The Kentucky Nurses Association (KNA) wishes to thank Maureen Keenan JD, MAT, for her many years of commitment and leadership as the Executive Director (ED) of the KNA. Maureen’s 15 years of dedication and expertise made a positive contribution to the growth of our organization. Maureen was actively engaged in many activities, including her role as an Editor of the Kentucky Nurse. In addition to her ED duties, Maureen presented KNA information to nursing classes, provided legislative updates, participated with the Kentucky Board of Nursing and other organizations for vacancies on boards, participated in the KNA School Nurse Initiative, and activities with the Kentucky Center for Nursing and other organizations for vacancies on boards, participated in the KNA School Nurse Initiative, and activities with the Kentucky Center for Nursing and the Kentucky Nurses Foundation. She planned and participated in the ANA President’s visit to Kentucky, assisted with the coordination of Surviving Your First Year for nursing students, participated in the KNA Cabinets and Committees activities, made improvements to the KNA website, and assisted with the development of the Doctoral Scholarship program. She was instrumental in the transition of districts to chapters for the KNA. She was respected by other organizations, and her opinion was frequently sought for matters requiring diplomacy and negotiation skills. Maureen regularly participated in American Nurse...
KENTUCKY NURSES REACH - RESEARCH, EDUCATE, ADVOCATE, CARE, HELP (FORMERLY DISTRICT 7)

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THE PURPOSE OF THE KENTUCKY NURSE SHALL BE TO CONVEY INFORMATION HELPFUL TO KNA MEMBERS AND THE PROFESSION OF NURSING IN KENTUCKY.

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President’s Pen continued from page 1

Association events as required, including Membership Assembly, formerly known as the House of Delegates. The Kentucky Nurses Association thanks Maureen and wishes her success and happiness in future endeavors.

Future endeavors for the KNA include a warm welcome to our newly hired Interim Executive Director, Melissa Mershon. Melissa comes to us as the past Executive Director for Supplies Over Seas. She will lead us until an ED Search is complete, projected for summer, 2017. KNA has also negotiated with Dr. Sheila Schuster to return to us, as our lobbyist, working closely with our Governmental Affairs Cabinet and Board of Directors.

Nursing Leadership, including Committee and Cabinet members, as well as Chapter officers, met at My Old Kentucky Home, for a Leadership Retreat, focusing on the mission, vision and core values of our organization. It was an exciting day for all of us, as we defined our organization and our roles. We will be sending out invites for many different positions throughout the coming year. Many of you have already said yes... Thank you... and let’s do this:

VISION
To be the voice for nurses and work for a healthier Kentucky.

MISSION
Advocating for, engaging with and advancing the professional practice of nursing through:

• Leadership Development
• Evidence Based Practice
• Education

• Research
• Membership Growth
• Health Policy

Through our actions, Nurses will promote quality health care, strengthen health awareness and direct health promotion leading to improved health outcomes.

CORE VALUES
Our Core Values Include:

• Diversity and Inclusivity
• High Ethical Standards
• Life Long Learning
• Accountability
• Stewardship

If our mission, vision and core values match yours, please join us! We need lots of help! We hope to have KNA members all around the state, representing nurses and the health of our commonwealth, at every health related event in Kentucky. Please come join us.

Kathy Hager, DNP, APRN, FNP-BC, CDE
KNA President

Teresa Huber, DNP, MSN, RN
KNA Immediate Past-President

Executive Director Job Opening at the Kentucky Nurses Association

The Kentucky Nurses Association (KNA) is seeking an experienced and energetic professional to fill the position of Executive Director. This is a full-time, exempt position that reports to the KNA Executive Committee and the KNA Board of Directors.

The focus of this position requires strategic planning to promote the following: The KNA mission through outreach; Outstanding internal and external communications; Efficient use of technology and resources; Recruitment of new membership and retention of existing members and innovative programming that provides value and promotes KNA.

Deadline to Apply is April 14, 2017

For Job Description and How to Apply, go to www.kentucky-nurses.org. Job Posting is under KNA Business in the center of the page.

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Bluegrass Chapter:
November KNA BG meeting 2016:
• The “first” Karen Sexton award was presented to Ms. Kim Wilder. Ms. Wilder currently works at Baptist Health-Lexington and is a member of the Board of Directors of our Bluegrass Chapter. This is a well-deserved recognition for Ms. Wilder’s hard work and dedication in the provisions of care for patients. Congratulations, Kim!!!
• Our guest speaker Mr. Edwards gave a presentation on: 21st Century Acute Pain Management: A Paradigm Shift. The presentation included clinical importance regarding decreasing the amount of opioids for post-operative pain and replacing with other non-narcotic pharmaceuticals. Based on the presentation, Mr. Edwards and colleagues at Baptist Health-Lexington are having good results with their change in pain treatment modalities.
• Meetings are held every month on the 3rd Tuesday beginning with a Social-gathering at 5:30pm. Meeting begins at 6pm. The Chop House, Richmond Rd., Lexington will continue to be the site for the meetings. Our next board meeting is Tuesday February 21st.

January KNA BG member meeting 2017:
• CE presentation and speaker – Zohn Centimode, PhD, CRNA, at the Chandler Medical Center (UKMC) presented findings of his recently completed PhD research study “Cognitive Function and Anesthesiologist.” The findings of his study identified a significant correlation on the effect of cognitive function in clients who have received certain anesthesia medications during surgical procedures. The findings are valuable to current anesthesiacare practice.

Green River Chapter:
The Green River Chapter met in the fall three times with the last meeting November 16th electing officers for the 2017 year and exchanging gifts in celebration of Christmas. The chapter is busy working on the upcoming NCLEX challenge where area nursing programs compete with teams representing each one for the prize of a traveling trophy and all will have an opportunity that evening to become more prepared to take the NCLEX after graduation in May. Student certificates will be awarded for attendance and/or participation and CE of 1.5 contact hours to RNs who attend. Our goal is to increase funds so that we can offer increased scholarship opportunities and to fund a future CE focusing on the issue with drug misuse and addiction in Kentucky. The chapter will be meeting the second Thursday of each month through May at 6pm, rotating between sites in Owensboro and Henderson.
• The next meeting will be March the 9th in Owensboro at Olive Garden. You can follow our chapter on Facebook. KNA-Green river chapter-formerly District 8.
• Marlena Buchanan RN,MSN,CNS

Heartland Chapter:
A huge thank you goes to Anne Sahinogon, the new Heartland Chapter Secretary. For her technological talent and ability to create, not only an email address for the Heartland Chapter, but also an electronic newsletter called “The Pulse,” a Chapter website, a Facebook page, and most recently an e-repository for the Chapter minutes and other Heartland related items.
• A CE program was co-sponsored by Campbellsville University during the month of October 2016 at Hardin Memorial Hospital. The presentation included an overview of the current understanding of pain and pain management. In addition, four local nurses participating with us as honorary members during the project. Our tentative plans for future CEU programs consist of possibly working in conjunction with Hardin Memorial Hospital.
• A draft survey will be sent to all members to solicit ideas/needs/information regarding the planning of future meetings. Since many members find it difficult to attend meetings, one option being explored is the possibility of holding meetings via web-conferencing. A successful trial run of conferencing via web and telephone was completed on February 8, 2017.
• The 2017 Chapter Meeting Dates are: February 16, 2017, May 18, 2017, August 17, 2017, and November 16, 2017. The time and location is set for 6:00 pm EST at Hardin Memorial Hospital – 3rd floor conference room.
• Some of the chapter goals for 2017 consist of (1) participating in some form of community volunteer service such as collecting food for a county food bank or the Feed America food distribution program and (2) reaching out to the chapter members via teleconferencing to help members stay updated and increase attendance at the chapter meetings.

Respectfully submitted,
Janice Elder, MSN, RN, CNOR, Heartland Chapter President

Kentucky Nurses REACH Chapter
Met Sept 2016. Presentation from area attorney who spoke on medical malpractice and documentation. Attendance included students and nurses (approx 50 people). Collected stuffed animals for EIs.
Met Feb 2017. Presentation by Bowling Green/ Warren County drug Task force officer on dangerous drugs of abuse-keeping up with the treads. Attended by students and nurses (approx 60 people). Collected items for local nursing home.
Next meeting will be held Tuesday, April 18 at the WKU/Medical Center Health Science Complex in Bowling Green, KY from 5-7pm CST.

Nightingale Chapter:
• Patricia Calico is now interim chair and Denise Alvey is secretary.
• Chapter leaders attended the January 2017 KNA Leadership retreat at My Old Kentucky Home.
• Stay connected with us and like us on our new Facebook page: https://facebook.com/nightingalechapter/. If you have any communications to share with the chapter, send an email to abhvedley2@aol.com.
• Spring scholarship applications are now being accepted. Deadline for submission is April 25, 2017. To be eligible, an applicant must be enrolled in an A.D.N., BSN, MSN or Doctoral program and reside or be employed within Chapter boundaries. Contact Denise Alvey at abhvedley2@aol.com for further details and an application.
• The next meeting will be May 11 at Ephraim McDowell Hospital at 6:30 pm. The scholarship will be presented to the winner of this meeting and a CE offering will be included at the meeting. More details will be available soon.
• Fall meetings are will be August 10 and October 12.

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April, May, June 2017
Northern Kentucky Chapter:
The purpose of the chapter is to improve health for the communities we serve and inspire nurses to achieve nursing excellence. We are devoted to high quality patient care, patient safety, evidence-based practice and advancing community health.

We're currently scheduling CPR learning events which will be offered free to the public.

Interested in joining our chapter and/or attending a meeting then please contact Christa Thompson, Chapter President at 606-316-7495.

Northern Kentucky Chapter:
Our first meeting of the year will occur on April 5, 2017. We will be focusing on providing CE offerings at meetings, establishing the ongoing meeting schedule, recruitment, and Civic engagements. We will also focus on KNA topics involving: medical marijuana, human trafficking, smoking cessation, substance abuse and the Nurse in Every School Initiative.

Contact Person:
Teresa Williams
Email: twilliamsrn01@yahoo.com

River City Chapter:
Greetings River City members!

We wanted to take a moment to introduce ourselves to you as your new Co-Presidents and to outline our vision for the next year.

The River City chapter of the Kentucky Nurses’ Association is under new leadership with Megan Carter and Christi Ralston. Our vision this year is to have several events where you can network with each other, tell us what you would like to see and improving the lives of our patients and each other. Once we establish this and hear from all of you, we will set routine meetings as a chapter to make our vision a reality in this community.

If you are interested in playing a more active role in the design and roll-out of the River City chapter, please email Megan Carter (megan.carter@bhsi.com) and Christi Ralston (Christi.Ralston@nortonhealthcare.org) for more information.

About us:
Megan Carter MSN, RN, PCCN-CMC, CNML:
I am currently the Nurse Director for Critical Care and Respiratory Therapy at Baptist Health Louisville. I joined KNA when I moved to Kentucky over a year ago and have been very impressed by their passion and vision for affecting positive change. I chose to take this role because I believe very strongly in the power of nurses coming together and making a difference at all levels in our workplace, our community and especially our nation’s policies. I am a servant leader and am ready to serve this chapter in any way you see fit.

Christi Ralston BSN, RN, CCNC:
As the Director of Workforce Development for Norton Healthcare, I find joy assisting students find their passion and career path. I am very involved in workforce analytics, career progression, and curriculum development to assist nurses and other healthcare professionals elevate their practice to support our patients and the community. Nurses are the core of our community, together we have an opportunity to change outcomes, improve health and happiness, and leverage our collective resources for the good of all. Megan and I look forward to serving you, the nurses of the River City Chapter, helping you take your priorities to the next level, providing a voice and creating meaningful and sustainable change for nursing practice. Come join us! It will be a wonderful journey together.

School Nurses in Every Kentucky School Chapter:
The chapter set meeting dates for 2017 which have been sent out to those who have expressed an interest in working with the group. Our first meeting for 2017 was held in January in Lexington. We reviewed the strategic plan and discussed next steps as far as preparing for the eventual introduction of legislation. Senator Reggie Thomas called into the group to give some updates on his work. Senator Thomas introduced SB 84 in January which calls for the position of School Health Coordinators (which are required in school districts) to be filled by a Registered Nurse. The legislature was not in session when he called and the bill had not yet seen any movement.

The executive committee met in February and discussed action steps to increase awareness and garner support for the need to have nurses in schools. We also worked on planning for a school nurse summit in June with the intent to educate legislators and educators about the school nurse initiative. An information brochure is being updated and will be sent out to KNA members for review and distribution to legislators, parents and friends is encouraged.

We welcome any interested nurses who want to be part of this mission. The remainder of this year will be spent educating legislators, educators, and the public about the need for school nurses. We will be working on a plan to introduce legislation as we move this initiative forward. If you want to be part of the group please contact Mary Burch at mary.burrscherbinger.bvhschools.us or Eva Stone at eva.stone@nursingwspn.org.

West Kentucky Chapter:
The West Kentucky Chapter had a meeting at the end of February to discuss the Presentation on the Opioid epidemic in Kentucky. Pam Hagan from the Kentucky Board of Nursing presented. Please visit the KBN website. www.nursing-world.org. Calendar of Events, for upcoming meetings for this Chapter. If you have any questions or concerns please contact Chapter President, Nancy Armstrong at: narmstrong@murraystate.edu.

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For additional information about the university, visit
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Promoting Influenza Immunizations for Seniors in South Central Kentucky

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Sujaya Thogaru, BDS, MPH Student
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Introduction
Influenza is a major health problem causing 250,000 to 500,000 deaths worldwide each year (WHO, 2016). It is estimated that between 71 and 85% of all influenza-related deaths, along with 54 to 70% of influenza-related hospitalizations, are in seniors age 65 or older (CDC, 2016b). Episodes of influenza can exacerbate chronic medical conditions and lead to secondary bacterial pneumonias (Nagata et al., 2013). Influenza has a huge impact not only on the individual but also on society imposing significant economic burden in terms of hospitalization and treatment (WHO, 2003). The key to preventing these unnecessary hospitalizations and deaths is to focus on increasing immunization rates among the senior population.

The Western Kentucky University Health System endorses seasonal influenza vaccination for seniors (WHO, 2016). Immunization is recommended as the first and most effective strategy in preventing influenza; however, the influenza immunization rate among seniors is approximately 60.4% (CDC, 2016b). In addition, studies reveal no significant increase in immunization rates for this population over the past several influenza seasons. Global, national, and state level policies have been implemented to encourage influenza immunizations (WHO, 2016). However, the influenza immunization rates in this age group have remained low. Several factors have been identified which may influence immunization decisions (Daniels et al., 2004). These include the fear of becoming ill following the immunization, 2) the fear of experiencing an allergic reaction, 3) being unaware of the importance of the influenza immunization, and 4) the fear of experiencing secondary bacterial infections following the immunization.

Methods
Following institutional review board (IRB) approval from Western Kentucky University (WKU), a cross-sectional descriptive study was conducted at five senior centers located in south central Kentucky (Allen, Edmonson, Logan, Simpson, and Warren counties). The sample for the study was recruited from attendees at an Immunization Day Event (IRH) in collaboration with the senior centers in each of the counties. Informational flyers announcing the immunizations were free of charge and highlighting the myths and facts about influenza immunization were widely distributed at the senior centers and other familiar sites to seniors in each local community. Upon arrival at the senior center, each potential participant was asked if they would like to participate in a research study by answering four questions to determine their immunization history and factors that influence their decisions to "take" or "not take” the influenza immunization. Following an interview, each participant was scored using five inclusion criteria of 65 years of age or older, reside in the service area of the local senior center, and understand the English language. The participants completing the questionnaire had the opportunity to enter their name in a drawing for a $25.00 gift card from EBT (Electronic Benefits Transfer) and then entered SSIP 23 software to analyze descriptive statistics.

Results
Ninety-one participants completed the questionnaire with a range of ages 65 to 90 years of age. Seventy percent of the participants were between the age of 65 to 75. The gender mix was 34 (37.36%) male and 57 (62.64%) female. Seventy-seven (84.62%) of the participants reported receiving the influenza immunization the previous year with seventy-six (83.52%) receiving the immunization at the IRH’s scheduled immunization event. Factors influencing the decision of the seniors to take the influenza immunization included publicity (n= 67, 74.07%), religious/spiritual teaching (n=47, 52.12%), the availability in the local community (n=74, 81.32%). Offering the service at the local center was the most important factor influencing the decision to take the immunization. Of the total 91 participants, 14 (15.38%) reported not taking the immunization the previous year. Factors influencing their behavior included the fear of becoming ill or experiencing an allergic reaction or not recognizing the need for the immunization.

Discussion
Findings from this pilot study support those from a previous study which found that multi-strategy interventions are preferred to a single intervention in increasing influenza immunizations among seniors (Humiston et al., 2011). In this study, local availability was a factor that was most influential to the seniors to take the influenza immunization. Providing the immunization service in the local communities of the seniors eliminated the potential barriers of inconvenience and distance to a health care provider. Providing services in the local community may be beneficial to make influenza immunizations available at local sites where seniors visit frequently such as churches, libraries, adult education classes, local pharmacies, and grocery stores. The availability in the local communities and targeted educational programs for seniors may be successful in increasing the rate of adult vaccinations. Publicly scheduled immunization events should be a focus to provide continual awareness of the availability of the influenza immunization. The immunizations are not a burden of the immunization are essential as many seniors are on limited incomes.

Limitations/Recommendations
The study was limited in scope and design failing to survey seniors who refuse the influenza immunization. The sample size was replicated with a larger sample size and at a different venue to capture seniors who “do not take” the influenza immunization. Recruitment for the study was closed-ended which restricted the seniors to choose among the given options. An open-ended survey may have identified other factors that influence their decision.

Conclusion
The results of this pilot study support offering influenza immunizations in local communities at a minimum cost (eliminating barriers), education to increase awareness, and marketing strategies to promote influenza immunizations. The ill-effects of not being immunized, and publicity for the immunization events. Findings also indicate the need to eliminate the fears and myths associated with the influenza immunization which curtail seniors from engaging in an important preventive practice. Increasing the influenza immunization rate of seniors is a major public health challenge and will require multi-strategy interventions. Different strategies and collaboration among diverse health care professionals to determine the most effective intervention.

References
<table>
<thead>
<tr>
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<th>Event</th>
<th>Date/Time</th>
<th>Location</th>
<th>Contact</th>
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<td>KNA Board of Directors Meeting</td>
<td>10:30 AM-3:30 PM</td>
<td>Kentucky Board of Nursing Meeting</td>
<td><a href="mailto:nbarnum@midway.edu">nbarnum@midway.edu</a></td>
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<td>KNA Green River Chapter Meeting</td>
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<td>KNA REACH Chapter Meeting</td>
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<td>at the WKU/Medical Center Health Sciences Complex, Bowling Green.</td>
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<td>Chop House on Richmond Road, Lexington, KY</td>
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<td>July 2017</td>
<td>KNA Bluegrass Chapter Meeting</td>
<td>5:30 PM (Social time)/6:00 PM (Meeting time)</td>
<td>Chop House on Richmond Road, Lexington, KY</td>
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<td></td>
<td>KYANNA Black Nurses Association Meeting</td>
<td>5:30 PM</td>
<td>Medical Towers South Conference Room</td>
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<tr>
<td>August 2017</td>
<td>Materials due to KNA office for October issue of KY Nurse newsletter</td>
<td>10:30 AM-3:00 PM</td>
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<td>KNA Nightingale Chapter Meeting</td>
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<td>KYANNA Black Nurses Association Meeting</td>
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<td>KNA Heartland Chapter meeting</td>
<td>6:00 PM EST</td>
<td>Hardin Memorial Hospital</td>
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<td></td>
<td>KNA Education &amp; Research Cabinet Meeting</td>
<td>4:00 PM-5:00 PM</td>
<td>Conference Call</td>
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<td></td>
<td>KNA Ethics &amp; Human Rights Committee Meeting</td>
<td>2:00-4:00 PM</td>
<td>Location TBD</td>
<td><a href="mailto:nbarnum@midway.edu">nbarnum@midway.edu</a></td>
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<tr>
<td></td>
<td>Kentucky Center for Nursing Meeting</td>
<td>9:00 AM-3:00 PM</td>
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The rise of parental heroin abuse has negatively affected children. Abuse and neglect, impaired psychological development, and finding permanent home placement are some of the obstacles foster children face. The goal of this article is to educate the community about children who are in foster care because of abuse and neglect related to the heroin epidemic.

The heroin epidemic began when pharmaceutical companies started encouraging the sale of opiates in the early 1990s (C. Miller, personal communication, November 1, 2016). This movement encouraged doctors to prescribe opiates due to the financial incentives and false claim that they were “non-addictive” painkillers. Due to the increasing expense of obtaining opiates, people began to look for an alternative. Heroin and other drugs are easily obtainable and cheaper than prescription painkillers. Because of this epidemic, there has been a rise in the number of children in foster care related to parental drug use over the past 10 years.

Parental addiction started a cycle of home placement disruption. “In recent years, there have been large increases both in the number of children reported to the child protection system and in the number placed in out-of-home care” (Taplin & Mattick, 2015, p. 32). Social services get involved when a child’s living situation is deemed unfit resulting in the child being placed in local authority care (Gilchrist & Taylor, 2009). Abuse and neglect manifests differently on the addict’s children, erases their potential, and leaves them experiencing one of the worst circumstances a child can experience (Clonidine, 2016). This staggering statistic, coming from just one foster care facility in Louisville, KY shows the devastating relationship between drug-addicted parents and the foster care system.

Drug use by the parents has had significant psychological and developmental impacts on their children. “Children whose mothers continue to use drugs do less well cognitively and behaviorally” (Topley, Windsor, & Williams, 2007, p. 75). These children go to school with psychological problems, such as ADHD, behavioral issues, learning difficulties, and emotional instability. In addition to these problems, children exhibit sleep disturbances that contribute to poor academic performance. One approach to these problems is prescribing medications such as Chlordime, Vyvanse, Zolof, Melatonin, and Ritalin. Alternative therapies include counseling, individualized education plans, tutoring, and vocational rehabilitation.

It is difficult to find a permanent home for children in foster care because, “children may experience rage and grief, an indication that their emotion regulation, social relatedness, and behavioral development, have been further disrupted throughout home placements” (Marquis, Lesched, Chido, & O’Neil, 2008, p. 9). A majority of failed adoptions stem from the psychological issues that these children face. According to the Children and Youth Services Review, “Children of parents with substance abuse issues tend to enter foster care at younger ages, stay in foster care longer, are less likely to be reunified with their parents, and are more likely to reenter the child welfare system” (Green, Rockhill, & Purrer, 2006, p. 461; Brook & McDonald, 2008, p. 195). Successful reunification and avoidance of foster care re-entry is particularly important for very young children, as “issues of safety and stability may be especially crucial for infants and toddlers, given their extreme vulnerability and the rapid pace of their physical, affective, and cognitive development” (Kimberlin, Anthony, & Austin, 2006, p.473). Moving forward, permanent home placement helps to remove psychological barriers and promote healthy attachments and building blocks for relationships.

Not all children remain in the foster care system; some return to their parents, in order to regain custody of their children, parents have minimal standards as determined by the State Government. These “standards” include maintaining full time employment, negative drug test, required therapies, and poor academic performance. One approach to these problems, children exhibit sleep disturbances that contribute to their living situation are soon as possible should be paramount (Tam, 2016). Unfortunately, abuse and neglect do not have one particular “hallmark sign” when it comes to the welfare of children. This is a main contributing factor why there are so many children suffering from neglect and abuse for so long before they can be removed from their living situations. Neglect is multifaceted, and can range from a broken bone, to being malnourished, to being left at home for hours on end. Although very different, they all have negative effects in the psychological development of these children. “One hundred percent of the children at St. Joseph Children’s Home (SJCH), that have been removed from the home due to parental drug use have experienced some form of neglect” (C. Miller, personal communication, November 1st, 2016).
deems a living situation suitable, children will continue to fall victim to this broken system (C. Miller, personal communication, November 1, 2016). Victims of abuse and neglect, many children are removed from their situation and placed in foster care facilities, such as St. Joseph Children’s Home (St. Joseph Children’s Home, 2016). Founded in 1849, this non-profit organization is located in Louisville, KY, with the mission of “Giving Children a Home.” Throughout the years, SJCH has served over 70,000 children whose innocence, childhood years, and basic needs of life have been denied. The average length of stay with a foster family is 310 days, and SJCH placed 36 children with foster families in 2014 (St. Joseph Children’s Home, 2016). SJCH has a 94% success rate in finding children their “final home”, whereas the state of Kentucky had a 60% success rate (St. Joseph Children’s Home, 2016). The main goal of SJCH is to provide a home for children to grow, heal and learn. To achieve this, they have a multitude of services available including art therapy, weekly group and individual psychotherapy sessions, access to personal psychologists, medical intervention, and the opportunity for an individual education plan.

A goal found in Healthy People 2020 states to, “reduce substance abuse to protect the health, safety, and quality of life for all, especially children” (Healthy People 2020, 2016). While substance abuse has a large impact within the community, it also has a major impact on individuals and their families, especially children. Advocating for the Healthy People 2020 goals, St. Joseph Children’s Home has strengthened their mission to, “Give Children a Home”, even with the rising cases of the heroin epidemic victims, especially children. St. Joseph Children’s Home has created new cottages to provide stable, safe, and caring homes for the children of the community that have fallen victim to abuse and neglect. (C. Miller, personal communication, November 1, 2016).

The heroin epidemic is destructive to families and continues to leave children in unstable environments and ultimately, foster care. These foster care children are often victims of abuse, neglect, psychological problems, and difficulty finding permanent homes. Fortunately, the non-profit organization SJCH is determined to provide services for foster care children that are essential in helping them learn, grow, and find forever homes. “If we fail to meet the needs of the children of drug using parents, we shall have lost an opportunity to break the cycle of familial adversity that will see many of them becoming the drug users of tomorrow” (McKeganey, Bernard, & McIntosh, 2002, p. 244).

References
The United States is one of the most obese nations in the world. The State of Kentucky currently ranks fifth in the nation for overall obesity, with 1 in 5 (18%) children in the obese category with a body mass index (BMI) greater than 30 (Trust for America’s Health, 2016). Our lifestyle, eating habits, cultural values, and access to sugar laden foods create a perfect environment to promote obesity.

As nursing students in our community clinical, we have encountered an overwhelming amount of obese children within Metro Louisville. As part of the experience, we explored youth based nutrition education programs through Louisville’s farm to table initiative. Unless drastic lifestyle changes are made, obesity rates and comorbidities will continue to rise and be seen in our children later in life.

Since the 1980s, the number of children nationwide (age 6-11) who are classified as obese has tripled from 6.5% to 19.6% (Lueke, 2011). Long term health consequences associated with childhood obesity include diabetes, heart disease, and obesity related cancers. In 2010, there were 264,958 cases of heart disease in Kentucky (Trust for America’s Health, 2016). If the current obesity trend continues, this number is expected to increase to a projected 1.3 million cases in 2030 (Trust for America’s Health, 2016). Obesity may also lead to negative psychosocial effects such as low self-esteem, depression, discrimination, and an increased risk of bullying (American Academy of Pediatrics [AAP], 2015). Besides the major health consequences, obesity also carries an increased economic burden on healthcare resources. Due to the severity of these consequences, the preventable obesity epidemic cannot be ignored; therefore, it is imperative that we implement proactive interventions, including nutrition education and youth programs to curb the evolving American culture of obesity.

Healthy People 2020, the nation’s health initiative, aims to prevent health problems caused by unhealthy lifestyles by increasing comprehensive school education in elementary, middle, and senior high schools (United States Department of Health and Human Services [DHHS], 2016). Nutrition education must be incorporated into the educational curriculum to empower children to make healthier food choices (Lueke, 2011). If we can...
change nutritional related behaviors and beliefs among children, we can prevent the cycle of obesity throughout the lifespan. Adult lifestyle behaviors have a direct influence on children’s nutrition patterns. The education effort must be collaborative among adults, including teachers and parents. According to the American Heart Association (AHA), it is important to implement a life-style change, starting with an active lifestyle along with a healthy diet (American Heart Association, 2016). Several policies and programs have been in place nationwide to provide nutrition based education and make healthy food options more accessible to all people.

Many school-aged children rely on government programs for their basic nutritional needs. The National School Lunch Program provides nutritionally balanced and low cost, or free meals to public schools, depending on the financial need (Gross, 2011). In 2010, the Healthy Hunger-Free Kids Act increased the number of meals provided and set healthier nutrition standards for schools (Gross, 2011). Farm to school programs are another intervention aimed at combating childhood obesity. These programs allow school districts the ability to bring fresh fruits and vegetables from local farms into their schools (Gross, 2011). Several communities have implemented community garden programs to allow the home for both children and their families to enjoy (Gross, 2011). For example, the Grow Food, Grow Hope initiative in Ohio provides 40 community garden plots for families to rent, in order to gain access to fresh produce and learn about sustainable farming (Gross, 2011). In Connecticut, Amherst Farm functions as an 18-acre community teaching operation (Gross, 2011); it houses a large food garden that provides fresh fruits and vegetables to the local market as well as providing youth and adult education programs, fresh food stands and more (Gross, 2011). These efforts to curb obesity in children emphasize a return to farming while creating a positive perception of farm fresh foods.

Kentucky is striving to educate children on the benefits of eating fresh fruits and vegetables and how to cultivate them within the urban community. The Food Literacy Project (FLP) began in 2006 as a nonprofit organization located in Louisville, Kentucky on the Field Day Family Farm (Shulhafer, 2016). The FLP’s mission is to create a community that is knowledgeable and active in achieving a healthy lifestyle with fresh food (Shulhafer, 2016). The FLP’s goal is to educate children, specifically underserved youth. Participants receive a hands-on experience by planting, harvesting, tastering, and cooking healthy food on the farm (Shulhafer, 2016). This empowers children and families with the proper knowledge and skills to live a healthier lifestyle.

Jefferson County Public Schools have partnered with the FLP creating the Youth Community Agriculture Program (YCAP) (Shulhafer, 2016). During the summer months the FLP employs several high school students from areas in Louisville lacking access to fresh produce (Shulhafer, 2016). During the program the teens work on the farm harvesting fresh vegetables and preparing creative meals that create food justice and food security within their own communities. The employees of the YCAP helped to leverage the FLP’s newest form of healthy eating education: Louisville’s Truck Farm (Shulhafer, 2016). The teens helped to construct a garden on wheels in the bed of a 1995 Chevrolet truck (Shulhafer, 2016). The Truck Farm was built to travel across Louisville to markets, schools, and community events to show that a garden can be started anywhere, including urban cities (Shulhafer, 2016). It enables people to discover where their food comes from and explore the smells, appearance, and taste of fresh food.

The members of YCAP have become ambassadors of healthy eating to the people within their communities and have inspired changes such as creating gardens at schools and churches within the food deserts (Shulhafer, 2016). The FLP and its program of YCAP and Louisville’s Food Truck work hard to provide education about healthy eating, but also engage people to change their local food systems. In October 2013, KentuckyOne Health (2015), in collaboration with the FLP, used a $200,000 grant provided by the Johnson & Johnson Community Health Care Program for the Prevention of Childhood Obesity, to start a Farm to Family Initiative (KentuckyOne Health, 2015). After 15 months of evaluating the results seen in Louisville’s Hazelwood and Wellington Elementary Schools, the program has proven itself to be a substantial success (KentuckyOne Health, 2015). Students reported consuming at least five daily servings of fruits and vegetables (18% increased), engaging in more than 60 minutes of daily physical activity (28% increase), obtaining knowledge of how to prepare a healthy recipe (31% increase), and experiencing eating a vegetable they picked themselves (30% increase) (KentuckyOne Health, 2015). This project is connecting underserved youth in the midst of a food desert with fresh and healthy food options. It provides education about nutrition and how to prepare healthy meals with fresh ingredients. The collaboration of the Farm to Family Initiative and the FLP is successfully empowering students within their own community with the skills and knowledge they need to make informed and healthy decisions. Education may be the key to preventing the growing epidemic of childhood obesity. As future generation healthcare providers, it is our duty to focus on upstream thinking to provide education for disease prevention and health promotion. The Food Literacy Project has proven to be a successful means of health promotion to combat obesity by teaching children to eat right. We strongly urge Kentucky nurses to be proactive in the fight against childhood obesity, by promoting programs in your area such as the Food Literacy Project. For more information on the programs it offers, visit foodliteracyproject.org.

References
Poster Abstracts as Presented at the 2016 KNA Convention Poster Presentation

Ambulatory Risk Safety Gap Analysis
Karen Beaton, JD, MSN; Paula Fowler, MSBC, BSN, CPHRN; Larry Poague, LPN, ARM, RSO, COEE

Across the ambulatory setting locations, workplace safety/security measures including training, education, and physical layout are not standardized. Therefore, the objective was to create a safer work environment for nursing and all healthcare workers by identifying low/high risk safety categories. A tool was created which provides a score that determines what security measures will be implemented. In addition to the tool, a gap analysis was conducted at 7 of the 187 practices.

A basic survey was conducted for the staff’s perception of safety. A best evidence search was conducted using key words: security, violence, threats and physician practices but provided minimal results. Therefore, a multidisciplinary task force was formed who developed a risk safety tool using information from Occupational Safety and Health Administration of the United States and the internal loss control expertise of Lockton Companies. Seven locations were selected based on the following criteria: free-standing, hospital campus or an office building, past violent events, open versus closed floor plan, parking and crime index. The tool was utilized by the team at these locations and a safety gap analysis identified strengths and weaknesses. A post safety debriefing was conducted for the following findings and conclusions. The practices were generally neat, clean and cordial, staff knew to report any workplace violence, local 911 responses were 5 to 10 minutes, repairs to the equipment or building were prompt and weekly safety calls were conducted at all practices. There was much variability such as number of employees, staff turn-over, badge versus key door access, drug seeking patient volume, patient dismissal volume, crime index, staff parking with departures after dark, storage of cash, panic buttons, cameras and employee lockers.

The tool was found to be consistent during the trial and was able to numerically measure the following categories: Violent Risk Score, Property Risk Score, Risk Assessment Score. Administrative Controls Score and Physical Controls Score. This tool will be used to identify low/high risk safety categories for appropriate security measures throughout NMG.

Innovation at Work: Reader’s Theater Influences the Health and Safety of a Vulnerable Working Population
Deborah B. Reed, PhD, RN, FAAOHN, FAAN

ABSTRACT
Background: Production agriculture suffers the highest worker fatality rates of any industry (Myers, Layne, Marsh, 2009) and the oldest workforce with the highest worker fatality rates of any industry (Myers, Layne, Marsh, 2009) and the oldest workforce with the highest worker fatality rates of any industry (Myers, Layne, Marsh, 2009) and the oldest workforce with the highest worker fatality rates of any industry (Myers, Layne, Marsh, 2009) and the oldest workforce with the highest worker fatality rates of any industry (Myers, Layne, Marsh, 2009) and the oldest workforce with the highest worker fatality rates of any industry (Myers, Layne, Marsh, 2009) and the oldest workforce with the highest worker fatality rates of any industry (Myers, Layne, Marsh, 2009) and the oldest workforce with the highest worker fatality rates of any industry (Myers, Layne, Marsh, 2009) and the oldest workforce with. The goal of this project is to change work behavior to improve health and prevent injury.

Method: Working with Agriculture Extension, Commodity groups and Farm Safety Organizations, we develop theater that is tailored to the region and delivered by the farmers ("actors") during a dinner theater event. Couples (with persons age 45 and over) are recruited as 95% of America’s farms are family operations. Three short plays focused on work health behaviors (such as stress, wearing seat belts on machinery, sunscreen and hearing protection) and consequences, supplemented by brief discussions led by the project leader, comprise the event. Evaluation of receptivity and subsequent
behavior change is tracked through telephone interviews two weeks and two months post-event.

Results: To date, 274 persons (mean age: 63 years) have participated across four theaters. Participants rated the event as highly realistic, enjoyable, and they reported that it helped them understand the interactions of aging and health and work injury. 57% reported at least one substantial change in their health or work behavior based on the information they received. Examples of changes included focusing on single tasks, fatigue prevention strategies, improved communication, and skin and hearing protection.

Conclusions: This format promises to be effective for starting health behavior conversations among families, and for producing substantial behavior changes that can reduce illness and injury among a highly vulnerable work group. It is relatively inexpensive and can be tailored to specific topics and settings. The format may be applicable in other settings where role modeling and oral traditions are prominent, or among groups where low literacy is a barrier to most other interventions.

References


How does Standardized Testing and a Structured Remediation Plan Affect ATI Second Attempt Assessment Scores and Student Self-Efficacy?
Angela Harlan, MSN, RN, DNP Student

Abstract: Helping students complete a nursing program is a high priority for nursing faculty and students. The purpose of this study was to determine if the use of standardized testing with a structured remediation plan will improve NCLEX-RN standardized assessment scores and self-efficacy, ultimately leading to improved student success. There was a considerable amount of discussion in the literature regarding standardized testing and its use in nursing schools. Many nursing schools use standardized tests as high stakes testing, and these types of policies are controversial and not supported in the literature (Harding, 2010). The purpose of these exams should be to assess students’ preparedness for NCLEX-RN and identify at-risk students early in order to plan methods such as remediation to assist students in passing the licensing exam (Harding, 2010; Heroff, 2009). Even though the literature identifies the need for methodical remediation plans, development of successful remediation efforts for at-risk students continues to be a problem (Makhlani et al., 2012). Although one unified remediation plan was not identified in the literature, a list of characteristics to be included in successful remediation plans was found. These characteristics include a remediation plan which includes early identification of at-risk students, is individualized, is written, is faculty guided, is mandatory, includes regular feedback and continuous monitoring, includes a variety of learning activities, and is structured and consistent.

A one-group pretest-posttest quasi-experimental design was used in the study. The study showed the group mean and median of all exams did increase with the use of the remediation between exam attempts and found the remediation statistically increased exam scores in two of the four exams administered. This study examined the use of standardized testing and structured remediation in order to increase student success. Developing projects which will increase student success in nursing programs and on NCLEX-RN will directly increase the number of nurses available to fill vacant positions (Heroff, 2009). This will help address nursing shortages which will benefit not only nursing programs but also the healthcare industry as a whole.

References

High Fidelity Simulation to Evaluate Emergency Management in Urgent Care Centers
Megan Tabor, MSN, RN and Brooke L. Vaughn, Simulation Educator, MSN, RN

ABSTRACT
A large amount of literature discusses the use of simulation in academic and acute care settings, but few report the use of simulation in the urgent care setting or to train unlicensed personnel. Staff members in this setting are responsible for managing emergencies until emergency medical services (EMS) respond. Cardiac emergencies in the urgent care setting are reported as acute low volume events, creating difficulties in preparation of staff. Inconsistencies were discovered with staff in managing emergencies at twelve urgent care centers in the metropolitan area. A clinical educator partnered with a university simulation educator to develop an in-situ cardiac emergency scenario. The researchers evaluated the effect of simulation on competency of urgent care staff in managing a cardiac emergency prior to the arrival of EMS.

A convenience sample of 128 urgent care staff pretested in a chest pain scenario using a high fidelity simulator. It was completed one time at each urgent care center. Participants included: RNs, LPNs, medical assistants, radiology technicians and receptionists. Scenario objectives included: recognizing a potentially life-threatening patient condition, implementing center protocol to notify EMS, management of a patient with basic life support upon arrival of EMS and evaluation of the team's performance. The Simulation Effectiveness Tool and Creighton Testing and a Structured Remediation Plan Affect ATI Second Attempt Assessment Scores and Student Self-Efficacy?
Happiness Is Life: Influence of Healthcare Professions Faculty Happiness and Perceived Stress Impact on Students

Elizabeth Cryer, BSN Student
Bryan Woods, BSN Student

Objective: The purpose of this study was to assess happiness ratings of Northern Kentucky University students in the Nursing Program. Our goal was to use the results of our survey to compare each profession. We assessed other factors that could affect happiness such as stress and employment status.

Background: Within healthcare professions there are many factors, such as stress and work load, that are destructive to happiness. Abdollahi, Abu Talib, Yaacob, and Ismail identified stress and hardness as indicators of individual’s level of happiness. The average happiness scores could have been higher and stress levels could have been lowered with stress management exercises.

Implications: It is challenging to absolutely infer that stress and happiness have a strong correlation. There is a lack of studies describing how these practices are introduced into nursing curricula of an ADN program. This research was intended to analyze levels of happiness and stress.

Findings: Overall the results of this study were not enough to prove significant relationships between stress, happiness, and profession. In the sample collected, nursing faculty ranked higher in happiness and stress.

References:

Exploration of the Use of Mobile Technology in an ADN Program

Michele Dickens, PhD RN

Research Objective: The purpose of this basic qualitative study was to explore experiences of nursing educators as they integrated mobile technology in the classroom.

Method: The research design chosen for the study was a basic qualitative design

Findings: The themes illustrating the beliefs and attitudes of nurse educators who used mobile technology as an active learning tool. The major themes reported, listed according to frequency were: (1) how the use of mobile technology aligns with the institution, as well as the health of students, (2) active learning tools used, (3) inclusion of technology in the classroom and clinical setting, and (4) student engagement. Two minor themes were also identified: (1) how the use of mobile technology aligns with the mission and vision of the organization, and (2) student learning outcomes.

Implications: The rationale for the study relates to the challenges that nurse’s face with the changing healthcare arena and the use of mobile technology to provide health care. The study will add to the knowledge in the field of nursing related to technology as an active learning tool in the ADN program.

Background: Nurses continually rely on up-to-date patient information. Integration of mobile technology in the nursing curriculum allows nurses to use technology to foster and develop student engagement and to meet the changing needs of today’s healthcare environment. Due to the increasing use of mobile devices, mobile technology is considered an active learning tool that can support student learning outcomes. The need for continued research regarding how technology is used as an active learning tool in associate degree nursing (ADN) programs is growing.

Significance to the Field of Nursing: A lack of mobile technology use in the ADN classroom as an active learning tool creates a missed opportunity for the integration of technology. A gap was noted regarding how technology is used in ADN programs and lack of use of technology as an active learning tool was also evident in the literature review. This research was intended to analyze levels of happiness and stress.

Method: A survey was sent out to faculty members in the College of Health Professions. The survey contained two background questions, six happiness related questions and six stress related questions.

Findings: The results of this study did not show a significant relationship between stress and happiness. The average happiness scores could have been higher and stress levels could have been lowered with stress management exercises.

References:

Every School Needs a Nurse

Teena Darnell, DNP, RN and Kathy K Hager, DNP, APRN, FNP-BC, CDE

Objective: The purpose of this first study was to identify whether the presence of a nurse in the public high school setting was associated with improved graduation rates, better academic performance rates, and higher ACT scores. Data gleaned from the study will be used to enact legislative policy mandating the presence of a nurse in all public schools in the state of Kentucky.

Background: Nurses employed in the school setting support both the educational mission of the institution, as well as the health of students. Students have explored the relationships between school nurse presence and student health. It has been suggested that when children experience poor health, their academic performance declines. There is a lack of scientifically driven data in the literature connecting school nurse presence and student academic outcomes.

Methods: This was a cross-sectional study that included cohort data from Kentucky public high schools (n=230). Data were collected by survey. Respondents answered three multiple-choice questions to assess the presence of a daily nurse, length of employment, and typical daily functions. Outcomes from public high schools that had access to a full-time nurse from 2009-2013 were compared to those that did not have access to a nurse.

Results: Of the 232 schools contacted, 99.1%
Enhancing RN to BSN Student Awareness of the Public Health Nurse Role

Hartley Carmichael Feld, RN, MSN, PHCHS and Frances Hardin Fanning, PhD, RN

ABSTRACT

Objective: The purpose of this study was to explore RN-BSN Public Health Student perceptions on an existing community health nurse role. Specifically, the project was designed to promote awareness of the Public Health nurse role in rural Appalachian counties with disproportionately high morbidity and mortality rates.

Methods: Students (n=97) in the RN to BSN program completed community assessments, windshield and grocery store surveys, and key informant interviews in several rural Appalachian counties. Assessments required students to access epidemiological databases and interpret data in the context of available resources and geographic isolation and BSN programs should prepare graduates for this reality.

Findings: Students reported the experience helped them understand the health impact of environmental outcomes as well as interpretation of epidemiological data. Most nurses use information technology but only 25% reviewed data in using research databases.

Implications: Education and experience as registered nurses helped to facilitate these projects. Based on the degree of expertise required for these projects, we recommend this type of experience be limited to RN to BSN students enrolled at a south-central Kentucky university.

References


Do Not Disturb: Vital Sign Monitoring as a Predictor of Clinical Deterioration in Monitored Patients

Susan Newman, RN, MSN, PCCN

ABSTRACT

Description/background: Early detection and intervention in cases of potential clinical deterioration are important to guide treatment and prevent significant adverse events. However, the frequency and timing of assessments remains a matter of custom and opinion. Evidence indicates that sleep disruption has measurable and often persistent harmful effects, particularly in elderly patients. Finding the best balance between safety and undisturbed rest has important implications for nursing practice. The purpose of this study was to review adverse events such as arrests and rapid response calls to determine the interval between the event and the last previous vital signs recorded.

Review of Literature: Flynn noted that “nurses need to stop using practice interventions that are based solely on tradition.” Timely and appropriate clinical observation of patients is cornerstone of nursing practice. Observation serves...
Determining how often assessment should be performed at night is a topic of particular concern, given the increasing evidence that sleep disruption has measurable and often persistent harmful effects. Several studies have confirmed measurable physiological effects related to interrupted sleep. Older adults whose amount of daytime sleep increased in the six months following return home from a rehabilitation facility were found to have worsening cognitive function, while those with less daytime sleep demonstrated improved function (Dziezewski). Sleep disruption has been associated with impaired physical and cognitive function, fatigue, and exacerbation of symptoms. (Flynn). Watson et al noted that sleep deprivation has been associated with a number of physiological disruptions including immune response, cardiac regulation, metabolic and endocrine regulation, and pain response. He also cites studies indicating that interrupted or insufficient sleep is associated with delirium in ICU patients, and that sleep-promoting medications may contribute to the development of delirium. Scientific evidence supports the fact that frequent interruptions in sleep result in sleep fragmentation, to such an extent that the patient’s health and recovery are adversely affected.

**Action:** A retrospective descriptive study was used to examine the frequency and type of significant adverse events occurring on the night shift on five transitional care units for one year. Data included the type, cause and outcome of each adverse event, and subsequent nights’ assessment and outcome. (Ludikhuzi et al reviewed 204 cases in Amsterdam; noting that 80% of cases had an increased MEWS score during the 48 hours before a serious adverse event, compared to patients without such an event. Meester et al reviewed over 500 patient records on TCU, such as those improving and close to discharge, who have a sudden change in condition, certain characteristics of assessments remains a matter of custom and opinion with few supporting studies to provide substantiation.

While any patient has the potential to experience a sudden change in condition, certain characteristics often present in the transitional care patient population are associated with greater instability: new admittance, recent surgery, recent medication change, recent respiratory status change, significant change in clinical status, and others, she published a painting of Marge’s first art. She supports her arm, The Human Touch

**The Human Touch**

The original oil painting 12 x 16" on canvas was the titled painting of Marge’s first art exhibit honoring colleagues in nursing. Promoted by many requests from nurses and others, she published a limited edition of full color prints. These may be obtained from the Kentucky Nurses Association.

The Human Touch

The other woman offers her hand in caring.

She looks at her face.

Visa/MasterCard/Discover:

Yoder J, Yuen T, Churpek M. Nighttime Vital Sign

**References**


Yoder J, Yuen T, Churpek M. Nighttime Vital Sign Monitoring Frequency and Risk of Clinical
Creating Positive Impact on Nursing Education in an Online RN-BSN Program through Curriculum Development

Dr. Caileen Wattenbarger Baker, DNP, MSN, RN; Dr. Claudia Mitchell, PhD, MSN, RN; Yalanda Scaife, MSN, RN

ABSTRACT

Background: The Department of Nursing at University of the Cumberlands has recently applied teaching strategies utilizing evaluative research through the presentation, data collection, data synthesis, and reaction to data gathered regarding the use of pre-developed course cartridges made available via text publishing companies. Chassemi (2016) lends support to faculty experience that the use of multiple teaching modalities respond to diverse learning styles in the classroom and can increase learning outcomes.

Research Objective: The purpose of this project was to evaluate and compare student satisfaction and achievement of course learning outcomes following implementation of faculty driven interactive learning modules versus standardized pre-developed course cartridges created via publishing company vendor. The research hypothesis is original course content material, developed by faculty teaching the course and incorporating several learning styles, will increase student satisfaction, and learning in the online learning environment.

Significance to the Field of Nursing: This exploratory study evaluates teaching strategies using data driven decision-making is of paramount importance in achievement implementation of best practice nursing education and contribution to the nursing body of knowledge.

Methods: The method for conducting the project was via curriculum evaluation. Data was collected related to student satisfaction and key benchmark learning outcomes for two terms using the standardized course cartridges and two terms following faculty driven creative learning modules. Both subjective and objective data were collected via methods such as: student and faculty feedback, end of course evaluations, an internally developed course cartridge survey, and student forums.

Findings: The data revealed higher student satisfaction rates and at least equal or greater learning outcomes scores. The findings indicated students struggled grasping content presented in the pre-developed course cartridge materials, were not as active in the online learning environment, and did not feel a personal connection with their instructors.

Implications: The research presented implications to practice include the presentation of lessons learned, application of the research process in the online learning environment, and developing a positive learning environment, and developing a positive learning environment, and determining alternative sites can be used to assess blood oxygenation.

RESULTS: The results were based on 24 sets of data. A repeated measures ANOVA was calculated to determine any differences between the three pulse oximeter readings. The results were not significant, F = 0.135, p = 0.057, indicating that the forehead and toe are acceptable to use for pulse oximeter readings. Paired t-tests were also calculated to determine whether there was a difference between the pulse oximeter sites and the ABG. The results were significant (p = 0.004-0.029). This indicates that all three sites are significantly different from the ABG. This is not unexpected, as the literature cites examples of needing an SPO2 of 94% or above to have a SaO2 of 90% (Van de Louw, 2001).

Conclusions: In this preliminary study, the Masimo sensor on the forehead and toe were found to be viable alternatives to the finger for SpO2 monitoring. However, using pulse oximeters, it is important for clinicians to understand that they generally have higher readings than the ABG and caution should be used when basing clinical judgments on these readings.

Childhood Bullying: Assessment Practices and Predictive Factors Associated with Assisting for Bullying by Health Care Providers

Vicki Hensley, PhD, APRN-PNP

ABSTRACT

Childhood bullying affects over 25% of today's youth and causes up to 160,000 missed school days per year. Bullying causes short and long term adverse effects to both mental and physical health. Many organizations encourage healthcare providers to take an active role in bullying prevention. However, there has been little research into the role of primary healthcare providers regarding childhood bullying and the effectiveness of different approaches to screening and management of bullying.

Comparison and Accuracy of Pulse Oximetry at Three Different Body Sites Versus Arterial Blood Gas Oxygenation

Debbie Alford, BSN, RN; Catherine Brug-Reeves, RN, BSN, BS; Linda Schuler, BSN, RN, CCRN

ABSTRACT

Background: Measuring the amount of oxygen is an important indicator of respiratory status. This measurement is accomplished via arterial blood gas measurements (ABGs). Noninvasive methods such as pulse oximetry are now used to assess oxygenation. The Masimo SPO2™ sensor is not indicated for the use on the forehead; however, if a reading is difficult to obtain, the forehead is used. The purpose of this study was to compare the accuracy of pulse oximetry using the Masimo sensor at three sites (forehead, nailbeds of the finger and toe) and comparing it to the ABG.

Significance: Patients in intensive care units (ICU) have pulse oximetry checked frequently. These patients are often on vasopressors, which can cause a decrease in blood flow to the extremities limiting the usefulness of the pulse oximetry. It is important to determine whether alternate sites can be used to assess blood oxygenation.
Therefore the purpose of this research was to explore childhood bullying and the role of healthcare providers in bullying prevention. Pediatric healthcare providers were asked to participate in this study if they conducted well-child exams on a weekly basis. Information on the provider’s current assessment practices, attitudes, self-confidence, and knowledge regarding bullying was gathered. Results indicated that approximately one-half (46.6%), n=53 of the healthcare providers reported assessing their patients for bullying behaviors during well-child exams. The strongest predictor of positively assessing for bullying was attitudes, recording an odds ratio of 1.24. This indicated for every one-unit increase in attitudes score, the odds of assessing for bullying will be 24% higher. The odds ratio of self-efficacy or self-confidence was 1.18, indicating that for every one-unit increase in self-efficacy score, the odds of assessing for bullying will be 18% higher.

This research is significant to the field of nursing in many ways. This is the first study to examine healthcare providers’ childhood bullying assessment practices and factors that predict the probability of healthcare providers assessing for bullying. Findings from the current study add to the body of literature concerning childhood bullying, assessing for bullying in the primary care setting, and factors that may increase the likelihood of healthcare providers assessing for bullying. Future research is needed to further explore the phenomena of the healthcare provider’s role in bullying prevention and intervention. Researchers should focus on repeating this study in a larger population and with different populations, such as school nurses. Results of future studies could then be used to develop an intervention to increase healthcare provider’s assessment of bullying.

Assessing Competencies Needed to Lead in an ACA World

Dee Beckman, MBA, MSN, RN, NE-BC and Nora Warshawsky, PhD, RN, CNE

ABSTRACT

Background: Baptist Healthcare System created a new strategic plan built on five priorities that will position Baptist Health System to respond to the Affordable Care Act’s (2010) demand for expanded access to services, improved health outcomes, and reduced healthcare costs. This requires a new emphasis on population health and intervening at the societal level. Achieving these outcomes requires new competencies for healthcare leaders from the bedside to boardroom. Baptist Health Lexington has had a longstanding leadership development program, namely the Evolving Leaders Program (Hill, 2003). With the radical transformation demanded by changes in the healthcare environment, it was necessary to evaluate the program.

Purpose: The purpose of this presentation is to describe the self-assessed competencies for leaders at the bedside, unit level, and department level.

Design: This descriptive study used an electronic survey was administered using Qualtrics© (Salt Lake City, UT). Recruitment emails were sent to 393 frontline, unit leaders, and departmental leaders. The survey period was March 17, 2016 to April 17, 2016.

Sample: Data from 93 participants were retained for analysis. The sample included 41% Nursing and 57% Non-Nursing leaders with an average of 12.73 (SD=8.79) years experience.

Measurement: A total of 50 competencies were identified from AONE Executive Leader competencies (AONE, 2016) to support each of the strategic goals. The survey was reviewed by a panel of six experts. Participants were asked to score each competency for their degree of experience with the competency (None, Some Experience, Very Experienced).

Results: Frequency distributions were used to describe the degree of experience for each competency. Participants reported greatest experience with competencies related to valuing the people and culture and improving the patient experience. Competencies with greatest need for development were those introduced to respond to the ACA such as serving the community and population health.

Implication and Findings: Evolving Leaders Program can support the new strategic plan by increasing attention to competencies related to healthcare finance, economics, and delivery models. Additional competencies to develop included evidence-based practice, risk taking, innovation, and use of reflective practice. Mentoring and active learning strategies are recommended for program delivery.

References


Academic-Practice Collaboration: Extending Research into the Community

Tina Volz, PhD, RN

ABSTRACT

The Research Collaborative was founded in 2006 as a partnership between the local chapter of Sigma Theta Tau International (STTI) Nursing Honor Society, a local hospital, university, and health department. The purpose of the research collaborative is to positively impact healthcare outcomes within the region through implementation of community driven interventions based on evidence-based research methods, quality improvement initiatives, and application of best practices. A major focus is to increase the interest of research and nursing professionals among nurses within the region with the research collaborative has expanded and now provides structured workshops, seminars, and professional meetings to promote and supports the utilization and application of research by nurses.

Nursing Research Conferences were started in 2006. Initially, the research conferences were used to educate staff on designing research proposals, designing posters, and how to write for publication. The research conferences are now...
Academic Support Strategies for MedVet - BSN Students

Darlene Welsh, PhD, MSN, RN

Objective: The purpose of this mixed-methods study was to identify student learning needs and develop appropriate strategies to enhance student success.

Background: In 2013, over 75,000 enlisted military personnel worked in collaboration with nurses and physicians to provide patient care services (US Department of Labor, Bureau of Labor Statistics, 2013). Included in this group are soldier medics, who provide emergency medical treatments to troops in the field and more routine care for soldiers and their families at home. Emergency medical training and military leadership skills provide the military medic with a strong foundation for attaining a nursing degree.

MedVet: A grant from the Health Resources and Services Administration (HRSA) funded the development of a 5 semester MedVet Option in our baccalaureate nursing program for soldiers with military medic training. One goal of the Option is to assemble a network of support to promote academic success among members of this student group. The first two cohorts in the MedVet Option (N=5) participated in focus group sessions to determine their learning needs. A review of focus group comments and consideration of other educational variables resulted in the creation of specific learning resources for the MedVet students. In addition to longstanding resources for academic enhancement, faculty developed MedVet specific activities such as Study Buddy Hour, the MedVet Boot Camp, Peer Tutors Initiative, scientific writing modules, and exam preparation modules to promote student success.

Results: Qualitative comments from focus group discussions and information about student use and ratings of these academic supports will be presented.

Significance: Student veterans often have unique needs when their prerequisite collegiate education has occurred in the remote past. The delivery and evaluation of academic support strategies will likely enhance the matriculation of this student population into the health care work force.

Implications: The projected availability of RNs to meet the future health care demands of the public varies by state. Ideally, nursing education for experienced military medics can provide career opportunities for veterans who have served our country while exerting a positive influence on the nursing shortage.

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