President’s Pen

In the last issue of Kentucky Nurse, Dr. Kathy Hager reflected on her tenure as the Kentucky Nurses Association (KNA) President and talked about how quickly time flew by. I agree with her, but I am even more in awe of the activities in which KNA has been involved as the professional association for Kentucky’s nurses under her leadership and the leadership of our Executive Director Delanor Manson. Let me share just a few highlights of the work this professional association accomplished during 2018:

• The KNA Editorial Board and Arthur L. Davis Publishing Agency produced four editions of the award-winning Kentucky Nurse, available through PubMed, a free resource that provides access to the National Library of Medicine database of citations and abstracts of publications in the life sciences. The publication is also available at https://kentucky-nurses.network. This publication is made available to all of Kentucky’s nurses and nursing students, not just those who are KNA members.
• Our lobbyist, Sheila Schuster and our Governmental Affairs Cabinet facilitated a “Day at the Capitol” for Kentucky nurses to have opportunities to interact with our state legislators of both parties, learn more about our legislative processes and consider how to use our collective voice to address issues impacting nurses, our profession and our patients.
• KNA recently launched its new website filled with many new features to enhance the way potential members and members can interact with KNA. The site includes a Members Only Resources section, a portal that has information only active members of KNA who are signed in can access. Some of these resources include scholarship opportunities, applications to relevant nursing programs,job positions and all previous issues of the KNA E-Newsletter. The News and Announcements section contains announcements straight from KNA.
• The Government Affairs Cabinet also developed web pages aimed at encouraging nurses to vote and provides information about pieces of legislation and their individual representatives in the House and Senate.
• The Education and Research Cabinet, along with the Events Planning Committee, our Sponsor and Exhibitor Director Melissa Mershon and KNA staff made certain our 2018 conference, Reclaim Nursing: Heal, Empower, and Inspire, was a tremendous success with more than 49 speakers and close to 300 nurses, students and vendors in attendance.
• Our chapters, with presence across the entire Commonwealth, hosted and sponsored a variety of events including continuing education opportunities, NCLEX challenges for students and community events. The chapters also conducted Nightingale Tributes at funeral visitations for nurses across Kentucky. These services have brought many thanks and grateful comments from the families of those nurses.
• KNA Executive Director Delanor Manson worked alongside me to organize and provide Hepatitis A vaccinations at several local restaurants as part of a broad collaborative effort aimed at addressing the outbreak’s impact in the Louisville area.
• Leveraging the relationships developed with Louisville’s food service industry, Delanor and the Kentucky Nurses Foundation planned and implemented the first, and highly successful, Taste of Health. This fundraising opportunity garnered nearly $5,000 for nursing scholarships and funding for the Nightingale Awards presented by the University of Louisville School of Nursing.
• KNA continues to provide support to the Kentucky Association of Nursing Students (KANS) as they are the future of nursing.
• With the continued growth of KNA, the board of directors worked throughout 2018 to strengthen relationships with a number of organizations with shared interests involving nurse education and practice.

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KNA Bluegrass Chapter Report
The KNA Bluegrass Chapter announces its 2018-2019 slate of officers:
- Melanie Adams-Johnson, President
- Kim Wilder, President Elect
- Lynn Roser, Immediate Past President
- Mimi Roser, First Vice-President
- Amy Harrington, Second Vice President
- Tammy Harkleroad, Treasurer
- Jill Cornelison, Secretary

Eileen Levy recently presented, “Only You Can Stop Trafficking” at the Bluegrass Chapter’s November meeting. The chapter will host a half-day leadership conference, “Lessons in Leadership: How to Leverage Your Skills for Professional Advancement,” on Friday, April 12. More details to follow.

KNA Green River Chapter
Deputy Director of the Daviess County Emergency Management Agency John Clouse presented, “Preparing for an Emergency/Disaster Event” at the Green River Chapter Fall CE event at Owensboro Community & Technical College. Participants, both licensed nurses and nursing students, gained essential information about how to properly prepare for a possible emergency or disaster.

The Third Annual NCLEX Challenge will take place, 5-8:30 p.m. on Tuesday, February 19 at the Henderson Fine Arts Center, 2660 South Green Street. During this event, senior nursing students from programs across Western Kentucky and Southern Indiana will come together to participate in some fun competition for the Traveling Trophy and to prepare for their upcoming state licensure exam. The chapter invites everyone to attend this event.

KNA Heartland Chapter
The Heartland Chapter extends heartfelt “thank you” to Susan Nesmith, who served as the chapter’s treasurer for many years. The chapter appointed Kim Ray who will complete Susan’s term through the end of 2019.

Janice Elder’s term as president ended in December 2018 and President-Elect Sonia Miller assumed the chapter president position for the next two-year term.

The chapter meets once quarterly, unless there are special called meetings for events. These routine meetings take place in February, May, August and November. The specific dates for 2019 are to be determined.

For more information or if interested in joining the chapter, please contact either Janice Elder at 270-756-6415 sjelder@bbtel.com or Janice elder@wgu.edu or Sonia Miller, at soniamiller4171@gmail.com.

KNA Northern Kentucky Chapter
The KNA Northern Kentucky recently hosted an Aromatherapy for Self-Care CE program at St. Elizabeth Healthcare. The chapter also staffed a KNA booth at St. Elizabeth’s for the facility’s professional enrichment day.

KNA Reach Chapter
The KNA REACH chapter extended its community outreach by participating in the Walk to End Alzheimer’s and the American Heart Walk in September and the American Foundation for Suicide Prevention Out of the Darkness community walk in October. The chapter plans to continue this outreach into 2019 with participation in Bowl for Kid’s Sake and Walk a Mile in Her Shoes along with community events.

In October, the chapter and Hurst Review Services hosted their Second Annual NCLEX-RN Review night for more than 30 local nursing students.

Greenview Regional Hospital hosted the chapter’s November meeting where Bridgepointe at Village Manor staff presented, “Best Friends Approach to Memory Care.” At the meeting chapter members, as they have done for many years, collected items for donation to Toys for Tots. The chapter’s next meeting will take place at 5 p.m., (CST) on Tuesday, February 12 at Southcentral KY Community & Technical College, Main Campus in Bowling Green. Please like the KNA REACH chapter Facebook page for more details on upcoming chapter happenings.

The KNA REACH chapter “Member spotlights” its Facebook page has focused on the backgrounds and achievements of local chapter officers. The spotlight will now also include this for all members.

KNA River City Chapter
The KNA River City joined Galen College of Nursing to host a Human Trafficking CE program that was offered at Galen and via webinar. Kathy Burlingame, dean of online programs at Galen College of Nursing facilitated the presentation.

To increase chapter activity in 2019, members of the River City Chapter plan to engage in at least one educational project, one service project, one volunteer initiative and an event to support students. To participate in any or all of these activities, please contact River City Chapter President Audria Denker at adenker@galencollege.edu.

In addition, the chapter facilitated several Nightingale Tributes in 2018 and is looking for someone to lead the effort in this area for 2019. Those interested in this opportunity, may contact Audria Denker.

KNA Northeastern Chapter
The Northeastern Chapter hosted meetings in October and November. The chapter participated in a coat and winter outerwear drive for children at schools within its local area.

KNA Nightingale Chapter
At its October meeting, Nightingale Chapter members welcomed first-time attendees, Donna Bragg and Hannah James who Anne Simmons presented a one-hour CE program about Telephone Triage Nursing.

The chapter will host spring meetings on Thursday, March 14 and Thursday, May 9 at 6:30 pm at Ephraim McDowell Regional Medical Center in Danville.

The Nightingale Chapter will award a $500 scholarship for the spring semester at the May Chapter meeting. To be eligible, applicants must be enrolled in an associate degree in nursing, bachelor of science in nursing, master’s level or doctoral program and must reside or be employed as nurse within the chapter’s geographic boundaries. The candidate must submit a letter of support from at least one faculty member or employer. The deadline for submission is Thursday, April 30. Please contact Denise Alvey at dvenlex2@att.net for further details and an application.

Brenda Sherwood was recognized at the Nightingale October Chapter meeting for her contributions and dedication to nursing and KNA. Brenda is a nurse practitioner and retired from Kentucky One Health last year. She received a flower bouquet and KFN heart.

Anne Simmons presented Telephone Triage nursing program.

Nightingale Chapter Members Hannah James, Gwyneth Pyle, Brenda Sherwood, Patricia Calico, and Denise Alvey enjoyed great learning and networking opportunities at the KNA Conference.

Audria Denker takes home the gold or trophy in this case from Kim Bourne, membership recruitment and retention committee chair for the River City Chapter. The chapter won the six-week membership challenge by recruiting 86 new members.

(Left): KNA Northeastern Officers include Theresa Jackson, treasurer; Christa Thompson, president and Michelle Brown, secretary.

KNA REACH Chapter on Facebook.
KNA REACH Chapter on Facebook.

KIPSQ is Leading Patient Safety Efforts in Kentucky

Lisa K. Hyman, JD, RN, Director of Risk Management, Kentucky Hospital Association
Nancy Galvagni, Senior Vice President, Kentucky Hospital Association and Executive Director, KIPSQ

One of the first Patient Safety Organizations in the nation, the Kentucky Institute for Patient Safety and Quality (KIPSQ) is leading patient safety efforts in Kentucky through analyzing, disseminating and archiving patient safety information. Additionally, KIPSQ offers access to the emerging best practices of hundreds of hospitals throughout the United States.

An initiative of the Kentucky Hospital Association, KIPSQ was established in November of 2008. KIPSQ is designated as a Patient Safety Organization (PSO) by the federal Agency for Healthcare Research and Quality (AHRQ) under the Patient Safety Act. KIPSQ is dedicated to improving the safety, quality and cost-effectiveness of patient care throughout Kentucky.

The PSO designation allows KIPSQ members to have quality and patient safety data federally protected as confidential, privileged and not subject to legal discovery. Kentucky is one of two states with no such protection for peer review activities. Health care providers in Kentucky can join KIPSQ to preserve the privilege when conducting analyses of adverse events and other self-improvement activities. KIPSQ currently has 79 members and it provides a forum for providers to network with other organizations to improve the quality of health care.

KIPSQ collects and analyzes data from members to identify problem areas and opportunities for process improvement. It develops and disseminates best practices and other information to improve quality and promote a culture of safety, and to foster a learning environment for persons involved in the delivery of health care services.

KIPSQ hosts Safe Table Meetings on various topics to generate discussions among member organizations on safety and quality issues. These meetings provide a safe environment to exchange information regarding problem areas and best practices. They promote collaboration and networking among members to improve safety and quality. Safe Table topics have included disruptive physician behavior, avoiding injury from falls, retained surgical items and legal risks with opioids, among others. Upcoming topics include top medical documentation errors, handoffs and ligature risk for suicidal patients. KIPSQ is also hosting a Safe Table series to address workplace violence, which will involve speakers and trainings. Unfortunately, violence in healthcare facilities is increasing and the industry needs new strategies to keep our workforce safe.

One of KIPSQ’s specific programs is Patient Safety for Mom and Baby. KIPSQ partnered with the Anthem Foundation to provide education, tools and resources to improve care and long-term outcomes for mothers and newborns. The Anthem Foundation provided grant funding for hospitals to engage in a collaborative patient safety and quality program aimed at reducing early elective deliveries (EEDs), reducing obstetrical harm by preventing unnecessary cesareans, reducing adverse outcomes from oxytocin use and reducing O8 hemorrhage. K-HEN is another program under KIPSQ, created by CMS in conjunction with the American Hospital Association Hospital Research and Education Trust (HRET) to synchronize quality improvement and patient safety efforts. Learn more about K-HEN at www.K-HEN.com.

The quality professional in your facility will be able to tell you if your organization is a member of KIPSQ and advise you of specific resources available to staff. For a list of Safe Table meetings and registration information, visit kipsq.org.

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This is an advertisement.

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## Calendar of Events

### KNA Board of Directors Meeting:
First Friday of the Month, 10 AM – Noon (EST)

### KNA Governmental Affairs Cabinet Meetings:
First Monday of every Month, 3:30-4:30 PM (EST), conference call

### KNA Chapter Leadership Conference Call Meetings:
Third Monday of every month, 1 – 2 PM (EST)

### Kentucky Nurses Foundation Board of Trustee Meetings:
Fourth Tuesday of every other month at the KNA office, Noon – 4 PM (EST), KNA Office

### KNA Membership Recruitment & Retention Committee Meetings:
Second Monday of every Month, Noon – 12:30 PM (EST), conference call

### KNA Professional Nursing Practice & Advocacy Cabinet Meetings:
First Wednesday of every month, 5 – 6:30 PM (EST), conference call

### KNA Event Planning Committee Meetings:
Second Friday of every other month, 12:30 – 2:30 PM (EST)
KNA Office/Conference Call

### KNA Finance Committee Meetings:
Fourth Wednesday of every other month, Noon – 1 PM (EST), conference call

***All nurses are welcome to attend any nursing event. These are open to KNA members***

### January 2019

17 KBN Meeting, 1 – 4 PM
18 KBN Practice Meeting, 9 – 10:30 AM

### February 2019

4 Materials due to the KNA Office for the April 2019 issue Kentucky Nurse
6 Kentucky Nurse Editorial Board Meeting 1-2pm conference call
12 KNA REACH Chapter Meeting, 5 PM (CST) dinner; 5:30 – 6:30 PM, meeting, South Central Community & Technical College, Bowling Green, KY
19 KNA Green River Chapter Meeting/NCLEX Challenge, 5:30 – 8 PM, Henderson Fine Arts Center, Henderson, KY

### March 2019

1 KBN Board Applications due to KNA Office
14 KNA Nightingale Chapter Meeting, 6:30 PM, Ephraim McDowell Regional Hospital, Danville, KY
14 KBN Meeting, 1 – 4 PM
15 KBN Practice Meeting, 9 – 10:30 AM

### April 2019

30 Deadline KNA Nightingale Chapter Scholarship Application. For information, contact Denise Alvey at alveylex2@aol.com.
30 KNA Call for Nominations, Applications Due

### May 2019

6 Materials due to the KNA Office for July 2019 issue of Kentucky Nurse
9 KNA Nightingale Chapter Meetings

### June 2019

22-23 ANA Membership Assembly, Washington, DC

### July 2019

1 KNA 2019 Call for Nominations Applications due
9 Yearbook Call for 2019 Conference materials due Taste of Health Fundraiser, TBD

### August 2019

5 Materials due to the KNA Office for the October 2019 issue Kentucky Nurse

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### Welcome New KNA Leaders

#### KNA Board of Directors
- **President**: Ruth Carrico, PhD, DNP, APRN, CIC
- **Treasurer**: Liz Sturgeon, PhD, RN, CNE
- **Director**: Julie Ossege, PhD, FNP-BC, FNAP, FAAN

#### KNA Education & Research Cabinet
- **CE Planner**: Jennifer Shoemake, EdD, MSN, RN
- **Nurse Faculty**: Nancy Barnum, PhD, RN, CNE
- **Staff Nurse**: Rachael Meier, MSN, RN
- **Research**: Michele Dickens, PhD, MSN, RN

#### KNA Government Affairs Cabinet
- **Staff Nurse**: Brittney Welch, DNP, MSN, RN
- **Members-At-Large**: Ellen Hahn, PhD, RN, FAAN
  - Beth McCraw, DNP, APRN, ACNS-BC
  - Karen Black, DNPc, MSN, APRN, PMHNP-BC

#### KNA Professional Nursing Practice and Advocacy Cabinet
- **Education**: Teresa Villarani, MS, MSN, CCRN, CNE
  - Monica Meier, MSN, RN, AHN-BC
- **Administrative**: Megan Carter, MSN, RN, NEA-BC, PCCN-CMC, CNML

#### KNA Ethics & Human Rights Committee
- **Vice-Chair**: Andrea Houser, PhD, MSN, BSN, RN
- **Member-At-Large**: Kim Spahn, MSN, RN, CHC
  - Tracy Littlehale, MSN, RN
  - Donna Mann, MSN, RN

#### KNA Nominating Committee
- **Members**: Teresa Huber, DNP, MSN, BSN, RN
  - Ta'Neka Lindsay, DNP, APRN, WHA/AGPC/CPNP-BC
  - Renee Ceci, RN, CEN, CCC, SANE, NREM

Visit page 2 of Kentucky Nurse to review a complete listing of all board, cabinet, committee and chapter leadership members.
Join us for Nurses Day at the Capitol
Wednesday, February 6

...your voice matters...

Attendees will see the Kentucky House of Representatives and the Senate in Action. Legislators are invited to speak to nurses about current legislation. We’ll ask KNA members to accept proclamations from each body and/or the Governor declaring the day “Kentucky Nurses Day in Frankfort.”

KNA announces 2019 legislative priorities

**SUPPORT – NURSING PRACTICE**
- A Nurse in Every School, (K-12)
- Remove the Collaborative Agreement for Prescriptive Authority for Controlled Substances (CAPA-CS) for APRNs after four years of prescribing controlled substances with a CAPA-CS
- Establish Palliative Care Council and program including nurses/APRNs
- Allow employers to access KASPER reports on controlled substance prescribing by employees as part of a bona fide investigation
- Create an income tax credit for voluntary nursing preceptors and
- Nurse Safety issues.

**SUPPORT – TOBACCO CONTROL/SMOKING CESSATION**
- Prohibit tobacco use in schools and on school property, kindergarten – 12th grade and allow city or county government to control tobacco sales; removes pre-emption

**SUPPORT – NO TAXES ON NONPROFITS**
- Repeal sections of HB 487 that tax admission to fundraising events, silent auction items and other non-profit charitable fundraising initiatives.

**SUPPORT – MAINTAINING MEDICAID SERVICES**
- Require Kentucky Medicaid to maintain dental and vision services and nonemergency transportation as core benefits and prohibit assessment of copayments for Medicaid members.

**REGULATE CERTIFIED PROFESSIONAL MIDWIVES (CDM)**
- Support regulation of CPMs under KBN, but provider is not and
- Establish standards for prior authorization for urgent health care services.

**PREGNANT WORKERS BILL**
- Bill provides modest accommodations to pregnant Kentuckians in the workplace. The bill passed unanimously out of Senate Judiciary last session and is headed to the 2019 session.

**LEGISLATION TO MONITOR – MEDICAL MARIJUANA & HUMAN TRAFFICKING**

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**Information for Authors**

- Kentucky Nurse Editorial Board welcomes submission articles to be reviewed and considered for publication in Kentucky Nurse.
- Articles may be submitted in one of the following categories:
  - A. Personal opinion/experience, anecdotal (Editorial Review)
  - B. Research/scholarship/clinical/professional issue (Classic Peer Review)
  - C. Accent on Research (Editorial Review)
  - D. Cultural Diversity (Editorial Review)
  - E. Health Matters (Editorial Review)
  - F. Student Spotlight (Editorial Review)
- Information about IRB or Ethical Board approval is a requirement for Quality Improvement projects, evidence practice based projects, and research studies.
- All articles, except research abstracts, must be accompanied by a signed Kentucky Nurse transfer of copyright form (available from KNA office or on website www.Kentucky-Nurses.org) when submitted for review.
- Articles will be reviewed only if accompanied by the signed transfer of copyright form and will be considered for publication on condition that they are submitted solely to the Kentucky Nurse.
- Articles should be typewritten with double spacing on one side of 8 1/2 x 11 inch white paper and submitted in triplicate. Maximum length is five (5) typewritten pages.
- Articles should also be submitted electronically
- Articles should include a cover page with the author’s name(s), title(s), affiliation(s), and complete address.
- Monetary payment is not provided for articles.
- Receipt of articles will be acknowledged by email to the author(s). Following review, the author(s) will be notified of acceptance or rejection.
- The Kentucky Nurse editors reserve the right to make final editorial changes to meet publication deadlines.
- Please complete a manuscript checklist to ensure all requirements are met. You must provide a completed checklist when a manuscript is submitted. The Manuscript Checklist can be found at www.Kentucky-Nurses.org.
- Articles should be mailed, faxed or emailed to:
  - Editor, Kentucky Nurse, Kentucky Nurses Association, 305 Townepark Circle, Suite 100, Louisville, KY 40243
  - (502) 245-2843 • Fax (502) 245-2844 •
  - email: admin@kentucky-nurses.org
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Hepatitis A Is Not Going Away

Hepatitis A is a highly contagious viral infection with the potential for severe morbidity and mortality. The incidence of hepatitis A has been steadily declining in the United States (U.S.) since introduction of the hepatitis A vaccine in 1995. The vaccination was routinely recommended for all children in the U.S. beginning in 2006 (Koslap-Petracca, Shub & Judevishan, 2008). The incidence of hepatitis A is estimated to be six cases per 100,000 in 1999 to 0.4 cases per 100,000 in 2011 (Ly & Kleven, 2015). Unfortunately, this downward trend has not been sustained and the incidence of hepatitis A has been increasing during the past several years throughout the U.S. (Centers for Disease Control [CDC], 2015).

Kentucky Epidemiology

Kentucky is not exempt from the resurgence of the hepatitis A virus (HAV). An increase in hepatitis A incidence prompted declaration of a statewide outbreak in November 2017. The Kentucky Department for Public Health investigated this hepatitis A outbreak from August 1, 2017 through August 25, 2018. Hospitalization was required in 881 cases and death resulted in 12 cases (Kentucky Department for Public Health, 2018).

The resurgence of hepatitis A infection poses a unique challenge to public health officials because of viral characteristics and social factors. Many infected persons remain asymptomatic. Of those infected persons who do experience symptoms, the virus is transmittable up to two weeks prior to symptom onset. The prolonged incubation period (15-50 days) further increases the risk for transmission. Additionally, the prolonged incubation period (15-50 days) increases the risk for transmission. Additionally, transmission of HAV can occur in four ways; not common in the U.S. and other developed countries (Schiff, 1992).

Exposure to contaminated food or water can cause common-source, sporadic outbreaks. This may occur through eating raw or undercooked food contaminated with HAV. To destroy the virus, food must be heated for at least 15 minutes at a temperature greater than 185 degrees F or 85 degrees C. Food may also be contaminated after being fully cooked by infected food handlers (Fiore, 2004; Carl, Francis & Maynard, 2000). Food handlers who have asymptomatic HAV infection should be suspected in individuals with sudden onset of the prodromal symptoms described, especially if seen in conjunction with elevated liver enzymes. Commonly, the alanine aminotransferase (ALT) level is very high, even in mild cases, during the prodromal phase. The ALT level is expected to rise over several weeks. ALT levels tend to be greater than aspartate aminotransferase (AST) levels (Tong et al., 2000). ALT levels tend to be greater than aspartate aminotransferase (AST) levels (Tong et al., 2000). HAV vaccination should be suspected in individuals with sudden onset of the prodromal symptoms (Koenig et al., 2006). Fulminant hepatic failure may occur in less than one percent of patients infected with HAV (Ajafer, et al, 2011; Manka, Verheyen, Gerken & Carabay, 2016). Hepatitis B is most likely to occur in persons >50 years of age and persons with underlying liver diseases such as hepatitis B or C (Klemmer & Miskovsky, 2000).

Complications

Complications of acute HAV include cholestatic hepatitis, hemolytic uremic syndrome (Schild, 1992). Fulminant hepatic failure may occur in less than one percent of patients infected with HAV (Ajafer, et al, 2011; Manka, Verheyen, Gerken & Carabay, 2016). Hepatitis B is most likely to occur in persons >50 years of age and persons with underlying liver diseases such as hepatitis B or C (Klemmer & Miskovsky, 2000).

Treatment

There is no specific treatment for HAV. Acute HAV is usually a self-limiting infection in which supportive care is provided in an outpatient setting. Supportive care typically includes fluid and electrolyte replacement, medication for pruritus and avoidance of alcohol and hepatotoxic medications (Matheny & Kingery, 2012). Clinical and biochemical recovery occurs within three months in 85 percent of patients and nearly all patients will experience complete recovery within six months (Koff, 1992).

Prevention

The primary tool for prevention of hepatitis A vaccination. Vaccinations offered in the U.S. are currently recommended for all individuals. Children HAV vaccine is recommended for all children ages 2-18 who live in regions with high disease incidence who were not vaccinated at age one; persons traveling to or working in countries with high rates of HAV; men who have sex with men; individuals using injection and/or non-injection illicit drugs; individuals with occupational risk factors (i.e., working in research laboratory with HAV or HAV-infected primates); individuals with chronic liver disease; individuals with underlying disorders; and close contacts (household or regular babysitting) of children adopted from a country with a high incidence of HAV. Immunity develops approximately two weeks after vaccine administration (Fiore et al., 2006). Effective July 1, 2018, immunization requirements for Kentucky children ages 2-18 attending child day care centers, certified family child care homes, preschools and public and private primary and secondary schools were amended to include a two dose series of Hepatitis A vaccine (Kentucky Department of Public Health, 2017).

In the absence of an outbreak, routine vaccination is not warranted for child care center personnel, health care workers, and other close personal contacts of adopted children with recent exposure to HAV can be administered the single agent HAV vaccine within two weeks of exposure to reduce the risk of infection. The regular vaccination schedule requires a second vaccine dose in six months. However, this may not be feasible in homeless and drug-using populations. A single vaccination administered for purposes of outbreak control has a high rate of efficacy (adults 94-100% and children 97-100%). Patients with an allergy to the vaccine, chronic liver disease or under the age of 12 months may receive intramuscular immune globulin (IG) in the event of exposure (Fiore et al., 2006). Healthcare providers (HCPs) should observe standard precautions, including gown and gloves, when caring for persons suspected to be infected with HAV or when disinfecting and cleaning potentially contaminated surfaces. Alcohol-based hand sanitizers may not inactivate HAV. Therefore, HCPs should wash their hands with soap and warm water for at least 10-20 seconds after potential exposure to infected persons (Koenig et al., 2006).

Summary

Hepatitis A viral infection is a rising public health concern with the potential for significant morbidity and mortality and is further complicated by viral characteristics and social factors. It is crucial that all health care providers have adequate knowledge of risk factors, transmission, signs and symptoms and disease management and this information be widely shared with the public. Vaccination is the most powerful weapon in prevention and is key to reversal of the upward trend in HAV infection.

Hepatitis A Is Not Going Away continued on page 18

Geriatric Notes is an essential quick reference for nurses and the advanced practice provider who provides care to elders in the outpatient setting such as nursing homes, family practice or home health.

AVAILABLE ON AMAZON
More than 200 nurses and nursing students attended the recent KNA Conference, “Reclaim Nursing: Heal, Empower, and Inspire.” Over 40 speakers, countless exhibitors, healing professionals and more sponsors than ever before served up an innovative learning and networking experience for all. Thanks to everyone who helped make this conference a huge success:

**2018 Events Committee**
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Julia Beran  
Nancy Bronner  
Marlena Buchanan  
Renee Cecil  
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Conference Highlights

Amidst two days packed full of great learning and networking opportunities, KNA also hosted an awards luncheon to recognize the best Kentucky nursing has to offer the Commonwealth. Check out these winners and learn a bit more about their contributions to our profession:

**Deborah Reed, PhD, MSN, BSN, MSPH Nurse Researcher of the Year**

Dr. Deborah Reed has devoted some 27 years to research to improve the health of families on the Commonwealth’s 90,000 farms and for farm families globally. Her work has contributed to the marked reduction in farm fatalities for all ages. Most recently, she received the AAN Edge Runner designation for her latest research that incorporates healing therapies such as massage, Reiki and many more services at the conference.

**Sheila Schuster, PhD Citizen of the Year**

For decades, Dr. Sheila Schuster has provided advocacy guidance to nurses by lobbying for the KNA and the Kentucky Coalition of Nurse Practitioners & Nurse-Midwives. She is the most knowledgeable person in the Commonwealth in legislation that affects nurses and nursing, and subsequently the quality of health care to citizens. One of her greatest contributions to the advancement of nursing is her strategic guidance and advocacy in expanding the scope of practice of APRNs consistent with the Nurse Practice Act. Dr. Schuster has provided KNA with invaluable information about bills in the pipeline, the positions of individual legislators and coaching regarding the most strategic actions to influence the thinking and voting of legislators.

**Joercia Singleton, DNP, RN-BC Nurse of the Year**

Dr. Joercia “Jo” Singleton, director of the Kentucky Nurse Foundation (KNF) Board of Trustees, has spent an enormous amount of energy and time to re-establish the KNF as a valuable organization to advance the nursing profession through scholarship and research.

**Scotty Brooks Student Nurse of the Year**

Scotty Brooks is president of the Spalding Student Government Association and the Kentucky Association of Nursing Students. In addition, at the National Student Nurses Convention, he was elected to represent all United States’ student state presidents on the ANA Board of Directors. Scotty is a senior at Spalding and is enrolled in the University’s bachelor of science in nursing (BSN) program. On the lighter side of things, Scotty has also served as the Spalding mascot – the Eagle. Scotty plans to become a rescue or flight nurse after graduation. In addition to these plans, because of his recent foray into leadership positions, he is now considering future roles involving health policy and advocacy.

**Janie Heath** accepted Deborah Reed’s award in her absence.

**Sheila Schuster** took a break from lobbying duties in Frankfort to accept her award from Kathy Hager.

**Jo Singleton** was surprised and honored by her award presented by Kathy Hager.

**The KNA chapter members wish Scotty Brooks the best of luck in his future nursing career.**
Highlights, Activities and Accomplishments

As we welcome a new year, we wanted to offer you this brief re-cap of KNA/KNF activities:

• As part of the KNA Conference, “Reclaim Nursing: Heal, Empower, and Inspire,” the Kentucky Nurses Foundation hosted a silent auction during the poster session. We are happy to report that this effort garnered about $3,000 to benefit nursing scholarships and research. In addition, the first-ever KNA/KNF joint fundraiser, “A Taste of Health” brought in nearly $5,000.

• To date, the “Honor a Nurse – Remember a Nurse” has garnered nearly $4,000 and our fundraising efforts continue.

• Along with funding nursing scholarships, Kentucky Nurses Foundation (KNF) funds support the Nightingale Tribute Program. This special program includes a brief ceremony to honor any deceased Registered Nurse (RN) or Licensed Practical Nurse (LPN) for their years of commitment and dedication to nursing. In 2018, we honored 35 nurses.

• Contact the KNA if you would like to honor a nurse through the Nightingale Tribute Program.

• As you consider charitable contributions for this year, be sure to make your tax-deductible donation to our “Honor a Nurse – Remember a Nurse” campaign. We’ve made online giving easy; check out our website to learn more. Please, give generously.

Sincerely,
Jo Singleton, DNP, RN-BC

KNA/KNF News & Notes

Briefly Speaking

With a new year before us, we wanted to offer you this brief re-cap of KNA/KNF activities:

• Everyone is still talking about the KNA Conference, “Reclaim Nursing: Heal, Empower, and Inspire.” Between the exciting and innovative learning opportunities, the chance to network with fellow nurses across the state and wonderful healing sessions, nurses had a great experience. Check out the highlights on pages 6-7.

• Between the membership challenges, NCLEX programs for students, our first-ever fundraising event, some great media coverage, advocacy efforts, Nightingale Tributes, CE offerings and chapter outreach to new and cancelled members, we are all working hard to recruit and retain KNA members. Together, we are making a difference.

• More than 40 KNA Leaders from across the state gathered at the recent Leadership and Governance Retreats to set a path for the future of our organization.

• Along with funding nursing scholarships, Kentucky Nurses Foundation (KNF) funds support the Nightingale Tribute Program. This special program includes a brief ceremony to honor any deceased Registered Nurse (RN) or Licensed Practical Nurse (LPN) for their years of commitment and dedication to nursing. In 2018, we honored 34 nurses.

• Contact the KNA if you would like to honor a nurse through the Nightingale Tribute Program.

• Our newly updated website is an attractive user-friendly site that houses exciting information for members only. The KNA’s social media footprint continues to grow as more members and potential members check out the features and benefits we offer.

• KNA participated in a comprehensive membership research campaign with Capstone MBA students from the University of Louisville.

• The KNA Ethics and Human Rights Committee collaborated with nurses across the state to address workplace safety. Check out our Letter to the Editor about this topic on page 19.

• Chapters participated in community events including walks on behalf of health-related charities coat drives and many other initiatives to improve the lives of the residents in the communities they serve.

• The staff members at the KNA office are available as a resource to you if you have questions about your membership, need help addressing clinical or educational issues or want to make your voice known within Kentucky’s nursing community. Stop by our office. Call us. Visit us on social media. We want to hear from you.

Sincerely,
Jo Singleton, DNP, RN-BC
The cost of healthcare for Americans is continuing to rise, partially due to the continued rise in obesity and obesity-related disease. As of 2017, approximately 40% of American adults are classified as obese (Hales, Carroll, Fryar, & Ogden, 2017). As of 2016, the average American spent over $10,000 annually on healthcare (OECD, 2018). Medical costs linked to obesity are estimated to be $147 billion (Finkelstein, Trogdon, Cohen, & Dietz, 2009) and annual medical costs for people who are obese are $1,429 higher than people who are of normal weight (Center for Disease Control and Prevention, 2018). As Americans are faced with excessive costs of healthcare, an effective way to combat the burden of medical expenses is the prevention of obesity and/or risk reduction. Prevention and risk reduction can be achieved through educational awareness, as evident in the decrease in cigarette smoking. Education related to obesity is not obsolete, as obesity-related consequences associated with obesity is beginning to take shape in communities and in community health programs and policies. One such educational attempt is to recommend modifications related to sugar consumption, specifically in beverages. Approximately 90% of Americans consume more than the recommended sugar levels (McGuire, 2016); with more than 150 to 170 pounds of sugar consumed annually (HHS, Office of Disease Prevention and Health Promotion (U.S.) & USDA, Center for Nutrition Policy Promotion (U.S.), 2015). Some of the excess sugar may come from soda consumption, as Americans drink over 38 gallons of soda per year (Jean, 2013). In order to address such a large and widespread health issue, multiple healthcare providers are needed to assist an individual in creating and achieving their goal related to health outcomes.

In a rural county in southwest Kentucky, faculty from various health disciplines worked with local organizations to challenge community members to “Rethink Your Drink.” In healthcare, we are part of a team; sometimes working with physicians and other nurses, and ideally collaborating with other health professionals. The purpose of this article is to share an innovative teaching methodology used in Spring 2016 to enhance the preparation of nursing and allied health care students to work as part of an inclusive medical team. The faculty implemented interprofessional educational opportunities through a service learning project, titled “Rethink Your Drink” (Murray State University IRB: Exempt). The “Rethink Your Drink” community health program used the social ecological model (SEM) as the theoretical framework to bolster interprofessional education among health disciplines.

The Social Ecological Model in Practice

Community Level: The educational packets, developed by the county health coalition and the local hospital dietitian using the CDC “Rethink Your Drink” (2015) as a starting point, included information on the caloric denseness of sugary beverages (Ebbeling, Willett, & Ludwig, 2012), and used a simple illustration of a traffic light to give guidance as to what beverages to stop (red light, beverages that have 3 tsp. of sugar per 12 oz.), limit (yellow light, beverages that have 1.5 to 3 tsp. of sugar per 12 oz. container or contain artificial sweeteners, ), and freely drink (green light, beverages that have 0 to 1.25 tsp. of sugar per 12 oz.). The educational packet included a tracking tool with the traffic light symbol for participants to track their baseline beverage consumption in the red, yellow, and green categories for week 1. Participants would then work on decreasing their red and yellow beverage consumption over the next three weeks and track their beverage consumption on the tracking tool.

Organizational Level: The county health coalition contacted human resource directors of organizations within the county by phone or email to invite them to attend an informational session on the “Rethink Your Drink” campaign. The educational packets were dispersed to the human resources offices or school representatives of the largest organizations within the county who agreed to participate in the “Rethink Your Drink” challenge (n=12) at the informational meeting or via email, if a representative was unable to attend, with the recommendation that the human resource coordinator consider adding the “Rethink Your Drink” challenge into a wellness option within the organization. The local hospital also offered A1C screenings at the participating organizations as part of this community challenge.

Some of the largest organizations in the county are the public schools and the university. One of the professors (the public and community health expert) and a representative from the human resource office serve on the county health coalition. They were responsible for bringing the program to the university.

Organization Level: University-Specific. Faculty worked together to educate and assist the university community members in reducing their sugary beverage consumption. Each faculty member represented a different area (community health, exercise science, and informatics), (p.45) which includes interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics, (p.45) which includes communication and understanding each health professional’s roles.

Figure 1 The Social Ecological Model with sample components included at each level related to an interdisciplinary approach to reduce sugary beverage consumption.

To encourage participation among student, staff, and faculty in the “Rethink Your Drink” challenge at the university, professors incorporated the challenge as a service-learning project in their classes to provide hands-on application of the social ecological model (SEM). This project provided the perfect opportunity for interprofessional education as well as it is encompassed into the SEM.

Individual Level: University-Specific. Stations were set-up at the university student center during week 1 of the “Rethink Your Drink” challenge to recruit participants and provide overall health baseline numbers, such as blood pressure and bioelectrical impedance. During week 4, these stations were set-up again for participants to submit their tracking tools and to take their overall health numbers again as a comparison for participants to see the short-term health benefits of changing their sugary beverage consumption. The human resource representative scheduled an A1C draw by the local hospital at the university as well to provide the participants an opportunity to access this information.

The “Rethink Your Drink” challenge incorporated students and faculty practicing with knowledge, understanding, and respect for each profession, which inevitably helped the program succeed. The roles of each health profession discipline in the “Rethink Your Drink” challenge included the following: (a) Nursing students assessed blood pressure and referred participants to the next stations - exercise science then public and community health; (b) Exercise Science students measured body composition (hp: waist ratio and bioelectrical impedance) and classified body composition into categories; and (c) Public and Community Health students

Application of the Social Ecological Model... continued on page 17
The purpose of the study was to assess Kentucky school nurses’ perception and knowledge of CAI therapies. Research questions included:

1. What are school nurses’ perceptions of CAI therapies?
2. What is school nurses’ knowledge of CAI therapies?
3. How prepared do school nurses feel to administer CAI therapies?
4. What is the level of CAI use in Kentucky schools?
5. What is school nurses’ level of familiarity with policies related to CAI therapies?

**Methods**

A literature search was conducted using terms such as school nurses, complementary therapies, alternative therapies, integrative medicine, nursing, and complementary and alternative medicine. The findings of this review were used to inform the development of a four-page instrument to assess Kentucky school nurses’ knowledge and perception of CAI therapies. Information on demographics and educational background were also collected using the same questionnaire. The questionnaire included close-ended, predominately Likert-scale items. Questions addressed specific CAI therapies including acupuncture, chiropractic, herbal medicines, homeopathic medicine, hypnosis, massage, yoga, aromatherapy, prayer/spiritual interventions, meditation, art therapy, and music therapy. An expert panel of five nurses and research design experts reviewed the instrument to establish content validity and changes were made to the instrument based on their feedback. Twenty-one school nurses participated in the pilot and reliability testing of the instrument, with the instrument being administered on two separate occasions, ten days apart. The final instrument and survey procedure received the approval of the Western Kentucky University Human Subjects Review Board before administration. Stability reliability of the instrument was determined by using the Spearman-Brown Coefficient. Pearson Correlations were used to examine the instrument subscales. The confidence interval for the correlations was set at 95% (p = .05). Correlations for the subscales were: beliefs-related questions (r = .728, p < .0000), knowledge-related questions (r = .783, p < .0000), practice-related questions (r = .986, p < 0.000) and feelings about CAI (r = .998, p < .0000).

The Kentucky School Nurse Association (KSNA) was contacted about willingness to collaborate in the study. After expressing interest, the researchers were encouraged to attend the 2017 KSNA Conference and collect data. A total of 80 Kentucky school nurses participated in the study. Most members returned their completed surveys at the conference while a few returned the survey via mail to the researchers using a prepaid envelope. Data were analyzed using IBM SPSS Statistics 24. Frequencies, means, and standard deviations were used to describe the responses. The significance level was set at p < .05.

**Results**

Nearly half of respondents were located in rural areas (47.4%) and were between 50 and 59 years old (41.3%). The majority of participants were baccalaureate of science in nursing-prepared (52.6%), and were employed as full time school nurses (91.3%). In addition, most respondents (81.8%) did not hold state or national school nurse certification. Participants were surveyed about their knowledge...
of NICCH definitions associated with CAI therapies. A significant number of participants correctly defined alternative medicine; on the other hand, about half of participants misidentified definitions of complementary medicine and integrative medicine as shown in Table 1.

Table 1: Nurses’ Understanding of NICCH’s Definitions of Complementary, Alternative, and Integrative Medicine* (N = 80)

<table>
<thead>
<tr>
<th>Item</th>
<th>f</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Incorporating complementary practices into mainstream health practices is called integrative Medicine</td>
<td>Correct answer</td>
<td>39</td>
</tr>
<tr>
<td>Incorrect answer</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Using non-mainstream practices together with conventional practices is called Complementary Medicine</td>
<td>Correct answer</td>
<td>34</td>
</tr>
<tr>
<td>Incorrect answer</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>Using non-mainstream practices in place of conventional practices is called Alternative Medicine</td>
<td>Correct answer</td>
<td>66</td>
</tr>
<tr>
<td>Incorrect answer</td>
<td>85.7</td>
<td></td>
</tr>
</tbody>
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*Note: Definitions are from the NICCH [https://nccih.nih.gov/health/integrative-health].

The perceived legitimacy of CAI therapies varied widely among respondents. Art therapy was the most widely believed legitimate therapy (55.3%) followed by meditation (54.1%). Herbal (18%) and homopathic medicine (18%) were considered the least legitimate of the therapies under consideration. Only a small percentage of participants noted the use of CAI therapies such as music therapy (17.6%) and art therapy (14.1%) in their schools. In terms of willingness to administer or help administer a specific therapy few participants expressed comfort with the highest percentage indicating comfort with art therapy (25.9%). Around one half of respondents reported they thought hypnotherapy/hypnosis (52.9%), acupuncture (49.5%), and chiropractic (41.2%) were prohibited based on Kentucky Board of Nursing’s advisory statement on CAI therapies administration. Although almost one half of school nurses reported they assess their students for CAI use (49.4%), only 21% of school nurses felt comfortable assessing their students for CAI use. Only 7% of school nurses report being comfortable with their knowledge in CAI therapies.

Conclusions

Based on the results of the current study, it is apparent that Kentucky school nurses need more education on CAI therapies. Most participants reported that students in their school should be able to use CAI therapies if desired, but few felt comfortable assessing and monitoring for their use. In addition, a majority of participants were not sure of the policies from their school district and the KBN regarding CAI use in schools. There is currently no specific advisory opinion addressing CAI use and school nurses available from the KBN. The Kentucky Department of Education’s (n.d.) policy on the role of the school nurse advises nurses to work with local school districts and health departments to establish the specific responsibilities related to tasks such as medication administration and assessment of child health. This is an area where further education and training is needed for school nurses. In addition, future research should include a larger national study of CAI usage in schools within the United States to ascertain regional differences in specific therapies used and policies implemented to regulate these therapies.

References


Wellness, Resilience, and Perspective

Angela Shinaberry, RN, MSN, APRN, CPNP, MS-HROD student
University of Louisville Pediatric Emergency Medicine

KNA Conference Poster Abstract
Healthy habits fill our soul. Healthy perspectives give us greater understanding of others and stronger relationships. To be resilient, one must be prepared by filling up before feeling empty or burned out—primary prevention. Resiliency also stems from others and stronger relationships. To be resilient, one must be prepared by filling up before feeling empty or burned out—primary prevention. Resiliency also stems from

Objective:
To equip nurses with knowledge of themselves, others, and organizational perspectives to maximize health and resiliency

Findings:
1. People who are resilient have purpose in life, positive relationships, a sense of humor, and self-efficacy (Lachman, 2016).
2. Perspectives of others in our organization affects our relationships and productivity (Bolman & Deal, 2008).

Implications:
Adopting a healthy perspective of others along with intentional self-care allows nurses to be:
1. healthy physically and mentally
2. productive and resilient
3. effective leaders and communicators
4. facilitators of healthy work environments

Organizations struggle to create healthy environments. According to Bernardin and Russell (2013), only 50 percent of employees surveyed believed their employers took a genuine interest in their well-being. Organizations and leaders can improve employees' well-being by active listening and having open perspectives. Being open-minded makes one approachable and interesting. People are more likely to engage when they know they will be heard rather than being given predetermined, reflexive opinions. Being open-minded requires one to see situations through others' eyes and suspend judgement long enough to understand. In other words, to maximize personal growth and create rich, healthy learning environments, dialogue should be centered upon the expansion of one’s own views with constructive feedback (Neville, 2015). Anyone can set an example of collaborative, healthy leadership regardless of position. Never allow a title to limit personal capabilities.

References:


Kolb’s experiential learning theory is composed of a learning cycle where the learner constantly moves from one state to another (McLeod, 2013). Individuals have different style preferences. Kolb wanted individuals to maximize learning and inclusiveness by highlighting benefits of all learning types. Healthcare providers are in fast paced environments where learning is essential. By understanding how others learn, nurses can educate, learn, and interact more effectively. Nurses can also appreciate the strengths of others and improve communication. These factors may result in higher satisfaction, morale, and productivity in organizations Bernardin & Russell; Turesky & Gallagher, 2011).

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Every Nurse Has A Story to Tell: Norton Memorial Infirmary School of Nursing Endearing Legacies 1886-1976

Shela Bolus, BSN, RN, Physician Relations & Communications, Norton Healthcare
Cheryl Furlong, BSN, RN
Debra Rayman, MA, BSN, RN
Jane Younger, MSN, BSN, RN, nursing faculty, Lansing School of Nursing, Bellarmine University

KNA Conference Poster Abstract

The records and stories of the eventful lives of ancestors can provide a sense of inspiration and identity for posterity. There are many books written on the history of nursing, but few with personal accounts of real-life experiences which impacted the evolution of nursing as a profession. Our goal was to identify how world events and the nursing experience shaped and influenced the lives of the nurses as well as others in their connection circle.

We set out to capture and preserve the authentic history to inform current and future generations of nurses and as a treasure for families, children, grandchildren and beyond. From 1886 to closing in 1976, this school of nursing was the oldest diploma nursing school south of the Mason Dixon Line. Over its 90-year history, greater than 1500 diploma prepared nurses graduated.

There was a sense of urgency to obtain first person information through contact of the many graduate nurses from age 60 to a nurse who is 100-years-old and had lucid memories.

A committee of four was formed and evolved to team of four co-authors. The project was divided by assigned decades. First person histories were obtained through personal visits and questionnaires. Journals, letters, photos, individual scrapbooks, heirlooms, first person histories, family recollections, local newspapers, hospital, public and school libraries and the assistance of a library archivist were all used.

The personal accounts of graduates over 90 years revealed how the world events and the nursing experience shaped and influenced the lives of the nurses and future generations of nurses and as a treasure for families, children, grandchildren and beyond. From 1886 to closing in 1976, this school of nursing was the oldest diploma nursing school south of the Mason Dixon Line. Over its 90-year history, greater than 1500 diploma prepared nurses graduated.

We set out to capture and preserve the authentic history to inform current and future generations of nurses and as a treasure for families, children, grandchildren and beyond. From 1886 to closing in 1976, this school of nursing was the oldest diploma nursing school south of the Mason Dixon Line. Over its 90-year history, greater than 1500 diploma prepared nurses graduated.

Impact of Multi-Level, Peer-to-Peer Simulation on Student Satisfaction

James Caleb Schmitt is a nursing student at Northern Kentucky University

KNA Conference Poster Session Abstract

Objective: How does peer-to-peer, multi-level simulation education affect BSN student satisfaction related to the experience? Background: Undergraduate nursing students have benefitted from peer-to-peer learning experiences in simulation (Brown & Rode, 2018; Jones, 2014). Curtis et. al (2016) found that peer-to-peer simulation experiences improved confidence in clinical skill performance. However, few studies examined the multi-level aspect of peer-to-peer simulation education.

Significance to the Field of Nursing: Leadership skills, communication, collaboration, and self-assessment are enhanced through simulation based education (Brown & Rode, 2018). Method: A convenience sample of BSN students (n=86) was recruited from various levels in the nursing program. The sample consisted of students who missed clinical during the semester and were required to participate in a multi-level simulation experience. An informal satisfaction survey was administered to all participants following the simulation experience. Data were collected over the course of two academic years (2016-2018). Findings: Survey results indicated 97.57% of participants reported high levels of satisfaction when working with peers from other levels in the nursing program. Leadership development, mentorship, collaboration, and clinical skill improvement were common themes identified from open-ended questions related to the multi-level simulation experience.

Implications for Nursing Practice: Multi-level, peer-to-peer simulation is an innovative way to foster leadership, mentorship, confidence, and collaboration in nursing education. Development of these foundational skills are vital for success in nursing education and practice. Competent BSN graduates positively impact patient safety and satisfaction.
**What’s the difference between KNA and KBN?**

Established in 1906, the Kentucky Nurses Association (KNA) is the only full-service professional organization for the state’s entire nurse population. In addition to promoting the essential role of registered nurses in health care delivery system, the Association serves as an advocate for quality patient care in all settings. From the halls of Frankfort and state agencies to boardrooms, hospitals and other health care facilities, the KNA is the strong voice for the nursing profession throughout the Commonwealth.

**Activities are funded through membership dues, products and royalties.**

**KNA Activities:**
- Helps members with information and resources related to nursing, nursing practice, education, scholarships and a variety of additional topics.
- Serves as liaison information to state agencies, healthcare organization and the media.
- Offers discounts for the KNA Convention, Summit and all other programs offered by the KNA regarding nursing practice, leadership, legislative activities and other important issues.
- Offers discounts on KNA products and services.
- Provides networking opportunities in many areas: practice, legislation, academics, research, etc.
- Offers complimentary resume review and assistance.
- Connects members to “members only” website portal.
- Serves as continuing education provider.
- Offers full-time lobbying representation in Frankfort and at the nation’s capital to ensure that nursing has a voice in legislative activities.
- Offers recruitment portal for every healthcare entity in Kentucky.

**The Kentucky Board of Nursing Profile**

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The Kentucky Board of Nursing (KBN) is an agency of the Commonwealth of Kentucky, governed by the Nurse Practice Act, established in 1914. The Board is a separate and distinct entity from any professional association.

The Board’s role is to protect public health and welfare by developing and enforcing state laws governing the safe practice of nursing.

The Board is self-supporting through fees assessed for professional licensure. The agency receives no general fund tax appropriation.

**KBN Activities:**
- Grants licensure to practice nursing to qualified applicants. (LPN, RN, and APRN) Credentials Sexual Assault Nurse Examiners (SANE) and dialysis technicians (DITS).
- Interprets laws and regulations related to the legal scope of practice.
- Develops regulations (rules) necessary to implement its statutory responsibilities and duties.
- Establishes minimum standards of nursing practice.
- Sets minimum standards for nursing education and maintain list of approved schools.
- Defines and describes nonprofessional conduct.
- Takes disciplinary action on licensees in response to nonprofessional conduct.
- Maintains a list of names, addresses and licensure status of persons they license.
- Approves applications for prescriptive authority for advanced practice nurses.
- Maintains registration of individuals who are credentialed as state registered nursing assistants (SRNAs).
January, February, March 2019

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*By signing the Monthly Electronic Payment Deduction Authorization, or the Automatic Annual Credit Card Payment Authorization, you are authorizing ANA to change the amount by giving the above signed thirty (30) days advance written notice. Above signed may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA will charge a $5 fee for any returned drafts or chargebacks. Full and Direct Members must have been a member for six consecutive months or pay the full annual dues to be eligible for the AMCC certification discounts.

References


Rosedale Green & Emerald Trace is a next-generation option for recovery care, robust and long-term care that puts the personal independence of residents first.

We are currently seeking:

• RN’s/PN 7a-7p & 7p-7a, STR (Emerald)
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• LPN’s PT 2nd shift, LTC (Emerald)

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We offer “Competitive Salary” “Excellent & Affordable Health Insurance” “Generous PTO and much more!”
The Department of Juvenile Justice (DJJ) is one of the five departments under the Kentucky Justice and Public Safety Cabinet.

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We offer over 30 continuous education programs for health professionals.

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In support of improving patient care, the University of Southern Indiana Center for Health Professionals Continuing Education needs accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACP), the American Nurses Credentialing Center (ANCC), and the American Society of Radiologic Technologists (ASRT), provide continuing education for the healthcare team.

St. Claire HealthCare offers comprehensive benefits for Registered Nurse (RN) positions.

- Competitive Compensation
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RN Benefited Weekend Program (Baylor Program)
- Work 24 hours a week, paid 36
- Work 36 hours a week, paid 48

Benefitted weekend program only applies to shifts worked Friday, Saturday, and Sunday within the same weekend.

Must work 48 out of 52 weekends a year.

PRN Plus Program
- Level I: $55/hr working 3 shifts per pay period
- Level II: $40/hr working 6 shifts per pay period

PRN Plus rate only applies to staff working 12-hour shifts.

Limited Availability

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Text “Nurse” to 82257 or visit our website, www.st-claire.org.
Stop workplace violence against nurses and all healthcare professionals

It is likely that every Kentucky family has had a loved one who has received care from a nurse. In fact, it is even more likely that every Kentuckian has received care from a nurse. The touch of a nurse may have involved care following a surgical procedure, a difficult diagnosis, response following a traumatic injury, childbirth or care at the end of life. The gentle and healing touch of a nurse has brought comfort to residents of the Commonwealth during some of the most joyful and difficult times. Throughout each of these interactions, nurses have pledged to give their best care during every encounter. The general public applaud their efforts and has recognized nursing as the most trusted profession every year since 2001, according to the most recent annual Gallup Poll. Despite this level of commitment to our communities, there is an increasing number of reported acts of violence against nurses.

According to the International Journal of Nursing Studies (2016), in an investigation of 26,979 nurses, almost 50 percent reported that they had experienced at least one episode of violence in the past year, with approximately 19 percent reporting physical violence. These acts of violence may be related to the opioid crisis, other substance abuse and mental health issues or family stress among other factors. Regardless of the genesis of the violence, members of the Kentucky Nurses Association (KNA), the professional association for nurses, felt it imperative that a group of nurse leaders and administrators from across the state come together to begin dialogue about the events and craft some responses toward solution. To that end, the KNA recently hosted a Workplace Forum and those attending stressed the critical importance of bringing this safety concern that impacts nurses and health care workers, to the forefront of public discussion. The KNA is the voice for nurses in Kentucky; bringing attention to current events that threaten the safety of those whose chosen profession involves care of Kentuckians. Workplace Forum attendees identified a number of actions that will go a long way toward creating and enhancing a culture of nurse and healthcare worker safety applicable in all settings where care is delivered. These actions include standardized training to de-escalate volatile situations in the workplace, regular in-service education on how to deal with workplace aggression, the use of panic buttons, support and facilitation of care providers reporting all violent incidents and incorporation of workplace safety into nursing school curriculums. More aggressive suggestions include the use of security staff, such as off duty police officers in settings where violence is common and alarming such as in emergency departments, behavioral health facilities and substance abuse treatment settings. Hospital executives and health industry leaders have demonstrated focus on protecting all healthcare personnel and will provide programs across the state that bring awareness to the importance of reporting all incidents and prosecuting the offenders. In Kentucky, violence against nurses is a class IV misdemeanor. If we are to protect Kentucky’s nurses, the nurses, administrators and the judicial system must adhere to the law. For the safety of all, everyone must be held accountable for violent acts. Further, we must support healthcare personnel in this legal process recognizing that it is a sorrowful, but necessary step. For the sake of Kentucky nurses and the Kentuckians for whom they care, there must be zero tolerance of aggression against all those who provide care.

Please join us in keeping all healthcare professionals safe. Speak out and speak up – show how much you care for those who care for you.

Ruth Carrico, PhD, DNP, APRN, CIC

References

Sleep related deaths are a major concern in Kentucky. By following the American Academy of Pediatrics’ Safe Sleep recommendations, sleep related deaths can be greatly reduced.

- Babies should sleep alone in their own crib, bassinet or play yard. The baby’s sleep area may be in the parent’s room, but not in the parent’s bed.
- Always place infants on their backs to sleep to reduce the risk of SIDS.
- Keep the crib, bassinet or play yard free and clear of soft objects, toys, loose bedding, bumper pads and pillows.
- No smoking around the baby.
- Breastfeeding and giving baby a pacifier during sleep also reduces sleep related deaths.

Protection for Winter Weather

- Baby can be dressed in a one piece pajama or wearable blanket. Wearable blankets can be layered over undershirts or a onesie. Do not let your baby get too hot by overdressing them or wrapping them in heavy blankets.
- Keep the baby’s room at a comfortable temperature. Do not overheat the room.
- Do not put a hat on your baby to sleep; there is a risk the hat could slip down, covering the baby’s face.

REMEMBER to keep all portable heaters away from the baby and baby’s sleep area. The baby can overheat if too close to a heater, receive burns, or become tangled up in cords of small electric heaters.