Meet the NNA Regional Membership Liaisons

Region 4 - Jessica Zoerb, MSN, RN-BC, Jessica@nebraskanurses.org

Jessica Zoerb is a Registered Nurse and holds a Master's in Leadership from UNMC. She started her career in 2007 in a nursing home in Beatrice as she was completing general education classes at Scott Community College. She then moved to Omaha and worked on Solid Organ Transplant Unit for 3 years as a Care Tech and then worked on the Cardiac Progressive Care Unit at Nebraska Medicine for another 3 years as a Registered Nurse where she became a Cardiovascular Board Certified Nurse. Jessica worked at Veteran's Affairs for a short while as the Emergency Nurse Manager and came back to Nebraska Medicine where she is now the Clinic Lead for the Telehealth Department working on a CMS Grant for Diabetic Patients. Jessica has been a member of NNA since 2011 serving as the Co-Chair and Secretary of the Nursing Professional Development Committee. Jessica serves Region 4 as a Regional Membership Liaison and looks forward to bringing in new nurses and helping raise the voice for nursing.

Region 3 - Jenna Witt, MSN, RN-BC, FNP-BC, APRN-NP, Jenna@nebraskanurses.org

Jenna Witt has been a member of NNA since for the past 8 years. She obtained her Bachelor's of Science in Nursing at the UNMC College of Nursing-Western Division in Scottsbluff. As a student she served as the National Student Nurses' Association Nominating and Elections Committee Chair. In 2009 she decided to further her education and received her Masters of Science in Nursing from the UNMC College of Nursing in 2012 and is a board certified Adult Nurse Practitioner. She recently received her Post Masters in Family Practice and is practicing as a primary care provider at Midtown Health Center in Norfolk, NE. She is a member of the Governance Finance and Membership Committee and will serve Region 3 as the Regional Membership Liaison. She is married to Preston Witt and they have 3 children, Tessa (5), Cooper (3) and Lucy (6 months).

Region 2 - Nolan Gurnsey, RN, Nolan@nebraskanurses.org

Nolan Gurnsey has been in the medical field since 1997, where he started as a CNA. In 1999, he obtained his EMT-B certificate and served many years on a volunteer squad and 3 years as President of the association. In 2001, he attended NECC in Norfolk where he received a LPN diploma. In 2008, Nolan was appointed by the Governor to the Nebraska Center for Nursing (NCFN) Board and then reappointed in 2011. In 2012, he served as President of the Nebraska Center for Nursing Foundation until his term ended in 2014 with a board certified Adult Nurse Practitioner. She recently received her Post Masters in Family Practice and is practicing as a primary care provider at Midtown Health Center in Norfolk, NE. She is a member of the Governance Finance and Membership Committee and will serve Region 3 as the Regional Membership Liaison. She is married to Preston Witt and they have 3 children, Tessa (5), Cooper (3) and Lucy (6 months).

Region 1 - Melissa Snyder, MSN, RN, Melissa@nebraskanurses.org

Melissa Snyder graduated in 2007 with her Bachelor of Science Degree in Nursing. Since graduation she has worked in the Medical Oncology Unit, Intensive Care and Progressive Care Units and has been the Clinical Coordinator of the Medical Oncology Unit at Regional West Medical Center in Scottsbluff, NE. She is a past District V NNA President as well as a graduate of Leadership Scottsbluff. In May 2015 Melissa graduated with her Master's Degree from the University of Nebraska Medical Center in Leadership and Executive Advanced Development while also completing the educator courses. She has accepted a job offer from the current resident or
Nebraska Unicamerical Passes Truth in Advertising Legislation

LB 452, introduced with the help of the Nebraska Medical Association and part of a national movement by the American Medical Association to “know your provider,” ensures that licensed professionals are using the credentials that are earned. It amends 38-124 of the Uniform Credentialing Act by adding guidelines and requirements related to advertising for health care services by credential holders.

Nurse Practitioners and Registered Nurses in Nebraska should be aware of the language of the new legislation, “Any credential holder’s advertisement for health care services shall identify the type of credential or credentials held by the credential holder pursuant to the definitions, titles, and abbreviations authorized under the practice act applicable to his or her credential or credentials. The advertisement shall not include deceptive or misleading information and shall not include any affirmative communication or representation that misstates, falsely describes, or falsely represents the skills, training, expertise, education, board certification, or credential or credentials of the credential holder.”

To see the more information on LB 452, see http://nebraskalegislature.gov/PlansDocs/104/PDF/Slip/LB 452.pdf.

The bill takes effect at the end of August.

www.NebraskaNurses.org

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Nebraska Nurses Association's Mission:
The mission of the Nebraska Nurses Association is to foster high standards for nursing practice, stimulate and promote the professional development of nurses, and advance their professional security, and to work for the improvement of health standards and availability of health care services for all people. (Adopted 10/95, NNA House of Delegates)

Nebraska Nurses Association's Vision:
Nebraska Nurses Association will be an effective voice for nurses; and an advocate for Nebraska consumers on issues relating to health. (Affirmed 12/04/2004, NNA Board of Directors)

Critical Success Factors for Vision:
• State and districts set mutual priorities
• Evaluate the success of the restructuring of NNA
• Enhance grass roots activities for membership involvement
• Advocate for statewide quality healthcare (Affirmed 12/04/2004, NNA Board of Directors)

Nebraska Nurses Association's Core Issues:
1. Workplace Rights
2. Appropriate Staffing
3. Workplace Health & Safety
   a. Patients
   b. Community/Public Health
4. Continuing Competence
   (Affirmed 12/04/2004, NNA Board of Directors)

The Nebraska Nurse is the official publication of the Nebraska Nurses Association (NNA) (a constituent member of the American Nurses Association), published quarterly every March, June, September and December. The NNA provides education, networking opportunities, publications and other products and services to its members and extends its mission to all nurses in Nebraska.

Questions about your nursing license? Contact the Nebraska Board of Nursing at (402) 471-4376. The NBON is part of the Nebraska Health and Human Services System Regulation and Licensure. Questions about stories in the Nebraska Nurse? Contact: NNA.

This newsletter is a service of the Nebraska Nurses Association and your receipt of it does not mean you are automatically a member. Your membership in support of this work is encouraged; please visit www.nebraskanurses.org.

Any topic related to nursing will be considered for publication in the Nebraska Nurse. Although authors are not required to be members of NNA, when space is limited, preference will be given to NNA members.

Photo on front page: Scotts Bluff National Monument Photo by: M. Forsberg, Nebraska BID

“Scotts Bluff was one of the key geographic landmarks pioneers sought on their journeys westward.”

Writer’s Guidelines:
Any topic related to nursing will be considered for publication in the Nebraska Nurse. Although authors are not required to be members of NNA, when space is limited, preference will be given to NNA members.

Photos are welcomed, digital is preferred. The NNA assumes no responsibility for lost or damaged photos.

Submitted material is due by the 12th of the month in January, April, July and October of each year.

You may submit your material in the following ways:
Prepare as a Word document and attach it to an e-mail sent to anna@nebraskanurses.org.

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President’s Column

“Nurses’ Week in Nebraska – 2015”

Teresa Anderson, EdD MSN RNC-OB NE-BC

Being the President of the Nebraska Nurses Association is not without its benefits – like photo-ops with the Governor and Lt. Governor, invitations to numerous dinners and events, but none are more fulfilling for me than the chance to spend National Nurses’ Week with different groups of nurses across the state.

My Nurses’ Week celebrations started early when I was invited to provide the keynote address for the Omaha Magazine™ Nursing Gala, held at the Omaha Press Club on April 23rd. This inaugural event honored 50 nominees and award winners in 18 categories. (http://omahamagazine.com/2015/03/omaha-magazine-announces-finalists-in-the-inaugural-excellence-in-nursing-awards/)

On Saturday, April 25th, 70 nurses were honored at the NNA, District 2 Positive Image of Nursing Breakfast. Shelly Schwindhelm and nursing team members from the Nebraska Medicine Biocontainment Unit provided the keynote, sharing their experiences in caring for patients with the Ebola virus. Their experiences in this high risk environment emphasize the caring and commitment of the nurses there and of nurses everywhere.

The Lincoln nurses in District 3 hosted their annual Celebrate Nursing event on April 27th honoring graduating students and showcasing their quality and research projects. Linda Stones attended that event for NNA while I presented to nursing students at Creighton University. I had the honor to be the guest instructor for Linda Lazure’s last student class session, as she retired this spring after 40 years with Creighton University and innumerable contributions to the ANA/NNA and nursing. I know her active involvement in NNA will continue between those fun activities with her grandchildren!

NNA District 4 once again sponsored a Nurses’ Week billboard in Grand Island, and this was so well-received that plans are in the works to spread these billboards across the state next year!

Nurses from Hastings and District 1 enjoyed a showing of The American Nurse on May 4th and North Platte Nurses and District 7 on May 6th. Melissa Florell, NNA Director of State Affairs, attended these two sessions and assisted with the facilitation of the post-viewing discussion.

District 9 was not to be outdone as I once again joined Cathy Sybrant on May 5th for a delightful day of meetings with nurses in north-central Nebraska. We enjoyed breakfast with the nurses of the Brown County Hospital in Ainsworth, discussed the role of RNs in assisted living with a nurse at Cottonwood Villa, and had lunch with Rock County nurses. These small but mighty hospitals are making a big difference in their rural communities with new ideas and programs. Thank you to Tammy Brown and Connie Olson, nursing leaders at these two hospitals for their support of these events. I wish Tammy all the best as she moves to South Dakota to be closer to family. In her short tenure at Brown County she has mentored her nurses to pursue degrees, certifications, and high quality care. A HUGE thank you to Cathy for helping to coordinate the arrangements and spending her day with me – in lieu of studying for ACLS! Now that is dedication to the association!

May 6th found me en route to Scottsbluff for the District 5 event co-hosted by Region West Medical Center and our member and friend, Shirley Knodel. This “red-carpet event” honored NNA members, nurses from the hospital, nursing students, many of whom received awards sponsored by District 5. I was able to attend this session for the fourth consecutive year. Congratulations to the District 5 leaders for hosting this valuable event. Scottsbluff nurses also viewed The American Nurse that evening in their local theatre. For me, it was an added bonus to travel across my beloved home state on rural highways. The land, the people, and the vast spaces reminded me how critical nurses are to the health and well-being of Nebraskans, both rural and urban.

On May 7th, I was honored to be the commencement speaker for the UNMC College of Nursing – North Division. It was great to reconnect with my former ADN classmate, Liane Connelly, now the dean of the North Division, and to visit with Dr. Julianne Sebastian and Chancellor Gold from UNMC. Their ongoing support for the NNA is so appreciated. I left graduation to join Alice Kindschn and several members of District 6 for dinner, prior to the showing of The American Nurse that evening in West Point.

I ended my whirlwind celebration of Nurses’ Week 2015, by attending a retirement event for Linda Lazure, hosted by Creighton University. One nurse can make a difference, as Linda has demonstrated in all aspects of her career. I am grateful for my chance to make a difference as the President of the NNA (following so many, like Linda, who have come before me). I am also excited to see the difference that our next generation of nursing leaders will make and how ANA/NNA can support their work!

I would love to have your nursing event on my calendar for Nurses’ Week 2016 – let me know when and where and I will hold the date for you!

nnapresident@nebraskanurses.org
Background
Scott Tittle, the new Executive Director of the National Center for Assisted Living (NCAL), recently stated: “Assisted living communities today are more diverse and unique than at any other time in the profession’s history.” Assisted living facilities (ALFs) appeared as an option on the long term care scene to provide more choice, fewer restrictions and more privacy than most nursing or boarding homes. Many started as facilities to provide only assistance with activities of daily living, a step up from independent living communities or receiving care in a private home. However, just as health care is constantly changing, so are ALFs.

As hospitals have gone to shorter stays and nursing homes are assuming most rehabilitation care, many ALFs are providing memory care units. About one-fourth of ALFs now have memory care units for Alzheimer’s and related dementia. Many ALFs speak of “aging in place” in their advertising material, and more are retaining residents who are on hospice. In addition, states began issuing Medicaid waivers for people who would qualify for nursing home care, but who might be able to be cared for in an ALF. Medicaid waivers allowed states to reduce their Medicaid bills. The median annual rate for a private room in an ALF is $4,400, while the median annual rate for a private room in a nursing home is $8,3950 – more than twice as much. The 2013 NCAL Assisted Living State Regulatory Review showed 90% of the states have approved Medicaid waivers for ALFs. For-profit ALFs are reluctant to admit anyone on a Medicaid waiver since they are paid almost $2000 less per month than the private pay rate. They may accept Medicaid waivers to retain people who have spent down all their funds after a period of time in their ALF.

Table 1: Specifications about Nursing Care*

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When dealing with residents who are on hospice, and having locked units with residents who receive psychotropic drugs would require RN care and oversight. But, what do state regulations require? From 2001 to 2013, NCAL published annual Assisted Living State Regulatory Reviews. They announced that they would not publish one in 2014 because the federal government was working on a similar report. They have not published one for 2015, so their 2013 Review contains the most recent available data. I decided to look at what was specified about nursing care in each state’s regulations as summarized in NCAL’s Assisted Living State Regulatory Review, 2013. Table 1 is a summary of the findings.

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A general assumption might be that caring for residents who qualify for nursing home care, hospice residents, and having locked units with residents who receive psychotropic drugs would require RN care and oversight. But, what do state regulations require? From 2001 to 2013, NCAL published annual Assisted Living State Regulatory Reviews. They announced that they would not publish one in 2014 because the federal government was working on a similar report. They have not published one for 2015, so their 2013 Review contains the most recent available data. I decided to look at what was specified about nursing care in each state’s regulations as summarized in NCAL’s Assisted Living State Regulatory Review, 2013. Table 1 is a summary of the findings.

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<tr>
<td>Oklahoma**</td>
<td>RN must supervise CNAs</td>
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<tr>
<td>Oregon**</td>
<td>Medication review every 90 days by RN or Pharmacist</td>
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<tr>
<td>Rhode Island</td>
<td>RN assessment prior to move-in; skilled care for temporary illness or injury</td>
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<tr>
<td>Tennessee</td>
<td>Medication administration by licensed professional</td>
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<tr>
<td>Utah</td>
<td>Health Care professional must delegate medication administration</td>
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<tr>
<td>Virginia</td>
<td>Health Care professional, employed or contracted</td>
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<tr>
<td>Alaska</td>
<td>Licensed nurse may delegate tasks</td>
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<tr>
<td>Arizona</td>
<td>Intermittent nursing services</td>
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<tr>
<td>Colorado</td>
<td>Must not need 24 hour nursing services</td>
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<tr>
<td>Florida</td>
<td>Must not require 24 hour nursing supervision</td>
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<td>Georgia</td>
<td>For medication administration</td>
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<tr>
<td>Hawaii</td>
<td>Licensed staff must be available 7 days a week</td>
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<tr>
<td>Illinois</td>
<td>Medication administration, if not self-administration</td>
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<td>Kansas</td>
<td>Assess for self-administration of medications</td>
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<td>Kentucky</td>
<td>Must contract with outside services for nursing</td>
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<td>Massachusetts</td>
<td>Administer non-injectable medications</td>
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<td>Michigan</td>
<td>Will not provide continuous nursing care</td>
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<tr>
<td>Mississippi</td>
<td>On-premises 8 hours/day and medication administration</td>
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<td>New Hampshire</td>
<td>Nursing care up to maximum of 21 visits per incident</td>
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<td>Nursing arranged - outside home care agency</td>
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<td>Oklahoma**</td>
<td>Supervision and intermittent or unscheduled care</td>
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<td>Oregon**</td>
<td>Available on site or on call at all times</td>
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<td>Provide no nursing services</td>
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<td>Texas</td>
<td>Direct supervision of medication aides</td>
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<td>Vermont</td>
<td>On site as needed to oversee service plans</td>
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</table>

Discussion

Nursing care is generally considered to be “skilled nursing” if it is performed by or under the direction of an RN. Differentiation between an LPN with one year of preparation and a baccalaureate prepared RN is further masked by states and agencies when they use “licensed nurses” in the regulations and advertisements, since nurses from LPNs to RNs with doctoral degrees are licensed. At least 19 states use the terms “licensed nurse” in their regulations.

Table 1 differentiates between the states that use “RN, professional and/or skilled nursing” in their regulations and those that just specify care by a “licensed nurse.” Oklahoma and Oregon are shown both places because their regulations use both terms. Other states may specify both in their full staffing regulations, but the review was from a very condensed version of the regulations. Unfortunately, many professional nursing organizations use the term “licensed nurses” when they write staffing recommendations for long term care facilities, thus failing to advocate for RN care.

The diversity in regulations is obvious. At least two states have regulations against providing any RN care in AL. Nurses employed by an ALF in Nebraska are prohibited from providing nursing care while on duty in that facility. This is done by stating in the regulations that an ALF cannot provide services that include the use of complex nursing interventions (essentially, interventions which require nursing judgment). If residents need any nursing care, they must pay to have it provided by an outside agency or move to a nursing home to receive it. It has been maintained by the Nebraska Health Care Association that the dividing line between the care and services of an ALF and a nursing home is the provision of complex nursing (or RN) services. South Carolina’s regulations state that facilities may not provide nursing services. Several other states’ regulations speak of contracting with outside agencies, just as one would do at home, for nursing care.

Kentucky and Louisiana do not even allow medication administration by ALF personnel. They can “assist” or “supervise,” but if the resident needs to have medication administered, they must arrange for the service with outside home health agencies. Nevada states nothing about providing any nursing services, but specifies that home health and hospice agencies may provide services under contract with the residents. New...
York allows the facilities, rather than individual residents, to contract with a home health agency or a long term home health care program. In certified enhanced assisted living facilities in New York, residents in need of skilled nursing care or medical care may continue residency, even when they need 24-hour skilled care, if they hire appropriate nursing, medical, or hospice staff to meet their needs. This eliminates forced moves to nursing homes, and forced moves can be very stressful for older persons. However, the added cost of hiring outside help, in addition to paying for AL residency, would quickly result in spend down to Medicaid for all but the most wealthy residents. Does it not seem a better use of private pay money for long term care and less drain on public funds if ALFs just routinely employ RNs on staff, or if they employ them, they not restrict their legal scope of practice?

Five states and the District of Columbia specify limited, intermittent nursing care. Michigan regulations repeatedly state that they will not provide “continuous nursing care.” Florida regulations state that to be admitted and retained, residents must not require 24 hour nursing supervision. New Hampshire has two levels of care with the lower level allowing medical or nursing care up to a maximum of 21 visits per incident. Ohio can provide up to 120 days of skilled care on an intermittent or part-time basis. Delaware requires each ALF to have a Director of Nursing who is an RN, and in ALFs with 25 or more beds, that Director of Nursing must be a full time RN. Arkansas requires that their level 2 ALFs have an RN. Connecticut states that client service programs must be completed by an RN and supervisors must be RNs with baccalaureate degrees. Iowa requires all AL programs to be “overseen” by an RN.

Evidence for Providing RN Care

The American Academy of Nursing’s Expert Panel on Aging in 2013, approved a Position Statement on RN Staffing in Nursing Homes that cites much research literature showing that higher RN staffing in hospitals is associated with decreases in several adverse outcomes: hospital related mortality, failure to rescue, hospital length of stay, hospital acquired pneumonia and other infections, and adverse medication events. Does not this documented hospital research have direct implications for ALFs as well as hospitals?

In 2003 there was an Assisted Living Workgroup that reported to the U.S. Senate. Special Committee on Aging that recommended that each state must establish at least two levels of assisted living licensure. They later dropped that recommendation, but a rationale they had used for the recommendation was that with a single level, either the licensure standards were “too onerous for those for assisted living residences providing a relatively low level of service, or more commonly, the licensure standards fall to a lowest common denominator that is inadequate to protect the residents who have significant health care needs.” It would seem that the latter is what is happening today as many ALFs accept or retain individuals with significant health care needs. Mark Internimi, Associate Director for Advocacy for AARP Nebraska, and I had an article about the need for at least two levels of care in the Nebraska Nurse in 2003.

Summary

In summary, some Nebraska ALFs are admitting people on Medicaid waivers and people with relatively advanced dementia. They are retaining people on hospice care. Many employ and even advertise that they have RNs, yet regulations prevent these RNs from using their judgment, from practicing professional nursing. This is a total disregard of what RNs, exercising their full scope of professional practice, can bring to a setting, and of what many of the residents in ALFs need. It is time Nebraska ALFs stepped up to meeting the care needs of the residents they admit and retain by providing RN care and oversight to those who need it. They also should provide more than one level of care so that those who only need help with ADLs do not have to pay for a level of care they do not need. Now that there is a group studying the future of AL in Nebraska, it is the time to make the changes in regulations—to no longer interfere with professional nurses’ legal scope of practice in a setting where they are employed, and to meet the needs of the residents they are admitting and retaining. Other states should do likewise.

References

4. Ibid.

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Membership Liaison Program

In 2014 the Nebraska Nurses Association (NNA) Board of Directors approved the development of a Regional Membership Liaison program. This program creates four Regional Membership Liaison positions whose role is to “provide direct support to members of the Nebraska Nurses Association (NNA), and to support NNA staff with recruitment and retention of members.” The intention is that the Regional Membership Liaisons will serve as welcome ambassador, mentors, and resource for their Region. Identifying regions gives each liaison a defined group of NNA members they can support and engage.

The regions served by the Liaisons are as follows:

- Region 1 – Western Boarder to NE HWY 83
- Region 2 – NE HWY 83 to HWY 281
- Region 3 – NE HWY 281 to NE HWY 77
- Region 4 – NE HWY 77 to Nebraska Eastern Border

Over the past few months our Regional Membership Liaisons have been receiving training focused on key aspects of the NNA. These include the NNA Mission and Vision, Legislative Platform, and Leadership Structure. The Liaisons have also had the opportunity to speak with Midwest Multi-State Division Lead Jill Kliethermes, and NNA President Dr. Teresa Anderson. Training has taken place virtually using GoToMeeting and the phone conferencing. The Director of State Affairs leads the Regional Membership Liaison program with guidance from the NNA Board of Directors.

Beyond the structural and operational details, the goal for the Regional Membership Liaison program is to give members an additional point of contact with their professional association. Members of NNA lead busy and increasingly virtual lives and the Board of Directors recognized the need to provide additional points of contact and opportunities to engage. The liaisons will be able to identify opportunities to connect with members in their region in person, as well as virtually in the coming year. The Regional Membership Liaisons each have a NNA email account to allow members to be able to contact them directly with questions and engagement ideas. Please feel free to contact the Regional Member Liaison in your area if you have ideas for membership events or ways to connect. Additional questions about the program may be directed to director@nebraskanurses.org.

NNA welcomes original letters from readers on current topics of interest related to Nursing. Letters submissions are limited to 300 words. Only the author’s name and city will appear on published letters; we ask for your email address and phone number so we can contact you if necessary. Letters will be edited, usually for grammar, spelling, clarity and libel. We do not print form letters or open letters addressed to another person or institution. Letters will be screened for alignment with NNA’s mission, vision, and values.

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From the Districts

2015 Celebrate Nursing! Breakfast

On April 25, 2015, District 2 NNA hosted the annual Celebrate Nursing! Breakfast and recognized a number of metro-area Registered Nurses as recipients of the Positive Image of Nursing Award. The annual award recognizes local registered nurses’ outstanding dedication and commitment to the profession of Nursing. Approximately one hundred seventy guests attended the 2015 breakfast, as we recognized a record seventy nurses with the Positive Image of Nursing! The theme for this year’s event was “Ethical Practice. Quality Care.”

Teresa Anderson, NNA President, opened the celebration. The guest speakers for the event was Shelly Schwedhelm, MSN, RN, NEA-BC, Director of Nebraska Medicine’s Biocontainment Unit. Ms. Schwedhelm was joined by Kate Boulter, John Swanhurst, and Jeff Peter; each sharing their unique experience as a member of this extraordinary service.

Congratulations to all the honorees for their years of dedication, caring, knowledge, and expertise as the force behind the image of nursing in our communities. This year we recognized 70 local area nurses! Each Positive Image of Nursing honoree was presented with a certificate and a National Nurses Week themed gift.

See you in 2016 to celebrate again!

The Nurses honored this year are:

Catholic Health Initiatives – Alegent Health
Jody Bayer, BSN, RN
Beth Gibbs, MS, RN
Alice Osborn, BSN, RN
Natalie Rader Marshall, BSN, RN, COS-C
Susan Rahrs, BSN, RN
Jamie Howell, BSN, RN
Deb Salat, MS, BSN, RN, LMHP, COS
Keala Roy, BSN, RN
Rita Zelka, RN
Phyllis Hanchek, BSN, RN
Julie Derrig, RN
Amy Passauer, RN
Alma Gochenour, RN
Carrie Kanne, RN
Peg Liska, RN
Dennis Brown, RN

Children’s Physician
Lindsay Whelan, RN, CPN

Clarkson College
Amberly Wagner-Conolly, MSN, RN
Linda Jensen, PhD, MN, RN

College of Saint Mary
Susan Liston, MSN, RN

Creighton University College of Nursing
Anne Marie Schoening, PhD, RN, CNE

Individual Honorees
Cynthia Tiedeman, RN
Nebraska Nurse Practitioners

Midland University
Diana Moxness, MSN, RN
Holly Sandhurst, EdD, RN

Nebraska Medicine
Bryan Bader, BSN, RN, CCRN
Kate Boulter, BSN, RN
Laura Capece, BSN, RN
Lora Doben, BSN, RN
Mary Pat Durrie, BSN, RN
Sarah Ferguson, BSN, RN
Tessa Lammann, BSN, RN-BC
Peggy Macrez, BSN, RN
Lauren O’Day, BSN, RN
Lynne Patterin, MA, BSN, RN-BC
Jenny Piasek, BSN, RN
Andrea Rayner, BSN, RN, MSHP, BScD
Ellen Stuva, RN
Valerie Yates, BSN, RN

Nebraska Methodist College
Cassandra Frost, MSN, RN
Meg Blair, PhD, RN

Nebraska Methodist and Women’s Hospitals
Alicia Abbond, BSN, RN, CCRN
Toni Brown, RN
Kelsey Clair, BSN, RN
Melissa Coffin, MSN, RN
Kathy Davidson, BSN, RN
Janet Denham, BSN, RN
Benay Edens, RN
Shelby Fox, BSN, RN
Jodi Gute, MSN, APRN
Lilja Hansen, MSN, RN
Susan Hanson, BSN, RN
Rebecca Jizba, BSN, RN,OCN
Emily McGuire, MBA, BSN, RN, CAPA
Stacey Miskie, BSN, RN, OCN, CBN
Nancy Murray, MSN, RN
Scott Nielsen, BSN, RN
Sara Otixoby, BSN, RN
Kim Pettigrew, BSN, RN, TNCC
Maia Poute, BSN, RN, EFPM
Tom Sewick, BSN, RN
Susanne Simms, RN
Pamela Stout, BSN, RN
Susie Vandermeid, BSN, RN

One World One Community
Pat O’Hanlon, RN

VA Nebraska–Western Iowa Health Care System
Amyl.lightfoot, BSN, RN
Hannah Stephenson, RN
Jamie Swotek, BSN, RN
Ronda Fritz, MA, BSN, RN
Katie Roshone, BSN, RN
District 1 celebrated National Nurses Week with a showing of the film "American Nurse" in Hastings NE on May 4. Several areas of practice were represented by the attendees. The panel consisted of a nurse administrator, nurse educator, and nurse analyst. Melissa Florell moderated the thoughtful, lively, and educational discussion following the film. Attendees discussed professional issues in various areas of nursing practice and the characteristics of the nursing profession. "Nursing as a calling" was mentioned by many. Refreshments were served.

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Are you prepared?
A nurse was named in a lawsuit after a 20-year-old male saw an urgent care doc later died from one of the most dangerous forms of bacterial meningitis.

Case summary:
- The nurse attended to the patient and determined that he needed to go to the ER within 5 minutes of the patient arriving at the clinic.
- The patient’s girlfriend took him directly to the hospital where he was triaged but showed no fever and normal blood pressure. The patient began showing signs of delirium nearly two hours later, and an hour afterward began to be treated for meningitis even though a diagnosis had not been confirmed.
- The patient was definitively diagnosed with Neisseria meningitidis, Group B, the next day. He died less than 24 hours after arriving at the urgent care clinic.

The nurse was named, along with the clinic where she worked, the physician working at the clinic, the ED physician and the hospital in a lawsuit brought by the parents of the patient. The parents alleged that if the nurse had triaged the patient and the physician would have seen him they would have recognized the symptoms of meningitis and administered antibiotics in time to save his life.

Defense experts supported the actions of the nurse in referring the patient to the ER immediately. Discovery also confirmed that the patient had been ill for several days before seeking help, and the defense concluded that no treatment could have reversed the course of the illness.

Despite this, her defense costs topped $125,000.

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From the Districts
National Nurses Week Activity - District 1
Coleen Dygert
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Are you prepared?
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Congratulations to the following members of NNA on their recent accomplishments and/or recognition!

June Ellers, PhD, APRN-CNS, BC was one of 163 nurse leaders selected by The American Academy of Nursing to be inducted as Academy fellows. The induction ceremony will take place during the Academy’s annual policy conference on October 17, 2015 in Washington, D.C.

Brenda Bergman-Evans, PhD, APRN-NP, APRN-CNS, FAANP was inducted as a Fellow into the American Academy of Nurse Practitioners during the Academy’s National Conference in June 2015. Dr. Bergman-Evans was one of 2 NPs from Nebraska and approximately 70 NPs nationally inducted from a pool of more than 400 applicants.

Linda Lazure, PhD, RN and Elizabeth Furlong, PhD, JD, RN on their recent retirement from Creighton University.

Please send announcements of awards and recognition, appointments, new positions, academic achievement, and promotions. Space preference will be given to NNA members. Information must be consistent with the mission, vision, and values of the association. Your submission may be edited prior to publication. Send the information to anna@nebraskanurses.org by October 1, 2015 for the next issue of the Nebraska Nurse.
In the short space of this newsletter article, it is impossible to adequately cover all of the aspects of conducting a Needs Assessment as it relates to continuing nursing education, but the intent is to introduce the topic so that nurses who plan educational events can better understand the importance of this CNE requirement.

Too often a clinical educator, or continuing education coordinator receive a request for “education to address a problem.” This request, while valid, does not provide an adequate foundation upon which to plan a continuing nursing education (CNE) event. It is imperative to identify additional information to develop the most appropriate learning situation.

The important questions to ask include:
- Who is the target audience? Each audience has specific requirements.
- What is the learning need?
- Was a gap analysis done to verify the difference between the actual and desired state?
- What is needed to close that gap? For example, is additional knowledge, skill improvement, or application in practice needed?
- When, where, or how would the learning best occur?

These questions should be answered before a Needs Assessment is conducted. In the past, Needs Assessments often focused on what nurses list as things “they want to know.” While that may be a good start, it does not provide information regarding the outcome they would like to achieve. There may be a difference between what is of interest and a real learning need. Think of it as the difference between what is “nice-to-know” and what is “need-to-know.”

While an annual Needs Assessment of staff or members can provide valuable information, a nurse planner can also utilize different tools to help identify learning needs. These include, but are not limited to:
- Reviewing trends in the literature, law, and healthcare.
- Recognizing national, regional or state related trends versus local circumstances.
- Reviewing quality studies (risk management data, quality improvement initiatives, etc.) and/or performance improvement activities to identify opportunities for improvement.

References
American Nurses Credentialing Center (2013). 2013 ANCC primary accreditation application manual (rev. 3.0). Silver Spring, MD.
June 2015 Approved Provider Renewals

Congratulations to the Nebraska facilities that successfully completed the American Nurses Credentialing Center (ANCC) Approved Provider Unit renewal process in June. The following facilities are now approved for a three year period, June 1, 2015 thru May 31, 2018:

- Bryan Medical Center, Lincoln NE; Approved
- Central Community College, Grand Island NE; Approved
- Clarkson College Professional Development, Omaha NE; Approved with Distinction
- Columbus Community Hospital, Columbus NE; Approved
- Faith Regional University (Faith Regional Health Services), Norfolk NE; Approved

The facilities have demonstrated that they continue to strive for excellence in continuing nursing education and have met or exceeded the rigorous requirements set forth by ANCC.

Nebraska Nurses Association Trivia

1. In what year and location was the first annual meeting of the Nebraska State Nurses Association held outside of Omaha or Lincoln?
2. In what year did LB475 pass, installing a RN for the first time on the State Board of Health and who was the nurse who was appointed?
3. The Nebraska Nurses Political Action Committee (NN-PAC) was organized and provided information of candidates’ stands on health related issues in what year?
4. Who was the president of the Nebraska Nurses Association when LB414 Nurse Practitioner Bill was passed into law on April 13, 1996 and to which ANA office was this president elected Chair in that same year?
5. What two Nebraska Hospitals were first to be designated as Magnet® facilities in 2004?
6. Over the history of the NNA how many and in what years were major changes to governance and bylaws approved?
7. In what year did NNA become one of eighteen organizations receiving ANA accreditation as a provider and approver of Continuing Education?
8. In April 1991, NNA hired an exceptional new Assistant to the Executive Director—Sharon Miller. In what year did Sharon retire?

Answers on page 15

Reference: NEBRASKA NURSES ASSOCIATION
100 Years of Serving Nebraska Nurses: 1906-2006

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- Check the lawn for any obstacles that could be thrown by the blades.
- Keep bystanders out of the mowing area, especially small children.
- When starting the mower, be sure it’s on level ground surface. Disengage all clutches and stand to one side, keeping feet well away from the blade housing.
- Never cut grass when it is wet or when light conditions are poor.
- If your mower is self-propelled, keep in step with it: Don’t let it drag you along.
- Never walk in front of the grass discharge chute when the motor is running.
- When mowing an incline, always move along the face, never up and down. If the hill is steep, have a person at the top hold the end of a rope tied to the mower. (NOTE: With a riding mower, mow up and down slopes, not across them to prevent a sideways overturn.)
- Never take passengers on a riding mower.
- Use extra caution when using riding mowers on uneven or hilly terrain.
- Never leave your mower running unattended. Shut it off and disconnect the spark wire or power cord. Follow this procedure before adjusting or cleaning too.
- Store gasoline outdoors in a metal can.
- Always keep your mower in top operating condition.

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- Highly experienced faculty and one-on-one advising.
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American Nurses Association

ANA Releases New Books

ANA offers nurse staff and management a variety of useful resources to help expand your knowledge base in the profession and boost your career! Check out our brand-new releases available at www.nursebooks.org today:

- **Code of Ethics for Nurses with Interpretive Statements** is the definitive framework for ethical analysis and decision-making for RNs across all practice levels, roles, and settings. Covering nine provisions, the Code reiterates the fundamental values of the nurse, identifies the boundaries of duty and loyalty, and describes duties beyond patient encounters.

- **Guide to the Code of Ethics for Nurses with Interpretive Statements: Development, Interpretation, and Application, 2nd Edition** is an essential resource for nursing classrooms, in-service training, workshops and conferences, self-study, and wherever nursing professionals use ANA’s “Code of Ethics for Nurses with Interpretive Statements.” It guides nurses with examining and applying the values, duties, ideals, and commitments of their ethical tradition to their practice.

- **Data Makes the Difference: The Smart Nurse’s Handbook for Using Data to Improve Care** helps RNs like you understand how to use accurate and meaningful quality and safety data in your practice. This must-have resource demystifies data and counters the negative, incorrect perception that nurses can’t use it to drive patient care and improve patient-centered outcomes.

- **What Would Florence Do? A Guide for New Nurse Managers** is designed to help nurses excel in their management roles, regardless of experience. This publication is an excellent resource that all CNOs or health care HR professionals can provide to their new and existing nurse management staff as an essential training guide.

- **Not Part of the Job: How to Take a Stand Against Violence in the Work Setting** offers guidance to practicing nurses on how they can protect themselves against a wide range of unacceptable behaviors. It also focuses on the critical importance of collective action and building partnerships among workers, patient advocates, administrators, security personnel and others in order to effect change at the organizational level.

- **Bounce Forward: The Extraordinary Resilience of Nurse Leadership** uses real-life stories to provide nurses in all practice settings with a model and methods to cultivate the personal, professional and organizational resilience they need to achieve nursing’s vision of a transformed 21st-century health care system.

- **Nurses Making Policy: From Bedside to Boardroom** is a practical, how-to book written to help advanced students and nurse leaders develop health policy skills to advocate for patients from the bedside to the larger political arena.

- **Information Overload: Framework, Tips, and Tools to Manage in Complex Healthcare Environments** provides a framework to better understand information overload and the various factors and contexts that influence its effect on care providers, patients and families. It includes several case studies designed to help you apply the framework, as well as tips and tools to reference as you embrace the opportunity to change how you handle overload!

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**UNL Student Union Auditorium Lincoln, NE**

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**September, October, November 2015**
**Membership Application**

**NEBRASKA NURSES ASSOCIATION**

**MEMBERSHIP APPLICATION**

### HOW DO I JOIN NNA?

1. **Step 1:** Complete Demographic Information
2. **Step 2:** Select Membership Option
3. **Step 3:** Calculate Total Fees Due
4. **Step 4:** Select Payment Option
5. **Step 5:** Return Completed Application and Payment

### STEP 1 PERSONAL INFORMATION

- **State:** NEBRASKA
- **Choose:** Recruited
- **Email Code:** Home
- **Last Name:** Initial
- **Preferred Photo Number:** __________
- **Home Address:** Suite School of Nursing

**MEMBERSHIP OPTIONS**

- **FULL MEMBERSHIP – NNA/ANA:** Includes membership to NNA, your NNA District, and ANA.
- **NEBRASKA ONLY MEMBERSHIP – NNA:** Includes membership to NNA and your NNA District. Member benefits limited to state only.
- **REDUCED MEMBERSHIP – NNA/ANA:** $139.50/Year or $12.13/Monthly Epay*
  - Must meet one of the following criteria and provide proof:
    - Not employed
    - Full-time student (must be a RN)
    - New graduate from basic nursing program within 6 months of graduation (first membership year only)
    - 52 years of age or over and not earning more than Social Security allows
- **SPECIAL MEMBERSHIP – NNA/ANA:** $69.75/Year or $6.13/Monthly Epay*
  - Must meet one of the following criteria and provide proof:
    - 52 years of age and not employed
    - Totally disabled

### STEP 2 MEMBERSHIP OPTIONS

Choose one annual or monthly membership option.  (Monthly payments include a $5.50/month service fee to ANA for installment payment processing.)

**FULL MEMBERSHIP – NNA/ANA**
- $279.00/Year
- $23.75/Monthly Epay*

**NEBRASKA ONLY MEMBERSHIP – NNA**
- $189.00/Year
- $16.25/Monthly Epay*

**THE FOLLOWING DISCOUNTED MEMBERSHIPS ARE AVAILABLE IF ONE OF THE FOLLOWING CRITERIA IS MET AND PROOF OF ELIGIBILITY IS PROVIDED.**

**Reduced and Special Membership**
- Include membership to NNA, your NNA District, and ANA.

**REDUCED MEMBERSHIP – NNA/ANA**
- $139.50/Year or $12.13/Monthly Epay*
  - Must meet one of the following criteria and provide proof:
    - Not employed
    - Full-time student (must be a RN)
    - New graduate from basic nursing program within 6 months of graduation (first membership year only)
    - 52 years of age or over and not earning more than Social Security allows

**SPECIAL MEMBERSHIP – NNA/ANA**
- $69.75/Year or $6.13/Monthly Epay*
  - Must meet one of the following criteria and provide proof:
    - 52 years of age and not employed
    - Totally disabled

### STEP 3 TOTAL DUE

Depending on your membership option, first year or first month is due with completed application.

**TOTAL AMOUNT ENCLOSED:** $

### STEP 4 PAYMENT OPTIONS

- **Check:** payable to American Nurses Association
- **MasterCard or Visa**

**Card Number** __________

**Expiration Date** __________

**Cardholder Name** __________

**Billing Zip Code** __________

**MONTHLY EPAY AUTHORIZATION**

All members paying monthly must complete this section.

- By signing on the line, I authorize ANA to withdraw $1/2 of my annual dues and any additional service fees from my account. Charges may be adjusted by ANA only following written 30-day prior notice to me.
- Membership and payments will continue unless NNA/ANA receives 20-day prior written notice from me.
- **Checking:** Please enclose a check for the first month’s payment; the account designated by the enclosed check will be drafted on or after the 15th of each month.
- **Debit/Credit Card:** Please complete the credit card information above. This card will be debited 1/2 of annual dues on or after the 15th of each month.

**Epay Authorization Signature** __________

**Date** __________

### STEP 5 SUBMIT APPLICATION

Return completed application and payment to:

NEBRASKA NURSES ASSOCIATION
P.O. BOX 3107, KEARNEY, NE 68848-3107

**QUESTIONS:** Call NNA 888-485-7025 or visit our website www.nebraskanurses.org

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<th>TO BE COMPLETED BY NNA STAFF:</th>
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<tr>
<td><strong>STATE</strong></td>
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<tr>
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**Trivia question answers from page 12**

1. The first annual meeting of NSNA to be held outside of Lincoln or Omaha was held in Hastings in 1939.
2. In 1967 LB 475 passed, installing a RN for the first time on the State Board of Health. Sister Paschala Noonan, RN, BA, received the appointment.
3. 1980
4. Linda Lazure, who was elected as the Chair of the ANA Nominations Committee in 1996.
5. St Elizabeth Regional Medical Center (Lincoln) and Nebraska Methodist Hospital (Omaha).
7. 1977. By 1981 the CEARP had approved a total of 3,725 offerings, 5 agency programs and 245 subsequent approval offerings.
8. 2008 or 2009?
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