President's Message

Culture of Safety: It starts with you!

Roberta Young MSN, RN, President NDNA

ANA continues to define different facets of culture of safety while nursing is called to lead this work. NDNA will be embarking on a revised Advocacy Platform this month as the North Dakota Legislative Session gets into full swing. Several points will directly tie to enhance culture of safety such as attention to workplace violence and increasing numbers of behavioral health care providers. Development of this platform took collaboration, studying of the issues, prioritizing causes, and leadership.

Leadership from the middle is one of the monthly topics on Culture of Safety promoted by ANA in August. (http://nursingworld.org/CultureofSafety-August) I feel that there is an important message for all of us in this discussion because it explores the myths of leadership. To enhance and solidify a culture of safety we all need to step into leadership.

One of the first prevailing myths of leadership is that it is left to the formal roles of management. Nothing could be further from the truth. Nurses in all types of practice, in all types of settings need to be able to communicate effectively, take charge of situations as needed, adapt to change while keeping values and ethics genuine. This is leadership in action; nurses need to continually develop and sharpen their skills. In this way, we can continually improve patient care. As nurses, we are the most consistent presence; our actions and missed actions are keys to safety. I’m confident that you can reflect on a time that you spoke up regarding a concern when others did not. Or ever observed a colleague take a deep breath, speak up, and bring calm, common sense, and a way forward into a complex situation. I remember a time early in my career as an adult ICU RN, we were caring for a man in extreme respiratory distress with an unknown cause. He was suffering from air hunger, and several well intended providers from many specialties were discussing the priority etiology. I was very frustrated, not in the best frame of mind to “lead” from, but spoke up and said, “so does it matter right now why, can we just get him more comfortable and before we have a full blown respiratory arrest?” You don’t wait for formal leadership in times like this… a nurse needs to step up to do the right thing.

Leadership skills are not all “soft” skills as many believe. To be effective, yes there is much value in continual learning about people, teams, and communication. Effective messaging is very important, but often it is the unpolished, still quiet voice that speaks up that is most powerful. I feel two of the most powerful leadership learning tools are self-reflection and a very good confidant to give you honest feedback. Learning comes from being humbled. This is certainly not pleasant in the moment but so powerful for growth and wisdom. A third myth about leadership is that people are born leaders. Not true. Leadership is a whole box of critical thinking skills and tools that can be learned, practiced and improved. We all have the ability as we care for patients and our team members, plus we have the ethical obligation to be brave and stretch those skills.

One path forward is to look under the “Practice” tab at Nursingworld.org and click on 2016 Culture of Safety. There are several webinars to participate in and links for useful, leadership stretching, articles. Nurses Rock in making a safe culture being leaders. ANA membership can provide more education and learning opportunities for you. If you not currently a member of NDNA, I want you to take that step. We need leaders like you!
NDNA 2016 Culture of Safety Conference & Annual Meeting

THANK YOU to the 80 plus attendees for participating in the NDNA 2016 Culture of Safety Conference on October 7th! We had a successful conference and very diverse group of speakers including Pat Hill, RN, and Melissa Hanson MSN, RN from the North Dakota Board of Nursing, Jesse Breidenbach, PharmD & Kristin Roers MS, RN, CPPS from Sanford in Fargo, Jacki Blees, PMHNP-BC, MSN, APRN from Prairie St. Johns and Midwest Mental Health Clinic in Fargo, Dr. David Saxon, West Region Medical Director in Dickinson, Jerry Stein from the Bismarck Police Department and a very moving & inspirational story from Jackie Binstock. We THANK ALL OF YOU for speaking and providing our attendees with such great and current information! Also a huge THANK YOU to our sponsors: Arthur L. Davis Publishing Agency in Iowa, Country House Memory Care and Kensington Evergreen Dickinson, CHI Dickinson, Sanford Health Dickinson, IRPT Properties, Dakota Travel Nurse, and Trinity Health in Minot.

On Saturday, October 8th members of NDNA held their Annual Meeting. Reports from current board members, installation of new board members and of course bylaws changes were on the agenda! Committees met and discussed membership, communications, education, advocacy and finance. Thank you members of NDNA for ALL of your input and time given to NDNA. After the Annual Meeting the NDNA board met for a collaborative meeting with the Nursing Student Alliance of North Dakota. The two boards are planning a Legislative Day on February 20th at the Capitol in Bismarck. We look forward to seeing you all there! SAVE THE DATE!

Welcome New Members

Brittany Riemer
Theresa Langenstein
Erika Fazzardo
Ariel Mack
Debra Emo
Tracy Bina
Payton Borud
Kaitlyn Lundstrom
Lindsey Markel
Danica Kochis-Belleque
Joseph Vetter
Alyssa Blumber
Nicole Podliska
Mary Schiel
Katie Johnson
Carly Hanson
Collette Christoffers

The North Dakota Nurse
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Writing for Publication in The North Dakota Nurse

The North Dakota Nurse accepts manuscripts for publication on a variety of topics related to nursing. Manuscripts should be double spaced and submitted electronically in MS Word to director@ndna.org. Please see the North Dakota Nurse article in the address line. Articles are peer reviewed and edited by the RN volunteers at NDNA. Deadlines for submission of material for 2016 North Dakota Nurse are 3/17/16, 6/16/16, 9/16/16 and 12/15/16.

Nurses are strongly encouraged to contribute to the profession by publishing evidence based articles. If you have an idea, but don’t know how or where to start, contact one of the NDNA Board Members.

The North Dakota Nurse is one communication vehicle for nurses in North Dakota. Raise your voice.

The Vision and Mission of the North Dakota Nurses Association

Mission: The Mission of the North Dakota Nurses Association is to promote the professional development of nurses and enhance health care for all through practice, education, research and development of public policy.

NDNA 2016 Culture of Safety Conference & Annual Meeting

Pat Hill speaking at the NDNA 2016: Culture of Safety Conference

One of several Committee Meetings of the North Dakota Nurses Association
Employer – Manager at Altru Health System, Grand Forks
I am a motivating, people-oriented, collaborative nurse manager with over 20 years of leadership experience in the fast-paced, inpatient world of health care. Results oriented leader with focus on patient, family, physician, and staff relationships, evidence-based care, quality management, customer satisfaction, productivity and financial performance. Greatest strengths: team-building focused on mission, vision, and values of the organization; facilitating professional growth and development with coaching; strong communication skills, and financial strategic planning.

Employer – Sanford Health, Occ Med, Dickinson
I have a genuine passion for nursing and nursing practice in the state of ND. I have been the VP of membership for NDNA during this last year. During my term as VP of Membership so far, I feel that I have the ability to do more, and give more time to the nurses in the state. Being part of the board has shown me the selfless time, effort and dedication it takes to be a board member and I want to help the board and the nurses in the state be the best they can be.

Employer – Sanford Health, Fargo
My desire to serve comes from wanting to be a part of the discussion when it comes to change. I firmly believe we all need to take an active role when it comes to the decision making process for things we feel strongly about. As NDNA works with government to create a healthcare system that works for everyone, our voices as nurses are imperative. As a student nurse, I was involved on the Curriculum, Admissions/Progression, and Assessment/Evaluation Committees. I was also a peer selected representative on our Student Council. As a member of the Nursing Student Association (NSA), I served as Vice President and I chaired both the Apparel and the Heart of the Herd Committees. Through my involvement in NSA, I was also awarded Student Nurse of the Year, the Student Leadership Award, multiple local scholarships, and the National Council of State Boards of Nursing Scholarship. I am also involved in the military and have been involved in all the leadership training that is a part of that. I was awarded a Medal of Honor as the top graduate from my Advanced Individual Training course and promoted to a Non-Commissioned Officer after 2 years of service.

Employer – United Tribes Technical College, Bismarck
Greetings! I have been a nurse since 1995, first as an LPN, then as an RN in 1997. I graduated with a Masters in Nursing with an Education Specialization in 2008. In my 20+ years of Nursing experience, I have worked in a plethora of practice areas. My primary acute focus was OB for 13 years. After leaving the hospital, I worked in long term care, long-term acute care, research (contract research company), school nursing and finally academia. I have always been interested in the challenges that face our profession and now that my children are older there is no better time for me to be involved.

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SAVE THE DATE

15TH Annual Northwest Region North Dakota Collaborative Educational Conference

“NURSING PRACTICE IN CHANGING TIMES”

April 7, 2017
Grand Hotel, Minot, ND

Provided by:
District 1, North Dakota Nurses Association Omicron Tau Chapter, STTI Honor Society of Nursing

Contact Hours: to be submitted to ND Board of Nursing

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At McKenzie County Healthcare System, you can make a difference in the lives of residents and patients. At the same time you will grow your own skills while being well rewarded for doing so. As a member of our team, you join our team of individuals committed to caring for our patients, their families and our community. To check us out or to apply for your education and experience.

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North Dakota Department of Health

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Bruce Prischet, Director of Health Facilities
609 E. Boulevard Ave Dept 301
Bismarck, ND 58504-6200 | 701.328.2352
Website: https://www.ndhealth.gov/public/EMPLOYEE/HR/RSN/HR-RAHLRS_APP_SCHJOB.GBL

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The North Dakota Nurse  November, December 2016, January 2017

Professor on the Prairie

How to embrace being a professional nurse.

Trish Strom, BSN, M.Ed., RN, LPC, CNML Assistant Professor of Practice
NDSU School of Nursing

80% of success is showing up. ~Wookey Allen

“Showing up” is not the act of punching in...it is the action of bringing the best “you” to work. The “you” that remembers that it is a privilege to be a witness in your patient’s life at an intimate time – even their best friends might not have this privilege.

Don’t wait for leaders; do it alone, person-to-person. ~Mother Teresa

If we wait for the formal leaders to direct all positive change, we are setting them up for failure. It is recognizing as professional nurses our responsibility to provide leadership in the areas we know best – the unit where we practice professional nursing, the communities we live in as professional nurses, etc.

Integrity is honesty carried through the fibers of the being and the whole mind, into thought as well as action so that the person is complete in honesty. That kind of integrity I put above all else as an essential to leadership. –Pearl S. Buck

Mind, body and spirit...the building blocks of holistic nursing. Also the building blocks of professional nursing. Honesty in words, thought, and action brings congruence, we are exhibiting integrity. Example: if we, as professional nurses, understand that a healing environment includes the nurse as a person, yet show up to work grumpy, complaining, and unavailable to others (patients/families/peers), we are not showing integrity. Are there ways to keep on track? First ask yourself what you really want – then act in a way that will get you what you want. Also, think about what your values are related to professional nursing – then act in a way that speaks those values to others.

As soon as I saw you, I knew an adventure was going to happen. ~Winnie the Pooh

Greet each new day, each new patient, each new employee with the wide-eyed excitement of children preparing for an adventure! We have the ability (personally and professionally) to influence outcomes. Think about how we as a profession could start a revolutionary change in our work cultures!

When you talk, you are only repeating what you already know. But if you listen you may learn something new. ~Dalai Lama

Teachers and lessons are everywhere. Yet I find that sometimes in my need to get things checked off, knowledge passed on, and assignments completed, I talk, walk and listen too fast. Chances are, those days I have missed out on something pretty important and awesome – be it from my patient, my staff, my students—I’m sorry I missed it. Try and practice listening with intention every day.

I make 50 cents for showing up - and the other 50 cents is based on my performance. ~Steve Jobs

This can be applied to one’s self, but it is also a perfect way to describe the Pay for Performance environment that healthcare lives in now. It’s important to remember how you act, your performance affects the health of your patient and the health of your work place (both in measurable and non-measurable ways). In short – do the work, and do it well. Many are counting on us.

If you judge people you have no time to love them. ~Mother Teresa

Enough said.

Last but not least:

Piglet noticed that even though he had a very small heart, it could hold a rather large amount of gratitude. ~A.A. Milne

There are many things to be thankful for, but in relationship to my professional nursing career, I have a list. Thank you for my health. Thank you for the intelligence to do the important and sacred work of professional nursing. Thank you to the patients I have cared for, for trusting me to advocate on your behalf and to perform my work with excellence. Thank you to my students for teaching me grace and forgiveness every day, and for laughing at my jokes. Thank you to the staff I served for being shining examples of what excellence looks like. Thank you to my friends in nursing for sharing the same sick sense of humor that I have, for understanding that sometimes giving of one’s self is hard, and for reminding me of why I do it – either by your words or actions. Thanks.

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What do you feel is the most rewarding thing about your profession today?

I am humbled by the opportunity to touch people's lives in ways no other profession can; we as nurses are invited to sacred places in our patient's lives and as leaders our team member's lives. I love listening to their stories, working with them to find solutions to challenges, and the tears and laughter we see along the way. Nursing is one of the unique professions where you are afforded the opportunity to be a true servant leader.

How long have you been an NDDNA member?

I joined NDDNA in 1984.

How have you seen the NDNA change over the years since you have been a member?

Through the use of technology, NDNA is able to offer resources to all members; educational, employment resources, and advocacy. NDNA works collaboratively with other entities to find solutions for today's health care issues: i.e. mental health care shortages.

How have you been able to manage the workforce shortage in your organization?

We have been very creative in working through staffing challenges, particularly during the height of the COVID epidemic in our region. With day care shortages, many of our nursing staff had to increase to part time or as needed only; we offer a variety of employment opportunities with and without benefits. Recognizing the need to have experienced staff, we worked with international companies to secure experienced long term contract nurses. Maintaining a strong support system of family with local nursing college (Williston State College) on strategies for improving the student's experience and recruiting new graduates. In addition, we developed tier wages, allowing opportunities for nurses to advance if they chose to. Finally, we developed a Nurse Practice Council, where front line nurses have input into their practice and work environment; our goal is to work towards Pathways to Excellence Designation.

What guidance would you give to a new nurse joining the profession?

I believe the best advice would be to join the nursing profession only if you truly love to serve others. Search for employers whose mission, vision, and values are in-line with your own personal values. Maintain a strong support system of family and friends and plan for opportunities for rest and relaxation (“fill your cup”) in order to avoid burnout and continue to serve others.

What has been the biggest change you’ve seen working in the Western part of the state?

We have definitely seen growth and diversification in population and business. There are many young families moving to our area; our deliveries have more than doubled in the last 4 years. We work with people from all over the world and have the opportunity to learn from them and also must be able to provide resources to meet their needs. We have developed evidenced based strategies for caring for patients with higher acuity than we had seen in the past (trauma and medical).

What do you think sets you apart from other nurses?

That is a difficult question! I am a servant leader; I love what I do and see my work as a privilege not a job.

What do you consider the most rewarding thing about the nursing profession today?

We have access to so much more information than we did in the past; it is far easier to keep up on evidenced based practice and measure outcomes to insure we are providing high quality care and meeting our patient's expectations.

What factors do you think contribute the most to employee satisfaction?

I believe employees need proper orientation, individual feedback, and opportunity to provide input into work processes and their work environment.

What do you like to do in your free time?

I like to spend time at the lake with family; boating and fishing in the summer. In the winter, I enjoy family visits and cheering for the Minnesota Vikings!

What goals do you still have for yourself (personally or professionally)?

I would like to lead the nursing leadership team through the Pathways to Excellence Designation process, become a more active member in the NDNA/ANA, and hopefully be a wonderful grandparent some day.

Jacki Bleess Toppen, PMHNP-BC
Featuring Lori Hahn MSN, RN

“The servant-leader is servant first. It begins with the natural feeling that one wants to serve, to serve first. Then conscious choice brings one to aspire to lead.” Robert Greenleaf.

For this member spotlight, we are getting to know more about Lori Hahn. Lori is in the heart of Boomtown, USA. In the midst of the ‘fastest growing little town’ in the western part of the state, she is managing to maintain her focus on patient safety and quality outcomes while finding creative ways to navigate the widespread workforce issues across the state. I had the opportunity to visit with Lori to learn more about her background and experience and how she has managed to become the successful nurse that she is today. Lori has been with NDNA for over 30 years and we are blessed to have a nurse like her on our team.

Tell us a little bit about your nursing career

I began my nursing career working as a nursing aide in the cardiology care facility in Devils Lake, ND. After graduating from USD with a BSN in 1984, I began working as an Emergency Room Nurse for Trinity Medical Center, Williston, ND (now CHI St. Alexius Health Williston). For the next ten years I worked between ICU and ER, while teaching Advanced Cardiac Life Support to physician/nursing staff and rhythm interpretation/defibrillation to the Williston Ambulance Service. In 1995, I transitioned to working as the Patient Care Coordinator and then Manager for the hemodialysis unit (a satellite unit of St. Alexius Medical Center) where I worked for 15 years. In 2011, I joined NDNA as the Quality Manager/COO at Mercy Medical Center. In 2012, I secured the position of Chief Nursing Officer/Risk Manager; in the fall of 2015 the position transitioned to Vice President of Patient Care Services/Risk Manager.

When did you know you wanted to become a nurse?

I knew I wanted to become a nurse as a little girl; I loved playing with my little plastic medical kit. I also was known to invite animals and try nursing them back to health (baby rabbits, ducks, a mourning dove...). I had an aunt and an uncle who suffered CVA’s with hemiparesis; I often stayed with and helped care for them.

Where was your first job?

My first job was working concessions at the Lake Region Drive-In, in Devils Lake, ND.
Measure 4
Measure 4 is health initiative to raise North Dakota’s shamefully low cigarette and tobacco taxes from $0.44/pack to $2.20/pack. Raising tobacco taxes are a proven way to prevent kids from ever starting, encourage current tobacco users to quit, reduce health care costs, and fund important health and veterans’ services in the state of North Dakota.

The measure is supported by more than 30 ND organizations, including the ND Veterans Coordinating Council, ALA, AARP ND and the ND Nurses’ Association, among many others.

Benefits of Measure 4
Measure 4 has many wide-reaching benefits for the people of North Dakota:

• Measure 4 is estimated to decrease youth initiation rates by 20% and prevent 5,800 ND youth under 18 from ever starting.
• Measure 4 is estimated to lead to 6,600 current adult smokers quitting, and North Dakota already provides free services to help.
• Measure 4 would provide and protect funding for our state’s veterans, crucial health care services and programs, and North Dakotans with mental health and addiction disorders, and chronic disease.
• Measure 4 would save an estimated $246.57 million in long-term health care costs from reductions in adult and youth tobacco use.

Quick facts about Measure 4
• Measure 4 was initiated by North Dakotans. Sponsoring committee members include medical/mental health/addiction recovery professionals, veterans, legislators and concerned parents.
• North Dakota tobacco tax currently ranks 47th in the nation for cigarette taxes, ranking below many tobacco-producing states.
• Measure 4 will reduce youth tobacco use.
• Measure 4 will help motivate tobacco users to quit.
• Measure 4 will save lives.
• Measure 4 will help reduce health care costs.
• Measure 4 will provide important program funding for veterans services, behavioral health, public health and chronic disease.

About the opposition
Measure 4’s opposition is an in-state surrogate for Big Tobacco. Already, Altria and R.J. Reynolds have poured more than $1,000,000 into our state to try to defeat Measure 4 by spreading misinformation about the measure’s intent.

Measure 4 will save lives while funding essential programs in our state. YES 4 KIDS! YES 4 VETERANS! YES 4 HEALTH! YES ON MEASURE 4!
Introduction:
Parkinson’s disease (PD) is a chronic and progressive neurological disorder. The incidence is expected to double by the year 2030. According to the Parkinson’s Disease Foundation (PDP), nearly one million people in the US are living with PD, which is more than the combined number of people diagnosed with multiple sclerosis, muscular dystrophy, and Lou Gehrig’s disease (PDP, 2016). Despite the prevalence of Parkinson’s disease in the region, many nursing students graduate before they are afforded the opportunity to deliver hands-on care directed toward students with Parkinson’s disease. Although nurses are the primary caregivers to patients living with PD. Similarly, nurse educators struggle to find the resources and time to teach an ever-expanding curriculum, leaving students unprepared to effectively meet the quality and safety needs of these clients. In light of a growing number of PD patients without adequate care, lack of Parkinson’s education, and the shortage of healthcare providers specializing in the disease, it is even more pressing that nursing students be prepared to care for patients with PD.

Methods:
A literature review was conducted by the student investigators. Following the educational session, a pre-test and a post-test were administered. Students were asked to provide a unique identifier on both surveys, and students were assured that their confidentiality and anonymity would be maintained. Surveys were kept locked in a secured location and names were documented on any surveys, and students were given the option of partaking in the research project. Informed consents were provided and signed. Students were advised that no risk or benefit to them would be gained from their participation, nor would there be any disadvantage to not participating in the study.

Results:
After the senior-level undergraduate nursing students participated in a one-hour educational session, they were given a pre- and a post-test. The results were analyzed using Statistical Package for the Social Sciences (SPSS) data software. Statistical significance was set at p<.05.

- The test on the pre-test was significantly correlated to the students’ levels of perceived confidence prior to the educational session. r(25)= -27, p= .19.
- Furthermore, after the senior-level undergraduate nursing students participated in an hour-long Parkinson’s educational session, they rated their perceived confidence levels in caring for individuals with Parkinson’s disease as higher (M=4.1, SD=1.2) compared to the pre-test scores (M=3.88, SD=2.42). t(25)=8.01, p<.001.

Discussion:
The pre-test was administered followed by an hour-long educational session about Parkinson’s disease and the care of individuals with PD by the student investigators. Following the educational session, a pre-test and a post-test were administered. Students were asked to provide a unique identifier on both surveys and students were assured that their confidentiality and anonymity would be maintained. Surveys were kept locked in a secured location and names were documented on any surveys, and students were assured that their confidentiality and anonymity would be maintained. Surveys were kept locked in a secured location and names were documented on any surveys. The results were analyzed using Statistical Package for the Social Sciences (SPSS) data software. Statistical significance was set at p<.05.

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Conclusion:
The educational session was effective in increasing the knowledge of students regarding Parkinson’s disease, as well as, students’ perceived confidence levels in caring for patients with Parkinson’s disease. The students’ pre-test scores (M=3.88, SD=2.42) were significantly lower than their post-test scores (M=4.1, SD=1.2). t(25)=8.01, p<.001.

- The test on the pre-test was significantly correlated to the students’ levels of perceived confidence prior to the educational session. r(25)= -27, p= .19.
- Furthermore, after the senior-level undergraduate nursing students participated in an hour-long Parkinson’s educational session, they rated their perceived confidence levels in caring for individuals with Parkinson’s disease as higher (M=4.1, SD=1.2) compared to the pre-test scores (M=3.88, SD=2.42). t(25)=8.01, p<.001.

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Acknowledgments:
The authors are grateful to the student investigators who participated in this project. Informed consents were provided and signed. Students were advised that no risk or benefit to them would be gained from their participation, nor would there be any disadvantage to not participating in the study.

References:

Keywords:
Parkinson’s disease, educational session, senior-level nursing students, perceived confidence levels, statistical significance, correlation, regression, prediction.
who undertook a comprehensive literature review and attended a support group for patients with PD can be an effective means to increase undergraduate nursing students’ knowledge and confidence levels. Providing care consistent with the recommendations and practice guidelines of leading authorities, including The Parkinson’s Disease Foundation and the Edmund J. Safra Visiting Nurse Faculty Program for Parkinson’s Education (EJS-VNF).

More About the Edmund J. Safra Foundation and the Visiting Nurse Faculty Program for Parkinson’s Education:

The Edmund J. Safra Foundation supports hub-to-hub collaborations between leading authorities, including The Parkinson’s Disease Foundation and the Edmund J. Safra Visiting Nurse Faculty Program for Parkinson’s Education (EJS-VNF).

Many of the program’s alumni have gone on to become local leaders in Parkinson’s disease care, with some developing into national leaders who are changing nursing education. Since 2014, the program has been housed at the Parkinson’s Disease Foundation as part of PJD’s commitment to training health care professionals. To learn about the program and to apply to upcoming trainings, please visit http://www.pdf.org/visitingnurse14.

Upcoming trainings are in: Baltimore, MD (June 2016), Minneapolis, MN (June 2016), San Francisco, CA (July 2016), Boston, MA (August 2016), Phoenix, AZ (October 2016), New York, NY (November 2016), and Philadelphia, PA (November 2016).

Resources for Nurses

The Edmund J. Safra Foundation at www.edmondjsafra.org

The HeartSprings Community Healing Center at www.heartspringscenter.com

The Midwest Parkinson’s Organization at www.midwestparkinsons.org


The Parkinson Foundation at www.parkinson.org

The Parkinson Foundation of Minnesota at www.parkinsonmn.org

Parkinson’s Disease Across the Lifespan: A Roadmap for Nurses at event.netbriefings.com/

November, December 2016, January 2017

Anti-Platelet Medication after Stent Placement

Appraised by:

Tia Sumption, RN Mayville State University, RN-BSN student

Amber Rauchsdorfer, RN Mayville State University, RN-BSN student

Clinical Question:

Does taking an anti-platelet medication prevent cardiac complications after stent placement?

Articles:


Synthesis of Evidence:

We gathered data from research articles surrounding the topic of stents and antiplatelet therapy. One of the studies that we found from Khosravi et al. discussed “the impact of using generic clopidogrel after a coronary artery stent for 2 months after the patient received a bare metal stent” (2011 p. 640). The study found that the patient was less likely to develop a Major Adverse Cardiac Event (MACE). The risks include bleeding, MI, and mortality (Kwok, et al). This is a very important finding as the cost of the generic clopidogrel is about 80% cheaper than the trade name. This could possibly help increase compliance with this patient type taking the medicine routinely. A second study that we utilized from Khosravi et al. discussed and will continue to evolve as the research advances (Tada, et al, 2012). This will also be cost effective for most patients who find it hard to afford these medications.

Bottom Line:

Using dual antiplatelet (either Generic or Brand name) therapy for 12 months after percutaneous coronary intervention (PCI) proves to be effective against major acute cardiac events. This continues to be the standard of practice for most providers. Research is still being done to study whether or not the long term benefits of the antiplatelet therapy outweigh the risks. Many of the risk factors involved with antiplatelet therapy are increased in patients with underlying chronic diseases. Each provider is to carefully weigh these factors and increased risks against the benefits of the clopidogrel use. Further studies will be conducted and will continue to evolve as the research advances.

Implications for Nursing Practice:

Nursing can use this information to educate their patients on the importance of medication compliance when it comes to the antiplatelet medications. Nurses can also use this information to guide further research to increase knowledge base on future antiplatelet therapies and post stent treatments.
Synthesis of evidence:

Adults 65 years of age and older are at increased risk, in comparison with younger adults, to influenza infection and complications related to influenza infection (DiazGranados et al., 2014). Morbidity and mortality have not declined, even with an increased rate of immunization (Falsey et al., 2009). Immunization is currently the best prevention method for older adults. 65 years of age and older have a decreased antibody response to standard-dose influenza vaccine compared to younger adults (DiazGranados et al., 2014). To combat this problem, a high-dose influenza vaccine was developed to elicit a better immune response in older adults (DiazGranados et al., 2014). Prevention elicited for elderly adults from the high-dose influenza vaccine is estimated to be at 62%, which is a level of protection similar to that seen in younger adults with standard-dose influenza vaccine (DiazGranados et al., 2014). With team collaboration, a PICO question was developed to determine the difference in protection between high-dose influenza vaccine and standard-dose vaccine for adults age 65 and older. Critical appraisal of the literature was conducted to answer the following PICO question: In patients 65 years and older, how does the use of high-dose influenza vaccine in comparison with standard-dose influenza vaccine differ in protecting the patient from developing influenza? A total of 17 research articles were critically reviewed. We chose the article with the highest quality and strongest evidence. Review of the articles revealed the following key points:

Influenza vaccination is a substantial amount of illnesses, hospitalizations, and deaths each year (Fry, Kim, Reed, Thompson, Chaves, Finelli, & Bresee, 2014). The elderly are most at risk, in comparison with younger adults, to influenza infection and complications related to influenza. Educating patients this age group on the availability of the high-dose vaccine and the increased efficacy can result in increased immunity and reduce these effects. This could decrease influenza-related complications and hospitalizations, with the potential to decrease morbidity and mortality related to influenza.

High-Dose versus Standard-Dose Influenza Vaccine

Appraised by: Bonnie Overby, RN, Mayville State University RN-to-BSN student; Kathryn Mosher, RN, Mayville State University RN-to-BSN student

Clinical question:

In adults receiving antibiotic therapy, does the use of probiotic (compared to not using a probiotic) affect the incidence of C-diff infection?

Articles:


Synthesis of evidence:

Clostridium difficile infection (C-diff) is increasing the burden on healthcare with its associated events from antibiotic use. Antibiotics strongly associated with C-diff include clindamycin, third generation cephalosporins and fluoroquinolones. Probiotics are microorganisms believed to counteract disturbances caused by antibiotics and reduce the risk of colonization by pathogenic bacteria. C-diff symptoms include multiple, foul-smelling loose stools with abdominal cramping, tenderness, vomiting, fever, and perianal pain. In some cases, it can lead to colitis, coloectomy, and even death (Mergenhagen, Wojciechowski, & Paladino, 2014). Because of this increased morbidity, research has been conducted to answer the PICO question, in adults receiving antibiotic therapy, does the use of a probiotic (compared to not using a probiotic) affect the incidence of C-diff infection? A total of 17 articles were critically appraised to help support the evaluation and answer the PICO question. We chose the article with the highest quality and strongest evidence. Review of the literature revealed the following key points:

The systematic review and meta-analysis by Johnston, et al. (2012) found that there was moderate evidence that there was a large risk reduction in the incidence of C-diff when using probiotics.

A literature review by Mergenhagen, et al. (2014) found that evidence with different trials. Due to the lack of conclusive efficacy evidence and potential side effects to certain populations, the use of probiotics to reduce the risk of C-diff was not recommended.

The study done by Plaza et al. (2013) found that the use of probiotics was safe to use with varying degrees of immune effects. Though the actual effect on C-diff infected individuals was not considered, discontinuation of a certain strain of probiotic resulted in an increase of C-diff in the feces of healthy subjects.

The study done by Suardi, Crippa & Monforte, (2013) concluded that although probiotic use is generally safe, research is lacking for some strains of beneficial bacteria towards the reduction of incidence of C-diff associated diarrhea.

Bottom line:

Multiple factors affect the older adult's secondary prevention, including chronic illnesses, years of medication use, and nutritional issues (Falsey et al., 2009).

High-dose influenza vaccine contains four times as much hemagglutinin as standard-dose vaccine, and was designed this way to elicit a better immune response in older adults (DiazGranados et al., 2014).

One study concluded that adults 65 and older should receive a vaccine that has two high doses of antigen for each an acceptable antibody response (Parodi, 2011).

The high-dose vaccine helps to defend against both A and B strains of influenza (Falsey et al., 2009).

Implications for nursing practice:

As nurses, it is important to be aware that adults 65 years of age and older have a decreased antibody response to standard-dose influenza vaccine and there is a high-dose influenza vaccine available which is more effective for this age group in preventing influenza. Educating patients this age group on the availability of the high-dose vaccine and the increased efficacy can result in increased immunity and reduce these effects. This could decrease influenza-related complications and hospitalizations, with the potential to decrease morbidity and mortality related to influenza.
Clinical question:
In does taking a vitamin D supplement decrease the risk of multiple sclerosis (MS) in adults in the northern half of the United States compared to those who don’t take a vitamin D supplement?

Articles:


Vojinovic, S., Savic’, D., Lukic’, S., Savic’, L., & Vojinovic’, J. (2015). Disease relapses in multiple sclerosis: early in life with a mean onset of 28-31 years of age. This disease has no cure. The following PICO question was developed within team collaboration: Does taking a vitamin D supplement decrease the risk of multiple sclerosis in the northern half of the United States compared to those who don’t take vitamin D supplements? Research has shown that those living in areas of high altitudes which results in lower sunlight are at risk for developing MS. What if taking a vitamin D supplement along with exercise can reduce the risk of this disease, and prevent relapsing of MS in patients?

Several research studies were critically reviewed by our team to see if vitamin D plays a role in preventing MS. We narrowed our research down to 3 articles that rated high in both evidence and quality. Review of the literature revealed the following key points:

1. In a study conducted by Ascherio, Munger and Luneman (2012) a correlation between MS and the duration and intensity of ultraviolet (UV) rays was determined. Also, high latitudes which leads to lack of sunlight during most of the year limits vitamin D synthesis. Ascherio, Munger, and Luneman (2012) suggested populations living in northern United States and other high latitudes might have low vitamin D serum levels from non-sun exposure, particularly in winter. Studies performed during the winter months (Vojinovic, Savic’, Lukic’, Savic’, & Vojinovic’, 2015) looked at environmental factors (sun light and air pollution) and the correlation in relapses of MS. Data was gathered over the course of 5 years, utilizing specialized agencies in meteorology and the Environmental Protection Agency. The months during the year were clustered into groups associated with the appropriate vitamin D level according to the seasons; low (January–April), high (July–October) and medium (May, June, November, December). This was then compared with the participants within the study to see if there was a relapse in MS. The conclusions indicated that there was a significant increase in relapses of MS during the low vitamin D months and a decrease in relapses of MS during the high vitamin D months. (Mokry, Ross, Ahmad, Forgetta, Smith, Leong, & Richards, 2015).

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3. Numerous studies have examined prevention methods for post-op deep vein thrombosis (DVTs) these include, surgical technique, pain management, mechanical and pharmacological prophylaxis and early mobilization. The American Academy of Orthopedic Surgeons developed a set of recommendations that identified patients at high risk for DVTs. Patients should be mobilized as soon after surgery as possible, considering safety and pain, the goal being the first postoperative day.1 Active movements should be taught simple exercises including dorsiflexion and plantarflexion and done in sets of 10 to 20 during wakeful hours. Rapid Arthroplasty Mobilization Protocol (RAMP) is multi-modal technique trialed over 9 years on Total hip arthroplasty (THA) & Total knee arthroplasty (TKA) patients in one Australian hospital.2 This trial found ambulation alone is not adequate prophylaxis. A mobilization study included 195 post-THA patients that were randomized into early mobilization into the control group walked within 24 hours following surgery. The control group walked the second postoperative day. “Incidence of DVT fell from 27.6% in the control group to 1.0% in the early mobilization group” (p. 228).

A review of patients who had undergone THA from 1998 to 2010 were identified and compared in two groups: early rehabilitation and delayed rehabilitation.2 Following THA the use of early rehabilitation is associated a major reduction of DVT.2 Mechanical prophylaxis includes rehabilitation, simple leg lifts, elevating the foot off the bed, isometric calf exercises, and active and passive ankle motion.3

A group of 102 patients were studied to determine the levels of risk, the risk factors, and their odds ratio for postoperative DVTs following major orthopedic surgery.4 DVT is affected by preexisting factors including orthopedic procedures, the presence of infection, and mobility level, age and sex.6 Risk factors identified to be knowingly responsible for the occurrence of DVT were prolonged operation (>2 hours), prolonged immobility (≥72 hours), and high body mass index (BMI).7

Is Early Therapy/Ambulation Beneficial in Reducing DVT’s Following Hip Replacement?

Clinical question:
In adults following hip replacement is early therapy/ambulation compared to bedrest beneficial in reducing post-op DVTs?

Articles:

Synthesis of evidence:
Numerous studies have examined prevention methods for post-op deep vein thrombosis (DVTs) these include, surgical technique, pain management, mechanical and pharmacological prophylaxis and early mobilization. The American Academy of Orthopedic Surgeons developed a set of recommendations that identified patients at high risk for DVTs. Patients should be mobilized as soon after surgery as possible, considering safety and pain, the goal being the first postoperative day.1 Active movements should be taught simple exercises including dorsiflexion and plantarflexion and done in sets of 10 to 20 during wakeful hours. Rapid Arthroplasty Mobilization Protocol (RAMP) is multi-modal technique trialed over 9 years on Total hip arthroplasty (THA) & Total knee arthroplasty (TKA) patients in one Australian hospital.2 This trial found ambulation alone is not adequate prophylaxis. A mobilization study included 195 post-THA patients that were randomized into early mobilization into the control group walked within 24 hours following surgery. The control group walked the second postoperative day. “Incidence of DVT fell from 27.6% in the control group to 1.0% in the early mobilization group” (p. 228).

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Clinical question:

What are the ethical components couples face when they are choosing the disposition of their unused embryos?

Articles:


Paul, M. S., Berger, R., Blyth, E., & Frith, L. (2010). Clinical question: is achieved, if the process is successful. Although embryos? 

Synthesis of evidence:


Takashashi, S., Fujita, M., Fujimoto, A., Fujimura, T., Yano, T., Tsutsuomi, O., & Akabayashi, A. (2012). Is it possible to have a PICO question to the complex and controversial process couples face when deciding the fate of their unused embryos. Following through on last years work through a partnership with my colleague, we implemented a PICO question to better understand the complex decision-making process and ethical dilemmas involved with the disposition of unused embryos following advanced reproductive treatments. The research accomplished helped comprehension of the patients’ understanding of the disposition of their embryos and couples face when deciding the disposition of unused frozen embryos? A total of twelve research articles were the results of a PICO question. The findings were cautiously condensed down to four quality research articles that served as strong relevance to our PICO question. The following key points were highlighted following review of the literature:

• Participants that described embryos as parental responsibility, a sense of ownership, and a moral obligation. They were strongly about the embryo being protected at all costs. Participants that classified embryos before implantation as biologic tissue were more open to the idea of donating. 

• Life circumstances, including clinic storage fees, the mother’s health and emotional status, the need for medical care, and maternal or child health issues changes the family building process influenced couple’s decisions about embryo disposition.

Bottom line:

Through a combination of research articles, we learned that many different outlooks on embryo disposition exist, and couples have to carefully consider the advantages and disadvantages of their personal decisions. Research on this topic needs continuous support in order to properly navigate the emotional and logistical complexities involved with the decisions of embryo disposition for future generations.

Implications for nursing practice:

As nurses we need to be aware of the ethical components couples face when they are choosing the disposition of their unused embryos. Couples face many different factors that influence their decision. It is our job to help them through this process by providing education in a compassionate manner regardless of how long the embryos have been frozen.
Surgical Site Infections after Delivery

**Appraised by**
Lisa Johnson, RN, Mayville State University, RN-to-BSN student
Megan Gatman, RN- Mayville State University, RN-to-BSN student
Stephanie Davenport, RN, Mayville State University, RN-to-BSN student

**Clinical question**
In women during the postpartum period, does a vaginal delivery (as opposed to a cesarean delivery) decrease the risk of surgical site infections after delivery?

**Articles**


**Synthesis of evidence**
We developed a PICO question based off of our knowledge, personal interests, and nursing professions. Our team evaluated 15 articles for evidence related to our PICO question, and chose five high-quality articles to synthesis information for our conclusion.

Prevention techniques of surgical site infections may include the use of prophylactic preoperative IV antibiotics administered within a set amount of time prior to incision, preoperative skin preparation using chlorhexidine gluconate wipes, avoiding hair removal from the surgical site if possible, and the use of chlorhexidine with alcohol base preoperative surgical skin prep rather than previously used povidone-iodine skin prep solutions (Amer-Alshiek, 2013).

Contributing factors that could likely increase the risk of developing a surgical site infection include obesity, American Society of Anesthesiologists preoperative assessment score, emergency surgery, lack of prophylactic antibiotics, pre-existing infections, prolonged labor, premature rupture of membranes, vaginal examinations, the procedure of cesarean, primary indication for surgery, certain types of anesthesia, prolonged operative time, lack of surgical experience and blood loss (Gong et al., 2012). Most research studies that were reviewed in order to come to a conclusion for our PICO question, clearly stated that there is a great need for additional research related to surgical site infections relating to cesarean sections.

The common theme throughout our research is an emphasis on the importance of using aseptic technique whether that be on perineal trauma repairs, episiotomies, or cesarean section surgical sites. Other common themes stress the importance of preoperative patient education, intervention and proper post wound cares. Though infection rates can occur either post vaginal delivery, or post cesarean delivery, many research articles place emphasis on surgical site infections post cesarean delivery. Associated with surgical site infections post cesarean delivery, many articles highlight cost factors contributed from this infection risk. Such things as prolonged hospital stays, readmissions, frequent emergency department visits, additional corrective surgical procedures, medication and treatment regimens, and the psychological effects on a mother’s well-being and newborn bonding experience play a toll on those mothers’ well-being and newborn bonding experience. Women who develop post-cesarean section surgical site infections who plan to breastfeed, are at risk of discontinuing to breastfeed due to the burden on their body from the infection.

**Bottom line**
Surgical site infections can, and do happen post-delivery. Having a cesarean section can increase the risk of these infections. Many predisposing factors may play a role in reasons for the increase of these infections such as, obesity, gestational diabetes, hypertension, pre-eclampsia, and pre-term labor (Thornburg et al., 2012).

Using an aseptic technique such as, aseptic technique including isopropyl alcohol to remove all ultrasound gel, and a chlorhexidine gluconate surgical scrub prior to surgical incision has proven to decrease post-delivery surgical site infection rates (Gregson, 2011).

While our research did indicate more infections were seen with postpartum cesarean section incisions, more research is needed to validate these findings, and identify the best interventions to help prevent infections.

**Implications for nursing**
Nurses are instrumental in assisting patients with postpartum surgical site care. The following are items that nurses should consider when caring for patients with postpartum surgical sites:

1. Checking patient allergies against the medication orders pre-operatively, including the antibiotic ordered and the surgical site scrub preparation.
2. Monitoring vitals closely during the recovery and postpartum period.
3. Monitoring the surgical site while the patient is inpatient, and noting wound approximation, any redness, warm/hot areas, and drainage from the site.
4. In the case that the patient has an atypical wound dressing, such as a negative pressure wound vac, it is important for nursing to understand and follow the orders carefully on how to manage that system.
5. Providing education to the patient about monitoring for signs of infection after discharge including if and when to contact a provider. If the patient is post-caesarean section, the nurse needs to assess properly to determine the need to provide education to the patient about proper wound care and lifting restrictions.

**Bottom line**
Surgical site infections can, and do happen post-delivery. Having a cesarean section can increase the risk of these infections. Many predisposing factors may play a role in reasons for the increase of these infections such as, obesity, gestational diabetes, hypertension, pre-eclampsia, and pre-term labor (Thornburg et al., 2012).

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5. Providing education to the patient about monitoring for signs of infection after discharge including if and when to contact a provider. If the patient is post-caesarean section, the nurse needs to assess properly to determine the need to provide education to the patient about proper wound care and lifting restrictions.
APRNs looking forward to being part of solution to improve access to timely care.

WASHINGTON, D.C. — Advanced practice registered nurses (APRNs) and other registered nurses (RNs) in the Veterans Health Administration (VHA) stand ready to be part of the solution to improve access to timely, quality healthcare by working to their full practice authority as recommended by the Commission on Care. As a major step toward increasing the need to allow all APRNs to have full practice authority as recommended by the Commission on Care for its support of full practice authority for advanced practice registered nurses in the VHA, said Maureen Swick, RN, MSN, PhD, NEA-BC, AONE chief executive officer/AME/BPHC Academy of Nurse Practitioners (AANP). Veterans, the AANP, other APRN groups, the VA, and now an independent congressional commission on the VHA all agree that VA operations should be enhanced through more timely access to veterans who previously served in the VHA as program director in the Office of Nursing Services and then as deputy chief officer in the VA Workforce Management Office, praised the commission’s recommendations on clinical operations.

The commission’s recommendation that clinical operations should be enhanced through more effective use of health professionals — particularly optimizing use of advanced practice registered nurses (APRNs) along with improved data collection and management, is right on target,” said Weston. “The commission’s recommendation is consistent with the recommendations of the VHA all agree that VA operations should be enhanced through more timely access to veterans who previously served in the VHA as program director in the Office of Nursing Services and then as deputy chief officer in the VA Workforce Management Office, praised the commission’s recommendations on clinical operations.

The commission’s recommendation that clinical operations should be enhanced through more effective use of health professionals — particularly optimizing use of advanced practice registered nurses (APRNs) along with improved data collection and management, is right on target,” said Weston. “The commission’s recommendation is consistent with the recommendations of the National Academy of Sciences to remove scope-of-practice barriers and allow the VA to fully utilize the skills of its APRNs to the full extent of their education, training, and certification.”

The American Association of Colleges of Nursing (AACN) commended the commission for the way in which APRNs are educated must align with how they practice to achieve the best patient outcomes. “The American Association of Nurse Anesthetists Association (AANA) is a world-class organization whose members are an integral part of the country’s healthcare industry,” said Tristan Jordan, the AANA’s SVP and GM, part of the country’s healthcare industry, said American Nurses Association (ANA) Chief Executive Officer Marla Weston, PhD, RN, FAAN, who previously served in the VHA as program director in the Office of Nursing Services and then as deputy chief officer in the VA Workforce Management Office, praised the commission’s recommendations on clinical operations.

“The evidence cannot be denied,” said Quintana. “The ANA Career Center will connect nurses with health care organizations seeking their sought-after skills and expertise.”

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“The ANA Career Center will connect nurses with health care organizations seeking their sought-after skills and expertise.”
Making Care Transitions Safer: The Pivotal Role of Nurses

By Jeffrey Brady M.D., M.P.H., Rear Admiral, U.S. Public Health Service, and Director, AHRQ Center for Healthcare Quality Improvement and Patient Safety, and Richard Ricciardi, Ph.D., N.P., AHRQ Senior Nursing Advisor

In support of ANAs continued efforts to help nurses create a Culture of Safety in all health care settings, the Agency for Healthcare Research and Quality (AHRQ) has published “Making Care Transitions Safer: The Pivotal Role of Nurses.” In the blog post, Jeffrey Brady MD, MPH, and Richard Ricciardi, PhD, NP, write that “Nurses are typically the first to ask about or notice changes in a patient’s health condition, such as mental status, medication routine, or vital signs, when a patient is transferred to a different hospital unit or care setting. It’s no surprise then that nursing’s largest membership organization, the American Nurses Association (ANA), has identified transitions of care as a key component of its 2016 Culture of Safety campaign.”

As front-line practitioners, nurses are highly attuned to the fact that patient needs can be very different depending on their setting of care. This insight gives nurses a unique role in making care transitions safer, a longstanding goal of AHRQ, along with our local and Federal patient safety counterparts, and one where nurses play a pivotal role.

Care transitions occur when a patient is transferred to a different setting or level of care. This can occur when the patient moves to a different unit within the hospital, when a patient moves to a rehabilitation or skilled nursing facility, or when a patient is discharged back home. Among older patients or those with complex conditions, our research shows that care transitions can be associated with adverse events, poorer outcomes, and higher overall costs, if not managed well. They can also lead to an increase in potentially preventable hospital readmissions.

Nurses are typically the first to ask about or notice changes in a patient’s health condition, such as mental status, medication routine, or vital signs, when a patient is transferred to a different hospital unit or care setting. It’s no surprise then that nursing’s largest membership organization, the American Nurses Association (ANA), has identified transitions of care as a key component of its 2016 Culture of Safety campaign. AHRQ, we support this priority and nurses’ efforts to make transitions safer, both at the local level and through Federal efforts.

One such effort is the Partnership for Patients’ (PfP) Community-based Care Transitions Program that was launched in 2012. The goal was to improve care when Medicare patients move from hospitals to home or to other settings, such as nursing homes. Of the sites that participated in the project, those that successfully lowered hospital readmissions implemented nurses or coaches and offered at least two support services for older patient, according to a 2014 program evaluation report.

Some of the hospitals participating in PfP efforts have used AHRQ’s Re-Engineered Discharge Toolkit (RED) to successfully reduce readmissions and improve care transitions. For example, the San Francisco-based Dignity Health set out to improve Medicare readmission rate at its Bakersfield Memorial Hospital by more than half within months by incorporating elements of the toolkit, according to a recent AHRQ case study. Another RED supporter, St. Vincent’s Hospital, a Cleveland Clinic facility in Euclid, Ohio, introduced the toolkit to local nursing homes, which saw reductions in fear failure among patients drop from 21 to 5 percent after 6 months.

The RED Toolkit describes a process in which nurses or health coaches lead efforts to oversee the discharge process. Before patients leave the hospital, the nurse makes sure they understand information such as their diagnosis, medications, and how to care for themselves when they get home. Nurses also ensure that patients’ followup appointments are arranged, so posthospital tests or test results don’t fall through the cracks.

Care transitions between units within a facility can also be problematic, especially when teamwork breaks down. AHRQ’s TeamSTEPPS® is a curriculum that promotes a culture of safety by improving communications and teamwork skills among nurses and others on health care teams. Developed originally for use in hospitals, the curriculum has been adapted to apply these safety-enhancing skills to other care settings, such as medical offices and long-term care settings.

Promoting safe and effective care across the many settings where patients receive care is a complex challenge—one that can be addressed by improving communications and teamwork skills. Making good progress, especially in the hospital setting, but more work remains. Working together with nurses and other front line clinicians, AHRQ will continue to develop tools and resources to ensure that all patients receive the safest care possible, no matter where it is delivered.

American Nurses Association and Elsevier Announce New Care Coordination Education Program

Setting the Stage for the Future of Care Coordination

SILVER SPRING, MD — The American Nurses Association (ANA), the premier organization representing the interests of the nation’s 3.6 million registered nurses, and Elsevier, a world-leading provider of scientific, technical and medical information products and services, today announced a new collaboration to set the stage for the future of care coordination with a new eLearning product.

“ANA is pleased to partner with Elsevier to extend our reach and provide distinct educational products to empower nurses and other healthcare professionals,” said Terri Gaffney, PhD, MPA, RN, Vice President, Product Development, ANA.

With the healthcare system in transition, ANA is on a mission to improve care coordination by educating nurses to assume roles that will transform the nurse-consumer relationship. ANAs work in this area includes publications such as Care Coordination: The Game Changer - How Nursing Is Revolutionizing Quality Care, position statements that recognize and encourage funding for nurses’ essential role in patient care coordination, and additional online resources that focus on care coordination.

ANA and Elsevier have developed an eLearning product that advances the nursing profession through ongoing continuing education. Care Coordination: What Nurses Need to Know is currently available to registered nurses working in health care organizations.

“Elsevier is honored to work with ANA to continue to bring high-quality, respected and credible products to the market,” said Cindy Trynieszewski, MSN, RN, Vice President, Clinical Content, Elsevier Clinical Solutions. “As a nursing professional and longtime advocate for continuing education for nurses, I am confident that this eLearning product will meet the current and future needs for nurses who must advance the profession in an ever-changing workplace.”

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American Nurses Association

[Visit American Nurses Association website for more information]

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#4 Provides new funding for medical, physical, and psychological needs of North Dakota veterans.
#5 Provides new funding for programs to address the mental health and substance abuse crisis and prevent and treat chronic disease.

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