President’s Column

Anna Mackevicius BSN RN
President, NNA

The start of a new year. The holidays are over; decorations are packed away; resolutions made (maybe). 2017 is shaping up to be another busy year for the Nebraska Nurses Association (NNA) not just legislative advocacy but also membership outreach activities.

By the time you receive this newsletter, the NNA will have hosted its annual Nurses Day at the Legislature on February 9th in Lincoln. NNA and the event’s sponsors use this day to educate nurses and nursing students about legislative advocacy – its importance and relevancy in today’s world. I speak about the kind of advocacy that is as natural as daily conversation – not the kind that gets you crossed off the guest list! Yes, NNA has policy goals that can only be achieved through political advocacy. No, NNA cannot determine which candidates are endorsed by the American Nurses Association. That decision is made at the national level. NNA will continue to advocate for access to safe, cost-effective, high-quality healthcare services through NNA participation in local, county, state, and federal decision-making bodies. NNA accomplishes this by participating in coalitions with healthcare providers and organizations that support the goals of assuring safe, quality care outcomes for all Nebraskans. NNA also uses our legislative platform to evaluate legislation to assure that the standards for safe, quality patient care are not compromised. NNA has reviewed each legislative bill introduced in this session to determine which bills warrant monitoring, supporting, or opposing (NNA has consistently opposed bills to repeal motorcycle warrant monitoring, supporting, or opposing (NNA has consistently opposed bills to repeal motorcycle helmet law). Make a point to send a message to your State Senator about a bill that you feel strongly about; most of our legislators and their staff are not experts in healthcare. They need and want to hear from us. It only takes a few minutes.

National Nurses Week (NNW) is right around the corner. Many of NNA’s Mutual Interest Groups (MIGs) are planning celebrations for NNW throughout the state. For those in the Omaha area, the Celebrate Nursing! breakfast and Positive Image Feature artiCle

Rural and Urban Nebraska Nurses: Age and Per Capita Number of Nurses

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Nebraska Nurses Standing on Common Ground, the 2017 NNA and NNP joint Convention in Kearney at the Younes Conference Center. I would like to thank members of the NNA Board of Directors who recently completed their terms for their dedication and unwavering support:
• Teresa Anderson, President
• Jenny Jean (MJ) Petersen, Treasurer
• Lois Linden, Chair of the Governance, Finance, and Membership Committee

Also, thank you to all who put their name on the recent ballot. I applaud your willingness to step forward and support NNA. Most of the positions had more than one candidate – a sign of an engaged and healthy membership!

Lastly, welcome to our newly elected members of the NNA Board of Directors and Committees. I look forward to working with each of you. I know that the Association will be stronger by your commitment and talents.

Officers
• President-elect: Douglass Haas, MSN, APRN, AGACNP-BC, CCRN
• Treasurer: Kristina Smith, APRN-AGNP, NP-C, MSN, RN

Committees
• Legislative, Advocacy, and Representation
  East Region: Linda Jensen, RN, MN, PhD
  West Region: Jordan Colwell, MHA, RN
  North Region: Kathleen Davis, RN
  South Region: Rita Weber, RN, MSN
  At-Large Region: Niki Eisenmann, MSN, RN
• Governance, Finance, and Membership
  Practice: Paula Molzen, RN
  Faculty: Margo Minnich, DNP, RN
  Rural: Danielle Reab, RN, BSN
  Urban: Jan Tubb’s, RN, MS, MSN
• Nursing Professional Development
  Nursing Practice: Amanda Mesloh, RN
  Nursing Faculty: Mary Partusch RN, PhD, MSN, BSN, ADN, CNE and Jacy Henk, RN, BSN, MSN
  Educational Profession: Karen Morgan, RN, BSN, MSN, BA, Med and Katie Messner, BSN, RN

NNA Representative to ANA Membership Assembly
• Representative: Linda Stones, RN, BSN, MS, CRNN
• Alternate: Alice Kindschuh, DNP, APRN-CNS, CNE

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Where Do We Go From Here?

Melissa Florell, MSN, RN
Director of State Affairs

Expect the unexpected, the certainty of uncertainty, and an increasing amount of disinformation and noise. These turn of phrase have been the theme of the past several months. As health care and the future of the Affordable Care Act have been scrutinized and politicized during the campaign and election, patients and providers are left wondering what the future will hold. While we wait for policy specifics to be put forward, this seems like an ideal time to discuss the priorities of the Nebraska Nurses Association, and at the national level the American Nurses Association.

The more things change the more they stay the same. The Affordable Care Act has been a “hot-button” issue since the moment of its passage. Critics have used it as a scapegoat for all that is broken in the U.S. health care system. Proponents have pointed to the vastly increased insurance enrollment as a first step toward improved access to healthcare. Both groups agree that the Affordable Care Act is not a “perfect piece of legislation, and there are considerable differences in opinions about how to fix/improve/replace the legislation. Even as we move forward in a rapidly changing policy environment the priorities of the Nebraska Nurses Association remain the same: to advocate for safe, cost-effective health care for our patients and to protect and advance the nursing profession. In these efforts we are guided by our mission statement: advancing our profession to improve health for all.

In the policy arena NNA also uses our Legislative Platform as a lens through which each bill introduced in the Nebraska Legislature is evaluated. The Legislative Platform can be found under the “advocacy” tab on our website. The platform is evaluated annually by the members of our Legislative, Advocacy, and Representation Committee, and then approved or amended at the Annual Membership Meeting. The Legislative Platform guides our day-to-day advocacy work in Nebraska, and it is also used to evaluate when to issue advocacy alerts regarding national pieces of legislation. Examples of national bills that NNA has advocated for recently are the removal of barriers to full-practice authority for nurse practitioners working in the VA system, and national safe-staffing legislation.

Going forward the Nebraska Nurses Association, in concert with the American Nurses Association, will advocate for the following principles to be included in health policy. Patients should be protected against being denied insurance coverage for pre-existing conditions, and that insurance coverage will offer a minimum standard of benefits. Patients should have access to cost-effective preventative health services. Innovative health delivery models, encouraging wellness, prevention, and coordinated care should be incentivized with the goal of reducing the overall cost of healthcare. Policy must prioritize workforce needs on the front lines, as well as nurse practitioners working in the VA system, and the removal of barriers to full-practice authority for nurse practitioners working in the VA system.

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

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Questions about your nursing license?
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(402) 471–4376
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Questions about stories in the Nebraska Nurse?
Contact: NNA.

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

Writer's Guidelines:

Any topic related to nursing will be considered for publication in the Nebraska Nurse. Although authors are not required to be members of NNA, when space is limited, preference will be given to NNA members. Photos are welcomed, digital is preferred. The NNA assumes no responsibility for lost or damaged photos. Submitted material is due by the 12th of the month in January, April, July and October of each year. You may submit your material in the following ways:

Prepare as a Word document and attach it to an e-mail sent to: admin@nebraskanurses.org.

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INSIDE THE NNA

Nurses Prepared for 2017 Session

Linda Stones, RN, BSN, MS
Past Chair Legislative Advocacy and Representation Committee

The 2017 Legislative session in Nebraska is just underway and Nurses have been busy this past year preparing for this session. There will be several key issues that will be of interest to nurses. Many of these have had stakeholder meetings during 2016 to formulate and draft the final legislation. It is critical for nurses to be at the table and involved in these discussions at the conception to allow a more collaborative process to find win-win solutions prior to the bill coming to the legislature.

Key issues during this legislative session include several scope of practice issues. There will be a scope of practice for Dialysis Care Technicians allowing them to be registered. A bill will be introduced to move the entry level position for an LPN to be at an LPNC level. Most schools have incorporated IV therapy in the LPN core content. Therefore newly licensed LPNs will be at the LPNC level. This bill will have some language to address those LPNs that are currently practicing without LPNC status. There will also be a bill to address the scope of practice of a RN working in an Assisted Living facility. Current regulations limit the RN scope of practice by the definition of an Assisted Living facility. Dr. Rosalie Yeaworth and others have been working diligently to make changes to Assisted Living Facility regulations to allow the RN to practice to their scope. Also this session we anticipate legislation on Surgical Techs seeking registration. We also anticipate a bill that will alignment Nebraska’s licensure requirements to the national compact licensure. This will allow licensure status the ability to more easily move and practice between states. Another bill that will likely be introduced is a bill to increase the age to purchase tobacco, tobacco products and inhaled vapors from 18 to 21. There will likely be additional bills but these are the ones that we are aware of currently. Watch the NNA website under Advocacy for our bill tracker. It can be reached at this website. http://www.nebraskanurses.org/?page=LA

In all of these issues, nurses have been at the table working in collaboration. The work of the Legislative Advocacy and Representation committee is done by 10 elected NNA members and the Director of State Affairs, Melissa Florell and our Government Relations staff, Don Wesely. The 2017 LARC members are Linda Stones (Crete), Linda Jensen (Papillion), Lorie Kelly-Norton (North Platte), Jordan Caldwell (Scottsbluff), Rita Weber (Kearney), Ann Obermiller (Grand Island) Terri Mitchell (Stuart), Kathleen Davis (O’Neill), Joan Nelson (Elkhorn) and Nikki Eisenmann (Lincoln). Rita Weber will be chairing the committee in 2017. If you have questions or feedback for our committee, feel free to reach out to one of the committee members or email the committee at larc@nebraskanurses.org.

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NNA PAC Active and Influencing

Linda Stones, RN, BSN, MS; NNA PAC Chair

The NNA PAC has been actively engaged in the political process providing support for candidates who have been supportive of nurses. During the last election cycle, nurses supported 4 candidates: Senator Sue Crawford, Senator Sara Howard, Senator Al Davis and Senator Dan Watermeier. Three of the four candidates supported by NNA PAC had successful re-elections and will be serving in office for another term.

We are hopeful that you used the NNA PAC website to get information on candidates to assist you in making your decisions in the voting booth. We will be gearing up some similar work for the 2018 elections. The NNA PAC members met with several Senators this winter: Senator Merv Rieppe, Senator Brent Lindstrom, and Senator Roy Baker. The NNA PAC has provided financial support for each of these Senators for their re-election campaigns for the 2018 elections.

The NNA PAC is solely funded by donations. If you have not donated to the NNA PAC, please consider a donation. No matter how big or small, the donation is critical for the work of the NNA PAC. Donations can be made on the NNA PAC website: http://www.nebraskanurses.org/page/NNAPAC. You can also volunteer your time to support the work of the PAC. Questions, comments or volunteering your time can be through an email to NNAPAC@nebraskanurses.org.

Linda Stones, Senator Lindstrom, Kari Wade, Melissa Florell

Linda Stones, Senator Riepe, Melissa Florell

Linda Stones, Senator Roy Baker, Kari Wade, Melissa Florell

NNA PAC

Keep Nurses’ Voice Strong

Send your Financial Support to NNA PAC
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Several members of the NNA have teamed up to be the Planning Committee for a new MIG in the Omaha Metro Region. This MIG is one of five MIG applications (three returning from 2016, and two new ones) that were approved by the NNA Board at their November meeting. Our MIG has three primary goals – social networking and member engagement (i.e. FUN!), student and faculty outreach, and healthy nurse activities. Along these lines, we have a robust (maybe overwhelming!) calendar of tentative events for NNA members and all nurses in our area. Please look for things of interest to you and plan to join us! For more information on any events you will soon be able to visit the NNA website at www.nebraskanurses.org or you can contact me for details. Volunteers for planning of individual activities are always welcome, too!

Teresa (Terry) Anderson – Chair (402-679-1551 mobile) Teresa@tlandersonconsulting.com

Events enjoyed in January and February (Hope you were there!)

• Monday, January 16th – Breakfast at Panera
• Friday, January 27th – Learn to Dance with the Jitterbugs (Swing and Jazz)
• Wednesday, February 1st – Nebraska Medicine Professional Association Fair (in collaboration with the NNA Governance, Finance, and Membership Committee)
• Thursday, February 9th – Nurses Day at the Legislature

Join us for these fun activities in March and April – Questions? Contact Terry Anderson

Sunday, March 19th
Group Photo – Certified Nurses (join other Certified Nurses for a group photo!)
Memorial Park Steps, 6005 Underwood Avenue
12:30 pm
Cost: FREE – Bring your badge or proof of certification for additional prizes! (Details pending)

Saturday, April 29th
Positive Image of Nursing Breakfast
Scott Conference Center, 6450 Pine Street
8:30 am – 11:00 am
Cost: $25 per person or $200 per table.
Nomination forms for PIN Awards coming soon!

Here are some of the things we are working on for the rest of the year. Hoping for two events/activities per month.

• May – 1) Nurses Week 5K Walk/Run, CE FREE Offering & 2) Walking Clubs Kick-Off
• June – 1) Golf Driving Range Outing & 2) Shakespeare on the Green Night
• July – 1) Omaha MIG Annual Dinner & 2) Walking Clubs Challenge Winners
• August – 1) Welcome Back Students – NSSNA Chapters Barbeque & 2) NNA Award Nominations Quest
• September – 1) Alzheimer’s Walk & 2) Flu Shot Event (with Community Partner, Details pending!)
• October – 1) NNA/NNP Joint Convention Convention! (Kearney) & 2) Benefit for Young African Women (hygiene products)
• November – 1) Stand Down for Veterans Event (Partner Event with VA N-WIHCS) & 2) HyVee Health Holiday Eating
• December – 1) Holiday Outing to Durham Museum & 2) Food Drive - Food Bank for the Heartland

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EEO/VE
Nightingale Tribute
A Celebration of a Nurse’s Life

The Power of a Dollar… Ongoing Donations!

Did you know that you can make a monthly recurring donation to the NNF? It’s easy to set up a recurring donation so that an annual donation amount can be divided between the twelve months of the year. Discontinuing or changing the donation at a later time can be accomplished through a notification email. Email director@nebraskanurses.org for more information.

The Nightingale Tribute was written to be used as a remembrance, honoring a loved one’s service to the nursing profession. The Nightingale Tribute is intended to be presented by a nursing colleague or friend and scheduled as part of the funeral service in collaboration with the family, funeral home and place of worship as appropriate. The entire tribute takes only two minutes and can be placed anywhere in the service appropriate to the traditions and beliefs of the recipient’s faith. Visit the Nebraska Nurses’ Association website (Member Benefits -> Awards and Scholarships -> Nightingale Tribute) for more information. Submit the name(s) of colleagues who have passed away on the NNA website as well.

Donations to the Nebraska Nurses Foundation in memory of a nurse colleague are always welcome and can also be arranged through the NNA website (NNA Partners -> NNF -> Celebrate A Nurse).

How to Arrange for a Tribute?
• Visit with your funeral home director about this tribute.
• Choose a nurse friend or colleague (active or retired) of the deceased to present the tribute.
• Ask the nurse to visit with you. Provide them a brief synopsis of your loved one’s life as a nurse.
• Use the words included in the Tribute as a creative reading to follow the career synopsis. Adapt the reading to fit the recipient.
• The Tribute will be scheduled in the service in collaboration with the family, funeral home and place of worship as appropriate.
• Decide if you would like a white rose placed with your loved one in tribute and honor. If so, notify the nurse presenter and any other nurse friends to bring a white rose or make arrangements to have white roses available for the tribute and the colleagues.

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Did you know that you can make a monthly recurring donation to the NNF? It’s easy to set up a recurring donation so that an annual donation amount can be divided between the twelve months of the year. Discontinuing or changing the donation at a later time can be accomplished through a notification email. Email director@nebraskanurses.org for more information.

The Nightingale Tribute was written to be used as a remembrance, honoring a loved one’s service to the nursing profession. The Nightingale Tribute is intended to be presented by a nursing colleague or friend and scheduled as part of the funeral service in collaboration with the family, funeral home and place of worship as appropriate. The entire tribute takes only two minutes and can be placed anywhere in the service appropriate to the traditions and beliefs of the recipient’s faith. Visit the Nebraska Nurses’ Association website (Member Benefits -> Awards and Scholarships -> Nightingale Tribute) for more information. Submit the name(s) of colleagues who have passed away on the NNA website as well.

Donations to the Nebraska Nurses Foundation in memory of a nurse colleague are always welcome and can also be arranged through the NNA website (NNA Partners -> NNF -> Celebrate A Nurse).

How to Arrange for a Tribute?
• Visit with your funeral home director about this tribute.
• Choose a nurse friend or colleague (active or retired) of the deceased to present the tribute.
• Ask the nurse to visit with you. Provide them a brief synopsis of your loved one’s life as a nurse.
• Use the words included in the Tribute as a creative reading to follow the career synopsis. Adapt the reading to fit the recipient.
• The Tribute will be scheduled in the service in collaboration with the family, funeral home and place of worship as appropriate.
• Decide if you would like a white rose placed with your loved one in tribute and honor. If so, notify the nurse presenter and any other nurse friends to bring a white rose or make arrangements to have white roses available for the tribute and the colleagues.

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Registered Nurse - Memorial Health Care Systems, an NNA Top 20 Critical Access Hospital, is seeking a Full-Time RN for our 5pm-7am night shift. This is a great opportunity to work with a strong dedicated health care team while earning a competitive wage and benefits package. This position offers flexible scheduling including every third weekend and holiday rotation. ACLS is required. Accute Care, ER and OB experience is preferred.

Intensive care unit, includes med/surg and critical care with an emphasis on critical care. ACLS required. Must have at least a year experience. CNA, LPN, ITU experience preferred.

Full time and Part time openings. No pediatric experience required. New grads welcome!

www.craighomecare.com | Make a difference in a child’s life with one on one care.
There is still time to apply for a 2017 Nebraska Nurses Foundation Project Grant if you have a project that can be finished by the end of year! The grants are designed to provide funding for evidence-based practice, quality improvement or innovation projects conducted within clinical nursing settings. The following criteria apply to the program:

**Criteria**
1. Grant(s) will be offered once per year and are intended for projects that can be reasonably finished and disseminated within a 12 month calendar period.
2. Each grant will range from $500 - $1000 based on project needs and funds available through the Foundation.
3. Grant proposals will be accepted between October 1 and December 1 of the calendar for funding beginning the next calendar year.
4. A Nebraska Nurses Association (NNA) member in good standing must be the primary project lead or co-lead.
5. Fund disbursement will be split with half of the requested funds provided at the onset of the project and the remaining funds distributed with approved and completed dissemination.
6. Approved applicants must agree to allow NNA/NNF to use their identifying information

**Proposal Requirements**
1. The grant is designed to provide funding for new intervention projects that have not yet been initiated or implemented at the clinical or educational department level, that will directly or indirectly influence patient care or nurse/student competence:
   a. Implementation of evidence-based nursing practices (new or revised)
   b. Performance or Quality Improvement project
   c. Innovation project which may include pilot studies/projects
2. The project must go beyond assessment to the implementation phase with a measured outcome.

The Proposal Submission Format can be found @ http://www.nebraskanurses.org/page/NNF.

For more information contact
Terry Anderson Teresa@tandersonconsulting.com
Alice Kindschuh alice.kindschuh@methodistcollege.edu

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Numerous government agencies are tracking data to validate improved patient outcomes. Does it make a difference? Surprisingly, it does.

In healthcare, we are all aware of the trend to provide data to validate improved patient outcomes. Numerous government agencies are tracking data specific to hospital readmissions, the benefits of case management for chronic illnesses, and much more. There are Centers for Medicare and Medicaid Services Post-Acute Quality Initiatives that base payment reform on data collected through the use of CARE Item Set (Continuity Assessment Record and Evaluation). Data in the everyday world of nursing is becoming increasingly more important and relevant to what nurses do.

However, in the past, nursing continuing education has relied on program development that did not lend itself to providing data. Educational events were planned based on “wants” not “needs” and especially not on patient outcomes. Planners were tasked with developing objectives to guide the program (and hopefully the nurse) so that something was learned. But were objectives effective?

It is now understood that learning objectives work well for the presenter providing the education. Objectives focus on what the presenter or faculty will do; they do not however focus on what participant/student is supposed to learn. Remember a continuing nursing education activity you participated in? Did you ever actually “list the three most effective anti-hypertensives used in hypertension stage 2?” or “describe,” “identify,” or “recognize” something? Remember all of those very important verbs that had to be included in event objectives? Under most circumstances, a nurse attending a CNE event only glanced at them as he/she checked a few boxes on an evaluation form. Did they really serve a purpose? Where they really measurable? No, they often were not.

For many years’ planners of CNE collected “feels good data.” “The presenter was easy to understand,” “the topic was of interest,” etc. While many educational events were very informative, and provided a wealth of knowledge to a wide variety of nurses; they did not often address an actual professional practice gap.

Since 2013, the American Nurses Credentialing Center Accreditation Program criteria has shifted to better address a more in-depth analysis process of identifying what lack of knowledge, skill or practice is hindering current nursing practice, and eventually hampering patient outcomes. Through this process nurse educators develop learning outcomes which unlike objectives, are measurable, are content centered, and reflect the skills, competencies and knowledge that nurses have achieved and demonstrated when participating in a CNE activity. Learning outcomes may not always be shared with the learner; so, you will probably not see them on brochures or event fliers. They determine what the nurse/learner will be able to do, or be able to perform at the end of a course. This shift in educational theory was fully implemented in 2016 by continuing nursing education units across the country. Most CNE planners are still trying to master the change in thinking and in planning. But in the near future, continuing nursing education will have significantly more relevant data to demonstrate the impact nurses, and the education they participate in has on quality patient outcomes.

Don’t expect to see objectives for an educational event, unless you are the presenter or faculty. Their purpose, to guide what is taught, is only valuable to the teacher.

References

Rural and Urban Nebraska Nurses: Age and Per Capita Number of Nurses

Juan-Paulo Ramírez, Ph.D.
Independent Consultant
Nebraska Center for Nursing

The Nebraska Center for Nursing has tracked detailed demographic information from Nebraska nurses since the year 2000. Recently, members of the Center have analyzed demographic differences between nurses who work in rural vs. urban areas and have given presentations about this topic at national forums [1]. National data [2] shows substantial differences between nurses who work in rural vs. urban areas. However, similar analyses have not been conducted in Nebraska until now.

This study analyzes by age and number of nurses (RNs) per 1,000 people in rural and urban areas of Nebraska between the years 2000 and 2014. Age is a key demographic indicator to model nursing supply and demand, and knowing the number of nurses per capita can demonstrate how well local communities are being served by health care providers in a particular geographic location.

A key source of information to analyze demographic trends by geographic area is to use the renewal surveys collected through the nursing licensure process in the State of Nebraska. One of the questions asked in the survey is related to where nurses work, by county, zip code and State. By using the U.S. Census Bureau definitions of Micropolitan, Metropolitan, and rural areas, Nebraska counties were classified using these Legal/Statistical area descriptions, and then assigned to the location of nurses. Figure 1.

Figure 1: Nebraska - Metro and Micropolitan Areas

For simplicity of the statistical analysis, Metropolitan and Micropolitan areas have been merged and classified as “urban areas.” Following are the main findings:

Results by age:
Although age is not collected through the renewal survey, the Licensure Unit of the Nebraska DHHS holds birth date information for nurses, which is linked to the surveys through the licensee ID number. Overall, average age of RNs in Nebraska have slightly decreased when compared to the year 2000. However, there are substantial geographic differences in terms of age. Between the years 2000 and 2014, nurses who worked in rural areas were 1.3 to 2.2 years older than urban nurses. On average, the age difference between rural vs. urban nurses have increased over time. In 2000, the age difference between rural and urban nurses was 1.3 years, however, this difference increased to 2.2 years in 2014.

Results by number of nurses per 1,000 and geographic location:
Overall, the number of nurses per capita have increased over the years. In 2000, on average, there were 7.0 nurses per 1,000 people, and 11.1 nurses per capita in the year 2014, a net increase of over 4 nurses per capita statewide.

Results by number of nurses per 1,000 and geographic location:
Overall, the number of nurses per capita have increased over the years. In 2000, on average, there were 7.0 nurses per 1,000 people, and 11.1 nurses per capita in the year 2014, a net increase of over 4 nurses per capita statewide. Figure 3.

Figure 2: Average RN age by geographic location - 2000 to 2014

When analyzing data by geographic location (rural vs. urban) over the years 2000 and 2014, on average rural areas gained 3.9 RNs per capita. During the same time period, urban areas gained 4.4 RNs per capita. The gap of RNs per capita between rural and urban areas has widened, from a differential of 4.8 RNs in the year 2000 to 5.2 RNs in the year 2014. Figure 4.

Figure 4: Number of RNs per 1,000 people by geographic location


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development that meets the demands of a growing, challenging health care system and population. These policy priorities are not new, but meeting them is essential for the continued health of the nursing profession and our nation. I encourage you to join the Nebraska Nurses Association in advocating for these priorities, and to let us know what specific challenges you face in your practice. Visit www.nebraskanurses.org for additional information about policy priorities and to join us as a member to insure that your voice is heard.

NEBRASKA NURSES ASSOCIATION LEGISLATIVE PLATFORM

Underlying Beliefs
For long over a decade, the public has recognized Nursing as the most trusted and ethical profession in the United States (Cipriano, 2015). This represents both the strong solidarity and responsibility the profession carries. Therefore, it is imperative that nurses across healthcare, serve as formal and informal leaders.

Nurses have a responsibility to educate the public and legislators on issues that impact the health of Nebraskans and our communities. The Nurses Association views the call to educate and communicate as a priority.

Nurses are the largest healthcare sector in the United States, and a profession that contributes to the science, advocacy, health, and well-being of Nebraskans and our communities;

As Nebraska nurses, we believe that all individuals have a right to basic healthcare; and, therefore, we support legislation that promotes equal access to healthcare for all individuals;

As Nebraska nurses, we believe that preventative measures can result in a better quality of life and reduce the lifetime costs of healthcare. We support legislation that promotes prevention and wellness-related activities and services;

As Nebraska nurses, we are professionals; and, as such, we are responsible for maintaining competency and practice standards that are current through the utilization of evidenced-based principles.

Based on the above underlying beliefs, the NNA adopts the following Legislative Platform:

1. NNA will strongly support the essential role that Registered Nurses play in care delivery in all settings. NNA will actively pursue any legislation that advocates for the well-being of the nurse to ensure:

   Got a minute? Start earning your CEs in minutes at a time whenever you have time!
   Your new CE classroom is your phone. Download CEHQ for free and earn your first credit on us!
   For more information on earning CEs in just minutes visit: https://myCEHQ.com

   Mercy Nurses Rock!
   We’re looking for awesome nurses to be part of our care team at our Mercy locations in Oakland, NE, Sioux City, IA, and Primmah, IA. We are growing and we want the best and the brightest to come work with our team of great caregivers and doctors to provide the best care to our patients. There are some exciting times ahead for Mercy and we want you to be a part of it!
   Mercy is looking for full and part time Nurses throughout our hospitals including ER/ Trauma, Surgery, Rehab and our brand new ICU!
   Ask us about our NEW Nurse Residency Program.
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   EEO Employer F/M/Veterans/Disabled

   (Information sourced from Mercy, a provider in healthcare)
March, April, May 2017 Nebraska Nurse • Page 11

a. Safe work environments;
b. Adequate training and ongoing competence;
c. Fair and transparent licensing;
d. Clear and well-defined scope of practice, maintaining educational preparations and scientific knowledge which are unique to nursing;
e. Removal of barriers that negatively impact nursing’s scope of practice, for both RNs and Advanced Practice Registered Nurses (APRNs);
f. Economic stability and improved compensation for nurses;
g. Coordination of care, and
h. Participation in decision making that involves other groups providing nursing care.

2. NNA will support activities which are implemented to advance the goals outlined in the 2010 Institute of Medicine Report, “The Future of Nursing.”
a. Nurses should practice to the full extent of their education and training;
b. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression;
c. Nurses should be full partners in redesigning health care in the United States and Nebraska;
d. Ensure effective workforce planning and policy making through better data collection and improved infrastructure; and

e. NNA supports continued funding for nurse education and scholarship that promotes the professional growth of nurses.

3. NNA will influence access to safe, cost-effective, quality healthcare services through NNA participation in local, county, state, and federal decision-making bodies. NNA will do this by:
a. Participating in coalitions with healthcare providers and organizations that support the goals of assuring safe, quality care outcomes for all Nebraskans; and
b. Monitoring/promoting legislation to assure that the standards for safe, quality patient care are not compromised.

References

**MEMBERSHIP**

**NEBRASKA NURSES ASSOCIATION**

**MEMBERSHIP APPLICATION**

**HOW TO JOIN NNA**

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

**STEP 1. PERSONAL INFORMATION**

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**STEP 2. MEMBERSHIP OPTIONS**

Choose one annual or monthly membership option. (Monthly payments include a $5.00/month service fee to ANA for installment payment processing.)

**JOINT MEMBERSHIP – NNA/ANA**

- Includes membership to NNA and ANA.
- $279.00/Year or $23.75/Monthly Epy*

**The following Discounted Memberships are available if one of the following criteria is met and proof of eligibility is provided. Reduced and Special Membership includes membership to NNA and ANA.**

**REDUCED MEMBERSHIP – NNA/ANA**

- $139.50/Year or $12.13/Monthly Epy*
- Must meet one of the following criteria and provide proof:
  - Not employed
  - Full-time student (must be a RN)
  - New graduate from basic nursing program within 12 months of licensure (first membership year only)
  - 62 years of age or over
  - Working part-time

**SPECIAL MEMBERSHIP – NNA/ANA**

- $69.75/Year or $6.31/Monthly Epy*
- Must meet one of the following criteria and provide proof:
  - 62 years of age and not employed
  - Totally disabled

**STEP 3. TOTAL DUE**

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

**TOTAL AMOUNT ENCLOSED:** $________

**STEP 4. PAYMENT OPTIONS**

- Check payable to American Nurses Association
- MasterCard or Visa

Card Number
Expiration Date
Cardholder Name
Billing Zip Code

*Monthly Epy Authorization

All members paying monthly must complete this section. This is to authorize electronic payments to American Nurses Association (ANA). By signing on the line, I authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my account. Charges may be adjusted by ANA only following written 30-day prior written notice to me. Membership and payments will continue unless NNA/ANA receives 20-day prior written notice from me.

Checking: Please enclose a check for the first month’s payment; the account designation by the enclosed check will be drafted on or after the 15th of each month.

Debit/Credit Card: Please complete the credit card information above. This card will be debited 1/12 of annual dues or on after the 15th of each month.

*Signature*

**STEP 5. SUBMIT APPLICATION**

Return completed applications and payment to:

**NEBRASKA NURSES ASSOCIATION**

P.O. BOX 3107, KEARNEY, NE 68848-3107

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**REFERENCES**


**QUESTIONS?** Call NNA 888-885-7025 or visit our website www.nebraskanurses.org

**TO BE COMPLETED BY NNA STAFF:**

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**APPROVED BY STAFF/DATE**

**MEMBERSHIP APPLICATION**

**NEBRASKA NURSES ASSOCIATION**

**MEMBERSHIP APPLICATION**
ANA President Responds to Executive Order on Immigration

SILVER SPRING, MD – On January 27, President Trump announced Executive Order 13769, “Protecting the Nation From Foreign Terrorist Entry Into the United States.” The following statement is attributable to American Nurses Association (ANA) President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, in response to last week’s announcement:

“Nursing is committed to both the welfare of the sick, injured, and vulnerable in society and to social justice. The ANA Code of Ethics for Nurses with Interpretive Statements establishes the ethical standard for the profession in its fervent call for all nurses and nursing organizations to advocate for the protection of human rights and social justice.

Therefore, ANA opposes any action that erodes the human rights of people, and strives to protect and preserve the rights of vulnerable groups such as the poor, homeless, elderly, mentally ill, prisoners, refugees, women, children, and socially stigmatized groups.

This underlying principle must be considered in light of the current Administration’s efforts to halt refugee admissions for 120 days and block citizens of seven Muslim-majority countries from entering the United States for 90 days.

Any actions taken that are intended to increase the safety of our country must be clearly defined and not jeopardize human rights nor unfairly target religious groups.”

The American Nurses Association (ANA) is the premier organization representing the interests of the nation’s 3.6 million registered nurses. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering health and wellness of nurses, and advocating on health care issues that affect nurses and the public. ANA is at the forefront of improving the quality of healthcare for all.

ANA Ready to Work with New Administration to Improve Health for All

SILVER SPRING, MD – The American Nurses Association (ANA) is steadfast in its commitment to improving the health of people across the country. We look forward to sharing the valuable expertise of nurses with the new Administration and Congress.

“As President Trump looks to improve America’s health care system, we are ready to work with his administration to advance health care that is accessible, affordable, equitable, integrated and innovative,” said Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, president of ANA.

“This new Administration also has an opportunity to unite the country around a shared vision that puts protecting and promoting quality health care for all Americans above partisan politics,” said Cipriano.

“ANA stands ready to offer support and assistance to make this opportunity a reality.”

In addition to the presidential race, many advocates of health care and nursing priorities were elected to the U.S. Congress. In total, 83 percent of the 52 candidates endorsed by ANA’s Political Action Committee (PAC) won their election and will serve in the 115th Congress.

Nurses are the largest single group of health care professionals, and the nursing profession has been voted as the most trusted profession for 15 years straight. ANA will continue to leverage this trust to advocate for access to quality, affordable health care, optimal nurse staffing and other policies that remove barriers to health care for the broader community.

For more information, visit NursingWorld.org.
2017: YEAR OF THE HEALTHY NURSE

Balance your life for a healthier you.

In recognition of the impact that increased nurse health, safety, and wellness has on patient outcomes, quality of care, and overall nurse satisfaction and quality of life, American Nurses Association (ANA) has designated 2017 as the “Year of the Healthy Nurse” with the tagline of “Balance your life for a healthier you.” Each month will highlight various health, safety, and wellness topics important not only to nurses, but to their co-workers, families, patients, and the communities in which they live, work, and play. Nurses struggle with multiple health, safety, and wellness challenges. ANA’s 2016 Health Risk Appraisal shows alarming trends for registered nurses (RNs) and nursing students:

- An average BMI of 27.6 (overweight)
- 12% have nodded off while driving in the past month
- Only 16% eat the recommended daily amount of fruits and vegetables
- Less than half perform the recommended quantity and time of muscle-strengthening exercises (ICG & ANA, 2016).

RNs continue to rate workplace stress as a hazardous occupational risk well above the national average (ICG & ANA, 2016). Yet nurses’ very calling, professionalism, and strong sense of ethics demand that they become better role models, advocates, and educators.

2017 brings a focus on the Year of the Healthy Nurse, and will include the launch of the Healthy Nurse, Healthy NationTM Grand Challenge (HNHN GC) and the continuation of #FitNurseFriday. ANA’s HNHN GC is a sweeping social movement to increase the health of the United States’ 3.6 million RNs, thereby impacting and improving the health of the nation. HNHN GC focuses on five fundamental indicators of wellness: rest, nutrition, activity, quality of life, and safety. These five wellness indicators are incorporated into ANA’s Year of the Healthy Nurse topics to ensure RNs receive cohesive messaging and assistance on their journey toward their best health ever!

Visit www.nursingworld.org/2017-Year-of-Healthy-Nurse today for more information!

Reference:

YEAR OF THE HEALTHY NURSE CALENDAR

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Kristina Sobelle
University of Nebraska Medical Center
Bachelor of Science in Nursing

“My today started when I took my nursing education to the next level. To be the most help to the most people, and advance my career, I knew I needed to continue my education. The University of Nebraska Medical Center’s online RN to BSN program gave me a better understanding of the health care system and the central role nurses can play in improving health for our communities. Today, I’m ready to affect change in health care — and help more people.”
Nurses Rank #1 Most Trusted Profession for 15th Year in a Row

“Whether nurses are by the bedside or in the boardroom, we continue to be a trusted resource and a vital part of our nation’s health care system. This poll reflects the trust the public has in us, and we’ll continue to work hard to keep that trust.”

According to the poll, 84 percent of Americans rated nurses’ honesty and ethical standards as “very high” or “high.” The next closest profession, pharmacists, was rated 17 percentage points behind nursing.

“Trust plays an important role in the relationship between nurses and the patients we serve,” said Cipriano. “ANA encourages nurses to draw on that trust to engage with consumers to improve their health and to advocate for patients and for the quality of care in this country. Additionally, I challenge those charged with making health policy at the facility, local, state and national levels, to include the trusted voice of nurses at the decision-making table. No other profession is held in as high regard by the public, and given nursing’s frontline perspective on health care delivery we offer a point of view that is unmatched.”

In 2017, ANA will continue its longstanding efforts to advocate for health system reform. The association is committed to working with the new administration and Congress to advance policy that aligns with its point of view that is unmatched. We join with our colleagues in continuing to advocate for CNAs to have full practice authority within the VA health care system.

“The 6,000 APRNs serving in the VA health care system are dedicated to delivering the best possible care to our heroes and their families. Today’s rule is the right policy at the right time, and we applaud the VA for taking this vital step in ensuring access to care and keeping America’s veterans healthy.”

APRNs are nurses who have met advanced educational and clinical practice requirements, and whose services range from primary and preventive care to mental health, birthing and anesthesia.

The proposed rule generated an unprecedented number of comments from veterans, health care providers and the general public. The final rule amends the VA’s medical regulations to permit APRNs to practice to the full extent of their education and training. This rule puts veterans’ health first and will help improve access to the timely, effective and efficient care they have earned. However, ANA is concerned with the final rule’s exclusion of CRNAs, which is solely based on the VA’s belief that there is no evidence of a shortage of anesthesiologists impacting access to care. We join with our colleagues in continuing to advocate for CRNAs to have full practice authority within the VA health care system.

ANA President Responds to Department of Veterans Affairs Final Rule on APRNs

SILVER SPRING, MD – The Department of Veterans Affairs (VA) released a final rule granting full practice authority to three of the four established Advanced Practice Registered Nurses (APRNs) roles when they are acting within the scope of their VA employment. Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs) and Certified Nurse-Midwives (CNMs) will now have full practice authority within the VA Health System as a mechanism for extending veterans access to a full range of qualified health professionals. ANA is disappointed that the VA failed to extend full practice authority to Certified Registered Nurse Anesthetists (CRNAs).

The following statement is attributable to American Nurses Association (ANA) President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, in response to the final rule:

“The American Nurses Association is pleased with the VA’s final rule allowing APRNs to practice to the full extent of their education and training. This rule puts veterans’ health first and will help improve access to the timely, effective and efficient care they have earned. However, ANA is concerned with the final rule’s exclusion of CRNAs, which is solely based on the VA’s belief that there is no evidence of a shortage of anesthesiologists impacting access to care. We join with our colleagues in continuing to advocate for CRNAs to have full practice authority within the VA health care system.

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APRNs are nurses who have met advanced educational and clinical practice requirements, and whose services range from primary and preventive care to mental health, birthing and anesthesia.

The proposed rule generated an unprecedented number of comments from veterans, health care providers and the general public. The final rule amends the VA’s medical regulations to permit full practice authority (FPA) for three of the four APRN roles when they are acting within the scope of the VA employment and authorizes the use of APRNs to provide primary health care and other related health care services to the full extent of their education, training, and certification, without the clinical supervision or mandatory collaboration of physicians.
Nurses Lead in Fighting Opioid Crisis

From the American Nurse Today Journal
November 2016, Vol. 11 No. 11
Authors: Janet Haebler, MSN, RN, and Tim Casey

As the most trusted direct-care providers on the frontlines of the epidemic, RNs help patients for solutions. Registered nurses (RNs) are uniquely positioned to help tackle this public health crisis, and ANA has been busy educating legislators about how.

Expand access to medication-assisted treatment

Medication-assisted treatment (MAT), combined with counseling, serves as one of the most effective forms of treatment for opioid use disorders. For millions of opioid addicts who are uninsured, homeless, or recently incarcerated, however, getting on – and staying on – medication is a struggle. To improve access to treatment, ANA has advocated for MAT prescribing authority for nurses, as well as expanded private insurance coverage and Medicaid health benefits.

Increase use of physician drug monitoring programs

Physician drug monitoring programs (PDMPs) are integral to reducing inappropriate prescribing and abuse of prescription medications. PDMPs are state-run electronic databases that can provide a prescriber or pharmacist with information regarding a patient’s prescription history, thereby allowing them to identify patients who potentially are knowingly or unknowingly misusing medications. ANA supports efforts to increase utilization of PDMPs. The Department of Health and Human Services is working toward the goal of doubling the number of healthcare providers registered with their PDMP in the next 2 years.

Culture change

ANA recognizes that we must also look beyond legislative and regulatory solutions to address the opioid epidemic. As educators and patient advocates, nurses embrace a holistic approach to addressing pain, including nonopioid therapy alternatives, such as rehabilitative therapy, regional anesthetic interventions, surgery, psychological therapies, and complementary and alternative medicine.

ANA believes nurses can lead culture change around pain management and opioid prescribing. To that end, we are working closely with the White House to promote and educate nurses on the new Centers for Disease Control and Prevention guidelines for opioid prescribing, which aim to improve clinical decision making and reduce inappropriate prescribing. Additionally, ANA continues to support innovative industry partners who are stepping up to promote valuable medication take-back programs, as well as those conducting research to improve abuse-deterrent formulas for prescription medications.

In recent years, ANA and its state affiliates have advocated successfully for many of these changes— and more. At the federal level, ANA argued strongly for MAT prescribing authority, increased access to the overdose-reversal drug naloxone, and expanded treatment options for those living in areas most affected by the opioid crisis. Passage of the Comprehensive Addiction and Recovery Act (CARA) in Congress this summer marked an important victory in the battle against substance abuse disorders.

While CARA and the laws enacted in the states represent enormous progress in addressing this epidemic, we must now work to ensure the necessary funding is appropriated. Only then will we truly begin to expand access to critical treatment services and turn the tide on this devastating public health crisis.

For ANA resources on the opioid epidemic, visit
• nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-Environment/Opioid-Epidemic
• http://nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-Environment/Opioid-Epidemic

Janet Haebler and Tim Casey are senior associate directors in Government Affairs at ANA.
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