Hello, Alabama Nurses!

Sarah Wilkinson-Buchmann, DNP, RN
ASNA President

Hello Alabama Nurses! I am writing my first article as President of ASNA following the adjournment of a fabulous annual convention in Auburn-Opelika! Attendees enjoyed outstanding speakers, CE courses, poster presentations, vendors, and networking with nursing professionals from across the state. ASNA represents all nursing specialties, and all specialties were represented at convention! Don’t worry. If you missed convention this year, next year’s event will be held at beautiful Point Clear, Alabama! You won’t want to miss all the fun, education, and collaboration in resolving issues impacting nursing!

As I stated in my address to the House of Delegates following induction to office, numerous issues that will impact our profession and the future of healthcare are already present or on the horizon. While safe staffing and the nursing shortage continue to require our attention, the mental health and opioid crises will require our creativity as we seek resolution. If the nursing profession wants to have a voice in how these issues are addressed, nurses must let their voices be heard. After all, nurses spend the most time with patients impacted by these and most other issues, so shouldn’t we have a say in how and where care is delivered?

Access to care in rural Alabama continues to plague our state. More and more rural hospitals are closing, and fewer practitioners are practicing in rural Alabama largely due to restrictive practice and incentive. As an organization, ASNA believes that all Alabamians deserve access to healthcare. Therefore, ASNA, along with other nursing organizations, must investigate and pursue avenues to lessen restrictions on nurse practitioners and entice practice in rural areas of the state. For 16 consecutive years nursing has been voted the most trusted profession in the nation, so why can’t nursing in Alabama be trusted to provide basic, evidence-based healthcare in areas of the state where other providers won’t go? I am originally from an area of rural Alabama, so I do understand the challenges faced by so many of our citizens. With fewer facilities dedicated to mental health and substance abuse treatment, nurses at the bedside in our local hospitals must also have the proper resources necessary to care for patients with these and other complex health issues or burnout will continue with more nurses leaving practice. It is incumbent upon nurses to involve themselves in the business of the boardrooms, not just the patients’ rooms. After all, mental health diagnoses, substance abuse, and common physical morbidities affect all Alabamians regardless of locality or socioeconomic status. Nursing can and will make a difference in the future of healthcare, but we have to make that future happen for us, not to us.

Becoming involved in your local district of ASNA is one very important way that you can begin impacting these issues. Collectively, our members can help define scope of practice and the future of healthcare in Alabama and across the nation. We send this paper to all Alabama nurses, but you are NOT an ASNA member unless you join! Isn’t it time that you added your voice to help shape the future of nursing?
My Job, My Workplace, My Profession

John C. Ziegler
MA. D. MIN.
ASNA Executive Director

MY JOB:
Lots of studies out there related to job satisfaction for the major professions. As the largest workforce in healthcare, nurses are the subject of many of these studies. Most nurses, for example, love the part of their job that deals with patient care. It naturally follows that the same people record high levels of frustration over job requirements that “compete” with direct patient care. This is particularly true in the cohort of new nurses (1 to 3 years). In fact, it is one of the main reasons cited for nurses who drop out of the profession. DISILLUSIONMENT. This one word sums it up. The obvious frustration over job requirements that “compete” with direct patient care. It is not your experience, at least to some extent, the workplace may be the problem.

MY WORKPLACE:
Several years ago, in a huge survey of the profession, more than 60% of respondents checked YES for a box that “If you had the chance to reverse time and start over, would you choose a different profession?” Unbelievable! Are you still reading this article? 65% of nurses! The next year the surveyors altered the question slightly. “If you had the chance to reverse time and start over, would you choose a different work setting?” They also asked another question related to the profession. The skewed survey from the year before was corrected. Bottom line, huge percentage were not happy with their workplace. So, the “regret” was not directed at the profession, but at conditions, people, bureaucracy, etc. in the workplace. Apparently, the “grass is not always greener” somewhere else... but workplace dissatisfaction is a huge factor in turnover.

My Profession:
Nursing pros know that the profession has always been in transition. Remember, the science of nursing material” from school? The lamp...no anesthesia... professional nursing recognized...scope of practice and licensing laws enacted...ethics and professional standards codified...advocacy and market demand expanded scope laws...nursing specialties coalesce...and here we are in (almost) 2019! PLEASE STAMP THIS TRUTH ON THE FRONTAL LOBES OF YOUR BRAIN: What you can do as a nurse today...and perhaps take for granted, is possible because of a long chain of advocates who fought for every inch of your scope of practice. Long ago in a room with policy makers, legislators and stakeholders nurse advocates fought for your right to take blood pressure. There was a time...when only a physician could do that. Your profession is worth protecting. Your profession is worth advancing. Technology, costs and many other factors are competing, in a real sense, for pieces of your scope. It is your profession, your workplace and your job. We are stronger together. Join at alabamann.org. Only $15 a month for state and national membership.

Conclusions:
ASNA extends it's deepest sympathy to:
Pat Green, District 2, on the passing of her husband.

• Maintaining integrity in all nursing careers
• Promoting the ethical care and the human dignity of
• Advancing professional competence
• Promoting health parity
• Advocating for nurses
• Unifying nurses
• Becoming more recognizably influential as an
• Promoting cultural diversity
• Promoting health parity
• Modeling professional nursing practices to other
• Adhering to the Code of Ethics for Nurses
• Becoming more recognizably influential as an
• Promoting the ethical care and the human dignity of
every person
• Maintaining integrity in all nursing careers

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How to Make a New Start

Gregory Howard, LPN

First you must rediscover your inner assets. Everything learned is stored away in your mind. It may, and possibly will, take a lot of work to set it free. What you become depends on you.

Positive things depend on you. You must know what you want to get, what you desire. People often hide behind all kinds of inferiorities. We need to get out from behind ourselves, our doubts, and move forward to our goals.

Finding your own motivation is key to getting and finding a sense of purpose. The three things in a nut shell are: Know What You Want, Find Yourself and Get Motivated.

Success, do you know what it is? It is not money or fame. It is the person who has overcome the difficulties of life, risen victoriously over every obstacle, all their fears and hate, that shrivels the soul. Do your best, grab the best of each moment and move ahead.

Forget, Forgive and Live...Forget the past, Forgive Yourself and Others and Live for Today. You must cultivate optimism, which opens the mind to all possibilities.

Tap into your higher power...visualize, talk and listen to your inner being. We all know right from wrong. Remove or walk away from all barriers and believe in miracles. Remember “Cynicism is the guardian of status quo...Organizing is the antidote.”

ASNA/ANA Membership Activation Form

Find your nursing pathway at HERZING UNIVERSITY

OUR NURSING PROGRAMS:

- Post Master’s Family Nurse Practitioner Certificate - ONLINE (In as little as 16 months)
- Master of Science in Nursing - ONLINE
  - Basic Life Support (CPR)
  - Advanced Cardiac Life Support (ACLS)
  - Pediatric Advanced Life Support (PALS)
- RN-BSN - ONLINE (In as little as 12 months)
- Associate of Science in Nursing – RN Prep (24-month program)
- Associate of Science in Nursing – LPN to ASN Bridge (12-month program)
- Practical Nursing Diploma (In as little as 12 months)

When you think it's not possible, Herzing will show that it is possible.

- Rozina Holmes, Nursing

Don’t Wait Until the Last Minute to Renew Your RN License

As you all know, 2018 RN Renewal ends at 11:59 p.m. on December 31. Though the Alabama Board of Nursing eliminated the Late Renewal penalty earlier this year, there are still benefits to filing your application early:

- Addressing inaccuracies in your CE Record.
  - Board-approved providers of CE are responsible for uploading your CE credits directly to the Board database. Should you identify a missing course, you'll need time to contact the provider directly, so that your CE Record can be updated in time to renew.
- Avoid online traffic jams.
  - Nearly 87,000 RNs are currently licensed in the state of Alabama. As you know, high traffic can overtax resources.
- Board staff will be more than happy to help out. However, staff are only when the Board offices are opening; should you have a problem outside of those hours, you may not be able to renew.
- Avoid online traffic jams.
  - Nearly 87,000 RNs are currently licensed in the state of Alabama. As you know, high traffic can overtax resources.
- As a reminder, any RN who does not renewed before 12:00 a.m. on January 1, 2019 will lapse. Don’t take the risk. Avoid the Christmas rush and renew today.

Wishing you a Merry Christmas and a very Happy 2019,

The Alabama Board of Nursing
Advocacy, at its most basic level, is providing facts related to service needs to those that require to meet those needs. Advocacy occurs when a nurse at the patient’s bedside collaborates with the social worker for services and resources needed upon discharge. At a different level, advocacy occurs when one or more nurses are involved in a coordinated effort to strategically influence decision makers in such a manner that those who have needs can receive the required services and/or resources. Advocacy skills combined with nurses’ communication and leadership skills, provides a unique influence on health policy and decision makers to improve health outcomes at the bedside, clinical practice, community, state, and national levels. In 2017, a nurse in Utah was arrested, handcuffed, and forced into a squad car for following hospital policy and advocating for, and protecting the rights of a patient (Brown, Lachman, & Swanson, 2015). Although she was not charged and was later released, this incident demonstrates a nurse using her voice to advocate for medical care. The Alabama Nurses Association Code of Ethics includes the nurse’s responsibility for advocating, which requires courage and commitment. Improving health outcomes and decreasing the overall cost of care in Alabama can include promoting change in harmful attitudes, behaviors, traditions, policies or laws, including those related to quality, access and reliability of care. In contrast to past articles in the Alabama Nurse, this article focuses five advocacy competencies that nurses need to develop: problem solving, communication, influence, collaboration, and resource identification.

Advocacy Skills: Changing Traditions

Nurse experts in evidence-based practice state traditional nursing practice has been passed down from one generation to the next, without evidence to support continued application of the practices (Melnyk & Fineout-Overholt, 2015). As the practice of nursing is evolving to use best evidence, revisions in traditions and outdated policies become a priority for nurses in order to develop a workplace environment and culture which emphasizes the Quadruple Aim: enhanced patient experience, improved population health, reduced healthcare costs, and improved work life of healthcare providers (Melnyk, 2017). Change is difficult for caring nurses, protocols, and beliefs which exist within a healthcare structure steeped in tradition takes time, patience, and advocacy skills. Advocacy is defined as “the act or process of pleading for, supporting, or recommending a cause or action...for persons (whether as an individual, group, population, or society)” (ANA, 2015, p. 41). Advocacy is necessary to advocate for policies that promote patient health and safety (ANA, 2015) in the workplace and local community, but also at state and national levels. Nurses have not only a professional responsibility to advocate for policies that promote patient health and safety (ANA, 2015) in the workplace and local community, but also at state and national levels. Nurses currently serve at each of these levels on numerous oversight committees, task forces, and councils. Each level provides an opportunity to be instrumental in improving health outcomes in Alabama. One example occurred when many nurses, at various levels discussed needs of Alabama’s newborns and their families. These discussions resulted in the creation of a collaboration with an established organization, the Alabama Department of Public Health’s Perinatal Institute, to develop a current total of nine Alabama Baby Friendly Hospitals over the past seven years. However, currently there are very few nurses on the Alabama Opioid Misuse and Abuse Task Force (2017), an area in which nurses can be crucial. How can this be improved? Advocacy skills must be developed and used. One way to develop these skills is involvement with ASNA at all levels. As with this opioid crisis, there are innumerable opportunities for nurses to share expertise from grassroots to national levels. In Alabama, nurses comprise the largest healthcare profession with over 95,000 licensed nurses, but at this writing only 2% are current members of ASNA, the professional organization that represents ALL Alabama nurses at state and national levels. Comparatively, 70% of teachers and 65% of physicians in Alabama are members of their professional organizations. Membership in ASNA is one place to begin with the reduced $15/month dues. In addition to many membership benefits listed on the ASNA website (www.alabama nurses.org), are also current legislative reports and a synopsis of several key nursing topics (such as incivility/bullying in the workplace, adequate staffing, and patient handling).

Potential Advocacy Opportunities for Nurses

Nurses are valued for their awareness of critical issues and ability to solve problems, and are sought as members on local boards, in organizations, and committees at places of employment. Nurses can develop advocacy skills through appointments on local planning and water boards; serving on park and recreation boards; campaigning or considering running for political office such as the PTA board, city council, mayor, representative or even governor! Fact-finding can include the condition of your local landfill and water systems, how many Alabama children died last year from detergent pod poisonings or in hot cars, or many other health concerns. Awareness of other issues can be gained by volunteering at the local food bank or domestic violence center, or through participation in the ASNA Ethics and Human Rights Committee’s current focus on conditions and handling of pregnant inmates within the state prison system. Fact-sharing can involve educating your community about the opioid epidemic and its causes and risks, or number of other issues. Rather than remaining invisible, get involved in an area of personal interest. Advocate for a healthy Alabama. ASNA can be a resource for information you need to begin or advance. Rather than focusing on lack of physicians or hospitals across Alabama, nurses need to remember there are nurse advocates in every neighborhood! Nurses are poised to use nursing knowledge and experience along with advocacy skills to influence change.

Nurses have not only a professional responsibility to advocate for policies that promote patient health and safety (ANA, 2015) in the workplace and local community, but also at state and national levels.


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Thank You Exhibitors!

[Various images of people at an event with sponsors and exhibitors.]
The Economic Impact of Registered Nurses within Rural Communities

Christopher D. Forbes
DNP, RN

In my experience with teaching at a rural-based campus within the Alabama Community College system, I have found that a majority of former nursing students prefer to continue residing within their prospective rural communities. Some choose to also work within these communities, yet most graduates seek employment within urban environments due to limited nursing opportunities within the rural working environment. Elements such as salary, healthcare benefits, tuition reimbursement and other associated benefits are highly sought after among new nursing graduates. These benefits tend to be more plentiful within the urban working environment versus the rural working environment. To live within a rural community and work within a community which is more densely populated exerts significant influence on the community in which the nurse lives for various reasons. These influences, in turn, have an effect on factors such as median household income, infrastructure growth and quality of life.

Chilton County Alabama

Chilton County Alabama is centrally located between two major metropolitan areas within the state – Birmingham to the north and Montgomery to the south. Due to its central location, the commute time to each of these metropolitan areas is relatively equal. According to 2016 population statistics, the population within the county was 44,017 with 47% of the population residing within rural areas of the county. Median household income during that same period was $44,020 which was 5% below the state average and 26% below the national average. Poverty rates within the county also exceeded state and national averages with most individuals being employed within construction and production occupations especially those related to the agriculture industry.

Effects on Median Household Income

Nursing salaries within the state of Alabama are highly influenced by elements such as geographical location, nursing supply and nursing demand. For the year of 2017, the average nursing salary within the state of Alabama was $57,890 which was 19% below registered nurse national salary averages. A single nursing salary, although significantly below the national average, exceeds average combined household income for the county by 24%. In other words, on average, mean household income for the county is increased by 76% with the addition of a nursing salary within county households.

Effects on Community Growth

Community growth possesses the potential to improve quality of life. Ironically, it also has the potential to detract from quality of life. To have homes, you must have streets. To have schools, you must possess the student populations to fill them. Too much growth within a short period of time does not offer the community an opportunity to utilize infrastructure to its advantage. This, in essence, leads to a decrease in quality of life. Quality of life is also closely associated with expected health outcomes. A happy medium exists between what is both desired and attained within individual communities regarding quality of life. This varies greatly from one community to the next and the decision to attain growth is ultimately within the hands of the community itself.

Conclusion

In conclusion, a rural-based community college system in which a registered nursing program exists, possesses the potential to increase community growth, improve infrastructure and improve quality of life. With the expressed desire of post-graduates wanting to live within their own rural communities, salaries earned within metropolitan communities are essentially reinvested within the rural community. With that in mind, community growth can also be a detriment especially if growth occurs before infrastructure improvements have taken place. To build first and then grow verses grow first and then build is an age-old conundrum for city planners and must be closely scrutinized.

References

Alabama Nurses Foundation

Seed Grant Recipients

DRS. SOLA AINA-POOPoola AND CONSTANCE S. HENDRICKS

AU-TIPPS Improving Health Literacy on Health Promotion
Using Digital Signage

This project collects and disseminates health promotional information in a diverse relevant manner using translational research strategies. The project contributes to the health and welfare of the citizens of Alabama by providing each designated site with a 42-inch screen and continuous streaming tailored health messages. Each month selected health promotional messages are generated onto a USB flash drive and streamed on a TV screen. An example is provided below. The target audiences are populations living in rural counties and underserved individuals. This grant bought two 39-inch LED HDTV smart screen monitors and USB flash drives.

Sola Aina-Popoola, PhD, RN
2026 Sara St
Auburn, AL, 36822
email: Solaap@gmail.com; 334-663-8537

DR. HEATHER FLORES

Reducing Food Insecurity within the Community through Nursing Involvement

Alabama has the 4th greatest prevalence of food insecurity in the nation. Health food insecurity and the stress from moderate food security negatively impacts patient across the life span. Screening for food insecurity can assess for hidden vulnerability in the community. Early detection by using screening tools and appropriate intervention (referral to community resources) has shown to reduce the negative health impact of food security.

Reducing Food Insecurity within the Community through Nursing Involvement

FOOD INSECURITY IMPACTS 1 IN 4 CHILDREN IN ALABAMA

Risk Factors:
- poverty
- single-parent household
- chronic illness/special needs
- social isolation
- parent/caregiver with depression/mental health issues
- new immigrants
- grandparents raising grandkids

FOOD INSECURITY CAN COMPOUND HEALTH PROBLEMS.

Red Flags for undernutrition:
- significant dental caries
- dysfunctional family bond
- limited diet/pickiness
- chronic constipation/diarrhea
- still using bottle after age 2
- vomiting/reflux/GERD

Red Flags for food insecurity:
- weight extremes
- poor nutrition control
- frequent absences/sick
- poor diabetes control
- attention/behavior issues
- fatigue, hunger

SCREEN FAMILIES

THE HUNGER VITAL SIGN™

Screen for food insecurity: keeping a family-centered approach and making it universal.
"In the past 12 months have you worried that your food would run out before you could buy more?"
"In the past 12 months has your food run out before you could buy more?"
(Hager et al., 2020)

If patients answer "yes" to either, refer them to resources.

Nursing’s Food Security Initiative

Final Report: Alabama Nurses Foundation
360 North Hull St.
Montgomery, AL 36104
October 17, 2018

I was honored to be a recipient of the Alabama Nurses Foundation grants August 2018. This funding in the amount of $500.00 provided additional support for the ongoing project AU-TIPPS with the purchase of two 39/40 inch flat screen TV and 10 USB drives for streaming of health promotional messages. The following is the final budget statement as requested:

<table>
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<th>Materials and Supplies</th>
<th>Two 39-inch LED HDTV smart television monitors</th>
<th>One 39-inch LED HDTV smart screen monitor at $198.00</th>
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<td>$98.00 x 2 = $196.00</td>
<td>$396.00</td>
</tr>
<tr>
<td></td>
<td>10 packs of JUANW 2G SD C7X76 securing digital flash Drive USB 2GB</td>
<td>Price $68.56</td>
<td>Total: $68.56</td>
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</tbody>
</table>

Estimated Total $500.00

Poster Presentation: As indicated in the grant requirement, a poster illustrating the project was presented at the 2018 Alabama State Nursing Association Annual Convention. I attached pictures from the convention. Again, thank you for the grant and support. Let me know if you require additional information.

Sincerely,
Signed: snpopoola
Sola Aina-Popoola
Assistant Professor
Tuskegee University
Department of Nursing
Understanding the Nurse Case Management Role Across the Health Care Continuum: Reducing Gaps and Easing Transitions in Care

APRIL L. JENNINGS, RN, MSN

Case Management (CM) as a dynamic and systematic collaborative approach to providing and coordinating health services to a defined population. For clients with complex health problems, CM practice provides a vital resource in reducing healthcare costs that are often experienced in an ever-expanding and changing healthcare infrastructure. Some of the important responsibilities of CMs are to provide a smooth transition between healthcare settings, secure community resources for clients, and the coordination of care across the health continuum with consideration to budget and payment systems. These aspects of the CM role are important, because they ensure cost-effectiveness for quality services and positive outcomes. Specific criteria for fulfilling the role of the CM are discussed in the following sections.

Eligibility Requirements

CM certification exam. According to the Commission for Case Manager Certification (CCMC), to be eligible for the Certified Case Management (CCM) Exam, applicants must hold a professional license and a minimum of a baccalaureate degree in nursing, social work, or another health discipline from an accredited institution, that requires field experience in case management, health or behavioral health as part of the degree. Also, the applicant must qualify within one of the CCMC’s employment experience categories, and demonstrate good moral character, which is consistent with the CCMC’s Code of Professional Conduct.

Employment experience. Before applying for the CCM Exam, the applicant must satisfy one of the three categories of employment to be eligible: 1) 12 months of acceptable full-time CM employment experience supervised by a board-certified CCM, 2) 24 months of acceptable full-time CM employment experience without CCM supervision or 3) 12 months of acceptable full-time CM employment experience as a supervisor of individuals who provide CM services. Acceptable employment experience should focus primarily on CM practice and allow the employer to perform at least five out of six core CM components: 1) psychosocial aspects 2) healthcare reimbursement, 3) rehabilitation, 4) healthcare management and delivery, 5) principles of practice, and 6) case management concepts. Requirements also include eight essential activities with direct client care: assessment, planning, implementation, coordination, monitoring, evaluation, outcomes, and general.

CM core competencies. CM core competencies align with the practice standards for case management, which are assessment, planning, implementation, and advocacy, while providing clinical expertise, compassion, empathy, personal relationship skills, and common sense. The standards include competencies in the client selection process, monitoring, outcomes evaluation, termination of services, coordination, legal and ethical considerations, cultural competence, and application of research. The demonstration of knowledge in all aspects of case management helps to identify issues and opportunities for patients that can reduce cost related to care. This leads to better outcomes and quality care within an ever changing and complex healthcare system.

Role in Evidence-Based Practice

CMs play an important role in research and research utilization by demonstrating a familiarity with current literature related to the CM’s expertise, by complying with relevant research efforts that quantifies and defines reliable outcomes, incorporating research findings into practice, and participating in identification of best practices for CMs. By using evidence-based practice (EBP), CMs can provide timely, quality and cost-effective care across the health care continuum. By following EBP guidelines, the nurse manager works with interdisciplinary teams to help support best practice standards for patients with complex disease processes.

For instance, the CM ensures that a post-hap fracture patient, who is due to be discharged from the hospital, is assessed for needs of extended physical therapy in the home setting and will coordinate this care, since EBP guidelines show that patients have better outcomes when continued therapy is provided. EBP guidelines are also used to support needed changes within the workplace. These EBP guidelines serve to improve cost-effective quality care and decrease extended length of stay (LOS), reduce delayed discharges, and decrease readmission rates.

Role in Resource Management and Reimbursement

Resource management as “the process of identifying, confirming, coordinating, and negotiating resources to meet the individual needs of a person.” The CM role in clinical resource management has a basis for ensuring that there is an understanding of the individual’s situation and that basic needs are met. Resource allocation can be as simple as a phone call and as extensive as exhaustive research in order to meet the needs of the patient. Resource management can be stressful and time consuming; therefore, networking with fellow CMs and keeping a list of reliable resources and services leads to stress reduction and maximizes efficiency.

Reimbursement requires the CM to have knowledge of available resources, how care will be funded, and what services will be provided. This requires the CM to be knowledgeable about different insurance providers reimbursement plans, such as Medicaid, Medicare, Blue-Cross, and large insurance administrators, such as CIGNA, Aetna and Humana. In some cases, where individuals are not insured, the CM might need to reach out to charitable organizations and other community resources to help meet the needs of the individual.

CMs should attempt to contain costs, while maintaining quality of care and managing complex internal and external relationships related to the delivery of services. To assist in the decision-making for meeting the patient’s needs, resource management, and reimbursement, CMs can utilize evidence-based clinical pathways, billing criteria, and consultation with peers to ensure the most cost-effective care. CMs must know the individual’s policy cap, duration of coverage, what services are excluded, and what treatments will be covered.

Role in Legal Requirements

CMs and all health providers have an ethical obligation to identify and report unethical billing procedures, these include providing services for patients who do not qualify for services but documenting that they meet requirements. The CM role is to make sure that the patient’s needs, and the services provided match in order to insure cost effective and quality care. The CM also has a continued role in ensuring that care procedures are appropriate for the individual and that the individual is only being billed for the services actually received. Fraud prevention reduces healthcare costs, CMs must be vigilant in assuring appropriate and timely interventions in addition to eliminating unnecessary cost in health care.

Role Related to QSEN

QSEN stands for Quality and Safety Education for Nurses. The purpose of QSEN is to provide a blueprint for standards that should be used in nursing education programs to ensure nurses are graduating with preparation to meet the demands of a highly complex and evolving health care industry. As the name implies, QSEN focuses on the knowledge, attitude, and skills of future nurses. QSEN faculty are comprised of 25 QSEN faculty and 11 professional organizations representing advanced nursing practice who define quality and safety competencies for nursing and projected targets for the knowledge, skills, and attitudes to be developed in nursing graduate programs, in order to obtain each competency. QSEN concepts are centered around six competencies based on the recommendations found in the Health Professions Education report, which focus on patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics. The six competencies are intermixed into the knowledge domains and competencies for the CM role. Ensuring that CMs are educated using the QSEN guidelines guarantees that ethical boundaries, quality, and safety are at the forefront of all tasks that are performed by future CM nurses.
Use of Benchmarks in CM

CMs participate in direct patient care initiatives to increase quality and safety measures in the health care setting. Benchmarks can be used for goal setting to increase quality and safety. For example, a problem frequently identified is an increase in Clostridium difficile infections (CDI) rates among hospitalized patients, which has a negative impact on Length of Stay (LOS) by prolonging hospitalizations. According to the Centers for Disease Control and Prevention (CDC), 94 percent of CDI are contracted during healthcare, with 52 percent of patients having onset of CDI within 24 hours of admission. To reduce the spread of CDI in the hospital setting, a focus should be placed on early detection and hygiene. A protocol recently implemented in a Shelby County, Alabama hospital focused on early testing and actions to increase early diagnosis by lifting restrictions on the nurse’s ability to order laboratory testing and contact precaution measures for suspected CDIs. Patients with suspected CDI are tested by the nurse following CDC guidelines, which state that early testing should occur when a patient who has three unformed stool within a 24 hour period. The goal is to reduce CDI in hospitalized patients. The outcome is to decrease hospital transmission of CDI within the hospital setting from 50% to 30% over the next six months. The Benchmark derives from practice standards supported by the CDC: Hospitals that participate in CDI prevention programs reduce CDI by 20 percent. These include hygiene, contact precautions and early detection and treatment measures. Reducing CDI in the hospital will help the overall goal of reducing excessive length of stay (LOS) and reduce Medicare costs associated with the 68 percent of CDI-related hospital stays of elderly clients.

Vulnerable Populations and Health Disparities

CMs are uniquely qualified to address the healthcare quality problems: the uninsured, poor, elderly, children, those living with intellectual or physical disabilities, racial and ethnic minorities, and those who are medically ill. Nurse case managers play an important role in the care delivery to vulnerable populations within communities and healthcare facilities to ensure quality and safety through the healthcare continuum. Nurse CM’s role is to reduce gaps in the care continuum and advocate for quality resources of care during admission, as well as during transition into the community setting.

An observational and analytical cohort study performed by Garcia-Fernandez et al. (2014), found that CMs help reduce hospital readmission rates, reduce caregiver strain, and increased overall patient satisfaction of vulnerable populations in the rural health setting. For example, in pediatric home care, the Nurse CM may provide family-centered and culturally competent care to a premature infant with a chronic health condition, which requires long-term and complex healthcare. In providing vulnerable clients, such as children with special needs, requires a focus not only during phases of care, but also on future child and family needs, such as transitioning to a pediatric long-term care facility, or providing education and aligning other community health resources to help caregivers.

Protection of Personal Health Information

The Health Insurance Portability and Accountability Act (HIPAA) that protects patient confidentiality, and provisions of enforcement set by the Health Information for Economic and Clinical Health (HITECH) to protect the electronic transmission of patient information, must be strictly adhered to by the CM, as it is by any other health professional. To protect patient information and adhere to regulations set by HIPAA and HITECH, CMs should set strict standards to protect patient privacy and confidentiality related to healthcare. The health care professional will be shared with, and informed consent should be given to the patient both verbally and in writing. Also, with the emerging use of telehealth, CMs must ensure that patients are educated about protecting their health-related information when using electronic devices during information sharing.

Summary

In summary, CMs play a vital role in health care delivery to reduce gaps and ease the transition of patients throughout the care continuum. It is the responsibility of the CM to ensure quality care to patients with complex diseases and healthcare needs, particularly for patients with health disparities or who reside in rural areas. The CM practice is a demanding specialty in nursing that requires a broad range of nursing knowledge at both the microsystem and macrosystem level of healthcare; therefore, this role requires a competency base that spans across all levels of care. As our expanding healthcare system becomes more complex, there will be an increased need for nurses to advance their knowledge in order to fulfill more CM roles and responsibilities within our hospitals and communities.

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References


Bradford Health Services

About

Bradford Health Services has been helping Alabama nurses heal for decades. Bradford’s Healthcare Professional’s program is designed to help nurses and other medical professionals resolve issues surrounding their chemical dependency and the unique difficulties faced when reentering practice.

Approach

Bradford’s innovative approach includes these key program components:
• Multi-disciplinary Evaluation
• Relapse Prevention Therapy
• Desensitization Group
• Trauma Recovery Group
• Grief and Loss Group
• Adventure-Based Therapy

The program addresses:
• realities of the work place
• demands and pressures that contribute to stress
• burn out
• depression
• alcohol and drug abuse

The goal is patient recovery and the successful return to professional practice.

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