Facing Lake Saugahatchee, the hotel offers walking trails and easy access to nearby attractions. There is something for everyone in the family. Football fans will find the close proximity to Auburn University and Jordan-Hare Stadium a touchdown moment. And what trip to the Auburn area is complete without a stop at historic Toomer's Corner? Those of you wanting to get a jump on Christmas shopping have a wide variety of local stores, specialty shops and antique malls to choose from to find that perfectly unique gift. Nature lovers may enjoy Chewacla State Park, and The Louise Kreher Forest Ecology Preserve & Nature Center. Art enthusiasts are close enough to make a quick trip to the Jule Collins Smith Museum of Fine Art and Pebble Hill College of Liberal Arts.

The Grand National offers 3 three courses with 54 holes, scenic views, driving ranges, putting greens and golf lessons. Amenities include, resort-style indoor and outdoor pools with a bar, as well as eight tennis courts, and private balconies sure to provide a view of local wildlife, beautiful sunsets, and panoramic views to calm the soul. For those of you who just don’t want to let go of the outside world, Complimentary Wi-Fi and spacious work desks are also included. Allow extra time before and after Convention to enjoy the area and make this a Family Fall Getaway!

Governor Kay Ivey will be the Awards Celebration Speaker.

Interested in Becoming a Delegate?

Look for information in the Convention News section on page 11.

Online Convention Registration is available at alabamanurses.org.

If you find online registration challenging, feel free to contact the ASNA office at 334-262-8321 or 800-270-2762.
# Year of Advocacy - Inspire, Innovate, and Influence

President’s Message

Hello Alabama Nurses!

Our national affiliate, The American Nurses Association (ANA) has deemed 2018 as the "Year of Advocacy." Advocacy has been defined as an act or process of pleading for, supporting, or recommending a cause or course of action.

Advocacy may be for persons (whether as an individual, group, population, or society) or for an issue, such as potable water or global health. (ANA Code of Ethics, www.ana.org) This is an excellent theme, because that is just what ASNA is about. As the professional organization for all Alabama nurses, we advocate for you. Plus, as an ASNA member you have input into shaping ASNA advocacy efforts! ASNA was started by nurses 105 years ago and has been entirely governed by nurses to this day. Your voice is your vote in the process of decades of nurse advocates participating. Are you a participant?

The ASNA Board held the annual Strategic Planning Summit in February, and we realized that ADVOCACY was not included as one of our pillars for our 2017/2018 Vision! We quickly added Advocacy as the first pillar, because that is one of our main strategies (see image on page 3)! Dr. John Ziegler, ASNA Executive Director, serves as a full-time lobbyist to advocate for our nursing profession and monitor pending legislation that may positively or negatively impact our profession or healthcare delivery. Dr. Ziegler provides legislative updates throughout the legislative session and in monthly posts to ASNA members about issues that need immediate attention.

Did you know that YOU can actually be part of developing or altering policies as they are being created? This is FRONT END ADVOCACY. Unfortunately, we nurses often are the first to see the impact of a good or bad policy at the bedside after it has been instituted. Then we complain and try to make things better, after the “cow is out of the barn!” (BACK END ADVOCACY) as nurses and nurse leaders, we advocate almost daily for our patients, employees, safety practice, quality care, etc. Great! Wouldn’t it be better if you were participating in developing these rules ON THE FRONT END of the process?

A recent example of ASNA’s advocacy efforts, in collaboration with the Nurse Practitioner Alliance of Alabama (NPAA), happened during this legislative session and resulted in the passing of House Bill 68, NPAA introduced this bill into legislation that would authorize NPs to practice within their scope of practice to improve access to services for the patient. Many of you that are reading this may be thinking that as a nurse, political legislation is not for you or you are too busy to get involved, but as nurses we must be involved, even if in a minor capacity, in the process of policy formation and stay informed of the issues impacting healthcare reform and of legislation that may impact our nursing profession. Nurse’s Week has just passed and the ANA theme was ‘Inspire, Innovate, and Influence.’ There are over 95,000 nurses in Alabama, but less than 2,000 are members of ASNA. Just think of the INFLUENCE that your professional nursing organization would have, if all 95,000 nurses were members. There is power in numbers, and the larger the membership of ASNA, the louder our voice becomes when we are advocating for the nursing profession. ASNA would love to hear personal stories from you on advocacy. Please share your story on Twitter using #BedsideAndBeyond or on our ASNA Facebook page.

As you are reading this, many ASNA and nursing events have already taken place this year. ASNA kicked off the year with our annual Board of Director’s retreat in February to review the progress of our strategic plan and generate new strategies for 2018. We updated our resolution list for the remainder of this year. The topics that ASNA will continue to follow and provide information on are as follows:

**2017:**
1. The Opioid Epidemic: How Can Nurses Play a Role in Addressing the Issue?
2. Diversity & Inclusion
3. Domestic Violence
4. Mental Health Break the Silence

**2016 Carreer Resolutions:**
1. Banning Electronic Cigarette Advertisements in Public Places and Media
2. Strengthening Volunteer Driver Protections for Non-Profit or Faith Based Organizations
3. The Alabama State Nurses Association Mentorship Program
4. Health Literacy – ASNA will partner with the Alabama Health Action Coalition (AL-HAC) on this resolution

If there are other topics that you would like for ASNA to advocate for or raise awareness on, please contact your local ASNA District President. This information can be found on our website at www.alabamanurses.org. The annual “Nurses Day at the Capitol” was held February 28, 2018, with the largest number of nurses and nursing student participants ever. There were over 750 in attendance! The Capitol lawn was covered with nurses and future nurses! It was an exciting and energetic event. Continuing Education topics included:

“Social Media and Nursing Practice,” “Transitions from Student to Practicing Nurse,” “Mental Health Access to Care,” “Building the Presence and Advocacy in the Workplace.” Following the C.E. events, nurses gathered on the Capitol steps for the Legislative Rally with a representation of ASNA members who included Representative April Weaver, Laura Hall and Tom Whatley. Other speakers included Carl Henderson, Student Representative, Peggy Benson, Executive Officer of the Alabama Board of Nursing, Michael Humber, Alabama Association of Nurse Anesthetists, and me. Tedra Smith, Chair of the Alabama Coalition of Nursing Organizations served as the EMCEE for the event. If you missed it, we hope to see you there next year.

During the month of March, ASNA sponsored the Alabama Association of Nursing Students (AANS) annual Leadership Conference that was held at the University of Alabama in Huntsville. Speakers for the event included ASNA’s previous president, Mr. Brian Buchman, and me. Jeanette Arkin, Student Liaison, also spoke to students about the importance of joining ASNA after graduation and gathered ideas on how ASNA could better support our future nurses in this transition into the profession.

ASNA participated in the 1st Annual Women Veterans Health Expo that was held at Samford University in Birmingham, Alabama on March 15, 2018. Dr. Kanini Rodney, MPH, MBA, MD, FACP, Women’s Health Medical Director and Amy Southern, RN, MSN, Women’s Health Program Manager from the Birmingham VA Medical Center coordinated the huge initiative in conjunction with the Alabama Departments of Mental Health and Public Health. This was an excellent event with approximately 170 participants from the local community including professionals and women Veterans themselves. Program speakers and panelists shared experiences, offered insight and engaged participants in dialogue.
about the challenges/issues that are unique to our women Veterans and the services that are available to help them with re-integration, violence, suicide prevention, chronic pain and stress management. ASNA was proud to be in attendance and support this admirable event.

ASNA spent several months in preparation for the annual C.E. event, FACES’18, with over 400 nurses and nursing student participants from across the state. There were robust speakers, presentations, and posters. A special “Thank You” to our Plenary Speakers: Dr. Arlene Morris, past ASNA President, Anne Gibbons, JD, and Lynn Beshear, RN, Alabama Department of Mental Health Commissioner. The 2018 Leadership Academy participants held their first meeting and planning session during FACES’18. This year there are 17 participants from all over the state of Alabama enrolled in the ASNA Leadership Academy. I had the pleasure of listening to their project ideas, and I was so impressed with their concepts. I feel privileged to serve as a mentor for one of the participants. Thank you to all ASNA members that are serving as mentors, to Dr. Ellen Buckner, Founder of the Leadership Academy, and to the dedicated nurses that assist with the curriculum, coordination and planning. If you are an ASNA member, please consider participation in the 2019 Leadership Academy to inspire, innovate, and influence change in your workplace or community. It is a wonderful opportunity for networking, learning, and collaborating with other nurses and nurse leaders across the state.

ASNA participated in various Nurses Week events across the state, some of which included the Birmingham VA Medical Center, UAB Hospital, UAB Highlands, Huntsville Hospital, Baptist South, UAB Nurses Night Out and many more. If you have pictures from your local Nurses Week, please share them with us on Twitter using #ASNALovesNurses on our ASNA Facebook page. We would love to see how you celebrated Nurses Week. ASNA celebrates all nurses! Thank you for what you do!

The state of Alabama will be represented at the annual American Nurses Association Membership Assembly June 22-23, 2018 in Washington D.C. We are looking forward to meeting with all of the state Representatives during Lobby Day on Capitol Hill, June 21, 2018. ASNA is the voice for your profession, so if there are ideas or issues that you would like for us to address, please message us on Facebook. We want to hear from you!

We hope that you will join us for our annual ASNA Convention October 4-6, 2018. ASNA is well underway with preparing for this huge event. The activities will be held at the Marriott in Opelika, AL. There will be fun activities, networking, music, awards ceremony, and much more. There will be opportunities for poster submissions and a call for abstracts. This is a wonderful opportunity for you to share your projects, success stories, or research! Please check out our website for more information and updates. Be there to inspire, innovate, and influence …and be an advocate for your profession!

Finally, I would like to take a moment to reflect on the tragic shooting that occurred at UAB Highlands in March taking the life of a longtime nursing supervisor, Nancy Swift. Tim Isley, Supervisor in surgical instruments sterilization was also critically wounded in the shooting. ASNA extends condolences to the families, staff, and medical community impacted by this tragedy.

**President’s Message continued from page 2**

Lobby Day on Capitol Hill, June 21, 2018. ASNA is the voice for your profession, so if there are ideas or issues that you would like for us to address, please message us on Facebook. We want to hear from you!

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- **Practical Nursing Diploma**
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When you think it’s not possible, Herzing will show that it is possible.

— Horzina Holmes, Nursing

**Excellent Nurse Opportunity!**

The Alabama Department of Public Health is now hiring for the position of:

**LICENSURE AND CERTIFICATION SURVEYOR – classification number 40726, nurse option.**

This involves professional work surveying health care providers to determine compliance with state and federal regulations. To qualify you must have a Bachelor Degree in Nursing and two years of direct patient care nursing experience OR an Associate degree in Nursing or diploma in Nursing and five years of direct patient care nursing experience.

This position offers competitive compensation, generous paid time off and excellent benefits. Extensive overnight travel is required. For more information and to apply please go to:

http://www.adph.org/employment/index.asp?id=474


If you have questions please contact Diane Mann at diane.mann@adph.state.al.us.
Summer is a Great Time to be a Nurse

JOHN C. ZIEGLER
MA. D. MIN
ASNA Executive Director

What is your passion away from work? What do you do to relax? For most people, summer presents more opportunities to chill out! A recurring theme in professional seminars, conferences and nurse gatherings is “take care of yourself.” That is a central theme promoted by ASNA as well. This is no accident. The majority of nurses are stressed to the max. In fact, a recent national survey revealed that a disturbing percentage of nurses (more than 60%) would choose another profession…if they had to do it over again! A follow-up survey indicated that this dissatisfaction was not profession specific…but workplace specific. In other words, nurses were happy with their profession – but not so much with issues related to their workplace environment. File those workplace issues on top of our 2018 fast-paced culture and bam…stress.

I am often asked, what does the staff do at the Alabama State Nurses Association? It seems like we get past one event or large project and before you know it, we’re facing another. People say that is the nature of a non-profit event or large project and before you know it, we’re facing issues on top of our 2018 fast pace culture and bam…stress.

Are You a Downer?

GREGORY HOWARD
LPN

What is meant by a downer…Someone dis-spiriting or depressing. “Someone who brings the mood down.”

In a time when customer service is so important to our profession, are you doing your part to hold up the banner?

Whether you realize it or not, we all can, and will, react to negative episodes in our lives in the work place. It is up to us, not to be a victim to what happens negatively at home or in the work place. It is up to us to not let the negative situation affect our customer service.

If you have a disagreement with someone in your personal life…

Legal Corner

DON EDDINS
JD

Estate planning is important, since we never know what the future holds. At a minimum, the estate plan should include a will, a durable power of attorney and an advance directive for health care, which includes a living will. A will, or “last will and testament,” allows an individual to decide the disposition of his estate, rather than the government. The maker of the will, also known as a “testator,” can determine how his property is divided after death, rather than having a probate court divide belongings under a division plan established in the law. Ultimately, the probate court might divide the property same as the testator (perhaps equally among all children) but someone would have to ask the court to be named administrator. But in order to divide the property, that person would have to post bond, which can cost hundreds or even thousands of dollars, depending upon the size of the estate. A will can include a clause excusing the posting of a bond.

In my opinion, equally important even to a will is a power of attorney (POA), to be used if the maker of the document becomes incapacitated. If you are in an accident or for some other reason become unable to tend to your affairs, the person you have designated for power of attorney is able to go to the bank and Social Security Administration or wherever needed and sign for you. If you don’t have such a document and become incapacitated, someone would have to go to court to obtain the authority. A word of caution on a POA – don’t give it to someone you don’t trust fully. As the old saying goes, don’t send a hungry man for your sandwich because he will eat it on the way back. Entrust with your POA only a person who would act in your best interest.

Alabama has a very good law on advance directives for health care. Basically such documents include two parts. One is a living will that allows the individual to decide whether he/she wishes to be connected to life-sustaining devices in case of terminal illness. The second part allows you as the maker of the living will to select your health care proxy to make decisions about treatment when you are unable to do so or to ensure that your wishes of no treatment are carried out.

Whether a person chooses to adopt a living will is very much a personal decision. As an attorney, I do not encourage or discourage it. My wife and I have a living will because we do not want to put the burden upon our children of deciding whether to disconnect life sustaining devices. Under the law, only those persons deemed incapable of being cured of a terminal illness and incapable of regaining consciousness would be disconnected from life sustaining devices. The prognosis must be made by two doctors, including the individual’s personal physician. In addition, even if life-sustaining measures were discontinued, the terminally ill individual would be given comfort medications.

You may make a living will without naming a health care proxy. However, the selection of a health care proxy, in writing, gives health care professionals someone to consult with on critical issues related to your treatment, if you are incapacitated.

In today’s society, estate planning is essential to avoid taxes and ensure that our preferences are met. It is something that none of us want to take the time to do, but is nonetheless very important. Your legal professional can help.
The mission of the Alabama Nurses Foundation is to increase public knowledge about the nursing profession and help nurses grow in advancing their education. Most nurses think about the foundation only in terms of academic scholarships and yes we did award a number of academic scholarships at FACES on April 17, 2018. However, in this issue we would like to focus on the Community Grants. At least four Community Grants are awarded each year for community-based projects. Past recipients have been involved in environmental issues in the Uniontown and nutritional issues in northern Alabama. We are seeking more grant recipients.

Alabama Nurses Foundation

Community Grants Application

Purpose
The purpose of the Alabama Nurses Foundation Community Grants is to help Alabama nurses working in the community settings to contribute to the health and welfare of the Alabama Citizens. Grant recipients are encouraged to participate in community-based projects that can impact a positive change in a current health issue.

Application Deadline and Award
The Alabama Nurses Foundation will award the Community Grants on an ongoing basis throughout the year. Up to four different grants will be awarded each fiscal year. Each Community Grant is awarded for $500. Funds may not be used for influencing legislation or to lobby government officials.

Eligibility Criteria
1. Must address a current Alabama health issue.
2. At least one grantee must be a current ASNA member.
3. Preferable to leverage resources with other community organizations and/or other 501c3 agencies.
4. Funds may not be earmarked to complete academic work.
5. Priority will be given for projects that support the ASNA Strategic Plan and/or resolutions adopted by the ASNA House of Delegates.
6. The project may be based in either a nurse’s work or volunteer setting.

For more information:
Charlene Roberson, MEd, RN-BC
Director of Leadership Services, ASNA
360 North Hull St.
Montgomery, AL 36104
Ph: 334-262-8321
Fx: 334-262-8578
charlenerasna@alabamanurses.org

Proceeds from tag purchases and renewals provide scholarships for Alabama nurses through the Alabama Nurses Foundation.

To access electronic copies of the Alabama Nurse, please visit http://www.nursingald.com/publications
Alabama Nurses Foundation Scholarship Recipients

Courtney Morgan Cox, Auburn University
My goals are to complete the dual MSN program as a Nurse Educator and Nurse Practitioner and work in a rural community as a FNP and finally complete a PhD program in nursing to be a tenured-track university professor and concurrently working as a nurse practitioner.

Emily Markwell, University of Alabama in Birmingham
My goals are to graduate from the Neonatal Nurse Practitioner and become involved with the local nurse practitioner association. And in long run help establish a follow-up clinic for the Huntsville Hospital NICU as the closest follow up clinic is 90 minutes away.

Emma Nichols, University of South Alabama
My goals are to pass NCLEX on the first try and work for a few years to determine which area of nursing to specialize in for becoming a Nurse Practitioner.

Jeffery Wade Forehand, University of Alabama
My goals are multiple - the continued pursuit of lifelong learning, continued leader and supporter of District 5, and use of mobile learning (M-learning) in nursing. The long term goal is to provide Alabama and the Southeast with highly educated nurse leaders.

Tracie Collins Hughey, Auburn University
My goals are to remain with Air Methods as a master prepared nurse educator and to become certified CAMTS Certification for North Flight Air Medical in Tuscaloosa. In addition become a Certified Flight Registered Nurse (CFRN) and certified in critical care (CCRN) and work as adjunct faculty in local colleges and universities.

Frederic Jay Prosser, University of North Alabama
My goals include maximizing my leadership potential as a clinical coordinator in the Intensive Care Unit. My goal is to educate, train and mentor the next generation of nurses. I will focus on unit based education. In addition I want to be a fierce advocate for the profession of nursing.

Holly J. Fowler, University of North Alabama
My goal after graduation with a 4.0 GPA is to become a Certified Diabetic Educator (CDE). This will be followed by obtaining a PhD in Nursing and ultimately teaching in an academic institution. Leaders and educators have complementary roles and by being a positive role model for peers and the community at large will contribute to expand the discipline.

Tyler Sturdivant, University of Alabama in Huntsville
My goals are to complete the DNP degree and continue to grow membership in the Alabama Association of Clinical Nurse Specialists. The long term goal is to growth in faculty role and obtain a leadership position at the University of South Alabama College of Nursing.

Rachel Duncan Wells, University of Alabama in Birmingham
My goals include to successfully defend my dissertation, publish 3-dissertation related manuscripts, graduate in the summer 2019 with a 4.0 GPA. And after graduation I hope to obtain a post-doctoral fellowship to expand my knowledge of adaptive intervention design and methodology while developing adaptive palliative care intervention for advanced heart failure patients.

Samantha Fetner Baggett, Auburn University
My goals since being accepted into the first cohort of Auburn DNP program in the summer of 2018 is to continue to practice as a nurse practitioner in rural Alabama. I dream one day to be part of the Auburn faculty to give back to the future of nursing like so many faculty and staff have done for me.
Leadership Academy 2018

The ASNA Leadership Academy cultivates nurse leaders to ➤ Motivate ➤ Inspire ➤ Create ➤ Influence ➤ Lead

A LEADERSHIP ACADEMY PROJECT EXAMPLE

Establishing the Alabama Association of Clinical Nurse Specialists

T y l e r  S t u r d i v a n t
MSN, RN, AGCSN-BC, SCRN
2017 ASNA Leadership Academy Participant

In Alabama, the clinical nurse specialist (CNS) faces many challenges related to practice authority and role clarity. Although title protected, the CNS has no true advanced-practice privileges in the state with no option to gain prescriptive authority independently or with a collaborating physician. At the start of my Leadership Academy project, there was no state-wide CNS organization in Alabama, making the CNS the only recognized advanced-practice nurse without a representing professional organization. To make matters worse, only one CNS educational program remains in the state, with programs closing at an alarming rate nationwide. These closings, limited practice, and lack of a professional organization in Alabama has led to underutilization and lack of recognition of the CNS role. Please refer to the featured article in this edition for further information on the CNS role in Alabama.

To address the need for a professional voice in Alabama, I collaborated with the CNS program coordinator at the University of South Alabama, Dr. Chondra Butler, to gain assistance and insight on forming a state-wide organization for the CNS. To assess interest in forming the organization, interest letters were sent to all licensed CNs in the state with responses collected via an organizational email address. With overwhelming support, an initial virtual meeting was held with 23 CNS participants from around the state. Ideas were exchanged in this initial meeting where the Bylaw and Finance committees were formed with chairs appointed. At the next virtual meeting, the Bylaws were approved with the proposed organizational dues. Also in this meeting, officers of the organization were elected with a detailed discussion on the mission of the organization. On August 31, 2017, the Alabama Association of Clinical Nurse Specialists (AACNS) was created! AACNS aims to serve as a local and national networking hub for the CNS while promoting, clarifying, and establishing a professional voice for the role. All current, retired, or student CNs are invited to join. National certification is not required for membership. For a membership application, email aacns2017@gmail.com. You can also like us on Facebook @AlabamaAssociationofCNs.

To date, AACNS has held two virtual meetings since creation with plans to have a face-to-face meeting in Montgomery in the Fall. There are currently 15 paid members around the state with a state-wide membership drive in action now. The creation of AACNS has been presented nationally at the annual National Association of Clinical Nurse Specialists Conference with an affiliation agreement with the national organization pending. Members of the AACNS Board of Directors were appointed to the Alabama Board of Nursing’s CNS Taskforce to help communicate the role around the state and to impact legislation that will improve practice authority for the CNS in Alabama. With future increased membership, AACNS will take the lead in promoting the role of the CNS in Alabama and nationwide.

L.A. Sponsors

Huntsville Hospital

Leadership Academy Class of 2018:
Row 1 - L to R: Barbara Neill, Tara Eslick, Sasha Harris, Cynthia Dale, Thutrang Nguyen, Cynthia Cleveland
Row 2 – L to R: Linda Gibson-Young, Christina Baughn, Christy Palmer, Andrew Haiflich, Jennifer Humphries
Row 3 – L to R: Cynthia Ward, Frederick Richardson, Particia “Morgan” Webb, Shericia Hardy

Leadership Academy Class of 2018 and Mentors

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The clinical nurse specialist (CNS) is an advanced practice registered nurse (APRN) whose role is not confined to a particular specialty area or practice setting. CNSs are self-directed, independent practitioners who work collaboratively with other health care professionals to provide comprehensive care to patients and families. They are experts in their field and can provide care in a variety of settings, including hospitals, clinics, long-term care facilities, and community health centers.

CNSs have the ability to prescribe medications and other treatments, depending on the state in which they practice. They are trained to diagnose and treat patients with complex health conditions and can provide consultation and support to other health care providers. CNSs are also involved in research and education, and they often work with patients to develop individualized treatment plans.

In addition to their direct patient care responsibilities, CNSs are also involved in the development and implementation of evidence-based practices and policies. They work to improve the quality of care and reduce the cost of health care delivery. CNSs are champions of patient safety and advocates for evidence-based practice.

CNSs are integral members of the health care team, working collaboratively with other providers to ensure the highest quality of care for patients. Their role is critical in improving patient outcomes and advancing the field of nursing.
Technology Connects Alabama Students to Achieve Success in Organizational Project

Dr. Norma Cuellar, The University of Alabama, Capstone College of Nursing

Dr. Cuellar is a distinguished member of the nursing community at The University of Alabama’s Capstone College of Nursing. She chairs The CCN Committee on Inclusiveness, which strives to make the college a welcoming and inclusive environment for all students, faculty, and staff. Dr. Cuellar is a nationally recognized speaker, scholar, and nurse professional largely due to her work with NAHN, her program of research with the Bama-L Project, and her dedication to the promotion of cultural diversity and inclusion.

Lisa Bentley, Northport Medical Center

Lisa is a great asset to our NICU. She is a great leader and mentor to the nurses. She is always willing to help and has a positive attitude that shows in how she presents herself.

Dr. Shirna Gullo, Oakwood University

Dr. Shirna Gullo is the Director of Healthy Campus 20/20. She has revitalized the concept of healthy living by promoting and educating students at Oakwood University and the community on the best practices on healthy living by maintaining a healthy mind and body. Dr. Gullo is an organizational leader who thrives on sharing information with the community and OU.

Healthy Campus 2020 (HC2020) is Oakwood University’s organized initiative to empower students to make healthy choices. This program is a response to the problem of preventable diseases, which affect our students. Healthy Campus 2020 will help to educate the campus regarding healthy lifestyle decisions utilizing the eight laws of health in order to foster a holistic approach to a healthy mind, body, and soul. The goal of Healthy Campus 2020 is to make Oakwood University the healthiest campus in America.

Campus 2020 is to make Oakwood University the healthiest campus in America.

Dr. Gullo uses time and resources to ensure that every student is successful. Recently, the former ITT Technical Institute students discovered they will be eligible to take the NCLEX. Shirna collaborated with healthcare professionals to develop a team to help the students prepare for the NCLEX. She deserves to be recognized for her unselfish and dedication to the nursing profession.

ASNA District 4 Nominations

- Dr. Tracie J. Lefkon
- Mrs. Suzanne McGill
- Dr. Margaret Moore-Nadler
- Mrs. Lolethia Reeves
- Mr. Timothy Wiggins
- Mrs. Bobbie Wilson

For more information go to alabamanurses.org and click on your district and "Nominate Someone."
Awards Criteria & Procedure

1. Lillian B. Smith Award
Lillian B. Smith was the Executive Director of the Alabama State Nurses Association from 1940-1968. She always gave above and beyond the call of duty for nurses and the profession in Alabama. She was recognized and respected for her commitment to improving health care in Alabama by other healthcare providers.
To be awarded to a member who has demonstrated long-term commitment to ASNA and the nursing profession. This commitment demonstrates activities above and beyond usual responsibilities at the local level.
A. Evidence of long-term commitment to ASNA:
• Years of membership
• ASNA activities
• District, county, and/or state-level activities
B. Other professional activities
C. Community involvement
D. Other supporting documentation and comments

2. D.O. McClusky Award
D.O. McClusky was the Administrator of Dudley City Hospital from 1946-1976. Mr. McClusky was always a leader in assuring that nurses had good working conditions. He believed if nurses had good working conditions, they could give better nursing care. He was also very supportive of the Alabama State Nurses Association.
To be awarded to a healthcare administrator who has demonstrated outstanding support of nurses and the profession. ASNA membership is not required.
A. Evidence that the nominee is the chief executive officer, chief nursing officer, or other administrator of the healthcare agency
B. Evidence of involvement with or on behalf of nursing
C. Evidence of involvement with or for:
• Specific hospital or agency
• Local nursing organization
• State nursing organization
• Nursing or healthcare in general
D. Other supporting documentation and comments

3. Outstanding Non-Member Award
To be awarded to a person who is not a member of ASNA but has demonstrated significant contributions to and/or support of nursing, healthcare, and/or ASNA during the past year.
A. Evidence of involvement with or on behalf of nursing and/or healthcare:
• Specific hospital or agency
B. Other supporting documentation and comments

4. Outstanding New Member Award
To be awarded to a new member, defined as a person who has been an ASNA member for two years or less.
A. Evidence of significant contributions to ASNA, district, and county
B. Other supporting documentation and comments

5. Lillian Holland Harvey Award
Lillian Holland Harvey was a dynamic professional who promoted transcultural relations by leading all of nursing forward. She started the first baccalaureate school of nursing in Alabama.
To be awarded to an ASNA member who has made significant contributions in one or more of the following areas: fostering transcultural relations, promoting advancement of minority groups, and upgrading healthcare services to those who are culturally and economically underserved.
A. Evidence of contributions to:
• Fostering transcultural relations
• Promoting advancement of minority groups
• Upgrading healthcare services to those who are culturally and economically underserved
B. Other supporting documentation and comments

6. Louise Barksdale Outstanding Nursing Practice Award
Louise Barksdale gave her entire nursing career being a staff nurse. She not only committed her vast energies to her patients and community, but also to her professional association, being active on the local, state, and national level.
To be awarded to an ASNA member who:
A. Assists patients in functioning at and maintaining optimum levels of health and activities as persons, members of families, and members of their communities through application of nursing knowledge
B. Demonstrates excellence in nursing and contributes to improving the quality of care
C. Evidence of contributions to ASNA, county, district, and/or state and to the community
D. Other supporting documentation and comments

7. Health Policy Award
To be awarded to an active party in the legislature or in an organization that promotes health policy in Alabama. ASNA membership is not required.
A. Evidence of involvement with or on behalf of nursing and/or healthcare in general
B. Other supporting documentation and comments

8. Cindajo Overton Outstanding Nurse Educator Award
Cindajo Overton made a tremendous contribution to nursing education. Her career consisted of 10 years of bedside nursing and 26 years of nursing instruction at Wallace Community College. Cindajo chose nursing education as she believed this was the best way to have the greatest impact on nursing. Cindajo was a member of ASNA for 38 years and was active at the local, state, and national level.
To be awarded to an ASNA member who is an outstanding nurse educator in an academic or service setting:
A. Evidence of excellence in teaching or service
B. Advances the science of nursing through clarifying, refining, and/or expanding the knowledge base of nursing
C. Promotes a theory base for nursing curricula
D. Influences scholarly development in nursing education and/or research

9. Outstanding Nursing Administrator Award – Academe or Service
To be awarded to an ASNA member who has been employed in administration of a healthcare organization or school/college of nursing and demonstrates outstanding performance.
A. Demonstrates and encourages excellence in teaching and nursing care delivery
B. Advances the science of nursing through clarifying, refining, and/or expanding the knowledge base of nursing
C. Promotes a theory base for nursing practice and/or curricula
D. Supports the professional development of faculty/staff
E. Professional and community involvement
F. Provides innovative leadership to fulfill the mission of the organization
G. Other supporting documentation and comments

10. Outstanding Retired Nurse Award
To be awarded to an ASNA member who is retired from employment as a nurse and has made significant contributions to nursing and healthcare following retirement.
A. Evidence of:
• Contributions to nursing and ASNA
• Contributions to politics in relationship to nursing
• Community involvement
B. Other supporting documentation and comments

11. Outstanding Healthcare Organization Award
To be awarded to an organization that provides extraordinary direct healthcare to patients:
A. Recognized for provision of quality care to patients
B. Promotes a positive image of nursing
C. Provides desirable working conditions for nurses
D. Promotes ethical and professional nursing practice
E. Recognizes nurses for their contributions to the organization and quality of patient care
F. Community involvement
G. Other supporting documentation and comments

12. Outstanding Advocate of the Year Award
To be awarded to an individual who actively supports ASNA and is directly involved in promoting nursing and healthcare issues in Alabama.
A. Evidence of involvement with or on behalf of nursing and/or healthcare
B. Other supporting documentation or comments

13. Charlene Roberson Mentorship Award
Charlene Roberson has been involved in ASNA since 1985 and currently serves as the Director of Leadership Services. Charlene possesses expert knowledge on all things ASNA, and has touched the lives of all ASNA’s membership through advertisement, questioning, fellowship, and mentorship.
To be awarded to a registered nurse who has demonstrated attributes of mentorship. ASNA membership is required.
A. Encourages peers in their practice of professional nursing
B. Acts as a role model to other healthcare professionals
C. Innovative in assisting and encouraging student nurses in professional development

ASNA’S 2018 ANNUAL CONVENTION
NURSES: CAREING FOR OTHERS, CAREING FOR SELF
October 4-6, 2018 | Grand National Hotel and Conference Center, Opelika, Alabama
Contact your District President

All Delegates are elected by the district. Being a Delegate can be an exciting experience but one that also has some inherent responsibility. As you may know, the House of Delegates (HOD) is the governing and official voting body of the Alabama State Nurses Association (ASNA). The House meets annually. Members of the HOD have a crucial role in providing direction and support of the work of the Alabama State Nurses Association. Delegates are elected to the HOD to work for the betterment of ASNA and the nursing profession. Each delegate is expected to study the issues thoroughly, attend each session of the HOD (including the Open Forums), and engage in active listening and debate. Also, delegates are encouraged to use the extensive resources and collective knowledge available at each meeting to provide direction and support for the work of the organization. Such a commitment benefits the individual delegate, the association, and the nursing profession.

If a delegate is unable to attend the House of Delegates, the district president must be notified at once. When alternate delegates are substituted for delegates, it is the responsibility of the District President to notify ASNA of the change immediately.

All Delegate information will be located on the website (www.alabamanurses.org) under the District tab and that tab will be labeled Delegates. Delegates should discuss potential issues with District members before the convention. An example would be resolutions.

Important information for ASNA Delegate Registration

- Delegates are encouraged to register for the convention in advance in order to expedite the on-site credentialing process and to receive a lower registration fee.
- A block of rooms has been reserved at the Auburn Marriott Opelika Hotel & Conference Center at Grand National. NOTE: the cutoff date for the reduced conference registration fee and hotel discount will be September 13, 2018. ASNA has blocked a certain amount of rooms for this convention. Please consider that off-site hotel registration of delegates causes a financial hardship to the organization if the room block is not met.
- To ensure eligibility for the credentialing process, delegates are required to present their current ANA membership card and one picture ID at the Delegate Registration desk. If you do not have a current membership card please contact April Bishop, Programs Coordinator for assistance. Each delegate will be issued a name badge, a delegate ribbon, and informational materials upon proof of identification. The name badge and delegate ribbon must be worn in order to be admitted to the floor of the House of Delegates.

Please call the ASNA office at 1-800-270-2762 or 334-262-8321 if you have questions or concerns.

ASNA’s Official Call for Resolutions

All You Need To Know

What Is a Resolution?

It is a formal written call to action on a subject of great importance to members of ASNA. In other words this is an action which members would like ASNA to pursue. Resolutions are often the source of action in developing positions on issues affecting nurses, nursing, and the needs of the public. Once the resolution is voted on and passed by the House of Delegates ASNA will try to implement in order to meet the needs of the association. Resolutions may be sent to other organizations, governmental agencies, or other individuals. The resolution process is one of the most important functions of the House of Delegates.

Call for Resolutions

Any ASNA member may research, write, and/or submit a resolution for consideration by the ASNA House of Delegates. Resolutions should be submitted to the Governance Committee through the ASNA office at 360 N. Hull St., Montgomery, AL 36104 by JULY 1, 2018. Only an emergency resolution will be accepted after the designated date, and is contingent on the ASNA President’s approval.

Types of Resolutions

Resolution are classified according to the following:

1. **Substantive Resolution**, which deal with basic principles and policies of ASNA, or issues of statewide or national concerns of nurses as practitioners and citizens.
2. **Courtesy Resolutions**, which give recognition to outstanding persons who have made especially valuable contributions to ASNA or the nursing profession.
3. **Emergency Resolutions**, which have significance for the association and require immediate action.
4. **Commemorative resolutions**, which deal with commemoration of important events or developments in nursing, allied professions, or government.
5. **Emergency Resolutions**, which have significance for the association and require immediate action.

How is a Resolution written?

A resolution has two parts – the “whereas” section and the “resolved” section. The “whereas” section is a series of single item action statements of position by ASNA and is the actions by which the intended result will be obtained.

Nominations and Election of Officers

A. Nominations from the floor of the HOD shall be accomplished according to the current issue of Robert’s Rules of Order.

1. NOMINATIONS
   a. Nominations Committee
   b. Nominations from the Nominations Committee shall be accomplished according to ASNA Bylaws.

2. ELECTION OF OFFICERS
   a. Elections will be by secret ballot.
   b. Only credentialed delegates will be allowed to vote at the ASNA Convention. See ASNA website (alabamanurses.org) under members only section for convention information.

Available Positions on the ASNA Ballot for 2018-2020

- President-Elect/Delegate
- Treasurer
- Commission on Professional Issues (Vote for 4)
- Nominating Committee (Vote for 3) (Districts 1, 2, and 3)

*must be joint member of ASNA/ANA

Look for nomination information and procedures on alabamanurses.org.
Each year ASNA awards a first place recipient for the best scientific-based Poster. The winners are:

**First Place**
Dr. Marsha Cannon – An Exploration of Formal Mentoring Experience of Junior Faculty in Associate Degree Programs

**Honorable Mention**
Dr. Tomeka Mechell Royster – The Impact of a Computer-Based Digital Platform on Health Assessment Skills of Online Master of Science in Nursing

Congratulations to both recipients!
Thank You to Our Sponsors and Exhibitors!

Lunch

More than 50 Poster Presenters
María is a direct-care nurse working on a medical/surgical unit in an acute-care hospital. She recently achieved certification and became a member of a national nursing organization for her specialty, both of which are needed to advance through the clinical ladder at work. However, María isn’t sure why her hospital needed to advance through the clinical ladder at all. They wonder why they should spend what free time they have on an activity that seems so indirectly related to their work, and they fail to see how a professional network can enhance their professional growth or be a wise career investment.

For example, if María’s interested in developing specific skills or advancing her education, she can use her network to identify a mentor for skill development or guidance on educational opportunities. Professional networks are crucially connected to quality patient care. Specifically, healthcare demands evidence-based practice, but nurses across the nation frequently are faced with variations in patient care and deep-rooted sacred cows of practice that are neither evidence-based nor current. Working in silos of individual clinical settings, nurses are left with less-than-optimal patient care and the need to develop evidence-based solutions from scratch. This is where professional networks can promote evidence-based practice through collaboration. For example, as a member of a national organization, María has access to networking with other medical/surgical nurses. Together they can compare and share best practices or research findings from their clinical practice, reducing the need to re-create the wheel individually. The result is consistent evidence-based, high-quality patient care.

For young nurses like María, a strong network can help when looking for new career opportunities. Many positions are never advertised, and workforce recruiters acknowledge that their best referrals come from professionals whose judgment they trust. Today’s healthcare environment is volatile, so building a strong network should be part of a professional insurance policy.

Steps to building a network

Building a professional network can take two paths: a network in your immediate clinical environment or one created through an organization. Both require common steps.

First, establish an understanding of your goals and who can help you achieve them. For María, this could include using her knowledge and experience as a certified medical/surgical nurse to establish a unit-based education program or to take part in a unit-based council to work collectively with other nurses through evidence-based practice and nurse competencies. María also might be interested in tapping into the professional network of her nursing organization she’s joined to seek out up-to-date practice alerts. Regardless of the professional network, after goals are set and the right people are identified, you can interact, share knowledge, and receive plans to help you achieve your goals.

If you don’t have a specific goal in mind, building a professional network might seem daunting or unclear. Start by putting yourself out there in the nursing profession. For María, who may not be able to commit to joining a committee within the nursing organization, she can plan to attend the organization’s annual conference. While there, she can take steps to maximize the networking experience. First, she should think about some conversational topics and introductory questions to use when interacting with other attendees. Depending on María’s professional goals, the topics and questions could revolve around clinical practice, leadership development, or advancing education. In addition, María should be professionally prepared for the conference, including wearing professional attire and taking business cards. She also should plan to attend all social events and interact with the conference vendors, who could be potential future employment opportunities or offer cutting-edge evidence-based products she can share with her clinical colleagues.

The golden rules of networking

Networking opportunities exist everywhere, including online with sites such as Facebook, LinkedIn, and Twitter. Many nursing organizations have Facebook and Twitter accounts that nurses can follow to support networking about clinical practice and professional development. LinkedIn, on the other hand, helps nurses identify mentors and colleagues with similar interests. Regardless of whether you’re networking at a conference, within an organization, or online, you’ll need to follow some rules. (See Expert advice.)

Networking for introverts

If you’re naturally introverted, networking may not come easily. You may even avoid networking events because they’re exhausting and force you outside your comfort zone. However, the benefits of networking are significant. First, you can expand your comfort zone and build new relationships. Second, you can increase your confidence in your professional abilities. Finally, you can improve your communication skills and become a more effective leader. The key is to be proactive and plan your networking activities in advance. This way, you can avoid feeling overwhelmed and instead look forward to the opportunities that networking presents.
Expert advice
Put these best practices from networking experts at Essential Communications into action.

1. Networking is about planting, not hunting. Professional relationships are built over time. Never reach out to network and then abruptly ask for a job.

2. Effective networkers add value to others. When networking, adopt a mindset of abundance not scarcity. Think about what you can do for the other person first. Perhaps you can connect him or her with a colleague or share an interesting article. The best networkers are givers not takers.

3. Build a professional image. Make a positive professional impression by having an up-to-date LinkedIn page, a professional email address and outgoing phone message, and business cards.

4. Be prepared. Networking opportunities can occur in the most unlikely settings. Always carry business cards and be ready to build a relationship.

5. Craft your elevator speech. When you’re asked, “What do you do?” or “What are you looking for,” have a short, coherent answer that easily rolls off your tongue.

6. Be positive. Don’t complain about anything to people you network with – you’re building a relationship, not seeking therapy.

7. Share the airtime. The best way to begin building a relationship is to ask other people about themselves and their careers. Spend as much time listening as you do talking.

8. Follow up consistently. If you’ve been helped by another, send a thank-you note. If you’ve been given some homework, get it done and provide follow-up.

9. Dig your well before you’re thirsty. By the time you need to build relationships, it may be too late; they take time to cultivate. Networking should be an ongoing professional investment.

Source: Essential Communications. essentialcomm.com

comfort zone. The hardest part can be walking through the door into a room. Fortunately, most people would rather talk than listen, so let others do the talking. You can never go wrong asking questions and establishing common ground. (See Get the conversation started.) Chances are that once you start asking questions, the conversation will flow easily. Most nurses like to be asked about their opinions and sought out for advice. You’ll be seen as a great networker because you take the time to listen.

Join the networked world
Over the course of her career, Maria will learn that building a network is one of the most powerful opportunities that membership in a professional association can provide. A good network outside her clinical setting will help her gain access to and act on new information quickly. She’ll also save time and energy by accessing other professionals who’ve overcome some of the same challenges she’s facing. Many young nurses have fast-tracked their careers by getting involved with association committees or running for office.

We live in a networked world, so developing your networking skill set is important to your career success. You never know what new opportunities you’ll encounter or who you’ll meet until you extend your hand, introduce yourself, and start asking questions.

Rose O. Sherman is a professor of nursing and director of the Nursing Leadership Institute at Christine E. Lynn College of Nursing, Florida Atlantic University in Boca Raton. You can read her blog at www.emergengnurseleader.com. Tanya M. Cohn is a nurse scientist at West Kendall Baptist Hospital Nursing and Health Sciences Research in Miami, Florida.

Selected references:
- Henschel T. How to grow your professional network. 2018.

Get the conversation started
Use these questions to jumpstart conversations at networking events.

- How did you get started in your role?
- What are your challenges?
- What significant changes are you seeing in your environment?
- What’s the most innovative thing that’s happening in your organization?
- What do you think will happen with healthcare reform?
- What trends do you see happening in nursing today?
- What advice would you give to an emerging nurse leader?
- How can I help you?
- Who else at this meeting would be helpful for me to speak with?

Dr. Jean Kelley (1930 - 2018)

Dr. Jean Kelley passed away peacefully at her home on April 8, 2018. She was born in Vintondale, Pennsylvania to Mary Kanich and John Jacobs. She graduated as Valedictorian from Harrisville High School (MI) and then earned a Diploma in Nursing from Mercy Central School of Nursing before being called to active duty with the Army Nurse Corps. While serving in the Korean War as a Lieutenant nurse, she met and married the love of her life Clarence Breck Kelley Sr. at Fort Benning, GA. Dr. Kelley was Professor Emeritus at the University of Alabama at Birmingham School of Nursing (UABSON), where she dedicated her entire academic career to the growth and development of nurse leaders. During her tenure with the UABSON she served as Assistant and then Associate Dean for the Graduate Program. Dr. Kelley pioneered the advancement of graduate nursing education throughout the South and the nation and helped found the first doctoral nursing program at UAB, in the Southeast, and one of twelve nationwide. Dr. Kelley was an inductee into the Alabama Healthcare Hall of Fame as well as the Alabama Nursing Hall of Fame and a Fellow in the American Academy of Nursing. Because of her lifelong commitment to nursing education, the University of Alabama Board of Trustees established the Jean A. Kelley Endowed Lectureship at the UABSON in 1989. She received the Distinguished Faculty Award by UAB and the UABSON Distinguished Alumni Award also. In 2010 she was recognized as one of the UAB School of Nursing’s Sixty Visionary Leaders for her dedication to the growth and development of tomorrow’s nurse leaders. Dr. Kelley was preceded in death by her husband Clarence Breck Kelley Sr. and is survived by her daughter Mary Vaughn (Michael); and two sons C. Breck Kelley Jr. (Paula) and Mike Kelley (Pascha); and eight grandchildren Kelly and David Vaughn; Cole (Stephanie); Kimberly and Chase Kelley; Stephen Litchfield, Kristin and Sean Kelley. A Funeral Mass was held Thursday, April 12, 2018 at Our Lady Of the Valley Catholic Church, Monsignor Robling presided. Memorial gifts can be made to UAB School of Nursing Building Fund, 1720 2nd Ave S, NB 1010, Birmingham, Alabama 35294. Gifts will be used to name a special tribute wall for Dr. Kelley in the School’s building expansion, opening in Fall 2018.
Promoting Quality Through Transitions of Care for Older Adults

This scenario includes preventable issues that had been addressed, could have had a positive impact on this client. From this case, it is apparent that Mr. Jones has a complex medical condition that requires continuous care and management. The potential for errors was highlighted in this case. Let’s look at some of the issues involved in these transitions, including some methods to prevent or address them. Clearly, the family members and caregivers struggle to ensure the client’s clear understanding of the trajectory of dementia. There was also a breakdown in communication from home to hospital to SNF regarding the functional status of this elderly man.

Discharge Planning and Transitions of Care

Ideally, discharge planning should begin on the day of admission. Likewise, a patient being discharged from an acute care facility should have had a family present and involved in this stage of care for goals to be developed throughout care with the client and family and an integral part of the process. Consider the following scenario regarding transitions of care: Mr. Jones is an 86-year-old male with a history of mid-stage dementia and hypertension (treated with an antihypertensive). He was employed for decades as a popular math and history teacher, and was involved in his community through his church, school, and other volunteer organizations. Mr. Jones’ lifestyle was limited to church attendance, eating at restaurants with family, and going for drives in the country. He infrequently initiated conversations, but responded to questions and requests, although answers may at times refer to a different situation than the one under discussion. He is usually pleasant and able to provide his self-care if prompted verbally and slowly, and can maintain a calm manner. Occasionally, he verbally recalls his military experiences, including combat episodes. He enjoys attending worship services and listening to music of various genres, including combat episodes. He enjoys attending worship services and listening to music of various genres, including combat episodes. He enjoys attending worship services and listening to music of various genres, including combat episodes. He enjoys attending worship services and listening to music of various genres, including combat episodes. He enjoys attending worship services and listening to music of various genres.

Conclusion

Discharge planning and transitions of care for older adults are complex and multifaceted. Several factors contribute to the challenges faced in this scenario, including the patient’s medical condition, family dynamics, and healthcare system factors. Effective discharge planning and transitions of care require a multidisciplinary approach that involves the patient, family, and healthcare providers. It is essential to address the patient’s functional status, medications, and discharge plans in a comprehensive manner. Effective communication and coordination across care settings are critical to ensure a smooth transition to home care.

References


This has implications for planning across transitions of care. Although nurses possess knowledge, skills, and attitudes that can be used to identify transition of care issues and prevent negative patient outcomes, barriers impact their ability to function as change agents that promote such outcomes.

Safetying
Unsafe staffing ratios potentially impact nurses’ ability to have time to complete the assessment and planning necessary to promote positive outcomes. Nurses working in medical-surgical units in some hospitals are asked to care for up to six to seven patients, including older adults with multiple comorbid conditions. Nurses working in these facilities need to advocate for safer staffing ratios to facilitate better patient care outcomes. The American Nurses Association (ANA) is taking a lead role on this issue. The ANA (2015) collaborated with Avathere, LLC, to develop a white paper, Optimal Nurse Staffing to Improve Quality of Care and Patient Outcomes, to address the growing problem of unsafe staffing and quality of patient care. This paper can be accessed at http://info.nursingworld.org/staffing/

Nursing Process
Promoting better outcomes, such as decreased readmission rates, requires careful planning. Consider a geriatric client with dementia transitioning from care at home to care in the hospital setting for surgery or acute illness, and then to the skilled nursing facility. To plan effective care, the nurse must include detailed assessments and interventions that are unique to older adults. Due to the widespread problem of functional decline for older adults, the nurse needs to assess the client’s current function, as well as the Katz Index of Activity of Daily Living (ADL) (Shelley and Wallace, 2012) mentioned earlier is a tool that can be utilized in hospital and outpatient settings. Additionally, the older, acutely ill adult is at a particular risk for urinary tract and other infections. Specialized assessment tools can address common issues. The Mini-Cog™ (Doerflinger, 2013) or the Confusion Assessment Method (CAM, Inouye et al, 1990) can be used in inpatient, acute care settings to identify clients with delirium. These are important for the intensive care unit. Nurses can make a positive impact on the outcomes for geriatric patients transitioning through various levels of care by routinely using evidence-based assessment and planning tools. Licensed practical nurses can help facilitate the process by helping to collect data and reporting it promptly to the RN.

Nurses do not always empower to complete assessments in basic to lead physical assessment taught in nursing school. However, nurses should encourage family members to be part of the assessment and planning process. This is particularly problematic with urinary tract and other infections. Specialized assessment tools can address common issues. The Mini-Cog™ (Doerflinger, 2013) or the Confusion Assessment Method (CAM, Inouye et al, 1990) can be used in inpatient, acute care settings to identify clients with delirium. These are important for the intensive care unit. Nurses can make a positive impact on the outcomes for geriatric patients transitioning through various levels of care by routinely using evidence-based assessment and planning tools. Licensed practical nurses can help facilitate the process by helping to collect data and reporting it promptly to the RN.

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Clinical Corner

Fast Facts

Original Medicare Persons Served & Payments by Type of Service, Calendar Year 2015

<table>
<thead>
<tr>
<th>Persons Served (In millions)</th>
<th>Program Payments (In billions)</th>
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<tbody>
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<td>Total</td>
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<tr>
<td>Skilled Nursing Facility</td>
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<tr>
<td>Home Health Agency</td>
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<tr>
<td>Home Health Agency</td>
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Total = Parts A and/or B

DME = Durable Medical Equipment

Original Medicare Program Payments (In billions) by Type of Service, Calendar Year 2015

<table>
<thead>
<tr>
<th>Persons Served (In millions)</th>
<th>Program Payments (In billions)</th>
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<tbody>
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<td>Total</td>
<td>36.6</td>
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<tr>
<td>Home Health Agency</td>
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Total Program Payments, $359.9 Billion

Medicare Deductibles, Coinsurance, Premiums

<table>
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<th>CY 2018</th>
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<tbody>
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<tr>
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NOTE: The inpatient hospital deductible applies per benefit period.

Medicare Institutional Providers Calendar Year 2016

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<th>Count</th>
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<td>Skilled Nursing Facilities</td>
<td>15,274</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>277</td>
</tr>
<tr>
<td>Home Health Agencies</td>
<td>11,956</td>
</tr>
<tr>
<td>Skilled Nursing Facilities</td>
<td>15,274</td>
</tr>
<tr>
<td>Labs</td>
<td>254,133</td>
</tr>
<tr>
<td>Outpatient PT/Speech Pathology</td>
<td>2,090</td>
</tr>
<tr>
<td>Rural Health Clinics</td>
<td>4,153</td>
</tr>
<tr>
<td>Federally Qualified Health Centers</td>
<td>7,723</td>
</tr>
<tr>
<td>Ambulatory Surgical Centers</td>
<td>5,529</td>
</tr>
<tr>
<td>Comprehensive Outpatient Rehab Facilities</td>
<td>193</td>
</tr>
<tr>
<td>Hospices</td>
<td>4,473</td>
</tr>
</tbody>
</table>

National Health Expenditures Calendar Year 2016

<table>
<thead>
<tr>
<th>Total</th>
<th>$3,377.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of GDP</td>
<td>17.5%</td>
</tr>
<tr>
<td>Per Capita</td>
<td>$10,348</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>$2,486.8</td>
</tr>
<tr>
<td>Private Health Insurance</td>
<td>$1,123.4</td>
</tr>
<tr>
<td>Medicare</td>
<td>$672.1</td>
</tr>
<tr>
<td>Medicaid (Title XIX)</td>
<td>$560.5</td>
</tr>
<tr>
<td>CHIP (Title XIX &amp; XXI)</td>
<td>$16.9</td>
</tr>
<tr>
<td>Department of Defense</td>
<td>$41.5</td>
</tr>
<tr>
<td>Department of Veterans Affairs</td>
<td>$67.4</td>
</tr>
</tbody>
</table>

Dollars in billions except for Per Capita.

Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Providers by Speciality Calendar Year 2016

<table>
<thead>
<tr>
<th>Specialty Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total DMEPOS Providers</td>
<td>85,297</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>50,077</td>
</tr>
<tr>
<td>Medical Supply Company</td>
<td>10,138</td>
</tr>
<tr>
<td>Optometry</td>
<td>5,485</td>
</tr>
<tr>
<td>Podiatry</td>
<td>5,232</td>
</tr>
<tr>
<td>Individual Certified Prosthetist/Orthotist</td>
<td>2,444</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>1,277</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>1,929</td>
</tr>
<tr>
<td>General Practice</td>
<td>1,395</td>
</tr>
<tr>
<td>All Other DMEPOS Providers</td>
<td>5,351</td>
</tr>
</tbody>
</table>

Medicare Financial Data Fiscal Year 2016

| Total Federal Program Spending ($ in billions) | $1,067.2 |
| Medicare Benefits  | $683.6 |
| Total Medicaid     | $308.3 |
| CHIP               | $14.8 |
| Other Spending     | $0.5 |
| Total Program Payment ($ in millions)          | $6,387.7 |
| Total Appropriation | $4,279.9 |
| Other Sources      | $2,107.8 |
| Total Health Care Fraud & Abuse Control Funding ($ in millions) | $1,959.9 |
| FTE Employment    | 6,238 |

Sources:
- CMS Office of the Actuary
- CMS Office of Enterprise Data & Analytics
- CMS Office of Financial Management

Additional notes:
- *Program Management figures in FY 2015 are preliminary and subject to change.
- *Medicare Benefits, including Health Information Technology Incentive Payments.
Clinical Corner

Medicare Part D Utilization and Expenditures
Calendar Year 2015

| Utilizing Beneficiaries, in millions | 38.9 |
| Prescription Drug Events, in billions | 1.4 |

Total Part D Expenditures, in billions
$89.8

Part D Benefits Payments
$89.8

Part D Administrative Expenses
$0.3

SOURCE: CMS/Office of Enterprise Data & Analysis/Office of the Actuary

Medicaid Beneficiaries and Payments by Selected Type of Service, Fiscal Year 2013

<table>
<thead>
<tr>
<th>Beneficiaries (in millions)</th>
<th>Payments (in billions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Services</td>
<td>48.5</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>8.2</td>
</tr>
<tr>
<td>ICF/ID</td>
<td>0.1</td>
</tr>
<tr>
<td>Nursing Facility</td>
<td>1.4</td>
</tr>
<tr>
<td>Physician</td>
<td>45.2</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>28.0</td>
</tr>
<tr>
<td>Home Health</td>
<td>77.3</td>
</tr>
<tr>
<td>Prescriptions Drugs</td>
<td>10.9</td>
</tr>
<tr>
<td>CADI</td>
<td>--</td>
</tr>
<tr>
<td>Obstetric</td>
<td>16.6</td>
</tr>
<tr>
<td>Personal Care</td>
<td>1.3</td>
</tr>
<tr>
<td>Other Services</td>
<td>--</td>
</tr>
</tbody>
</table>

NOTES: Beneficiaries represent unique individuals at whom both Medicaid payments for the indicated services were made during the fiscal year. Excludes enrollees in separate Title XXI Children’s Health Insurance Programs. Excludes data for Colorado, Idaho, and Rhode Island and contains partid data for Kansas and North Carolina.

SOURCE: CMS/Office of Enterprise Data & Analysis

Medicaid Beneficiaries (in Millions) by Type of Service Fiscal Year 2013

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health</td>
<td>77.3</td>
</tr>
<tr>
<td>Prescriptions</td>
<td>10.9</td>
</tr>
<tr>
<td>CADI</td>
<td>10.9</td>
</tr>
<tr>
<td>Outpatient</td>
<td>28.0</td>
</tr>
<tr>
<td>Inpatient</td>
<td>8.2</td>
</tr>
<tr>
<td>Total Beneficiaries</td>
<td>137.1 million</td>
</tr>
</tbody>
</table>

Total Medicaid Payments, $564.3 billion

Medicare Prepaid Contracts (01/2018)

<table>
<thead>
<tr>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Prepaid Plans (MA and others)</td>
</tr>
<tr>
<td>Total Prescription Drug Plans</td>
</tr>
</tbody>
</table>

SOURCE: CMS/Center for Medicare

Medicare Non-Institutional Providers by Specialty
Calendar Year 2016

<table>
<thead>
<tr>
<th>Specialty Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Providers</td>
<td>1,249,691</td>
</tr>
<tr>
<td>Primary Care</td>
<td>226,310</td>
</tr>
<tr>
<td>Surgical Specialties</td>
<td>109,234</td>
</tr>
<tr>
<td>Medical Specialties</td>
<td>147,866</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>41,732</td>
</tr>
<tr>
<td>Obstetrics/Gynecology</td>
<td>34,889</td>
</tr>
<tr>
<td>Pathology</td>
<td>12,154</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>28,091</td>
</tr>
<tr>
<td>Radiology</td>
<td>37,360</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>46,816</td>
</tr>
<tr>
<td>Non-Physician Practitioners</td>
<td>391,605</td>
</tr>
<tr>
<td>Limited Licensed Practitioners</td>
<td>104,318</td>
</tr>
<tr>
<td>Ambulance Service Supplier</td>
<td>10,234</td>
</tr>
<tr>
<td>All Other Providers</td>
<td>80,815</td>
</tr>
</tbody>
</table>

* Providers utilized by Original Medicare beneficiaries for all Part B non-institutional provider services. Providers may be counted in more than one specialty classification but are reported as a single provider in the “Total Providers” count.

SOURCE: CMS/Office of Enterprise Data & Analysis

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- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too much or too little
- Withdrawing for feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

REMEMBER: Suicide is Preventable
Call the National Suicide Prevention Lifeline 1-800-273-TALK (8255) or suicidepreventionlifeline.org

Provided by the US Department of Health and Human Services
Substance Abuse and Mental Health Services Administration (www.samhsa.gov)

Clinical Corner

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Helpful web-based resources for caring for older adults

- This website has a plethora of information related to aging, chronic conditions, elderly, end-of-life issues: Agency for Healthcare Research and Quality (AHRQ) https://www.ahrq.gov
- Alabama Ageline (Alabama Department of Senior Services) www.alabamaageline.gov
- Alzheimer’s Association https://www.alz.org/
- American Association for Retired People (AARP) Caregiving Guides for Families Providing Care at Home https://www.aarp.org/caregiving/care-guides/at-home/
- American Nurse Credentialing Center Certification www.nursingworld.org/ANCC/
- ***Excellent website with many nursing assessment tools and intervention guidelines: Hartford Institute for Geriatric Nursing (HGIN) Try This: © Series https://consultgeri.org/tools/try-this-series
- John A. Hartford Foundation (JAHF) Patient Priorities for Care www.patientprioritiescare.org
- National Hartford Center of Gerontological Nursing Excellence https://www.nhce.org/
- National Institutes of Health’s Alzheimer’s and Related Dementias https://www.nia.nih.gov/health/alzheimers
- National Institutes of Health’s National Institute on Aging https://www.nia.nih.gov

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Clinical Corner

Medicare

What is Medicare and what does it cover?
Medicare pays for health care for:
• People age 65 years and older
• People under age 65 with receiving Social Security Disability benefits
• People of all ages diagnosed with Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig’s disease) or end-stage renal disease (permanent kidney failure that requires dialysis or a kidney transplant).

Medicare covers medically necessary care for acute care, such as doctor visits, drugs, and hospital stays. Except for the specific circumstances described below, Medicare does not pay for most long-term care services or personal care — such as help with bathing or for supervision (often referred to as custodial care).

When Does Medicare Pay for Long-term Care Services?

Following Hospitalization
Medicare will help pay for a short stay in a skilled nursing facility if you meet all of the following conditions:
• You have had a hospital admission with an inpatient stay of at least three days
• You are admitted to a Medicare-certified nursing facility within 30 days of that inpatient hospital stay
• You need skilled care, such as skilled nursing services, physical therapy, or other types of therapy

If you meet all these conditions, Original Medicare will pay a portion of the costs for up to 100 days for each benefit period as follows:
• For the first 20 days, Medicare pays 100 percent of the cost.
• For days 21 through 100, you pay a daily copayment, which was $164.50 as of November 2017, and Medicare pays any balance.
• Medicare does not pay costs for days you stay in a skilled nursing facility after day 100.

(Medicare Advantage plans must cover the same services, but the cost sharing may vary.)

To treat medical conditions
Medicare pays for the following services when your doctor prescribes them as medically necessary to treat an illness or injury:
• Part-time or intermittent skilled nursing care
• Physical therapy, occupational therapy, and speech-language pathology provided by a Medicare-certified home health agency.
• Medical social services to help cope with the social, psychological, cultural, and medical issues that result from an illness. This may include help accessing services and follow-up care, explaining how to use health care and other resources, and help understanding your disease
• Medical supplies and durable medical equipment such as wheelchairs, hospital beds, oxygen, and walkers. For durable medical equipment, Medicare pays 80 percent of approved amount and you pay 20 percent.

There is no limit on how long you can receive any of these services as long as they remain medically necessary and a doctor reorders them every 60 days. There also is no requirement for your condition to improve, or for improvement to be expected.

To prevent further decline due to medical conditions
In some cases, Medicare also covers ongoing long-term care services to prevent further decline for people with medical conditions that may not improve. This can include conditions like stroke, Parkinson’s disease, ALS, Multiple Sclerosis, or Alzheimer’s disease.

Hospice care
Medicare covers hospice care if you have a terminal illness, are no longer seeking a cure, and you are not expected to live more than six months. With hospice care, Medicare covers drugs to control symptoms of the illness and pain relief, medical and support services from a Medicare-approved hospice provider, limited respite care, and other services that Medicare does not otherwise cover, such as grief counseling. You may receive hospice care in your home, in a nursing home, or in a hospice care facility.

Medicare also pays for some short-term hospital stays and inpatient care for caregiver respite.

Resources for additional Medicare information or help:
• medicare.gov to download or order the Medicare & You 2018 Handbook (PDF)
• 1-800-Medicare (1-800-633-4227) for specific billing and coverage questions
• State Health Insurance Assistance Program (SHIP) for personalized information and assistance, find state contact information at shiptacenter.org

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