for the President shall be the Vice-President.
c) The second representative shall be elected according to ISNA policy.
d) Additional alternates shall be elected according to the number of votes received.
e) Election of the representatives and alternates shall be in agreement with ANA Bylaws and policies.
f) Each representatives and alternate shall be elected for a two-year term or until a successor is elected.
g) ISNA State-Only members are not eligible to elect or be elected as representatives or alternates to the ANA Membership Assembly.
h) Representatives and alternates to the ANA Membership Assembly may serve no more than eight (8) consecutive years.

SECTION 7. Elections shall be carried out by secret ballot (mail or electronic) of the members. State-Only members will receive a separate ballot than that of ISNA/ANA members.

SECTION 8. The ballots shall be tabulated in accord with policies and procedures as determined by the Board of Directors.

SECTION 9.

a) A plurality majority vote of members voting shall constitute an election for officers. If there is not a majority vote for an officer, a run-off election shall be held according to ISNA Policy and Procedures.
b) A plurality vote of members voting shall constitute an election for Directors and Committee on Nominations. The nominees for Directors and for the Committee on Nominations receiving the highest number of votes shall be declared elected.
c) The nominees for the second representative to the ANA Membership Assembly who receives the highest number of votes shall be declared elected and the nominees who receive the next highest number of votes shall serve as alternates.

SECTION 10. In case of a tie, the choice shall be decided by lot.

SECTION 11. All ballots, credentials of the voting body, and other records of the election shall be preserved for a minimum of one year.

ARTICLE VIII STANDING COMMITTEES

SECTION 1. Standing committees shall consist of no fewer than three (3) members appointed by the Board of Directors, unless otherwise specified by these Bylaws, to serve for two (2) years or until their successors are appointed/elected. Standing committees appointed by the Board of Directors shall be accountable to the Board of Directors and shall submit biennial reports to the membership.

SECTION 2. The absence without good cause from two (2) meetings of a committee shall constitute a resignation, and the vacancy shall be filled by the Board.

SECTION 3. There shall be Standing Committees on:

a) Bylaws.
b) Nominations.

SECTION 4. RESPONSIBILITIES OF COMMITTEES

a) The Committee on Bylaws shall:
   (1) Have in its membership one member of the Board.
   (2) Review the Bylaws of the ISNA and recommend corrections or amendments in order to keep them consistent with accepted organization practices and in harmony with the Association's program and activities.
   (3) Draft or approve the proposed text of all amendments to the bylaws prior to their submission to the annual Meeting of the Members.
   (4) Consider other matters referred to it and report its findings and recommendations as appropriate.
b) The Committee on Nominations shall:
   (1) Consist of five (5) members elected by members of the ISNA. The chairperson shall be the member receiving the highest number of votes. No member shall serve more than four consecutive years.
   (2) Prepare a list of candidates for each position to be filled by election--officers, directors, members of the Committee on Nominations, and ANA representative and alternates, using procedures established by the Board of Directors.
   (3) Place on the ballot only those who have submitted their qualifications and written consent to serve if elected.
   (4) Submit its final report to the Executive Director at least three months prior to the opening day of the annual Meeting of the Members.

ARTICLE IX ASSOCIATION MEETINGS

SECTION 1. The ISNA shall hold an annual Meeting of the Members in good standing, at such time and place as shall be designated by the Board of Directors and announced in the official publication of the ISNA.

SECTION 2. ANNUAL MEETING

a) The annual meeting shall be composed of members present.
b) Members shall:
   (1) Establish the order of business at the beginning of the annual meeting.
   (2) Adopt and maintain the Bylaws of the ISNA.
   (3) Take positions, determine policy, and set direction on substantive issues of a broad nature necessitating the authority and backing of the official voting body of the ISNA except as otherwise provided for in these Bylaws.
   (4) Take action on Association business as required by law or these Bylaws.
   (5) Transact all other lawful business as may be in order.

SECTION 3. Special meetings of the ISNA may be called by the Board of Directors, and they shall be called by the President upon the written request of a majority of the chapters at least one month prior to the special meeting.

ARTICLE X HONORARY RECOGNITION

SECTION 1. Honorary recognition may be conferred by a unanimous vote of the ISNA Board of Directors on a nurse or a person who is not a nurse who has rendered distinguished service or valuable assistance to the nursing profession.

SECTION 2. Any ISNA member or structural unit may recommend to the ISNA Board of Directors the name(s) of any individual(s) deserving recognition. The recognition shall be conferred at an annual Meeting of the Members at a time and place selected by the Board of Directors.

SECTION 3. Honorary Recognition confers social privileges only. One may be a member and also hold Honorary Recognition.

ARTICLE XI QUORUMS

SECTION 1. A majority of the Board of Directors, one of whom shall be the President or the Vice-President, shall constitute a quorum at any meeting of the Board.

SECTION 2. A majority of the members shall constitute a quorum for all committees.

SECTION 3. Five (5) members of the Board of Directors, one of whom shall be the President or the Vice-President, and three (3) percent of the current membership shall constitute a quorum for the transaction of business at any annual or special meeting.

ARTICLE XII FISCAL YEAR

The fiscal year of the ISNA shall be January 1 through December 31.

ARTICLE XII OFFICIAL PUBLICATIONS

The American Nurse, The Indiana Nurse, and the ISNA Bulletin shall be the official publications of the Association.

ARTICLE XIV PARLIAMENTARY AUTHORITY

The rules contained in the most current edition of Robert's Rules of Order Newly Revised shall govern the ISNA in all cases to which they are applicable and in which they are not inconsistent with these Bylaws.

ARTICLE XV AMENDMENTS

SECTION 1. These Bylaws may be amended at any annual or special meeting of the ISNA by a two-thirds vote, provided notice shall have been sent to all members at least thirty (30) days prior to the annual or special meeting.

SECTION 2. These Bylaws except for Purposes, Functions, and Dues may be amended by the ISNA Board of Directors by a two-thirds vote, provided notice shall has been sent to all members at least sixty (60) days prior to the board meeting.

SECTION 3. These Bylaws may be amended without previous notice at an annual or special meeting by a ninety nine percent (99%) vote of those present.

Proposed Change to ISNA Bylaws to be Voted on at Meeting of the Members, September 12, 2014

Current Language	Proposed Language	Why
The Board of Directors may approve a variance in dues for special membership projects. Each project shall not exceed two years in length.	For the purpose of retaining and/or increasing membership and on a pilot basis, the Board of Directors may establish membership categories, dues rates, and payment options that may differ from ISNA policies and bylaws. Such pilot programs shall not exceed the two years but may be renewed by the Board of Directors.	This proposed change will provide the ISNA Board of Directors with greater flexibility to implement innovative models to increase membership.

INDIANA STATE NURSES ASSOCIATION

"The Challenges of Prescription Drug Use/Abuse — Trends and Solutions"

Thursday, September 11, 2014
Fairbanks Recovery Center, 8102 Clearvista Parkway, Indianapolis, IN
Recommended For Those to Attend:
Nurses, Physicians, Therapists, Social Workers, Employee Assistance Program, Worksite Monitors, Persons in Recovery
All Proceeds Benefit the ISNAP Needs Assistance Fund

Program Description

"Hijacking the Reward System – The Disease of Addiction with an Emphasis on Opiates"

Daniel Angres, M.D., Medical Director for Presence Health in Chicago, Illinois (Formerly Rush Behavioral/Resurrection Health). This presentation will identify some of the latest neurobiology regarding the disease and how opiates, in their various forms, are particularly effective in hijacking the reward system.

"Complexities of Acute Pain on Opiate Addiction and How to Avoid Iatrogenic Relapse"

James Ryser, MA, LMHC, the Program Coordinator of IU Health's Chronic Pain Rehabilitation Center at Methodist Hospital. This presentation will focus on how the aggressive use of opioids over the years to treat chronic pain has not shown much evidence of improvement in self-assessed health status and pain.

"Positive Sobriety"

Daniel Angres, M.D. will look at how the concept of positive sobriety is dedicated to the idea recovery from addiction is a combination of solemn effort and pursuit of happiness. The path of recovery (and happiness) requires a persistent effort in balancing present benefit for future benefit, or at times sacrificing pleasure for meaning.

"Anonymous People"

This newly released movie featuring prominent people who are living publically in long-term recovery will be shown.

A Panel of ISNAP Recovering Addicts

The panel will share their stories of overcoming addiction as a health care professional.

Concert by Jimmy Ryser

Jimmy previously sang and played guitar for John Mellencamp, and had a solo career. Jimmy abandoned music years ago when he committed to fight his addiction to pain medication, only to return to music on his journey of recovery. His most recent album was "Lubricate My Mojo

Gold Sponsors:

Alkermes Patient inspired

Witham Health Services — Small Hospital. Big Medicine.

Toxicology Lab

Hotel Information: Ask for Fairbanks Rate

- Hilton North, by Fairbanks, approx. $100
  317-849-6668
- Hampton Inn, approx. $63 + breakfast
  317-576-0220
- Comfort Inn, in Fishers, approx. $69
  317- 578-1200

Thursday, September 11, 2014

(Note: Agenda May Change Without Notice. All times EDT)

8:00 a.m.	Registration Exhibit Hall
9:05 a.m.	Welcome
9:10 a.m.	*"Hijacking the Reward System"* - Daniel Angres, M.D.
10:30 a.m.	Exhibit Hall/Break
10:45 a.m.	*"How to Better Manage Your Pain Without Drugs"* - Jim Ryser, MA, LMHC
12:00 p.m.	Lunch/Exhibit Hall *"Tools of Recovery Vivitrol"* - Philip Zink, Alkermes
1:00 p.m.	*"Positive Sobriety"* - Daniel Angres, M.D.
2:00 p.m.	*"Anonymous People"* - Movie
3:00 p.m.	Exhibit Hall/Break
3:15 p.m.	Recovering Addicts Share Their Journey
4:00 p.m.	Jimmy Ryser Concert
4:30 p.m	Adjournment

Continuing Nursing Education Credits Have Been Applied For

ISNAP Needs Assistance Fund

This fund helps nurses who meet the criteria pay for their required screenings to stay in the Nurses Assistance Program. The cost of screenings can be very costly, especially for those nurses who are not currently working as nurses.
The proceeds from this conference will go to support nurses in their time of need.

For more information,
contact Chuck Lindquist,
ISNAP Program Director
1-800-638-6623 or
317-295-9862 at ext. 1.

Registration

- ☐ Full Day Registration (Lunch Included) $75.00
- ☐ ISNAP Participants $50.00
- ☐ Undergraduate Students: (Full Day w/Lunch) $50.00

***Late Fee After September 1,2014 ADD $10**

Total Due $_____

Notice to cancel must be received no later than **9/1/14.** There will be a $25 administrative fee charged for all refunds.

Name _____

Credentials _____

Address _____

_____
Phone Email

Method of Payment:

☐ Check ☐ MasterCard ☐ Visa

Number _____

Exp. _____

Signature _____

Mail or FAX to:
Indiana State Nurses Association
2915 North High School Road
Indianapolis, IN 46224
FAX 317-297-3525

ONLINE REGISTRATION
www.IndianaNurses.org

For more information,
contact Chuck Lindquist,
ISNAP Program Director
1-800-638-6623 or
317-295-9862 at ext. 1.

Independent Study

Radon: A Public Health Risk

Independent Study
ONA-14-28-I

INDEPENDENT STUDY

This independent study has been developed to enhance knowledge about the issues surrounding radon.

1.0 contact hour will be awarded for successful completion of this independent study.

The Ohio Nurses Association (OBN-001-91) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Expires July, 2016. Copyright © 2014, Ohio Nurses Association

DIRECTIONS

1. Please read carefully the enclosed article "Radon: A Public Health Risk."

2. Complete the post-test, evaluation form and the registration form.

3. When you have completed all of the information, return the following to the Indiana State Nurses Association, 2915 N. High School Road, Indianapolis, IN 46224

   A. The post-test; completed registration form; and evaluation form.

The post-test will be reviewed. If a score of 70 percent or better is achieved, a certificate will be sent to you. If a score of 70 percent is not achieved, a letter of notification of the final score and a second post-test will be sent to you. We recommend that this independent study be reviewed prior to taking the second post-test. If a score of 70 percent is achieved on the second post-test, a certificate will be issued.

If you have any questions, please feel free to call Marla Holbrook, Indiana State Nurses Association, (317)299-4575 or mholbrook@indiananurses.org.

OBJECTIVES

1. Discuss the impact of radon on the public health.

This independent study was developed by: Donna Jurden, Ohio Department of Health. The author and planning committee members have declared no conflict of interest.

There is no commercial support or sponsorship for this independent study.

Disclaimer: Information in this study is intended for educational purposes only. It is not intended to provide legal and/or medical advice.

Put your career on track

...with a Bachelor of Science in Nursing degree for registered nurses who have a diploma or associate degree in nursing.

RN-BSN Completion Program
Contact Beverly Travis, RN-BSN Coordinator, at bktravis@anderson.edu or Debbie Sebastian, Program Recruiter at dlsebastian@anderson.edu

...or with a Master of Science in Nursing degree focused on your area of interest.

MSN Informatics track
MSN Administration track
MSN Education track
MSN-MBA program
Contact Lynn Schmidt, Graduate Coordinator, at lmschmidt@anderson.edu or Debbie Sebastian, Program Recruiter at dlsebastian@anderson.edu

ANDERSON UNIVERSITY
School of Nursing

Council for Christian Colleges & Universities

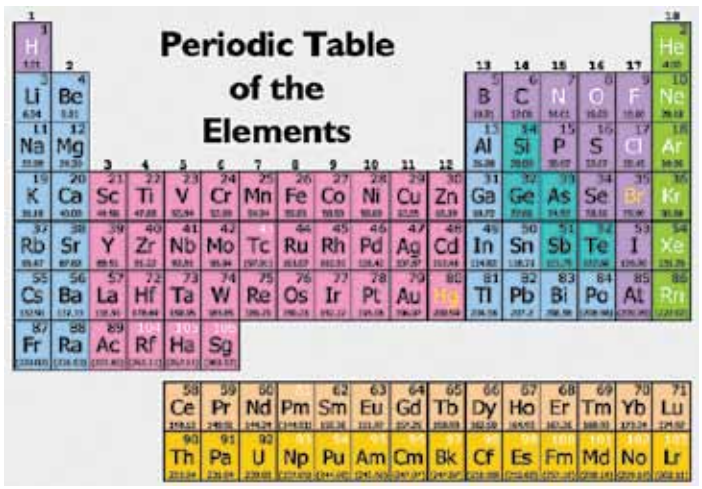
765.641.4383 • 866.575.7148 TOLL-FREE
www.anderson.edu/academics/nursing

Introduction

The U.S. Surgeon General issued a health advisory in January, 2005 stating that exposure to elevated levels of indoor radon causes lung cancer and recommended that every home in the United States be tested. The World Health Organization (WHO) published, "WHO Handbook on Indoor Radon" in 2009 which also states that exposure to elevated levels of indoor radon causes lung cancer and recommends that homes be tested. The American Cancer Society and the American Lung Association both list exposure to elevated levels of radon as a risk factor for lung cancer. So, what is radon and how does it cause lung cancer?

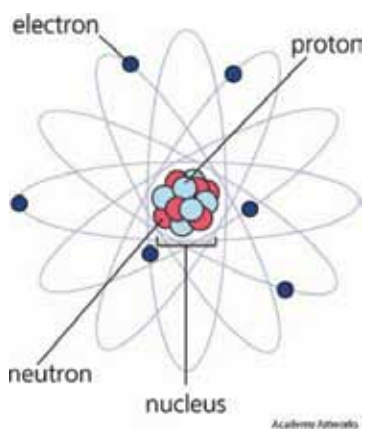
What is Radon?

Radon is a radioactive gas. It is one of the six noble gases on the periodic table of elements. It is colorless, odorless and tasteless and is classified as a human carcinogen.

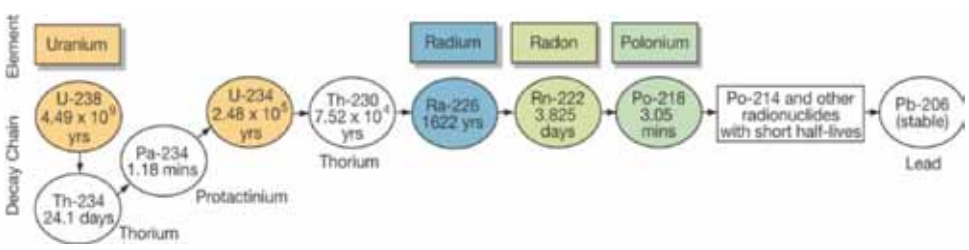


In order to better understand what radon is and how radon can cause lung cancer, you first need to understand what an atom is and what the numbers on the periodic table represents. Elements on the periodic table are made up of atoms. Atoms consist of a dense nucleus which contains neutrons and protons surrounded by electrons. Each element has an atomic number which represents the number of protons and neutrons for that element. Radon has an atomic number of 86 which means radon has 86 protons and 86 electrons.

Radon gas is produced when uranium undergoes decay. Decay or loss of energy is the process by which an unstable atom loses energy by emitting particles and transforming into a different element with a different atomic number. The particles that are emitted are either alpha particles, beta particles or gamma rays. The emission of these particles produces radiation. The decay of radon produces alpha particles.



Alpha particles consist of two protons and two neutrons. Alpha particles are heavy but very energetic. They only travel short distances but will have many interactions. Alpha particles can be stopped by a sheet a paper. Even though alpha particles do not travel very far, they are considered to be the most dangerous when they enter the body. Radioactive elements like uranium and radon have what is called a "half-life". Half-life is defined as the amount of time required for a radioactive material to be reduced to half of its original value or strength. Uranium which occurs naturally and is found in soil, rocks and water has a half-life of 4.47 billion years. As uranium decays it eventually becomes radium which also undergoes decay and eventually becomes radon. Radon continues to decay and eventually becomes a stable form of lead. Radium has a half-life of 1,622 years and radon's half-life is 3.8 days.



(4.49x109 = 4.5 billion)

Radon is measured in picocuries per liter of air (pCi/l). Pico is one-one trillionth or 10-12 and curies is a unit of measurement for radioactivity. The U.S. EPA estimates the average U.S. outdoor concentration of radon is

Radon continued on page 11

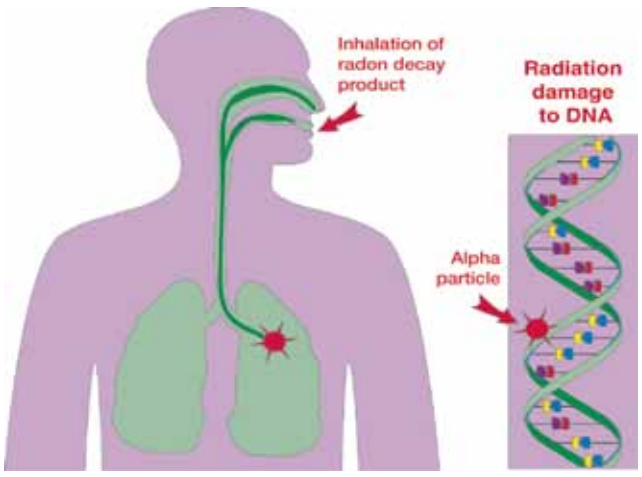
Radon continued from page 10

0.5pCi/l and the average indoor concentration is 1.3pCi/l. Radon concentrations are always given as an average due to the fluctuation of radon levels. Radon like other gases is never at a consistent level. The levels increase and decrease constantly. Overall, radon averages also fluctuate from season to season. Radon levels are usually higher in the winter months and lower in the summer months. The reason for higher levels in the winter is due to the use of furnaces. It has also been determined through research conducted by the U.S. EPA that homes that are "energy-efficient" or "tight" tend to have higher radon levels.

How Radon Causes Lung Cancer

Alpha particles are known to cause chromosomal damage to the tissue that lines the lungs. The chromosomal damage caused by alpha radiation is on average 20 times greater than that of beta or gamma radiation. Specifically, the alpha particle breaks both of the DNA strands. This genetic change to the cell can lead to cancer. It is believed that cancer starts from the malignant transformation of one cell therefore one bronchial epithelial cell that has had genetic damage can initiate lung cancer.

An individual breathes in air that contains radon. The radon particles adhere to the lining of the lung where it continues to decay. The decay is loss of energy and in this instance it is in the form of alpha radiation. The alpha radiation causes a double strand break in the DNA of the cell. The cell which has genetic damage initiates lung cancer.



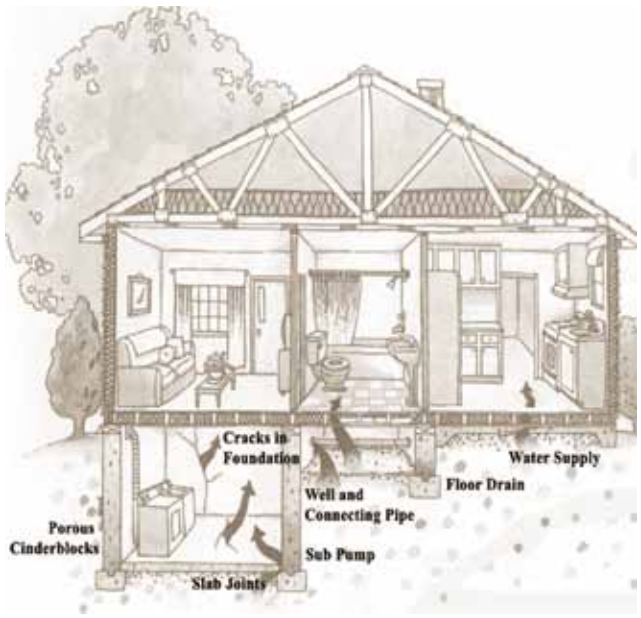
The higher the indoor radon levels individuals are exposed to the more particles that they will breathe in and cause more damage to the cells lining the lungs which can eventually become cancer. The deposit of radon particles in the lungs also depends on other factors such as respiratory rate and lung volume. Typically, it takes several years of exposure before the cancer will be detected. It could take up to 20-30 years of exposure, especially at the lower levels of exposure for lung cancer to develop.

The U.S. EPA has estimated that between 21,000 to 25,000 individuals die every year from lung cancer caused by exposure to indoor radon. The estimated number of Ohioans that die every year from lung cancer caused by exposure to radon is 1200. It has been suggested that 8% to 15% of lung cancer risk is due to radon exposure. This rate could be even higher in non-smokers. Also, a smoker living in a home with elevated levels of indoor radon has as much as a 16 times greater risk of developing lung cancer.

How Radon Enters a Home

The most common way radon enters a home is through cracks and openings in the foundation of the home. Openings would include the space between the foundation floor and wall, the space around pipes that penetrate the foundation and sump pumps.

Cracks in the foundation occur over time as the home "settles." As these cracks get bigger or deeper they allow more radon to migrate into the home. Radon can migrate through concrete that



Radon Risk If You've Never Smoked

Radon Level	If 1,000 never smokers were exposed to this level over a lifetime*…	The risk of cancer from radon exposure compares to**...	WHAT TO DO:
20pCi/L	About 36 people could get lung cancer	35 times the risk of drowning	**Fix your home**
10pCi/L	About 18 people could get lung cancer	20 times the risk of dying in a home fire	**Fix your home**
8 pCi/L	About 15 people could get lung cancer	4 times the risk of dying in a fall	**Fix your home**
4 pCi/L	About 7 people could get lung cancer	The risk of dying in a car crash	**Fix your home**

*Lifetime risk of lung cancer deaths from EPA Assessment of Risks from Radon in Homes (EPA 402-R-03-003)
** Comparison data calculated using the Centers for Disease Control and Prevention's 1999-2001 National Center for Injury Prevention and Control Reports

Radon Risk If You Smoke

Radon Level	If 1,000 people who smoked were exposed to this level over a lifetime*…	The risk of cancer from radon exposure compares to**...	WHAT TO DO: Stop smoking and...
20pCi/L	About 260 people could get lung cancer	250 times the risk of drowning	**Fix your home**
10pCi/L	About 150 people could get lung cancer	200 times the risk of dying in a home fire	**Fix your home**
8 pCi/L	About 120 people could get lung cancer	30 times the risk of dying in a fall	**Fix your home**
4 pCi/L	About 62 people could get lung cancer	5 times the risk of dying in a car crash	**Fix your home**

*Lifetime risk of lung cancer deaths from EPA Assessment of Risks from Radon in Homes (EPA 402-R-03-003)
** Comparison data calculated using the Centers for Disease Control and Prevention's 1999-2001 National Center for Injury Prevention and Control Reports

Radon continued on page 12

NORTON SOUND HEALTH CORPORATION

NSRH is a Joint Commission accredited facility with 18 acute care beds, 15 LTC beds serving the people of the Seward Peninsula and Bering Straits Region of Northwest Alaska. New hospital now open!

Contact
Rhonda Schneider, Human Resources
rmschneider@nshcorp.org
877-538-3142
NSHC is an equal opportunity employer affording Native preference under PL 93-638.
AA/M/F/D. We are a Drug Free Workplace and background checks required for all positions.

RNs
• ER • OB

www.nortonsoundhealth.org

DSI

DSI Renal is a leading provider of dialysis services in the United States to patients suffering from chronic kidney failure. We continue to grow through acquisition, development of new clinics, and organic growth.

Persons with renal (kidney) disease who are in need of dialysis treatments will find state-of-the-art treatment with personalized care at DSI Renal's dialysis facilities.

Together with our physician partners, DSI Renal owns and operates over 80 dialysis clinics in 23 states.

INTERESTED IN JOINING OUR COMPANY? For more information on DSI Renal or for available nursing positions visit our website at www. DSI-Corp. com.

As a Veterans Affairs Nurse,
I'm inventing a new model of health care.

Apply Today: VAcareers.va.gov/ALD
Follow VA Careers

VA
U.S. Department of Veterans Affairs
Veterans Health Administration

Radon continued from page 11

isn't cracked if the radon concentration below the slab is high.

Radon Levels in Homes

Radon levels in homes fluctuate constantly. This fluctuation is mainly due to the natural characteristic of a gas but other factors can influence radon levels in homes. Homes create vacuums that draw in or "suck" in radon. These vacuums are referred to as air pressure differentials. Significant differences in the air pressure inside the home compared to air pressure outside of the home does influence radon levels. Everyday activities such as using the furnace, the bathroom fan, kitchen fan or the clothes dryer will pull air into the house which contributes to air pressure differentials.

The number one contributing factor to radon levels in the home is the amount of uranium in the soil and rocks under and around the foundation of the home. Other factors that contribute to radon levels in the home are the porosity of the soil, the type of foundation and occupant activity.

Weather can also influence radon levels. High winds, temperature and barometric pressure all can significantly influence radon levels in a home. Barometric pressure and wind can have the most influence due to weather. Changes in the barometric pressure will contribute to air pressure differentials. Sustained winds of 35 miles per hour or higher can cause radon levels to be excessively elevated or "spike" for a brief period of time.

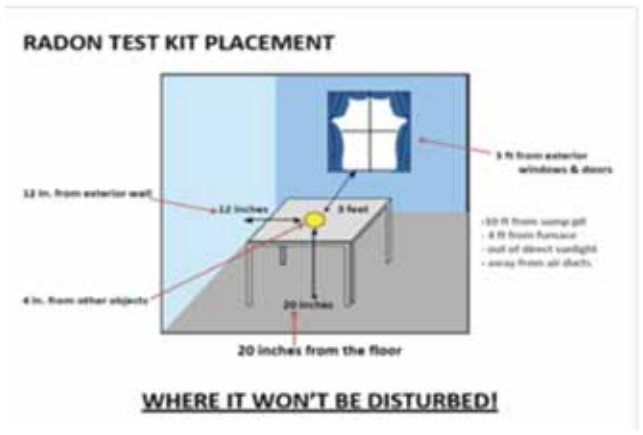
Radon Testing

A homeowner can test their home or hire an Ohio licensed radon tester to perform the test. Radon testing is easy to do and not expensive. Regardless of who is performing the test it is important to perform the test correctly. Not following the protocols for proper radon testing can cause the test results to be unreliable by having a false high average level or a false low average level.

All initial radon tests should be a short-term test. A short-term test is performed for a minimum of 48 hours but can last up to 90 days. The majority of short-term test devices are activated charcoal which can used for 48 hours up to 7 days. Depending on your test results, a follow-up test is recommended.

Follow-up testing can be another short-term test conducted for the same amount time, in the same location or a long-term test. A long-term test is performed for at least 90 days up to one year. When performing long term testing it is recommended to test during the heating season.

Radon testing should be performed in the lowest level of the home suitable for occupancy.



Typically this would be a basement even if it is unfinished or not currently being used. A radon test should never be performed in a crawl space or in a kitchen, laundry room, or bathroom. The kitchen, laundry room and bathroom tend to have high humidity levels which can cause false low results. Also, fans located in the kitchen and bathroom and the dryer in the laundry can cause false low results.

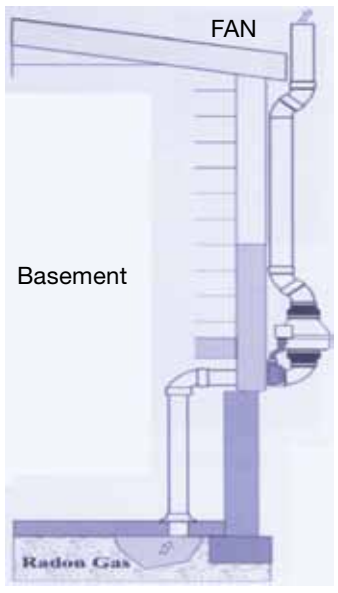
The test device must be placed at least:

- 20 inches from the floor
- 3 feet from exterior windows/doors
- 12 inches from exterior walls
- 10 feet from the sump pit
- 4 feet from the furnace or heat source

The test device must also be placed out of direct sunlight, away from air ducts and where it won't be disturbed. Dryers, range hoods, bathroom fans, window air conditioners and ceiling fans should not be operated during the radon test. The test device must not be placed near humidifiers/dehumidifiers or air filters. The heating or air conditioning should be on and operated in a normal range of 72 degrees plus/minus 5 degrees.

It is of the utmost importance that "closed-home conditions" are observed. Closed-home conditions is defined as closing all of the windows on all levels of the homes 12 hours prior to the start of the radon test and leaving them closed for the duration of the test. Also, all exterior doors should remain closed except for normal entrances and exits. Opening and closing of windows greatly influence radon levels in the home resulting in false high and low test results. It is considered to be interfering with the test and the results will be considered to be invalid.

The U.S EPA set an action level of 4pCi/l which means action should be taken to lower the radon levels in your home if the average radon level is 4pCi/l or higher. A follow-up test is recommended in order to validate the initial before taking steps to lower the radon level. For initial test results less than 8pCi/l, a long-term test could be performed but it is best to perform a second short-term test for all levels above 4pCi/l. Radon testing performed by an Ohio licensed tester using a continuous monitor does not require follow-up testing.



How to Lower Elevated Levels of Indoor Radon

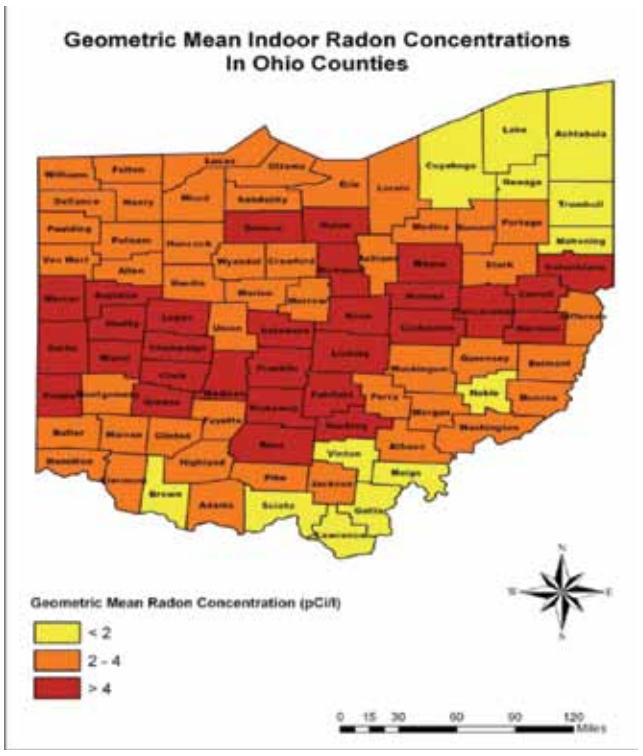
Elevated levels of indoor radon can be lowered to below the action level of 4pCi/l by installing a radon mitigation system. Installation of a radon mitigation system requires special training, skills and knowledge. A radon mitigation not properly installed could cause indoor radon levels to elevate and/or cause back drafting of gas appliances. Ohio requires individuals installing radon mitigation systems in property they do not own to be licensed.

The basic principle of a radon mitigation system is to remove a majority of the radon gas from under the foundation of the home and vent it to the outside air. In order to do this, the Ohio licensed radon contractor will drill a 4 inch hole in the foundation floor. The contractor will then dig out a pit approximately 18 inches in diameter in the aggregate. This pit helps to create more air movement under the foundation. A 4 inch diameter, schedule 40 PVC pipe is inserted into the hole and sealed. It is import that the pipe does not touch the aggregate so that when the fan is activated, air will flow into the pipe.

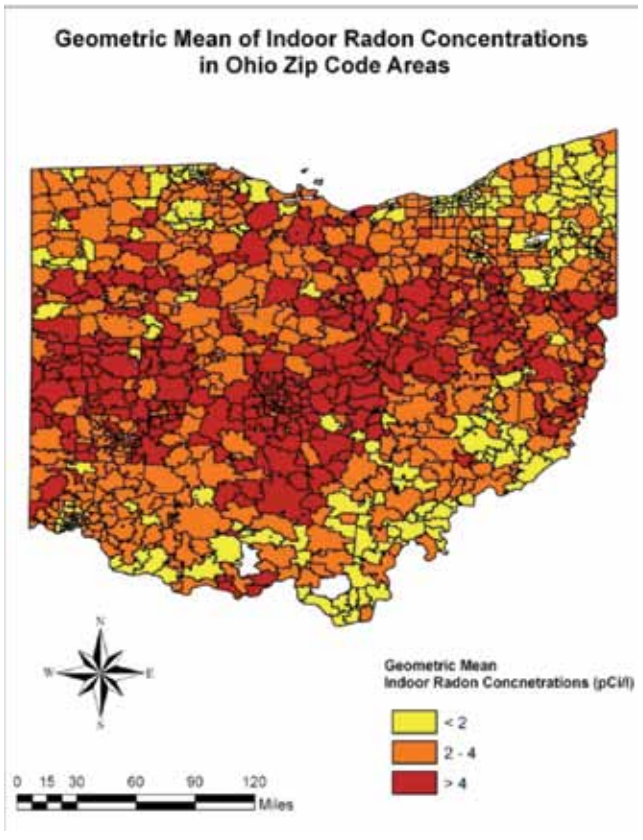
The PVC pipe will exit out the foundation wall just above ground level where the fan will be attached. Additional PVC pipe will be routed up the side of the home and terminate 12 inches above the eave of the roof. When the fan is turned on, it will create suction which pulls the radon gas out from under the foundation of the home and vent it to the outside air. Variations of this system are used or combined based on the foundation(s) of each home. Some of the variations include routing the PVC pipe through interior walls or an attached garage with the fan being placed in the attic. It is also important that the contractor seal any openings or significant cracks in the foundation floor or walls.

Radon in Ohio

This map represents the average radon levels by county in Ohio. The map was created using actual radon test results collected by the Indoor Radon Program at the Ohio Department of Health (ODH). All licensees which include testers, mitigation contractors and labs that analyze radon test kits report to ODH on a quarterly basis.



29 counties have an average radon level of4pCi/l or higher. Licking County has the highest average level of 8pCi/l. 13 counties have had at least 1 home with an average radon level at or above 500pCi/l and 40 counties with at least 1 home with and average radon level between 100 and 499pCi/l. Overall, approximately 50% of all homes tested in Ohio every year have elevated levels of radon.



Radon continued on page 13

Radon continued from page 12

This second map represents average radon levels by zip codes. This map shows us that even within a county that has an average radon level of less than 4 pCi/l there can be zip codes that average levels between 2-4pCi/l or greater than 4pCi/l.

279 zip codes in Ohio have average radon levels of 4pCi/l or higher and 40 zip codes with an average radon level of 8pCi/l. These averages represented by these 2 maps should be used to give the homeowner an idea of what their levels will be when they test. This information should never be used to determine whether or not to test. It is important to keep in mind that radon levels are different in every home and the only way to know what the levels are in a home is to test.

Nurses and Radon

Nurses play a vital role in educating patients about a lot of health concerns. Nurses are viewed as reliable and trusted sources for information about health and medicine. In general, nurses have more patient contact than do physicians or other health care professionals which means they have more opportunities to talk with patients. While it is not expected for nurses to be the authority on radon, they certainly can help promote radon awareness.

One effective way to promote radon awareness would be to include a question on any kind of patient history form or questionnaire. One simple question, "Have you tested your home for radon?" If the patient answers no, the nurse can provide the patient with information on radon and radon testing.

The nurse could take it one step further for those who answer yes ask the patient if their test results indicated elevated levels of radon and if elevated did they install a mitigation system. The nurse could also ask if it has been more than two years since the last radon test. Radon testing should be performed every two years even with a mitigation system.

Incorporating radon awareness into a nurse's practice should be something easy and not burdensome.

The above method is just one way. Nurses should be the ones to determine the best way to promote radon awareness based on their specific practice. It shouldn't be time consuming and the nurse doesn't need to answer a lot of questions about radon. The nurse could provide the patient with information to contact the state radon program for additional information and to answer their questions. Of course a good way for a nurse to promote radon awareness is to set an example by testing their own homes. Not only is it a good example for patients but also for their co-workers.

The Indoor Radon Program at the Ohio Department of Health has available trifold brochures and brochure holders. The brochures provide brief information about radon, the health risk, radon testing, radon mitigation and information about low cost radon test kits. It also has contact information for the program and where to find additional information about radon.

If you have any questions or would like additional information, you may contact the Indoor Radon Program at bradiation@odh.ohio.gov or by calling 1-800-523-4439. You may also visit the Indoor Radon Program web site at www.odh.ohio.gov (select the letter R and then Radon).

Radon Laws

Only a few states across the country have laws pertaining to radon and even fewer have building code requirements. Ohio has one law pertaining to radon that requires individuals performing radon testing or radon mitigation on property they do not own to be licensed by the Ohio Department of Health. A few communities across the state have incorporated the installation of a passive radon system during the construction of a home into their local building codes.

The U.S. EPA in June of 2011 released the Federal Radon Action Plan. The brought together other federal partners in a collaborative effort to increase radon testing and mitigation throughout the United States. Federal partners such as HUD, USDA, Department of Defense, Department of Energy, Veterans Administration and others made commitments to incorporate radon testing and mitigation into their programs.

As an example, in 2013 HUD started requiring radon testing as a part of the multifamily housing mortgage insurance programs. HUD estimates that this would apply to an estimated 105,000 housing units in 2013. HUD also has incorporated radon testing and mitigation into the Healthy Homes Program.

While laws are a good idea in order to impact a majority of people, they are not necessarily the best way. Policies that require radon testing and mitigation can also have the same impact. Getting people to voluntarily to do something is better than mandating in most cases. Increases awareness and education so that individuals can make an informed decision and then take the action they feel is necessary provides a positive outcome.

Summary

Radon is a gas that occurs naturally from the decay of uranium found in soil and rocks. Exposure to elevated levels of radon over the course of an individual's lifetime can increase the risk of developing lung cancer. Radon when inhaled will adhere to the lining of the lungs where it continues to decay. Decay is the release of radioactive particles that can alter the DNA of cell and eventually become cancer.

Radon naturally migrates into homes but can also be pulled in by every day activities such as using a furnace or clothes dryer. Radon levels in homes can be influenced by several factors most of which individuals have no control over such as the weather or the amount of uranium in the soil. Homes create vacuums which draw in radon and are referred to as air pressure differentials.

Testing for radon is easy to do but it must be done properly in order to obtain reliable result. Once elevated levels of radon have been determined, a radon mitigation system should be installed to bring the radon levels down to below the action level of 4pCi/l. A properly installed radon mitigation system will continuously, effectively and efficiently keep radon levels below the action level.

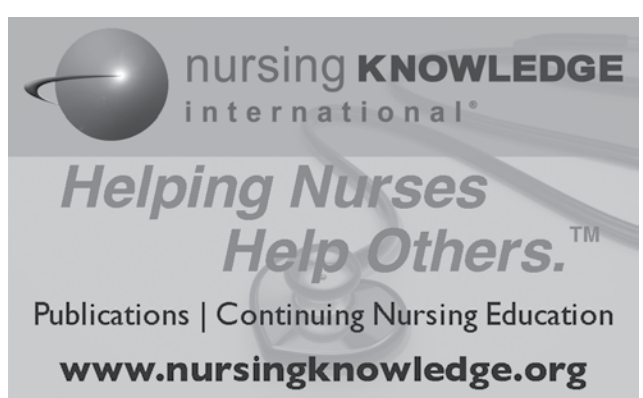
Based on the data collected by the Ohio Department of Health, 1 out of every 2 homes in Ohio has average radon levels at or above the action level. Over half of the counties in Ohio have had at least 1 home with an average radon level over 100pCi/l and close to 300 zip codes have average levels at or above the action level.

Nurses can make an impact on radon awareness by incorporating radon education into their nursing practices. Asking a simple question and providing basic information can motivate homeowners to test their homes. Also, nurses can set a good example by testing their own homes.

References

U.S EPA booklet, "A Citizen's Guide to Radon" The Guide to Protecting Yourself and Your Family From Radon." 1/2009. http://www.epa.gov/radon/pubs/citguide.html

Ohio Radon Information System. http://www.eng.utoledo.edu/aprg/radon/



University of Southern Indiana
College of Nursing and Health Professions

Online graduate education that begins with you!

The **Clinical Nurse Specialist concentration** (42 credit hours/545 clinical hours) prepares the advanced practice nurse to function as an expert clinician, leader, researcher, educator, and consultant for the patient/family, nursing personnel, and health care organizations.

The **Management and Leadership specialty** (42 credit hours) prepares the advanced practice nurse to assume a management/leadership role in today's health care environment. Topics of study include finance, business management, information management, and marketing resources management evaluation.

The **Nursing Education specialty** (42 credit hours) prepares the advanced practice nurse to excel in teaching in schools of nursing, health care institutions, and community settings. Topics of study include curriculum development and implementation, teaching strategies for the classroom and clinic, and measurement of student and program outcomes.

The **Family Psychiatric Mental Health Nurse Practitioner specialty** (42 credit hours/645 clinical hours) prepares the advanced practice nurse to provide diagnosis and medication management for individuals with psychiatric/mental health problems; family consultation, health promotion, and disease prevention education.

See our website for more information: www.usi.edu/health/nursing

Certification Corner

This column is a special one for me because it describes the certification journey of a nurse I have come to know in the past two months of my own journey through chemotherapy and breast cancer. Jill Hire, RN, OCN has been an Oncology nurse for seven and a half years and is currently employed in a Northeast Indiana health system's outpatient chemotherapy unit. She comes to work each day with a smile for each of her patients because she loves her calling as a certified Oncology nurse. Her passion is evident in her interactions with patients and colleagues. She became fascinated with learning every aspect of cancer treatment and realized that no single person can know everything about the myriad changes occurring in care delivery for cancer patients. That led her in 2011 to a quest for certification in Oncology nursing.

Jill's approach was a bit unusual because she had just delivered her son and was home on maternity leave for three months. Her Clinical Nurse Specialist gave her a review textbook with practice tests and Jill rocked her son and read her textbook. She completed the practice tests and scheduled her certification exam. Jill passed her online test and became a certified Oncology nurse. When I asked her why certification was important to her, Jill said that ONS (Oncology Nursing Society) sets standards for clinical performance and certification ensures that she lives up to these standards. She also sees certification as meaningful to her patients because the examination emphasizes recognition of Oncologic emergencies and prompts response to address patient needs.

Jill is also a lifelong learner who will complete her BSN in two more classes. Then, she is planning to pursue further education as a nurse practitioner. This married, mother of two sets high goals for herself and achieves them. Certification has been one of these goals and she always ensures that she meets all qualifications for recertification. Jill is a dedicated certified nurse and her patients, myself included, truly benefit from her expertise and caring. We have confidence in Jill's clinical practice and her certification plays a significant role in that practice. Thank you, Jill, for sharing your story with us!

Do you want to share your certification story with your colleagues? It may encourage them to join you! Please contact me at SueJohn126@comcast.net to share your experiences!

That research paper isn't going to write itself.

Visit www.nursingALD.com

to gain access to 600+ issues of official state nurses publications, all to make your research easier!

www.ancilla.edu/nursing

Ancilla College Nursing

Ancilla College offers valuable degree programs in Registered Nursing, LPN to RN Bridge and Basic Nurse Aide Classes.

NeuroPsychiatric Hospitals

Come Grow with Us!

The NeuroPsychiatric Hospital has openings in the following areas:

- Director of Nursing (Must have a masters degree in nursing, previous experience in management and Psych).
- Registered Nurse
- Licensed Practical Nurse
- Certified Nursing Assistant

To apply, please send your resume to Racquel.Harris@n-p-h.net

TRY IT.
IT'S FUN.

hancock Regional Hospital

And it feels pretty great too. We know. That's why we show our nurses we appreciate them all year long. If you're looking to join a team who'll appreciate the work you do, this is the place. We like to think we're close to home and close to perfect. Check us out at www.hancockregional.org and find out what makes this such an amazing place to work.

Hancock Regional Hospital,
801 North State St, Greenfield, IN 46140.

It's all HERE.
www.hancockregional.org

EMPOWERING PROFESSIONALS

At Johnson Memorial Hospital, when we hire you, we give you the support, technology, and training you need, and then we let you get to work. You won't run into the kind of red tape you're used to. We believe in our people and want them to grow. Enjoy the feeling of empowerment that comes with a career at Johnson Memorial.

Registered Nurse
Risk Manger/ Lead Data Analyst

Located right in Franklin we are a not-for-profit hospital serving the health care needs of Johnson County and surrounding areas. We are seeking a proven leader responsible for Identifying potential claims, reviewing insurance implications and leading peer review committees. You will also be responsible for educating staff on new and existing standards. Current IN RN licensure and BSN required. MA preferred. 5 years clinical experience and 2 years in either hospital data abstraction or risk management required. Risk Management Certification within 3 years required.

We invite you to go to our website for more information and to see our current employment opportunities:
www.johnsonmemorial.org
or call our toll-free Jobline at:
877-695-4561. EOE

JOHNSON MEMORIAL Hospital

www.johnsonmemorial.org

1125 West Jefferson Street, Franklin, IN 46131
Phone: (317) 736-3440 | Fax: (317) 738-7858

PURDUE UNIVERSITY CALUMET

ONLINE

BACHELOR OF SCIENCE, NURSING

- *RN's become Bachelor prepared in as few as 15 months*
- *$339.00 per credit hour*
- *100% online*

LEARN MORE:
855.290.3834
degree.purduecal.edu/ISNA

medtech

Searching for Full Time, Part Time and Adjunct Faculty

Master's prepared, current RN license required

To learn more or apply online visit

www.medtech.edu

be extraordinary

Radon: A Public Health Risk

Post Test and Evaluation

Name:_____

Date:_____ **Final Score:**_____

DIRECTIONS: Please complete the post-test and evaluation form. There is only one answer per questions. The evaluation questions must be completed and returned with the post-test to receive a certificate.

1. Radon has a half-life of:
   A. 1,622 years
   B. 3.05 minutes
   C. 3.8 days
   D. 48 hours

2. Exposure to elevated levels of radon can cause:
   A. headaches
   B. asthma
   C. lung cancer
   D. sinus infections

3. Radon is:
   A. radioactive
   B. a gas
   C. odorless, tasteless, colorless
   D. all of the above

4. The only way to know if a home has elevated levels of radon is:
   A. test the soil
   B. use your neighbor's test results
   C. perform a radon test
   D. none of the above

5. Approximately _____ of homes tested in Ohio every year have elevated levels of radon:
   A. 10%
   B. 25%
   C. 50%
   D. 90%

6. The decay of radon produces:
   A. gamma particles
   B. alpha particles
   C. beta particles
   D. all of the above

7. Radon has an atomic number of:
   A. 86
   B. 172
   C. 222
   D. 4

8. Elevated levels of radon can be lowered consistently by:
   A. opening windows
   B. using ceiling fans
   C. sealing cracks in the foundation
   D. installing a radon mitigation system

9. The number one contributing factor to radon levels in homes is:
   A. weather
   B. air pressure differentials
   C. furnaces
   D. the amount of uranium in the soil

10. The number of counties in Ohio that have an average level of 4pCi/l or more:
    A. 88
    B. 41
    C. 29
    D. 13

11. A radon test should be performed:
    A. during the winter
    B. with the furnace off
    C. under closed home conditions
    D. all of the above

12. The risk to smokers living in a home with elevated levels of radon is:
    A. increased
    B. decreased
    C. the same as a non-smoker
    D. not important

13. The atomic number represents the number of
    A. electrons & neutrons
    B. neutrons & protons
    C. protons & electrons
    D. atoms

14. Which of the following is the correct uranium decay chain:
    A. uranium, lead, radium, radon
    B. uranium, radium, lead, radon
    C. uranium, radon, radium, lead
    D. uranium, radium, radon, lead

15. The US EPA set an action level of:
    A. 4pCi/l
    B. 8pCi/l
    C. 10pCi/l
    D. 20pCi/l

16. How many non-smokers could develop lung cancer being exposed to an average level of 8pCi/l
    A. 120
    B. 50
    C. 62
    D. 15

17. Which of the following is NOT closed home conditions
    A. keep all exterior doors closed except for normal entrances and exits
    B. keep the basement door closed
    C. observe for 12 hours prior to the start of the test and for the duration of the test
    D. keep all windows closed

18. Radon testing:
    A. can be performed by the homeowner or Ohio licensed tester
    B. should be performed on the lowest level suitable for occupancy
    C. is easy to do
    D. all of the above

19. Atoms contain:
    A. alpha, beta and gamma particles
    B. electrons, neutrons and protons
    C. gamma rays
    D. 2 protons and 2 electrons

20. A radon test device should be placed:
    A. in a crawl space
    B. in the kitchen
    C. 20 inches above the floor
    D. none of the above

21. If the average radon level is 4pCi/l or higher, the homeowner should:
    A. move
    B. open windows
    C. install a radon mitigation system
    D. all of the above

22. How many smokers could develop lung cancer being exposed to an average level of 4pCi/l:
    A. 120
    B. 50
    C. 62
    D. 15

23. Half-life is:
    A. the amount of time it takes for an element to weigh half as much
    B. the amount of time it takes for an element to double
    C. the amount of time it takes for an atom to release protons & neutrons
    D. the amount of time it takes for a radioactive element to be reduced to half its original value

24. Alpha particles cause:
    A. damage to the lining of cells
    B. a double strand break of a cell's DNA
    C. cells to move faster
    D. none of the above

25. Lung cancer can be prevented by:
    A. not smoking
    B. quitting smoking
    C. testing for radon
    D. all of the above

26. Nurses can promote radon awareness by:
    A. Asking a patient about home radon testing
    B. Asking if the patient has a carbon monoxide monitor
    C. Obtaining a lung cancer history of the family
    D. All the above

27. If a patient's home has already tested positively for dangerous levels of radon:
    A. The home should be abandoned
    B. A mitigation system might be necessary
    C. A mitigation system should be installed and radon tests conducted every two years thereafter
    D. The occupants of the home should be tested for evidence of lung disease

28. Information about radon can be obtained from the:
    A primary care provider
    B. Ohio Department of Health
    C. Building contractor
    D. Occupational Safety and Health Administration (OSHA)

Evaluation

	Yes	No
1. Were you able to achieve the following objective?		
a. Discuss the impact of radon on the public health.	☐	☐
2. Was this independent study an effective method of learning?	☐	☐

If no, please comment:

3. How long did it take you to complete the study, the post-test, and the evaluation form? _____

4. What other topics would you like to see addressed in an independent study?

Registration Form

Name:_____
(Please print clearly)

Address: _____
Street

_____
City/State/Zip

Daytime phone number:_____

_____ RN _____ LPN

Fee: $20

Please email my certificate to:

Email address:_____

ISNA OFFICE USE ONLY
Date
Received:_____ Amount:_____

Check No. _____

MAKE CHECK PAYABLE TO THE INDIANA STATE NURSES ASSOCIATION.

Enclose this form with the post-test, your check, and the evaluation and send to:
Indiana State Nurses Association
2915 N. High School Road,
Indianapolis, IN 46224

Or email completed forms to
mholbrook@IndianaNurses.org.
Payment may be made online at
www.IndianaNurses.org.

Join Indiana State Nurses Association Today!

Application on page 3 or join online at www.indiananurses.org

Leading the way to a new model of healthcare in Alaska!

Southcentral Foundation (SCF) is an Alaska Native owned, nonprofit healthcare organization located on the Alaska Native Health Campus. SCF is seeking dynamic Registered Nurses to act as Case Managers in Primary Care Clinics.

• 401 K retirement plan • 12 paid holidays • Much Much More!

If you are interested in becoming part of the nationally recognized Anchorage Facility, please visit our website and apply at www.scf.cc or contact Tess Johnson at 907-729-5011/ email tjohnson@scf.cc

$10,000 Sign On Bonus & Relocation Assistance!

Malcolm Baldrige National Quality Award 2013 Award Recipient

Southcentral Foundation

PURDUE NURSING
BUILDING A LEGACY, SHAPING THE FUTURE

Nancy Edwards, PhD, ANP-BC
2014 Indianapolis Star Salute to Nurses Nurse Educator award recipient

West Lafayette Graduate Nursing Programs: Doctor of Nursing Practice

- BSN to DNP and Post -Masters option

DNP Tracks include:

- Direct Practice/System Management
- Public Health/Homeland Security

Masters of Science & Post Masters Certificates

- Primary Care Pediatric Nurse Practitioner
- Primary Care Adult Geriatric Nurse Practitioner

Purdue Graduate programs feature:

- Award-winning faculty dedicated to developing outstanding graduates
- On-line, hybrid, and traditional formats, weekend and summer intensives
- 15 Traineeships for full time Nurse Practitioner students; teaching assistantships
- Full and part-time studies

Jennifer Coddington, DNP, CPNP
2014 AANP Nurse Practitioner for Indiana awardee

Purdue Students experience the best of hybrid learning with online courses and the opportunity to engage with other Purdue professionals. Partners include:

- Regenstrief Center for Healthcare Engineering
- Center on Aging and the Life Course
- Military Family Research Institute
- Nurse-managed rural health clinics
- Purdue Homeland Security Institute

For more information please visit www.nursing.purdue.edu

PURDUE UNIVERSITY
An equal access/equal opportunity University

OFFERED BY THE AMERICAN NURSES ASSOCIATION

AFTER A BUSY DAY, A FATAL ERROR OCCURRED.

We all make mistakes. But as a nurse, one mistake can lead to disaster. Consider this real-life example.

"After receiving treatment in an emergency department (ED), a 36-year-old woman died of undiagnosed sepsis. The physician and nurse who treated her were sued by the family.

The lawsuit claimed that the nurse — who had worked a busy, 14-hour shift in the ED — failed to document an elevated heart rate on discharge and failed to tell the physician that the patient had had her spleen removed. The jury awarded the plaintiffs $1.2 million. The nurse was responsible for 40% of that award: $480,000.[1]"

It's because of cases like this that the **American Nurses Association (ANA)** offers the Nurses Professional Liability Program. It protects nurses from the potentially devastating impact of malpractice lawsuits.

Get the protection you need — without paying more than you need. To take advantage of special rates for ANA members, **visit proliability.com/65007 for an instant quote** and to fill out an application.

MALPRACTICE INSURANCE OFFERED BY THE ANA ANNUAL PREMIUM AS LOW AS $98[2]
Protect yourself now!
Visit proliability.com/65007 or call 800-503-9230.

ANA AMERICAN NURSES ASSOCIATION

MERCER

[1] Source: Clinical Advisor, November 1, 2013
[2] Please contact the program administrator for more information or visit proliability.com for a free quote.

65007 (8/14) Copyright 2014 Mercer LLC. All rights reserved.
Underwritten by Liberty Insurance Underwriters Inc., a member company of Liberty Mutual Insurance, 55 Water Street, New York, New York 10041
Administered by: Mercer Consumer, a service of Mercer Health & Benefits Administration LLC
In CA d/b/a Mercer Health & Benefits Insurance Services LLC
AR Ins. Lic. #303439 | CA Ins. Lic. #0G39709

NURSING DEGREES

AS A REGISTERED NURSE, YOU UNDERSTAND THE IMPORTANCE OF EDUCATION.

Your skills and knowledge are put to use on every shift. You also understand earning your Bachelor of Science in Nursing or Master's degree will make you an even better nurse.

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.

Indiana Education Centers *
- Post-licensure (RNBSN)

IWU Online
- ASN-MSN program
- Post-licensure (RNBSN)
- MSN in Administration and Education
- Certificate in Parish Nursing
- MSN/MBA
- Doctor of Nursing Practice (DNP)**
- MSN in Primary Care Nurse (Family Nurse Practitioner)

IWU campus in Marion, Indiana
- BSN Degree – traditional 4-year program
- BSN Degree – Transition to Nursing

* Not all programs available at all locations
** Online program with three, one week residencies held on the Marion campus throughout the program.

Over 20 locations throughout Indiana *and* Online

CHANGE YOUR LIFE. CHANGE YOUR WORLD.

INDIANA WESLEYAN UNIVERSITY

IWUsuccess.com
866-498-4968