Executive Director’s Message

As you read this column and the December edition of the Pelican you are likely well into the hustle and bustle of the holiday season. The holidays are upon us and for many it is a time of frenzy, family and way too much food. Of course, for you, it is also a time of balancing the demands of your important work while taking just a moment to catch your breath as to reflect on the blessings, challenges, and the joys that make your world unlike any other.

It’s also a great time to reflect on 2016 while thinking, planning, and hoping for what 2017 can be. You may have heard the saying, “A vision without a plan is but a wish.” In 2017 – as LSNA continues to work hard to be bold – you can rest assured we will not wish for progress and growth. On the contrary, we will plan strategically and innovatively to be an effective voice for all professional nurses – including YOU!

What about your resolve to be a part of your professional association? How about a resolution in 2017 to be a part of the vast and exciting nurse network whose mission is to advance your own profession? With some 60,000 professional nurses in Louisiana, LSNA must be an effective voice and advocate for policy and practice that not only protects the integrity of your work but ensures all Louisiana citizens receive the most competent and compassionate care possible.

Membership

Make LSNA a part of your resolutions for 2017 and help us stand together for the practice of nursing. For about 75 cents a day (yes, that’s less than $1 a day) you can be a part of the professional association, and the public policy leader, of all professional nurses in Louisiana.

Joining LSNA has never been easier! For you convenience, a Membership application is included in this edition of the Pelican. You can also visit our website at www.lsna.org and click on “Membership” to learn more and to join. LSNA is one of the most affordable investments of any profession and includes membership into the American Nurses Association (ANA).

Leadership

Not only should you be a member of LSNA but you should also resolve to be an active member! Your leadership and service to your professional organization is critical toward advancing and advocating on behalf of the nursing profession in Louisiana. In the spring, as part of the House

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Executive Director continued from page 1

of Delegates, LSNA will elect new leadership for the next two years. Consider a seat on the Board or get involved on a Committee. You can also get involved with your District Nurse Association. Email executivedirector@lsna.org for more details or questions. We need your leadership!

Dr. John Wyble, CAE, with Louisiana Governor John "B" Edwards earlier this year at a public forum sponsored by Council for A Better Louisiana. A stronger Louisiana begins with a healthier Louisiana and LSNA is "leading the way" to educate all public leaders on the importance of nursing in the health care system across our state.

Involvement
Whatever your resolve for 2017 may be, get involved and make sure your voice is heard. If not already, you will soon receive an invitation to complete a very important online survey. Your feedback will help LSNA to ensure smart and strategic planning around YOUR needs. With your input LSNA will identify where to concentrate its efforts and resources over the next few years. When the opportunity comes, please take a few minutes from your hectic schedule to make sure your voice is included in LSNA’s long term planning. LSNA strongly desires to listen to and engage the voice of all professional nurses.

You can also get involved by making plans now to attend the 2017 LSNA House of Delegates, April 23-25, 2017 in Baton Rouge. Look for more details coming soon! LSNA, in partnership with the Louisiana Nurse Foundation (LNF), will co-host the 2017 Nightingale Awards and Gala on Saturday, April 1, 2017, at the L’Auberge in Baton Rouge. Nomination, sponsorship, and ticket information are included in this edition of the Pelican.

LSNA continues its journey to be bold and to create a renaissance of leadership and advocacy for all professional nurses in Louisiana. By year’s end we will have a new, highly functional and customer friendly website; will implement complete rebranding in alignment with ANA’s rebranding; and will be well under way in its strategic journey for long term planning that focuses on the best interests of all 60,000 professional nurses in our state.

Take time to make sure your voice is heard. Contact me with constructive thoughts, suggestions, and considerations on how we can collaboratively strengthen LSNA.

To be as successful as we can be, we need YOU to join the resurgence! I look forward to your membership and to hearing from you. Again, my commitment is that LSNA will continue to be a dynamic, creative, and to hearing from you. Again, my commitment is that LSNA will always be courageous (and BOLD!) in its service and leadership to you.

Sincerely,
Dr. John E. Wyble, CAE
Executive Director
executivedirector@lsna.org

December 2016, January, February 2017

Louisiana State Nurses Association

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Article Submission
• Subject to editing by the LSNA Executive Director
• Must be in the form of an electronic submission as an attachment (word or pdf)
  Email:
  • Subject Line: Pelican News Submission: Name of the Article
  • Must include the name of the author and a title for each document.

Pictures
• At time of submission, is required to have a caption that includes name (speaking order of any persons depicted).
• A list of names should be complete, in order of left to right in relation to the photo, and if applicable indicate rows. (i.e. Front Row (L-R)
  • Cannot be submitted in article, submit with separate member from article. Email pictures to: Fay.BaptistSims@hcahealthcare.com
  • LSNA reserves the right to pull or edit any article/news submission for space, availability and/or deadlines.
  • If requested, notification will be given to authors once the FINAL draft of the Pelican has been submitted.
  • LSNA does not accept monetary payment for articles.

Article submissions, deadline information and all other inquiries regarding Pelican News please email: Managing Editor Jennifer Newman, B.A. at jnewman@lsna.org

2017 Article Submission Dates
Submission due dates will be announced quarterly. January 05, 2017 | April 07, 2017 | July 05, 2017 | October 06, 2017

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Louisiana Pelican News is published quarterly every March, June, September and December and is the official publication of the Louisiana State Nurses Association, a constituent member of the American Nurses Association.
Nurses’ Dedication in Times of Crisis

Saturday, August 13, 2016 started off as a normal weekend at Our Lady of the Lake Regional Medical Center but ended up being anything but normal. Due to the extensive flooding that was occurring in the surrounding areas, the crisis management team decided to notify the staff that it was necessary to move into the activation phase of the disaster plan. This would mean that the staff that were working during that time would need to stay in the hospital until the start of the recovery phase. Some of the nurses understood what this meant as they had been through this before; however, many new nurses were somewhat shocked and surprised. But one thing became quite clear. The nurses knew that despite their desire to be home with their families and despite their concern regarding the plight of their own homes, their purpose was clear. They needed to be there for the patients and their families; many of them not knowing the status of their homes either. The following are personal accounts from a few of the nurses who served during that difficult time.

Diana Lainez, RN

Never in a million years did I think I would have to be at the hospital for 4 days. When I left home for my shift I never considered that this disaster was upon us. When I received word that it would be necessary to stay, at first I was reluctant and nervous. All I could think about at first was getting home to my family. As we began to get reports regarding what was happening to the patients’ homes, our purpose became clear. It was very amazing at how strong my patients were despite what was happening. Being in the hospital is challenging enough, I can’t begin to imagine how it felt to lose your home also. However, in spite of all they remained calm. It also helped to have continuity of care during this time. I think that it was comforting for the patients to know who would be caring for them during this uncertain time. We were able to develop a strong rapport with our patients that isn’t always possible when we don’t work every day with the same patients. Their strength in the face of such adversity showed me that I could too, overcome my challenges. As a team, we needed to be there for each other and we needed to serve and provide care and compassion to our patients. As the hours became days, we were growing tired but we became even closer as a team, working together and crying together. I learned a lot about myself and I certainly learned the true meaning of being a nurse. That is, being a nurse means that we are there for our patients above all else.

Favour Gbedze, RN

Coming into work that night I didn’t know what to expect. As a new nurse, I had never experienced an activation or recovery. It was also my first night back after being on maternity leave. I wasn’t sure how I was going to handle being at work for an unknown amount of time and having an 8 week old baby at home. This was the biggest challenge that I had to overcome. As a mother, I knew I needed to ensure my baby and other 2 children were okay, but as a nurse I also understood my obligation to my patients. I was overjoyed when my husband was able to bring the baby to the hospital. This helped keep me calm, because I was worried about my family and my patients. The few times my husband was able to bring the baby helped me keep me calm, because I was really missing my husband and kids like crazy. During this time I was also able to talk to my patients more, which I believe was therapeutic. Many wanted to talk about the disaster and its effects on them and those they cared about because they had either suffered loss or had someone close to them suffer loss. In spite of it all, even though this wasn’t an ideal situation, my co-workers and I were also able to bond with one another in a way that would have never happened otherwise. In the end we pulled together and worked as a team. This was truly an experience I won’t soon forget. I truly learned what it meant to be a nurse.

Iesha Bethley, RN

I was not present during activation but I was in contact with some of those who were. There was a lot of anxiety among those I spoke to. They were anxious because they had no idea how long they would have to be away from their loved ones or the status of their own homes among other things. This anxiety was compounded by the fact that AT&T service was malfunctioning making communication hard. I felt a sense of remorse because my house was fine and I didn’t have any small children. I wish I could have traded places with them because I can only imagine how difficult those 4 days were. When I finally came to work as a member of the recovery team, there was a sense of relief in the atmosphere. Those who had been present during the activation had finally been able to go home to their families. My team and I immediately understood the sacrifice the activation team had made and were ready to step up and do whatever was needed. Talking with patients many spoke of how well the patient care had been and how they felt for the nurses who had been there with them for so many days. One even said she could imagine how one of the nurses felt being away from her baby for so many days. They were impressed with how well the nurses worked despite all that was going on outside the hospital. By the end of this experience we understood the true meaning of being a team and looking out for one another. This is the type of environment that makes Our Lady of the Lake an amazing place to work.

The historic flooding impacted thousands, including a number of OLOLRMC team members. It was not only a surprise but it happened very quickly. Most had never seen and experienced anything like this before. They weren’t sure how to handle what had occurred or what they would do next. However, true to form it is in times like these that we see what people are truly made of. Outside the facility there was an outpouring of people selflessly giving of themselves to help those who needed it most. Inside the facility, there was also an outpouring to help those team members affected. Out of what was one of the worst things to happen in Baton Rouge, came one of the best displays of love and compassion for others.

Jerome Mays, Lead HR Specialist

jerome.mays@va.gov

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专利新闻
Building the Bridge to Excellent Nursing Practice

By Kendall Young, MSN, RN-BC, CCM, Shannon West, BSN, RN-BC, PCCN, CRRN, and Eccee Rooney, MSN, RN-BC, Ochsner Medical Center

On June 21, 2016 the Skywalk across Jefferson Highway that connects the north and south campuses of Ochsner Medical Center in New Orleans (OMC-NO) was filled with evidence-based skills training. The event, Building the Bridge to Excellent Nursing Practice, was OMC-NO’s newest opportunity for a skills reset for our preceptors and unit based educators and was hosted by OMC-NO’s Nursing Professional Development (NPD) department. The purpose of the day-long event was to communicate changes in practice, showcase best practices for problem-prone practices in the hospital, enhance knowledge and confidence in these nursing skills, and provide up-to-date durable resources. According to Lin and Liang (2007) through empowering nurses with valuable, practical skills training nurses will be positioned to lead in the effort to promote patient safety. This skills training event was required of all preceptors and unit based educators, but all hospital nursing staff was welcomed to attend.

The NPD department chose to focus on nurse preceptors and unit based educators for this event because they recognize that preceptors are valuable teachers and role models who are extremely influential in molding the nursing practice of our next generation of nurses. According to Omansky (2010), preceptors guide student nurses from the theory of nursing to the application of nursing theory, and serves as role models for clinical skills. Preceptors guide newly hired nurses in practice and provide knowledge and skills training for each newly hired nurse to be able to give the most competent and quality care possible. According to Giallonardo, Wong, and Iwasiw (2010), some of the benefits of supporting the development of an authentic preceptor-preceptee relationship are improved work engagement, job satisfaction and retention of new graduate nurses.

Every preceptor at Ochsner is seen as a leader. Preceptors are bedside staff nurses who have been employed at Ochsner for at least one year and have the necessary clinical and interpersonal skills to coach, mentor, and teach their peers. They are consistently recognized for their contributions and leadership on their units and seek out educational opportunities for themselves and others in their practice areas. Preceptors must apply to become preceptors and must attend a Preceptor Academy offered at the system level. Once approved by their unit director, and interviewed by the NPD team, new preceptors are required to attend a day long initial educational program to prepare them for this important role.

During the event, thirteen stations featured live demonstrations, in depth, hands on learning for the preceptors and provided them tools to create consistency in their messaging and teaching for all new nurse hires. Each station was staffed by content experts in that area and core skills included such topics as Diabetes Education, Responding to Emergencies, and Pain Assessment and Documentation. Stations also included education on Nurse Based Quality indicators such as the prevention of CLABSI, CAUTI, HAPU, and Falls. Upon stepping into the event, Debbie Ford, the new Chief Nursing Officer at OMC-NO stated “I’ve never seen anything this in depth; this is impressive.” The NPD Department at OMC-NO looks forward to repeating this event in November.

OMC-NO employs around 1,600 nurses who care for patients from all 50 states and 90 countries around the world who seek out care at Ochsner. Through consistent education and a great network of high-quality well-prepared nurse preceptors, our nurses can better perform Ochsner’s mission to serve, heal, lead, educate, and innovate.

References

FREE Online CE Activity

As a nurse, you make a difference every day…

Some of your youngest patients—babies younger than 1 year of age—are at risk for Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death. But you can help reduce that risk.

Take our free continuing education (CE) activity to learn how to teach parents and caregivers about keeping their babies safe and healthy so they can grow up to make a difference—just like you.

Learn more about the free online CE activity at:
http://safetosleep.nichd.nih.gov/nursesce

SAFE TO SLEEP

The CE activity explains safe infant sleep recommendations from the American Academy of Pediatrics and is approved by the Maryland Nurses Association, an accredited approver of the American Nurses Credentialing Center’s Commission on Accreditation.

Maira Harris, BSN, RN-BC, is teaching the Chest Tube Drainage System to nurses at the event.
Belonging – the establishment of meaningful and supportive relationships in which there is mutual benefit. Everyone belongs to multiple groups, from the most intimate of family or best friend to the casual association of gym class members or face book friends. Belonging is a shared experience in which both parties profit through the exchange of information and development of relationships aimed at a common interest. Belonging can create opportunities for networking. The cultivation of productive relationships among individuals with shared purpose and goals that can provide support, assistance, expertise. The chance to share ideas, discuss concerns, meet new people and develop contacts. As a nurse, one of our groups to which we should belong is a professional association. In addition to the aforementioned advantages of belonging, membership provides the opportunity to:

- Attain additional knowledge, skills and abilities to enhance your nursing career.
- Acquire unique knowledge and skills of individual interest related to organizational management.
- Be involved in association activities.
- Influence the direction of the organization.
- Promote and protect the profession; maintain the status and integrity of the profession.

There are many choices of professional associations. Why is LSNA the priority? LSNA represents all of nursing regardless of specialty, education level, work location, or job position. LSNA is the voice for all registered nurses licensed in Louisiana and provides the following:

- Retain Legislative Representation
- Support the Student Nurses Association
- Present Nurse Day at the Legislature
- Support the L.A. State Board of Nursing
- Provide Pelican News to all RNs
- Promote Advanced Nursing Practice
- Support Nightingale Awards
- Maintain ANCC CE Approval/Provider Program
- Defend the Nurse Practice Act
- Maintain headquarters, staff and website
- Support L.A. Action Coalition
- Distribute monthly Insider to members
- Support the L.A. Nurses Foundation
- National Representation

Membership is important and numbers matter. The number of members provides:

- Additional power to the association when speaking for Nurses
- Manpower to accomplish functions of LSNA
- Funds to sponsor the above activities

Membership in the Nurses Association is a professional responsibility that provides personal benefits and supports the future of nursing.

I recently had the opportunity to discuss this topic of “The Power of Belonging – Why Belong to a Professional Association?” I was invited, by LSUHC School of Nursing instructor, Ms. Lang, to present in the course, Perspectives in Professional Nursing. This group graduates in December and on post-evaluation 76% of those responding indicated that they are likely/highly likely to join LSNA. Hopefully so, as this would be a significant membership gain.

But, more importantly, we need the involvement of new graduates.

References:
Nurses Foundation (LNF) for the 2016 Sharel Favorite schools of nursing as follows:

undergraduate nursing scholarships ranging from $2,500 to $5,000 each for a total allocation of $25,000. The LNF proudly announces the 2016 Woodard Nursing Scholars from five Louisiana schools of nursing as follows: Macy Elise Cope, University of Holy Cross (BSN); Kiara Sharel Favorite, Our Lady of the Lake College (BSN); Jade Raquel Harris, Nicholls State University (BSN); Lauren Theresa Oubre, Southeastern Louisiana University (BSN), and Amber Nicole Wilmore, LSU-Alexandria (ASN). According to the donor's request, students must be enrolled in the clinical component of their nursing program. The number of students funded is determined by the funding amount available and this year the maximum support possible was $5,000 for one academic year.

The addition of this year’s Woodard Nursing Scholarship cohort brings the number of Woodard recipients to 83. When the two LNF/ANF Scholarships from 2014 are included, a grand total of 85 undergraduate LNF Nursing scholarships have been awarded since 2009—a remarkable legacy contributing to professional nursing in Louisiana!

The LNF Scholarship & Awards Committee members worked with LSNA office staff to complete the intake process of 42 scholarship applications following the June 13, 2016 application deadline. Code numbers were assigned to each application and they were scanned and forwarded to the Chair for assignment to 7 reviewers. Three rounds of objective reviews were completed by experienced nurse educators who were not affiliated with the schools in which the students they reviewed were enrolled. A roster of final ranked mean scores was generated to reflect rankings in descending order from highest to lowest scores. The five top ranked applicants were selected as recipients and were notified in early August. All non-recipient applicants were also notified by mail early in August. The following members of the LNF Scholarship & Award Committee are commended for their conscientious efforts to complete the objective evaluation process for these scholarships in a timely manner: Jennifer Barrow (McNeese State University), Catherine Cormier (LSU-Alexandria), Carol Gordon (Southern University, Baton Rouge – retired), Maxine Johnson (Northwestern University of Louisiana), Barbara Moffett (Southern University, Baton Rouge – retired), and Valerie Schluter (Our Lady of the Lake College, Baton Rouge).

The estate of Mr. Ernest Scott Woodard Sr. again provided a donation to the Louisiana Nurses Foundation (LNF) for the 2016 Mollie C. and Laurence B. Woodard Nursing Scholarship program, now for the seventh year. The LNF oversees this scholarship process and provided 5 undergraduate nursing scholarships ranging from $2,500 to $5,000 each for a total allocation of $25,000.

It is the role of the Louisiana Nurses Political Action Committee (LANPAC), an entity of LSNA, to monitor legislation and identify members who support LSNA’s positions as it relates to nursing practice and the health needs of the citizens of Louisiana. Politics and policy affect health care—including every area of nursing—whether it’s education, practice or research.

Each legislative session, LSNA’s Health Policy Committee reviews and monitors legislation that could directly impact health care services and nursing practice. The Committee maintains a legislative presence and actively lobbies LSNA’s position as necessary.

LANPAC is seeking a professional nurse in each of the 105 state representative districts to volunteer as we attempt to engage nurses in a collaborative process to build relationships with and educate our legislative partners. The role of these nurse leaders will be to serve as a liaison with LANPAC and their legislators. Training and support will be provided! This is best done with local nurses who have developed a relationship with their legislators. In addition, nurses at the grass root level are able to provide information about candidates running for office.

If you are interested in assisting in this capacity contact Lisa Deaton, BSN, RN, and current Chairperson of LANPAC at larmas1@aol.com or (225) 933-3242. The LANPAC board will be working closely with the LSNA Health Policy Committee and the LSNA Board as they determine the priority issues to be monitored during the 2017 Legislative Session. We have completed reviewing the voting records of the members of the Louisiana legislature for the 2016 sessions related to select pieces of legislation which impact the profession of nursing and health care. This information is available on the LSNA website under LANPAC.

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The largest provider of healthcare services we must maintain a strong political voice. LSNA and LANPAC can help Louisiana nurses strategically and legislatively align to strengthen their voices and harden political ears to the message Louisiana nurses need to move forward. As we try to build up LANPAC funds for imminent political action, LANPAC asks you to consider contributing what you can. Contributions to LANPAC are voluntary and may be made by any nurse or other interested party. All contributions are welcomed: and, please note that an annual contribution of $50.00 or more qualifies you as a voting member of LANPAC.

Imagine how your contribution could amplify the voices of Louisiana nurses. Please consider adding volume to Louisiana Nurse's political voice by becoming involved!

Remit Contribution to:
LANPAC—Attn: Elsie Meaux - Treasurer
916 Rosedown
Lafayette, LA 70503

As the largest provider of healthcare services we must maintain a strong political voice. LSNA and LANPAC can help Louisiana nurses strategically and legislatively align to strengthen their voices and harden political ears to the message Louisiana nurses need to move forward. As we try to build up LANPAC funds for imminent political action, LANPAC asks you to consider contributing what you can. Contributions to LANPAC are voluntary and may be made by any nurse or other interested party. All contributions are welcomed: and, please note that an annual contribution of $50.00 or more qualifies you as a voting member of LANPAC.
Melody Spragg Eschete, from the LSNA Feliciana District, is named to the 2016 cohort of the American Nurses Advocacy Institute (ANAI). She is the first LSNA member to have been selected for this honor. The Louisiana State Nurses Association (LSNA) and the Louisiana Nurses Foundation (LNF) are pleased to announce that full funding for her participation was made possible by an education grant from LNF.

ANAI was created to be a prestigious year-long mentored program for the purpose of developing nurses into political leaders while expanding the grassroots capacity for the nursing profession and health care. To be considered for endorsement by a state nurses association, the candidate must be a full member of the American Nurses Association and his/her state nurses association. Upon completion, the ANAI Fellow is equipped to advise the SNA in establishment of legislative/regulatory priorities, recommend strategies for execution of the advancement of a policy issue, and educate members about the political realities as well as assist in advancing nursing’s agenda. ANA delivered the first advocacy institute in fall of 2009 in Washington, DC with enrollment of 25 RNs from 22 states. Participants identified a wide range of policy issues, including environmental health.

“This is an incredible opportunity for LSNA and Ms. Eschete, as well as the nursing profession across Louisiana,” offered Dr. John Wyble, executive director LSNA. “Through participation in this program, LSNA and LNF are taking a leadership role in advocating for the best interest of nurses in our state and across the nation. More importantly, we are leading the way to ensure quality and compassionate health care of all of our citizens.”

The ANAI experience is beyond the face-to-face sessions in DC, supplemented with scheduled conference calls (every other month), emails, and provision of support materials. Topics discussed on calls include: conducting a political environmental scan, coalition building, bill analysis, preparing and delivering testimony before a legislative hearing, and communicating the value of a political action committee. Calls also provide a venue for Fellows to share learning experiences. ANA staff and volunteer mentors support learning experiences.

Program Goals
Through a combination of interactive learning strategies, the two and one half day Institute and follow up year-long support is designed to:

• Introduce the relationship between the advocacy process and policy change.
• Identify criteria and methods for conducting a political environmental scan.
• Describe effective strategies for creating and sustaining policy change.
• Build stronger communications skills: message development for working more effectively with legislators, regulators and the media.
• Explore networking and coalition building for effective advocacy.
• Establish an advocacy plan and nurture critical links between the program participant and major stakeholders.
• Prepare graduates to serve as mentors to colleagues and future Institute participants.

Melody obtained her Bachelor of Nursing from the University of Calgary, Canada, in 1992, and moved to Baton Rouge in 1993 where she began a successful career as a Louisiana registered nurse. Her 24 years of professional experience includes critical care, hospice/palliative care, nursing education, corrections nursing, and management/administration. She is currently pursuing her DNP at Loyola University in New Orleans.

Professional activities include revitalizing the LSNA Feliciana District and serving as current President, active participation on the Health Policy and Workplace Advocacy Committees, and membership in LANPAC. In addition, she is a contributing member of National Hospice Palliative Care Organization’s quality guidelines for End Of Life in Corrections; a speaker on hospice & palliative care at local, state and national venues pertaining to corrections and community; is an active member of the Learning and Action Network Baton Rouge Committee CHF Care Project; Louisiana Action Coalition Region 2 Discovering Diversity in Nursing Project; and is a passionate advocate for Lyme Disease and co-infections. She served as a member of former Governor Bobby Jindal’s Hospice Advisory Committee, as well as the Education Committee for the Louisiana Mississippi Hospice and Palliative Care Organization.

Recent honors include being named The LANP Nurse Practitioner Student of the Year, and her induction into Alpha Sigma Nu – National Jesuit Honor Society, Omega Sigma Nu Chapter. Acceptance is considered the highest honor given at a Jesuit college and university, and only the top four percent of those nominated for membership are inducted. Lifelong membership requirements include academic excellence, service to others, and dedication to Ignatian ideals of (a) lifelong learning, (b) intellect, and (c) social, moral, and religious values.

The Boards of Directors of both LNF and LSNA are excited about Melody’s participation in ANAI, and they are eagerly anticipating the development and implementation of outcomes that will reflect program goals. Please join us in congratulating her as she begins her navigation of this important career path.
Student of the Year

Feliciana District 13 LSNA Member – Melody Eschete – 2016 Recipient of LANP Student of Year Award

Melody Eschete, BN, RN (Saint Francisville, LA), a Post Baccalaureate Doctor of Nursing Practice student was awarded the 2016 Nurse Practitioner Student of the Year Award at the annual state conference of the Louisiana Association of Nurse Practitioners (LANP) “Nurse Practitioners: The Force Awakens” on September 21, 2016 in New Orleans, LA. This competitive award is open to all student members of LANP, and is awarded to the student who most exemplifies excellence: as a nurse practitioner student and role model for others and in clinical and interpersonal skills, critical, positive, and reflective thinking, and has made a significant contribution to the improvement of nursing care for individuals and their communities. Ms. Eschete will complete her DNP Program in May 2017. She is a Lyme disease advocate and Palliative Care nurse, who is emphasizing investigation of Advance Care Planning in the Community “Sparking the Conversation” as her DNP Scholarly Project.

Preventing nurses for leadership

All programs are online. Financial aid may be available to those who qualify.

DEGREES OFFERED:

1. Doctor of Nursing Practice
   * MSN to DNP for Executive Leadership and Nurse Practitioner
   * BSN to DNP for Family Nurse Practitioner

2. Master of Science in Nursing
   * Students with a non-nursing bachelor’s degree may apply for entry into the MSN program through the BLEND (Bridge) option
   * Healthcare Systems Management
   * Family Nurse Practitioner
   * Nurse Educator

3. RN to Bachelor’s of Science in Nursing

For more information, call (504) 865-3124, or toll free at (800) 483-6257, e-mail nursing@loyno.edu or visit us online at loyno.edu/nursing

December 2016, January, February 2017

Every Nurse is a LEADER & Every Nurse Makes a Difference

Melody Spragg Eschete, BN, RN

The purpose of my article is to raise awareness concerning inactive Louisiana State Nurses Association (LSNA) districts, particularly LSNA Feliciana East and West. The Feliciana District 13 has remained inactive for numerous years; it is time for the nurses of East and West Feliciana to join LSNA and represent the unique needs of our rural district.

My understanding of the virtues necessary to be a nurse leader have changed and evolved, as I am sure everyone’s has since embarking on his or her educational path to become a Registered Nurse. Over the decades, as the profession of nursing has continued to mature; what has remained constant is the faith and trust the community has in the profession of nursing. It is no surprise then that the Institute of Medicine in its various reports has called and continues to advocate for nurses to accept the responsibility of being leaders in health care reform.

The first step of being a nursing leader is being a member of your state nursing association. LSNA is the organization that advocates for and safeguards every Registered Nurse regardless of specialization. The second step of being a nurse leader is as simple as showing up and advocating for your patient. The characteristics that qualify nurses to be remarkable patient advocates are also the same qualities that personify great leaders. The following is a short list of these qualities: a) excellent communication skills; b) adaptability; c) advanced problem solving and solution focused; d) collaboration; e) delegation; f) authenticity, g) enthusiasm, and h) accountability (Crosson, 2014).

So if nurses are aptly qualified as leaders, what keeps them from participating in protecting and supporting our great profession? In the past, nurses have had sideline seats to the change that occurred within healthcare; the change that is also the catalyst for changes in the nursing profession. TODAY, nurses have been invited to be a voice in the direction of healthcare change and the role of our profession. This is truly an exciting time for healthcare and nursing. It is also a time when keeping the public’s confidence requires that four letter word...WORK.

WILL YOU join us in activating LSNA District 13? We currently have thirteen members and need your support; become a LSNA District 13 member today. You can also visit and join the Facebook page created for our district. The more RN’s participating in LSNA, the stronger our voice as a profession.

I am open to all ideas on how to proceed with this effort and look forward to our collaboration. Thank you in advance for your support. I can be reached at FelicianaNurse@gmail.com or feel free to call or text me on my cell 225-202-5653.

Yours in health promotion and advocacy, Melody

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Moral Distress in Nursing

Tim Cotita, RN, BSN, MSHCE

Nursing is a difficult and stressful profession. Nurses often face long work hours, shiftwork, insufficient resources, interpersonal conflicts and workplace violence. Nurses working in Intensive Care units and Emergency Departments face additional stressors of their practice environment related to patient care issues such as requests for non-beneficial care and the aggressive use of technology that may prolong death rather than restore health. One study found that 24% of ICU nurses and 14% of general nurses tested positive for symptoms of post-traumatic stress disorder.

This accumulation of stressors has led to the identification of moral distress (MD) in nurses. MD is defined as a psychological disequilibrium that occurs when the ethically right course of action is known, but cannot be acted upon. Concern regarding MD led the American Association of Critical Care Nurses (AACN) to issue a position statement on moral distress in 2004. The association charged nurses and employers with the duty to implement programs to identify and mitigate the harmful effects of MD. The greatest frequency of moral distress in ICU nurses is reported to be the result of providing non-beneficial care requested by patient’s family members. Working levels of staffing considered unsafe has been identified as the cause of the greatest intensity of moral distress.

Items that may prevent the nurse from acting upon his or her identified correct course of action may include:

- Institutional barriers
- Fear of litigation
- Inadequate staffing
- Differing professional perspectives
- Policies or priorities that conflict with care needs
- Pressure to reduce costs
- Poor communication among team members
- Tolerance of disruptive or abusive behavior
- Lack of involvement of team members in decision making

Moral distress may present a myriad of negative manifestations that may affect both patients and nurses adversely. Nurses experiencing MD may withdraw emotionally from patient care, providing only perfunctory tasks. MD can lead to lack of job satisfaction, burnout, and nurses leaving the profession entirely with obvious ramifications for our already overly taxed health care system.

Manifestations of Moral Distress:

- Errors
- Withdrawal from the bedside (compassion fatigue)
- Loss of self-worth
- Interference with personal relationships
- Nightmares, crying
- Anger
- Guilt
- Depression
- Helplessness
- Burnout/job dissatisfaction
- Leaving job or profession altogether

There is expanding research regarding the etiology and identification of moral distress, but unfortunately a dearth of literature exists concerning the prevention of MD. Addressing and preventing MD presents challenges for nursing leaders. I propose several techniques that may help mitigate some of the causes and effects of MD. Some of these techniques are directed toward the patient, which I believe may lessen moral distress by focusing the nurse on positive patient activities and improving job satisfaction.

Sharing feelings. Sometimes identifying and telling a trusted colleague may help relieve some of the stress. Remembering you are not alone and there are others who may be experiencing some of the same feelings as you.

Remember what nursing is about. The nursing profession has always identified its commitment to the patient as a primary responsibility. ICU nurses can develop patient storyboards to personalize the experience for the patient and family. Recognize the person in the bed; someone’s loved one with a history and a story regardless of their current state or potential for recovery. Place significant items or pictures that remind the staff of the unique person they are privileged to care for.

The Pause. “The Pause “ is a recently described technique which may prove beneficial. Nurses often deal with dying patients; a significant event. Often after the frenetic activity of a Code or failed resuscitation of a patient, the nurses and staff will leave to attend to other patients or duties, failing to take the time to recognize the emotional weight of the recent death. A suggested activity to refocus our hearts and minds on our work is to have the entire staff involved in the resuscitation effort pause silently around the patient and reflect, to honor the moment, even briefly for 30 or 45 seconds. Remembering the life that once was and our opportunity to care for this person. The team needs to re-gain strength in order to care for the next patient.

Debriefing. Taking time after a significant event to discuss the event, how the staff responded, and their feelings surround the event may be helpful. This may be an especially useful method for new nurses to learn specific care protocols and improve competency.

Creating “Moral Communities.” A moral community is a group united by a shared common end with moral implications, such as patient well-being. Creating a multi-disciplinary group that provides a safe environment for discussion, questioning, and expressions of uncertainty, may help support relationships that reinforce the goals of care.

Mindfulness techniques and Clinical Ethics Residency for Nurses are other proposed methods of developing ethical competence which may assist nurses navigate ethically complex and demanding clinical situations, especially at the end of life.

 Provision 5 of The ANA Code of Ethics for Nurses with Interpretive Statements (2015) states “The nurse owes the same duty to self as to others, including the responsibility to promote health and safety, preserve the wholeness of character and integrity, maintain competence, and continue personal and professional growth.” It is incumbent on nurses to self-identify when employment stressors may begin to affect personal and professional well-being. In order to assure a safe and competent nursing practice we have a duty to ourselves and our co-workers to identify and address MD. Continued research regarding the causes of MD, as well as methods to prevent and mitigate its negative effects, is needed as nursing addresses the technological imperative of modern healthcare and the ongoing challenge of a shortage of nursing professionals. Involvement in professional nursing organizations provides another opportunity for nurses to interact with other professionals, share experiences and concerns, and learn positive coping techniques.

The author is a regional bioethicist for a Louisiana based health care system and served on the review committee for the 2015 update to the ANA Code of Ethics for Nurses. He also serves on the Louisiana State Board of Nursing.

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December 2016, January, February 2017

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Nightingale Awards
16th Annual Louisiana Nurses Foundation
2017 Nightingale Awards and Gala

Individual Award Criteria:

All Louisiana registered nurses or retired registered nurses who practiced in Louisiana are eligible to be nominated for a 2017 Nightingale Award. In addition, individual RN’s are eligible to be nominated for induction into the Louisiana Hall of Fame, the most prestigious award of recognition for life long contributions. Applications are limited to the electronic application which may be accessed from the Louisiana State Nurses Association website, www.lsna.org.

Hall of Fame nominees will be notified prior to the event whether or not they are selected for induction into the Hall of Fame. All other nominees for awards will be announced at the Gala.

All submissions must include the following information on the nominated nurse as well as the specific award criterion:

1. Number of years in practice as a registered nurse.
2. All current nationally recognized nursing certifications.
3. Current position and years in position.

Please comment on and give examples of the nominee’s achievements/accomplishments related to the specific award criteria for which he or she is nominated.

Hall of Fame

This prestigious award recognizes a Registered Nurse’s lifelong commitment to the profession. The Registered Nurse must have practiced in Louisiana for at least 10 years and has achieved national prominence. This award may not be given every year and is limited. The nominee should not be presently serving on the LSNA or LNF boards.

Award Criteria—please address the following:
1. preparation in a formal nursing program,
2. activities related to lifelong learning, and significant length of practice as a registered nurse,
3. contributions to professional nursing and/or community organizations,
4. demonstrated leadership which has affected Louisiana citizen’s health and/or nursing’s social history,
5. contribution to nursing practice, education, administration, research, economics, or literature.

Clinical Practice Nurse of the Year

This award recognizes a registered nurse who consistently delivers exemplary direct patient care in a primary nursing role.

Award Criteria—please address the following:
1. ability to demonstrate use of clinical expertise and interpersonal/communication skills to deliver excellence in patient care,
2. impact on clinical outcomes and patient satisfaction through application of nursing knowledge,
3. ability to use leadership skills and quality measures to initiate improvement in patient care processes,
4. evidence of participation in professional/community organizations, and
5. evidence of continuing education and lifelong learning.

Advanced Practice Registered Nurse of the Year

This award honors an Advanced Practice Registered Nurse licensed in Louisiana for outstanding direct patient care. This category includes: Nurse Practitioners, Nurse Anesthetists, and Clinical Nurse Specialists.

Award Criteria—please address the following:
1. demonstrates advanced clinical expertise and interpersonal/communication skills to improve patient outcomes,
2. impact on wellness to a population of patients, Rec: Documentation of use of evidence based practice to guide practice,
3. use of leadership skills and quality measures to advance an area of nursing practice,
4. evidence of continuing education and lifelong learning, and
5. evidence of participation in professional/community organizations.

Nurse Researcher of the Year

This award recognizes a research focused registered nurse who had led significant nursing research leading to an improvement in direct patient care and has shown to impact healthcare delivery or the community.

Award Criteria—please address the following:
1. develops and implements a research protocol(s) that focuses on patient outcomes, clinical quality or the community,
2. translates specific research findings into meaningful and valuable clinical practice change(s),
3. disseminates nursing research findings outside of the organizational structure,
4. demonstrates the ability to secure funding to conduct or implement research as needed, and
5. evidence of participation in LSNA/ANA and other professional organizations.

Clinical Nurse Educator of the Year

This award is given to an outstanding clinical nurse educator practicing in any area of care that provides formal education programs in a healthcare facility based in Louisiana.

Award Criteria—please address the following:
1. impact on nursing outcomes that were a direct reflection of clinical nursing education,
2. excellence in classroom presentation and competency demonstration and validation,
3. excellence in clinical expertise and nurse educator competencies,
4. participation in LSNA/ANA and/or professional nursing, professional development, or educational organizations, and
5. evidence of mentoring nurses to the profession of nursing at an organization, including measurement outcomes related to nursing retention and turnover.

Bookie of the Year

This award honors a registered nurse who, while practicing for less than two years, exhibits awareness of the practice of nursing and professionalism while delivering nursing care.

Award Criteria—please address the following:
1. consistency of job experience since becoming a registered nurse,
2. demonstrates ongoing growth in professional nursing practice,
3. demonstrates excellence in clinical practice,
4. evidence of demonstrating leadership,
5. evidence of continuing education and learning, and
6. participation in professional/community organizations.

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Nightingale Awards

Registered Nurse Mentor of the Year
This award honors a registered nurse who assisted a nursing colleague(s) to advance in the nursing profession.
Award Criteria—please address the following:
1. demonstration of exemplary professional behaviors in a mentor/mentee relationship,
2. demonstrates professional commitment to mentor others in the art and science of nursing,
3. evidence of continuing education and lifelong learning,
4. participation in professional/community organizations.

Nursing Administrator of the Year
This award recognizes a registered nurse who serves in a key nursing leadership role, administers the business/patient care activities of a health organization, and/or who manages other personnel who have achieved demonstrated excellence during the past year.
Award Criteria—please address the following:
1. documentation of achievement of excellence in an area of nursing practice within the healthcare agency as a result of the vision and leadership of this individual,
2. use of leadership skills, quality measures, and evidence-based initiatives to improve nursing practice,
3. demonstration of personal and organizational commitment to lifelong learning, and
4. participation in professional/community organizations.

Outstanding Community Achievement by a Registered Nurse
This award recognizes achievement of outstanding community service by a registered nurse.
Award Criteria—please address the following:
1. demonstrates exemplary leadership in voluntary activities within community organizations such as schools, churches, agencies, etc.,
2. demonstration of significant accomplishments in the community,
3. evidence of activities that have yielded a positive impact on the health and welfare of the community and its citizens, and
4. participation in professional/community organizations.

Nursing Educator of the Year (Faculty, School of Nursing)
This award is given to an outstanding nurse educator involved in formal undergraduate or graduate nursing program based in Louisiana.
Award Criteria—please address the following:
1. serves as a role model to students and positively impacts the student learning experience,
2. evidence of innovation and excellence in education methodologies, in the classroom and in other learning modalities,
3. demonstrates excellence in clinical expertise,
4. participation in professional/community organizations, and
5. evidence of participation in lifelong learning.

Nursing School Administrator of the Year
This award recognizes a registered nurse who is responsible for the administration of a school of nursing or division within a school of nursing, and in the past year has demonstrated excellence in achievement in this role.
Award Criteria—please address the following:
1. significant advancement by the institution/nursing program as a result of the vision and leadership of nominee,
2. evidence of innovative leadership on behalf of faculty and students,
3. evidence of personal and organizational commitment to lifelong learning, and
4. evidence of participation in professional/community organizations.

Organizational Award Criteria:
Please comment on and give examples of the organization’s achievements/accomplishments in relation to the specific award.

Nursing School of the Year – Undergraduate Degree Programs
This award recognizes a school of nursing offering formal education for students seeking initial licensure as a registered nurse. The nominated school must be in good standing with the LSBN and accreditation bodies.
Award Criteria—please address the following:
1. evidence that school of nursing has commitment to recruiting, selecting and retaining educating future nurses,
2. NCLEX-RN first-time pass rate for immediate two-year reporting periods,
3. examples of innovation in nursing education in all educational settings, classroom, clinical laboratory, clinical practice,
4. percentage of full-time and part-time faculty who are members of LSNA/ANA and related activities, and
5. percentage of enrolled nursing students who are members of LASN and activities of the student organization.

Nursing School of the Year – Graduate Degree Programs
This award recognizes a school of nursing offering formal education for registered nurses seeking a graduate degree for advanced clinical practice roles as well as nursing administration, nursing education and research.
Award Criteria—please address the following:
1. description of the advanced practice and higher degree programs offered,
2. number of graduates in each offered program during the past two year period,
3. advanced practice certification first-time pass rates for immediate two-year reporting periods, if applicable to type of program,
4. examples of innovation in nursing education, and
5. percentage of students and faculty who are members of LSNA/ANA and other professional nursing organizations and related activities.

Outstanding Employer or Facility of the Year (Other than Hospital)
This award recognizes an employer of registered nurses that demonstrates recognition for professional nursing and innovation in leadership.
Award Criteria—please address the following:
1. outcome measures of professional nursing growth within the facility,
2. specific examples of organizational initiatives supportive of nursing practice,
3. evidence of RN professional development, examples of RN recognition within the organization, and
4. recognition of support for nursing participation in professional/community organizations.

Hospital of the Year (60 beds or fewer), Hospital of the Year (61 beds to 160 beds) and Hospital of the Year (161 or greater)
This award recognizes a hospital employer of registered nurses that demonstrates recognition of professional nursing and innovation in leadership in the described licensed bed category.
Award Criteria—please address the following:
1. innovation through nursing leadership and management within the hospital,
2. specific examples of organizational initiatives supportive of nursing practice,
3. evidence of RN decision making and participation in management decisions,
4. examples of recognition of RN achievements within the organization, and
5. recognition of support for nursing participation in professional/community nursing organizations.

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16th Annual Louisiana Nurses Foundation & Louisiana State Nurses Association Nightingale Awards and Gala

Gala will be held at the L’Auberge Hotel Baton Rouge Saturday, April 1, 2017

General Instructions for Nominations

Application deadline is Friday, January 6, 2017

General instructions include:

• ALL material MUST be received by Friday, January 6, 2017
• Each nomination must have a separate application that includes all required information.
• For Individual submissions contact information is required to allow contact with the nominee (name, street address, phone number). This must be their home contact information. Information cannot be sent to employment address. If it is an organization submission please include contact person.
• Applications are to be complete when submitted by the deadline noted and will be presented to the judges as such. No additional information will be added after submission to the judges. LATE SUBMISSIONS WILL NOT BE ACCEPTED Application deadline is Friday, January 6, 2017
• Louisiana Nurses Foundation will not contact nominator or nominee for missing information. Once applications are processed NOMINEES will be contacted by Louisiana Nurses Foundation to notify them of their nomination.

Any questions please contact: Louisiana State Nurses Association (225) 201-0993.

Outstanding Nurses

Know an LSNA Nurse who’s done something outstanding and want to share?

Please send a picture and paragraph (150 words or less) to lsna@lsna.org (must be in word or pdf). Subject Line: LSNA Outstanding Nurse – Last, First Name

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The 8th Annual Evidence Based Practice/Research Conference
“Leveraging Innovation to Drive Healthcare Transformation” Showcases Nursing Scholarship and Provides Academic Enrichment for Nurses

Nurses Share Innovations and Best Practices in Healthcare

Maria Nix, MSN, RN, Ochsner Health System

New Orleans, LA—On September 19, 2016, the 8th Annual Evidence Based Practice (EBP)/Research Conference, themed Leveraging Innovation to Drive Healthcare Transformation, took place in downtown New Orleans. Sponsored by Ochsner Health System’s Center for Nursing Research and Louisiana State University (LSU) Health – New Orleans, School of Nursing, the event was coordinated by Ochsner’s Center for Nursing Research team, Karen L. Rice, DNS, APRN, ACNS-BC, ANP, Program Director and Shelley Thibueau, PhD, RNC-NIC, Senior RN Researcher. The conference featured 60 presentations and participants travelled from 10 states. Linda Aiken, PhD, RN, FAAN, FRCN, from the University of Pennsylvania, delivered the keynote address, “Using Evidence to Inform Practice and Policy.” The daylong event included a luncheon plenary, poster viewing, presentations by healthcare vendors, awards for 1st-3rd place posters, and a closing address by Sheri J. Villamaya-Reiaikam, RN, from the University of California, San Diego Medical Center.

Background of EBP/Research Day

Dr. Rice and Dr. Marsha Bennett (LSU Health) coordinated the first EBP/Research Day conference in 2009 to provide a venue for nurses to disseminate scientific evidence and to engage nurses at all levels in scholarly discussion about improving the patient experience, promoting population health and reducing healthcare delivery costs. Since that time, attendance has grown along with participation from healthcare providers across the nation.

The 2016 Conference Experience

Nurses enjoyed learning about best practices and having the opportunity to network with colleagues. “Today is the day we begin to learn and think in new and different ways about how practice based on evidence and research can change lives here at Ochsner and here in our community, to find out and experience through our thought leaders, such as Dr. Linda Aiken, our keynote speaker, new knowledge and ways we can influence change in our quest to high reliability healthcare,” said Deborah Ford, MSN, RN, Chief Nursing Officer, Ochsner Medical Center-Jefferson Highway, in the opening remarks. “The conference provided an excellent venue to share our preliminary quality improvement project findings, learn about other initiatives aimed at improving patient care outcomes and to network with nursing leaders in the region. The high quality presentations and posters offered many practical and useful ideas. I always leave motivated!” shared Luanne Billingsley, DNP, MBA, APRN, ACNS-BC, PMP, CPHQ, Assistant Professor of Nursing, Southeastern Louisiana University, School of Nursing.

The conference featured 25 podium presentations, 35 poster presentations and included participants from California, Virginia, Texas, Mississippi, Alabama, Georgia, Florida, Massachusetts, Pennsylvania, and Louisiana. Presentations spanned patient populations from preterm infants to the elderly. Presentation topics ranged from exploring innovative interventions such as essential oils and complimentary therapy used for pain management, to using non-contact, low-frequency ultrasound to decrease the progression of deep tissue injuries into pressure ulcers, to creating a trauma-free environment in the neonatal unit to reduce co-morbidities among the vulnerable preterm infant population. The presentations addressed additional topics such as nursing workforce issues, quality of work life, nurse manager role stress, fall prevention among the cognitively impaired, and early goal-directed sepsis management.

Among the poster presentations were submissions from Ochsner’s Nurse Residents who are part of a year-long program aimed at supporting new nurses as they transition to practice. Following mentorship in EBP, the residents completed a State of the Science poster and EBP project development addressing the nursing strategic priorities outlined by Ochsner’s senior nursing leadership. Nurse mentors from various Ochsner campuses guided residents in literature review, literature synthesis and EBP development, including feasibility and sustainability of projects, and the residents submitted their work to present at the conference. “The residents were bubbling with excitement as they discussed their State of the Science/EBP projects with nursing leaders from around the country. For many of them, this was their first national conference experience and they stated that participating in the conference exceeded their expectations,” said Dr. Thibueau, who serves as a faculty member for the residency program.

Award Winners

The following are the 1st, 2nd, and 3rd place winners for the general session:

1st Place

• "Just Culture in Nursing Regulation Through Deferred Discipline," Kristin K. Benton, MSN, RN and Nina Almasy, MSN, RN, Texas State Board of Nursing, Austin, TX

2nd Place


3rd Place

• "ED Blood Culture Contamination Rate Knockdown," Scott Stover, MSN, MBA, APRN, NEA-BC, ACNS-BC, CEN and Vanessa Shepherd, BSN, RN – Houston Methodist Sugar Land Hospital, Houston, TX

The following are the 1st, 2nd, and 3rd place winners for Ochsner’s Nurse Residents:

1st Place

• “Practice Makes Perfect: Using Simulation Training to Reduce Failure to Rescue,” Paige Screen, ADN, RN, Lindsay Autin, ADN, RN, Katie Williams, ADN, RN, Olabisi Akingbola, BSN, RN, and Susanna Epstein, BSN, RN; Mentors: Julie Castex, MSN, APRN, ACNS-BC, CMSRN and Margaret Redmond, MSN, APRN, ACNS-BC, OCN

2nd Place

• “Using Technology to Standardize Bedside Shift Report to Improve Patient Outcomes,” Nicole Adams, BSN, RN, CCRN, Jessica Granier, BSN, RN, CCRN, Kaylyn Mansfield BSN, RN, and Hannah Zeringue, BSN, RN; Mentor: Michelle Zaidain, BSN, RN, CNOR

3rd Place

• “Empowering the Bedside Nurse with a Nurse-Driven Protocol for Early Sepsis Prevention,” Christine Firmin, ADN, RN, Chloe Martin, BSN, RN, Jana Deese, BSN, RN, Taylor Cantillo, BSN, RN, Gabrielle Can, BSN, RN, Raquel Gordillio, BSN, RN and Rachel Landrus, BSN, RN; Mentors: Marlene Alonso, BSN, RN, and Christa Purpera, BSN, RN

Reflecting on the day, Dr. Rice said, “I am in awe of how this annual event consistently demonstrates the ability to showcase innovative, cutting-edge best practices and original research from participants in the New Orleans area and across the nation. Ochsner looks forward to fostering alliances with academic and industry partners to facilitate future programs that provide more opportunities for nurses at all levels, including students, to disseminate their scholarly works.”

The 2017 EBP/Research Day is scheduled for Monday, September 18, 2017. To learn more about nursing EBP/Research resources at Ochsner, please visit: http://research.ochsner.org/nursing.
Preparing NP Students with Point-of-care Ultrasound Use in Nursing School

Leanne H. Fowler, DNP, AGACNP-BC, CCRN, CNE
LSU Health New Orleans School of Nursing, Instructor of Clinical Nursing
Academic Coordinator, Adult/Gerontology Acute Care Nurse Practitioner Concentration

In the climate of healthcare reform and necessity for autonomous, full-scope of practice, nurse practitioners must be equipped with the education and training of POCUS technology and it should begin within the academic curricula. Providing this technology, education, and training in school will facilitate and improve their overall readiness to practice independently and will remove the burden of this easy to perform advanced skill from their employers or medical colleagues. Additional benefits of integrating POCUS education and training into the NP curriculum includes providing consistent formalized training to all NPs in an effort to significantly increase the timeliness, efficiency, effectiveness, quality, and safety of their care.

The Society of Critical Care Medicine (SCCM) published guidelines for the use of point-of-care ultrasound (POCUS) by all intensive care unit (ICU) practitioners (physicians, physician assistants, or nurse practitioners) for the purpose of improving patient outcomes (Frankel et al., 2015). Literature indicates the use of bedside ultrasound within emergency medical services’ (EMS) healthcare facilities, and primary care environments continues to evolve. The benefits of POCUS use by all practitioners are well established for making timely, non-invasive diagnoses; for the safe guidance of therapeutic/diagnostic procedures; and for the savings in the patient’s and healthcare provider’s time and overall healthcare costs (Atkinson et al., 2014; Biegler et al., 2013; Frankel et al., 2015). The use of POCUS by licensed nurse practitioners (NPs) has been studied yielding accuracy for the detection of illness primarily within emergency and trauma care practice settings (Atkinson et al., 2014). However, a review of literature did not yield sufficient evidence of POCUS training being offered within academic NP programs.

Integration into the Nurse Practitioner Curriculum

Fundamental POCUS education

Initiating a point-of-care ultrasound program into the curriculum must begin with fundamental knowledge of the technology. Therefore, identifying the best course to introduce these basics is dependent upon the way the NP curriculum is designed. The Louisiana State University Health New Orleans School of Nursing (LSUH-NO SON) has implemented this content within the Adult/Gerontology Acute Care Nurse Practitioner (AGACNP) concentration’s core curriculum. This NP concentration is among other advanced nursing practice roles offered within the Doctor of Nursing Practice (DNP) program. After evaluating its implementation with AGACNP students, this education and training will be expanded to include other NP concentrations.

The first course AGACNP students will receive POCUS education and training will be in the acute care therapeutic procedures and diagnostics course. One could argue this education and training should begin in the advanced health assessment course given the promotion of this technology enhancing the physical exam and diagnostic and treatment plans. There is some literature suggesting this education begins as early as the anatomy and physiology courses (Moore & Copel, 2011). Assessing the challenges and obstacles that will impact the success of this education must be identified by individual NP programs and Schools of Nursing.

Point-of-care applications

As AGACNP students will progress throughout the curriculum, the applications for use of this technology will be explored through didactic, skills lab, simulation, and clinical learning experiences. Interprofessional opportunities with Residents and Fellows from the School of Medicine’s ultrasound program will be designed and facilitated by both NP and medical school faculty. AGACNP students will also be afforded focused preceptorships with nursing and medical faculty with POCUS certification. Competency levels of POCUS will be evaluated in both the lab and clinical environments by faculty and approved preceptors using Bener’s model from “Novice to Expert.” Students will have the opportunity to develop proficiency of POCUS across five semesters in cardiology, neurology, musculoskeletal, abdominal, and critical care rotations in both inpatient and outpatient settings.

Students enrolled in the AGACNP program at LSUH-NO SON will learn to use POCUS assessment and diagnostic skills for clinical scenarios in which a focused or goal-directed examination is needed to aid in timely medical decision making. The POCUS diagnostic assessment should take no longer than three to five minutes given its directed approach (Moore & Copel, 2011). The students in the AGACNP concentration will learn to use POCUS diagnostic assessment skills for intracardiac assessments, pulmonary assessments, musculoskeletal assessments, focused emergency assessments, thyroid and parathyroid assessments, corneal and retinal assessments, and renal and bladder assessments according to guidelines provided by the Society of Critical Care Medicine, American Institute of Ultrasound in Medicine, and American College of Physicians.

Conclusion

The current healthcare landscape demands highly skilled and qualified healthcare providers to be prepared to deliver timely, effective, safe, and patient-centered care. POCUS use has demonstrated multiple health and cost benefits to all stakeholders in the literature. In theory, preparing NP students with POCUS training will support their transition into any healthcare setting with a safe, non-invasive, and cost-effective skill which will heighten the quality of care for the vulnerable population of acutely ill patients. Training and additional research are hypothesized to increase positive patient outcomes for all patient populations.

Implications for nursing research

There are multiple gaps of knowledge surrounding the academic preparation of NPs with POCUS. For instance, future research should identify if academic education and training increases the use of POCUS across all health care settings.

References
It is no surprise to nurses that we are the largest health care profession that directly impacts patient outcomes. The American Nurses Association (ANA, 2008) was first to recognize that the educational preparation of the nurse has a direct link and is essential to better patient outcomes. The ANA developed and passed a resolution in support of the New York and New Jersey Boards of Nursing requiring that every associate degree or diploma registered nurse return to obtain a Bachelor of Science in Nursing (BSN) within 10 years of initial licensure in order to maintain licensure (ANA, 2008). At that time, approximately 50% of the RN workforce held a BSN or higher degree in nursing (RWJF, 2010). In 2010, the Institute of Medicine (IOM) brought nursing’s impact on healthcare outcomes to the forefront with key recommendations that included nursing leadership in the transformational leadership and advancing health through education of RNs and populations (IOM, 2010). The IOM report supported nurses practicing to the full scope of education and training, supporting nurses to attain higher levels of education and training through pathways that support continuous academic progression, nurses being accepted as full partners with physicians and other health care professionals in redesigning health systems, and formulate policies and develop planning for better data collection and an improvement in the quality of patient care. The Institute of Medicine (IOM) 2010 report recommended to increase the proportion of nurses with a baccalaureate degree to 80% by 2020 (80/20), urged academic nurse leaders across all educational levels to work together, along with health care organizations and accrediting bodies, to offer defined academic pathways for RN’s to attain higher levels of education (IOM, 2010). The 80/20 recommendation, supported by the Robert Wood Johnson Foundation (RWJF) mission to establish a culture of health, has laid a clear pathway as the Bachelor of Science in Nursing (BSN) to be the preferred professional entry level for the Registered Nurse (RN) in the United States. In order to achieve this goal, the IOM suggests that every associate and diploma degree nurse enter a BSN program within 5 years of graduation and healthcare organizations should support this continuation of education by offering tuition reimbursement, generating a culture that promotes continuing education and providing a salary differential and promotion platform (IOM 2010).

In 2010, the Tri-Council for Nursing, which includes the American Association of Colleges of Nursing (AACN), American Nurses Association (ANA), American Organization of Nurse Executives (AONE) and the National League for Nursing (NLN) supported the BSN workforce 80/20 initiative stating that the growing complexity of healthcare environments and patient care needs require nurses who can navigate, adapt and integrate change into practice (Richardson, 2015). The Carnegie Report, Educating Nurses: A Call for Radical Transformation (2010), called for the re-evaluation of the associate degree in nursing (ADN) supported the entry level for the RN to be the BSN and require the Master of Science in Nursing (MSN) within 10 years. The AACN supports nurses returning to school observing that education enhances both clinical competency and patient care. Although this support of a BSN workforce may sound like advertising rhetoric, research data proves otherwise. In a report done by the RWJF (2013), data supported that BSN nurses lowered the incidence of pressure ulcers, postoperative deep vein thrombosis, hospital-acquired infections and post-surgical mortality. It has been shown, in other research studies, that the higher number of BSN prepared workforce correlates with better patient outcomes and delivery of superior healthcare that is essential to effective hospital management. Nursing leaders have vocalized support of the 80/20 initiative making point that patients are sicker, health care delivery is more complex mandating a highly educated nursing workforce is necessary in order to adapt and cope in these multifaceted environments (Hendren, 2011).

Improved patient outcomes have been strongly linked to higher educational levels of registered nurse care. Blegen, et al (2013), found that hospitals employing a high rate of BSN nurses had lower rates of mortality from congestive heart failure, fewer decubitus ulcers, less postoperative deep vein thrombosis and a decrease in patients experiencing pulmonary emboli. In a study conducted by Aiken et al (2013), higher patient outcomes were associated with higher nursing education in nine European countries. The authors reviewed hospital discharge data for more than 420,000 surgical patients in 300 hospitals and surveyed more than 26,500 nurses. It was estimated that for every 10% increase in nurses with a Bachelor’s degree, the likelihood of patient death decreased by 7% overall. In facilities that had 60% or higher of the nursing workforce with a minimum of a BSN, the likelihood of patients dying after surgery was 1/3 lower than in facilities that had less than 60% (Aiken et al, 2003). Aiken had conducted a previous study that analyzed data from 168 Pennsylvania hospitals. Study findings showed that for every 10% increase in BSN prepared staff; there was a 5% decrease in the likelihood of patients dying within 30 days of surgery (Aiken et al, 2003). Similarly, in a study conducted by Chang and Muntz (2009), there was a decrease in incidences of medication errors when nursing staff reflected at least 54% BSN prepared nurses.

In 2015 a total of 63,396 active RN nurses applied for license renewal or initial licensure in Louisiana (LSBN, 2015). Of these, 31% reported the Associate degree as being their highest educational preparation, and 5% reported the Diploma degree as their highest educational preparation. In Louisiana, only 43% of the RN workforce reported the BSN as the educational prepared level (LSBN, 2015). Understanding the data is the first step in meeting the target in Louisiana to achieve the 80/20 initiative. The evidence clearly supports the priority of employing the BSN RN in acute care hospitals in Louisiana to enhance quality of patient care, impact patient outcomes and decrease healthcare costs. In order to achieve this, barriers of achieving the BSN for RN’s must be diminished, educational institutions must operationalize seamless pathways and nurse executives must be supported in educational advancement for RN’s in their organizations.

There is an increased hospital demand for BSN prepared nurses due to the upturn in positive patient outcomes and the necessity for hospitals to employ a percentage of BSN prepared RN’s for magnet status. In order to achieve magnet status, hospitals are required to maintain the majority of the nursing workforce as BSN prepared or higher (AACN, 2014). Having a majority BSN RN workforce equips hospitals with the workforce prepared to target the magnet components of transformational leadership, structural empowerment, exemplary professional practice, new knowledge, innovation and improvements and empirical quality results (AACN, 2014). Since June 1, 2013, facilities applying for magnet status must provide a plan which demonstrates evidence of progression toward achieving the 80% of direct care nurses successfully complete the BSN or higher by 2020 (http://www.nursinglink.org/Magnet/MagnetFAQs/MagnetFAQCategory/MagnetFAQs/MagnetFAQ-OrganizationalOverviews). Magnet status also expects that 75% of managers within the facility hold a BSN or higher degree in nursing (Stalter, et al 2014). In today’s healthcare environment nurses must manage increasingly complex conditions and coordinate care with multiple healthcare professionals. Today’s nursing managers should be educated to demonstrate system-level thinking, foster a commitment to quality improvement and safe care management, have basic knowledge of health policy, research and be able to incorporate evidence to impact best practices (Stalter, et al 2014). Hospitals awarded magnet status are considered as maintaining the gold standard for patient care and are recognized for nursing excellence producing excellent patient outcomes, high levels of job satisfaction, low staff turnover, appropriate grievance resolution, involvement in data collection, involving nurses in patient care decision making and encouragement and support of advancing nursing practice education (AACN, 2014).
Frequently, the pressure of future job security is a compelling motivator for RN wanting to return to school to obtain the BSN. The demands of complex health care environments mandate experienced nursing leadership and using evidence to drive practice. Health care administrators understand that better patient outcomes and a consistent productive work environment with a wider range of health care. The BSN educated nurse reported to have a broader outlook on health with a wider range of professional values more readily than nurses prepared for the student to identify the transformation. Nurses and global health issues. In the Matthias et al (2016) study, the BSN educated nurse reported to have a proactive, developing policy and having more control of education and health care organizations have provided full time benefits and education. However, there are common barriers to returning. Money, time commitment, impact on family life, age, attitude, obtaining information to assist with application and financial support, complexity in qualifications for BSN programs and academic ability are often mentioned as major obstacles to return (Stalter et al., 2014; Matthias et al., 2016). Dunn et al. (2014; Tieman, 2014; Sarver, et al. 2015). In order for academic institutions and practice partners to elevate these barriers, certain motivators should be considered. Sarver et al., 2015, studied 1,348 registered nurses in a large metropolitan hospital system and found that most nurses returning for the BSN have an internal drive to expand their own knowledge and in return, experience personal satisfaction by completing the BSN. Personal fulfillment and career development have also been noted as major motivating factors (Duffy et al., 2014). Tuition reimbursement, flexible work hours, job opportunities, and length of program were the three most desired external benefits noted from nurses returning to school (Sarver et al., 2015).

Removing barriers may seem like a daunting task, but in reality it could be attained by a culmination of simple easy steps that include: getting the information to the RN, educating the RN’s as to what is available specifically to their situation, setting up a seamless pathway to completion, and incentives and motivations for advanced job opportunities. Academic institutions and practice sites should partner to tackle these steps together. Anyone who has ever researched returning to school, the process of applying can be daunting to RN students need to feel valued and supported. Information sharing is a key component to successful application and progression for students. Suggestions include, having informational sessions that are convenient to the working nurse; having an academic and financial aid consultation for each student, and the development of an easy to follow program of study blueprint for each student. Having a contact person at the school of nursing for support has been shown to be critical in assisting the busy RN to navigate the process from application to graduation (Duffy, et al. 2014). This contact person, academic advisor, counselor or program director, should be a nurse that is experienced in the educational environment in order to be able to simplify the process for the RN. Some schools of nursing and healthcare facilities have partnered to implement a central one-stop location that housed all of the information students may need. An appropriate return on investment (Stalter et al. 2014). Returning to school can bring about scheduling challenges and financial impacts to the institution considering tuition reimbursement, decreased work hours, flexible weekend or work hours, and providing computer support at the health care facility. Stipends or benefits in return for a certain number of years of service are easily established to ensure health care institutions receive an appropriate return on investment (Stalter et al., 2014).

One major recommendation found in the literature is to offer classes on site for university credit toward the BSN degree (Duffy et al., 2014). By offering some courses on health care sites, the RN is eased into the transition back to school and better prepare them for success of the complex subject areas assisting the RN to navigate the challenges in returning to school. This can easily be accomplished with the appropriate number of interested RN’s at one facility and the support in flexible scheduling by the academic administrators partnering with the academic institution. Nursing administrators play a key role in supporting and encouraging RN’s in obtaining the BSN and beyond. Nursing administrators should make every effort to model support and value of the advantages of further education for the RN. According to Dunn et al. (2014) the value and benefits of obtaining the BSN includes having an RN staff with increased critical thinking skills, enhanced understanding of evidence based practices, increased appreciation of nursing research, professional autonomy, more professional awareness, more confidence in leading, better prepared to advocate for patients and a deeper feeling of personal achievement.

The number of RN’s enrolled in BSN programs in 2012 was 100,000 as compared to 35,000 in 2004 (RWJF, 2013). Still there is confusion by the public about the BSN and NNSN nursing practice focuses were community and global health issues. In the Matthias et al (2016) study, the BSN educated nurse reported to have a much broader outlook on health with a wider range of nursing knowledge, expecting to go beyond understanding health care issues with the expectation to be able to shape the delivery of health care. The BSN prepared nurse is better equipped to work in and lead interprofessional teams to deliver care to individuals and across populations. Nurse educators and nursing practice leaders must facilitate the student’s professional identity and role transformation in order for the student to identify the transformation. Nurses completing a BSN have been found to follow ANA professional values more readily than nurses prepared at the ADN/Diploma level alone (Kubch et al., 2008). ANA (2008) professional values include human dignity, integrity, autonomy, ethics altruism and social justice.

December 2016, January, February 2017

Table 1- Competencies of Graduates of ADN/Diploma and BSN Nursing Programs

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In order to enhance and solidify these professional values, Matthias (2014) suggests ANA nurses journal to reflect the journey as they progress through a BSN program. Focus should be on the roles specific to the BSN and competencies of the BSN prepared nurse as outlined by the American Association of Colleges of Nursing (AACN) and the National League for Nursing (NLN). The author goes on to suggest that principles such as evidence based practice, communication, leadership, professionalism, ethics, quality and safety, economics and policy should be threaded throughout the program with reflective exercises specifically targeting the RN practice role. The completion of these exercises as these, and the experience of the RN, the RN to BSN student’s professional RN identity can be enhanced.

In the State of Louisiana, there are presently 13 ADN and 1 Diploma program preparing students. In 1991, the Nursing Supply and Demand Commission (NSDC), mandated by Act 818 of the 1991 Louisiana Legislature, was charged with developing an articulation model to streamline the process of awarding transfer and advanced placement academic credit, ease of transfer for students and decreasing the time to graduation to meet the needs of health care personnel shortages. In congruence with the ADM recommendations, recommending 80% BSN workforce by 2020 (80/20), goals of the Louisiana Nursing Education Articulation Model (2014) are:

- To facilitate the educational mobility of nursing personnel across the state
- To prepare the nursing health care workforce
- To provide seamless progression in nursing education
- To meet the educational needs of the citizens of Louisiana
- To assure a qualified healthcare workforce that meets the health care needs of the state

The Louisiana Nursing Education Articulation Model (2014) assumes that all three types of nursing programs, diploma, associate and baccalaureate, share common core knowledge, attitudes, cognitive and psychomotor skills, but they also have diverse differences in the breadth, depth, scope of preparation and knowledge of each type of graduate. In addition, the articulation model dictates that any articulation plan must obey the standards of higher education. The RN to BSN degree program, recommending 80% BSN workforce by 2020 (80/20), goals of the Louisiana Nursing Education Articulation Model (2014) are:

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BRDNA August Meeting

The Baton Rouge District Nurses Association held its August meeting at Our Lady of the Lake Regional Medical Center on August 10, 2016. The guest speaker was Rep. Dustin Miller, MSN, RN, FNP-C, of District 40, who spoke on the Legislative Process related to Healthcare Issues. Over 40 members, students and guests attended.

BRDNA October meeting

The Baton Rouge District Nurses Association held its October meeting at Our Lady of the Lake Regional Medical Center, Baton Rouge. Over 40 members, guests and nursing students attended. Guest speaker Dr. Erica Joseph, a 2015 Culture of health Breakthrough Nurse leader, spoke to the group on the Future of Nursing campaign which is sponsored by the Robert Wood Johnson Foundation and the AARP Foundation. She discussed action areas within the Culture of Health framework. She emphasized the importance of strengthening nursing education, and recent studies indicate an association between higher nurse education and improved health care outcomes.

The BRDNA received a grant from the Louisiana Action Coalition, which is part of the Future of Nursing Campaign, to encourage high school students and minorities to consider a career in nursing, and this was briefly discussed. BRDNA members have been making visits to high school guidance counselors and youth groups distributing information they complied about careers in nursing.

The Great Flood of 2016

The “Historic Flood of 2016” halted our momentum; however, we are regaining and directing our energies for the remaining season and into 2017. Many of our members and board members had flooding, repairs were slow and some needed more assistance than others. A small number are in their homes for the holidays.

Our meetings have been fruitful. In August, Representative Dustin Miller, FNP, RN, provided insight into his first term, discussing the legislative bills submitted and passed. The September meeting was cancelled related to membership focusing on the flood recovery process.

The October 13th meeting featured “Nursing Leading the Change: Building a Culture of Health” a power point presentation by Erica Joseph, DNP, APRN, PMHNP_BC, NP-C, 2015 Culture of Health: Breakthrough Leader in Nursing, Robert Wood Johnson Foundation & AARP. At the November 10th meeting, the nurse veterans and graduating seniors were honored and recognized, a tradition of the BRDNA. Evelyn Robinson, PhD, RN, presented the results of her thesis, “The Evaluation of a Palliative Care Elective Course on Nursing Students’ Knowledge and Attitudes Toward End of Life Care.” A continuing education unit was provided.

In December, we wish everyone “Happy Holidays with family and friends.” Please watch your email to elect the 2017-2019 board members and the next president-elect. It should be posted in mid to late December via survey monkey. New officers and board members will be announced and installed at the January 12th annual business meeting. (Location to be announced.)

“Discover Diversity in Nursing” Project

The Future of Nursing, Regional Action Coalition, LA Region 2, an eleven parish area, “Discover Diversity in Nursing” project has been moving along. BRDNA members and other nursing organizations promoted nursing as a career to school counselors and students, suggesting that high school students be placed on a high school educational path making entry into professional nursing programs more accessible. Minority and male students were the focal groups. USB bracelets and four informational sheets were distributed to the appropriate counselors and students. Also distributed were pamphlets and posters, “Be Someone, Be a Nurse.” (More information can be secured from BRDNA president, Clara Earl, clarabrd@yahoo.com.)

BRDNA meets the second Thursday of most months at rotating sites. Meetings are posted on Facebook and the BRDNA website; members receive e-mail notices.

Clara Earl, RNC-E | BRDNA President | 225-937-5570 only | clarabrd@yahoo.com

Recently, the Ruston and Monroe LSNA Districts held a joint meeting. In addition to networking and sharing valuable information regarding nursing in NE Louisiana, the group also heard from Dr. John Wyble, executive Director LSNA. The two districts are collaborating to encourage membership, professional development, and leadership for all professional nurses in the region. Visit www.lsna.org to learn how to get involved in your LSNA District Association.

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• Please log in to ANA’s website, http://www.nursingworld.org, for access to many exclusive features and services for members. This includes access to your special MyANA page where you can change your profile, print your Member card, link to your state association site, access your special ANA groups and ANA NurseSpace.org and much, much more. Check out ANA’s Member Value Program! If you need help finding your login information, please contact the ANA Membership Department at 1-800-923-7709.

• Update needed to your LSNA membership information? Follow these simple steps…
  1. Go to: http://www.nursingworld.org/
  2. Click on: MY ANA (tab in top left corner of the blue bar)
  3. LOGIN – if you do not have a login in name yet it is free to register.
  4. Click on: Modify Profile
  5. Update with new information
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Pelican News, LSNA’s quarterly news publication, goes to every RN in the state.

• If you are not receiving the Pelican News and are an RN please make sure your address is up to date with LSBN. Go to services at http://www.lsbn.state.la.us/ or call 225-755-7500.

• Anyone may submit an article to be reviewed for possible publication. Please check out page 2 of the Pelican or go to our website, lsna.org, for information on how to submit an article.

**2017 Article Submission DEADLINES** (submissions by end of the business day):

- January 6, 2017 | April 7, 2017
- July 7, 2017 | October 6, 2017

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☐ New graduate from basic nursing education program, within six months after graduation (first membership year only)

☐ 65 years of age or over and without Social Security Income

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☐ 62 years of age or over and not retired

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**LSN Article Submission DEADLINES** (submissions by end of the business day):

- January 6, 2017 | April 7, 2017
- July 7, 2017 | October 6, 2017
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