American Nurses Association Elects National Leaders

SILVER SPRING, MD – Today, the voting representatives of the American Nurses Association (ANA) Membership Assembly elected leaders to serve on the board of directors and nominations and elections committee. All terms of office begin on January 1, 2020.

ANA’s Membership Assembly elected the following members to serve on the 9-member board of directors: Vice President Susan Swart, EdD, MS, RN, CAE, of ANA-Illinois; Treasurer Jennifer Mensik, PhD, RN, NEA-BC, FAAN, of the Oregon Nurses Association; Director-at-Large James Watson, DNP, RN, NEA-BC, of the Texas Nurses Association; Director-at-Large, Recent Graduate Marcus Henderson, BSN, RN, of the Pennsylvania State Nurses Association.

Those continuing their terms on the ANA board in 2020 are: President Ernest Grant, PhD, RN, FAAN, of the North Carolina Nurses Association; Secretary Stephanie Pierce, PhD, MN, RN, CNE, of the Louisiana State Nurses Association; Director-at-Large Tonisha J. Melvin, DNP, CRNP, NP-C, of the Georgia Nurses Association; Director-at-Large Varsha Singh, DNP, APN, RN, of the New Jersey State Nurses Association; Director-at-Large, Staff Nurse Jennifer Gil, BSN, RN, of ANA Massachusetts.

Elected to serve on the Nominations and Elections Committee are: Larlene Dunsmuir, DNP, FNP, ANP-C, of the Oregon Nurses Association; Laure Marino, DNP, APRN, FNP-BC, GNP-BC, of the West Virginia Nurses Association; Sara McCumber, DNP, APRN, CNP, CNS, of the Minnesota Organization of Registered Nurses; and Gayle Peterson, RN-BC (chair-elect), of ANA Massachusetts.

Beginning with our December 2019 issue, The Nurse Voice will be distributed as part of ANA-Illinois membership services and will be available as an electronic publication to non-members.

Several years ago, ANA-Illinois & the Illinois Nurses Foundation adopted an environmentally friendly approach to our events and meetings. We use online communications for events and programs instead of paper, we have reduced the amount of paper the Association and Foundation use at events and meetings, and we encourage ride-sharing as a more efficient means of transportation to our events.

With this in mind, the Illinois Nurses Foundation will be transitioning the distribution of our quarterly newsletter starting with our December Issue of The Nursing Voice.

Whether you want to go green or just like reading on your tablet, signing up for the online version of The Nursing Voice is easy! Instead of receiving a printed copy, you’ll get a copy in your email inbox (and you will get it faster, too). Register your email and sign up to receive The Nursing Voice electronically.


If you have any questions or comments about The Nursing Voice, please email them to syswart@ana-illinois.org
To my fellow Nurses,

On behalf of the Board of the Illinois Nurses Foundation, we hope you are enjoying this beautiful summer. I am writing to you for the first time in my new role as Vice President of the Foundation. My inspiration for this letter derives from those who share and take on the mission of the INF. In the coming months, the INF is hosting its annual 40 under 40 event where the stories of nursing professionals are shared and celebrated because of their inspiring contribution to the communities they serve. This is 40 under 40’s fifth year, and it is incredible to hear the stories of young emerging leaders that have been nominated by their communities.

Being under 40 myself, I am encouraged by the participants, their success, and their profound impact on the communities they serve. Nursing has evolved so much over the years, and when I hear the stories of those nominated, it reminds me of just how far a nursing degree can take you. That is what 40 under 40 is all about – celebrating those nominated and recognizing the impact they have made to the Illinois nursing community.

As the INF continues to expand its roots to every part of our state, its mission is to provide the support by means of scholarship and educational initiatives. Nursing is a profession founded on the principals of trust and compassion and the need to serve. It requires teamwork and support from one another. It is a profession that allows oneself to be challenged intellectually, professionally, and emotionally.

This is why the INF and the work we do matters so much. Being a part of this foundation and having the opportunity to connect with my colleagues across the state has inspired me to be more involved. Moreover, there are so many ways to do that. So here is a call to action for nurses everywhere. Join our mission. Reach out to the foundation and get involved. On behalf of the INF, we want to thank you for your continued support.

Sincerely,

Brandon Hauer MSN, RN

The Nursing Voice

2019 INF Scholarship Winners

The Illinois Nurses Foundation gave a total of $12,000 in scholarship awards in June 2019. We are pleased to be able to support these nurses and/or student nurses.

Wendy Burgess Scholarship
Audrey Paitz
Loyola University Chicago

South Suburban Scholarship
Sara Ismail
Saint Xavier University

Sonne Scholarship
Shea Demonteverde
Aurora University

North Suburban Scholarship
Jackie Falotico
Northern Illinois University

D21 Scholarship
Janesha Robinson
Bradley University

D2 Scholarship
Justin Jasper
University of St. Francis

Davis Scholarship
Youngkwan Song
University of Illinois at Chicago

Centennial Scholarship
Jayro Cortez
Millikin University

ANNA GALLAGHER/AMERICAN NURSES FOUNDATION SCHOLARSHIP
Lanette Stuckey Capella University

FRESNIEUS KABI/AMERICAN NURSES FOUNDATION SCHOLARSHIP
Charitee Rummage
University of Illinois at Chicago

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University of Illinois at Chicago

$5,000 Sign on Bonus
Director of Nursing • Population Health RN
Acute Care RNs • Quality Improvement RN
Registered Nurses (ER, AC, OB & PC)
Manager of In-Home Support Program RN
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or 877-538-3142 for more information

Nurse, Alaska

www.nortonsoundhealth.org
NURSING: THE FUTURE IS OURS!
DONNA CARDILLO, MA, RN, CSP, FAAN

Donna Cardillo, MA, RN, CSP (Certified Speaking Professional), FAAN (Fellow in the American Academy of Nursing) is The Inspiration Nurse. She travels the world helping individuals to be happy in their lives and careers and to reach their full potential. She does that as a keynote speaker, columnist, author, and cut-up. Her accomplished career combines over 25 years of clinical, managerial and business experience, not to mention her stint as a professional singer. Donna’s clinical experience includes emergency and psychiatric nursing. Donna holds a diploma in nursing, a BS in Health Care Management and an MA in Corporate and Public Communication. She is an Expert Blogger at DoctorOz.com, the original ‘Dear Donna’ columnist at Nurse.com, and a former “Healthcare Careers Expert” at Monster.com.

Other Sessions Include:
Don’t Just Lean In: Stand Up and Stand Out
Karen Kelly, EdD, RN, NEA-BC
Combating Microaggressions Against Nurses of Color in Healthcare
Patti Ludwig-Beymer, PhD, RN, CTN-A, NEA-BC, CPSS, FAAN
Transformational Leadership Competencies for New Nursing Managers
Rebekah Hopper, MSP, MBA/HCM, RN-NEA-BC
Ashley Pond, MSN, RN-BC
Staffing - Empowering Nurses to Drive Change
Susan Y. Swart, EdD, MS, RN, CAE

Interested in presenting a poster of your project or research – submit details: http://mysysapp.com/applications/apply/ana-illinois/abstract

6.5 hrs CE
Registration fee
Members & Organizational Affiliate Members $75.00
NonMembers $125.00
Pre-Licensure Student $25.00
CE is jointly provided by the Illinois Nurses Foundation and ANA-Illinois.

This activity has been submitted to the Ohio Nurses Association for approval to award contact hours. The Ohio Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. (OBN-001-91)

Greetings

With summer in full swing, we hope you have an opportunity to enjoy the weather, time with friends and family. Our Healthy Nurse, Healthy Nation team has participated in 5K races, and Chicago Summerdance, along with other activities. Do not forget to join our Healthy Nurse, Healthy Nation - ANA – Illinois group on Facebook for the latest updates.

I would like to congratulate a few RN’s who are ANA–Illinois members who have recently begun serving in local government. Rebecca Abraham was elected to the Village of Skokie Board of Trustees, while Jenifer Vinezano was appointed to serve as 4th Ward Alderwoman for the city of Rolling Meadows. As nurses, we can play a transformative role in our communities through participation in local government.

At the June ANA Membership Assembly, our executive director, Susan Swart, EdD, RN, was elected to serve as Vice President for the national ANA Board of Directors. Your elected ANA Membership Assembly representatives, Terri Gallagher, Eli Heicher, Nancy Reland, and Tracy Viers voted on crucial actions to shape the direction of ANA and our profession. The assembly recommended nursing students who are Deferred Action for Childhood Arrivals (DACA) recipients be allowed to take the NCLEX in all states without facing barriers, while also approving ANA to send a letter to the U.S. Department of Health and Human Services secretary sharing grave concerns about unmet health care needs, unsanitary and unsafe conditions at government detention facilities. The association also strengthened its position on vaccination, in light of recent disease outbreaks. As the most trusted profession, we must communicate the critical need for immunization and undisputed science backing vaccine safety and efficacy to the public.

Members also called on ANA to establish an ad hoc committee to study the issue of nurse suicide in the United States, and the association adopted a Presidential Election Engagement Policy as we move away from the traditional presidential endorsement. The new policy includes reaching out to each declared candidate with information on ANA; educating members and the public on presidential candidates’ positions on ANA’s policy agenda and priorities; and aggressive promotion of voter registration and voting among RNs, as well as other engagement efforts.

Looking forward to the fall, ANA–Illinois elections will be held online from September 15, 2019, to October 2, 2019. Watch your email for information about voting, and take some time read more about the candidates, and cast your ballot to elect members of the Board of Directors.

Finally, I hope you can join us at our annual Professional Issues Conference in Springfield, Illinois on Saturday, November 2, 2019, where Donna Cardillo, the Inspiration Nurse will share Nursing – The Future is Ours! Also, for pre-licensure students and faculty, the Student Nurses Association of Illinois (SNAI) is hosting their annual conference on Saturday, October 5 in Springfield, Illinois. As SNAI-Co Consultants, Amanda Buechel and I, along with other board members, will be there to support our future student nurse leaders in their transition to the professional role.
Candiates for President

Elizabeth Aquino Ph.D., RN
Associate Director, Master's Entry to BSN Program

Hello, my name is Amanda Buechel. I am a Registered Nurse – my most recent being the “Protecting JOBs Act (S. 609)”. Also, I am a recipient of the 2019 ANA 40 under 40. I have been an active member of ANA, and I continue to support her mission and vision for nursing by lobbying for bills that will strengthen the nursing profession and our members: we are “advocates for nurses.”

Amanda Buechel BSN, RN, CCNR
Surgical Trauma Intensive Care Registered Nurse

Anne Marie Olson, RN, CCRN
Director, Harvest Team

My name is Kathryn Serbin, DNP, MS, BSN, CCM. My personal & professional objectives, which include the development of a personal philosophy of practice that aligns and supports the values of the nursing profession, have always been an asset to every organization I have worked with. Not only have they contributed to my personal growth as a nurse, but they have also served as a catalyst for change within the organizations I have served.

Kathryn M Serbin DNP, MS, BSN, CCM
Associate Chief Nurse, Surgery
Capt James A. Lovell Federal Health Care Facility

I am an active member of ANA, and I continue to support her mission and vision for nursing by lobbying for bills that will strengthen the nursing profession and our members: we are “advocates for nurses.”

Colleen Morley DNP, RN, CNCM, ANP
Director of Case Management
West Suburban Medical Center

As a leader in Nursing, I know how critical it is to have open lines of communication to our members: we are “advocates for the advocates.” My name is Dr.

Candidate for Secretary

Colleen Morley DNP, RN, CNCM, ANP
Director of Case Management
West Suburban Medical Center
Loretta K Dorn MSN RN CRNI
Director of Nursing Consultants
Fresenius Kabi

I have been a member of ANA for several years, and I have been involved in the ANA-Illinois legislative committee. Over the years, I have been a strong supporter of ANA-Illinois as a nursing advocate and voice of Illinois nursing. My career in nursing has provided me with opportunities to influence positive changes within the system of health care. I believe that we cannot bring about best practices for a quality outcome to better understand the change process and plan oversight, and progressive follow up care. I have maintained professional growth and clinical competence. I plan to continue to promote professional growth and to bring about best practices for a quality outcome. My career in nursing has provided me with opportunities to influence positive changes within the system of health care. I believe that we cannot bring about best practices for a quality outcome to better understand the change process and plan oversight, and progressive follow up care. I have maintained professional growth and clinical competence.
Candidates for Nominating Committee

Onyeisi Stephen Ogbomeh DNP, MSN-L, MSN-FNP, BSN, RN, NE-BC
Director, Harvest Team

I am seeking this position because I want to serve and be able to influence positive changes within the metaparadigm (nursing, person, health, and environment) of the nursing profession. Moreover, this position aligns and supports my personal & professional objectives, which include taking ownership and responsibility of key initiatives that affect the progress and wellbeing of my community.

Katrina Soto RN
Staff Registered Nurse
Adventist Hinsdale Hospital

I would love to continue to serve the profession.

Linda Lowry RN
Director of Nursing
Fair Oaks Rehabilitation & Care Center

I am seeking the position of Director because I feel I can utilize the volumes of seasoned leadership I have paired with the experience of a somewhat newer nurse to help "grow up" nurses seeking advanced positions within the nursing industry. It is my hope to provide invaluable resources and opportunities that will promote an ownership position while developing ‘nursepreneur’ mindsets.

Onyeisi Stephen Ogbomeh DNP, MSN-L, MSN-FNP, BSN, RN, NE-BC
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Kathryn Valentine BSN, CVRN-BC
Staff Nurse
Memorial Medical Center

I would like to run for the Nominating committee so I can learn more about leadership, stay involved in current Illinois legislation, and have another way to advocate for my patients by being a part of the Illinois chapter of the American Nurses Association.

The Nursing Voice

Presented by:
Sue Clark, ANA-Illinois Lobbyist,
And
Susan Y. Stewart EdD, MS, RN, CAE, ANA-Illinois Executive Director

Join us for breakfast for an in depth, behind the scenes look at what is at stake in the next year as we approach the 2020 election cycle

Tickets - $25*
*The cost of the ticket will be donated to the Nurses PAC


They’re Here Nurse License Plates

Available at www.ilsos.gov/pickaplate
As part of ANA’s annual Hill Day, nurses, students and other leaders met with members of Congress and their staff to build support for federal legislation addressing workplace violence, funding for nurse workforce development programs, and APRNs’ ability to order home health care services.

Over 325 participants—with more expected—from 48 states shared their perspectives and expertise during hundreds of scheduled visits on Capitol Hill. And thousands from across the country urged federal policymakers to support ANA-backed legislation on workplace violence prevention as part of a Virtual Hill Day event.

First up, participants attended a breakfast briefing, where they learned more about ANA-supported legislation and were welcomed by ANA President Ernest Grant, PhD, RN, FAAN.

“The broader public needs you to be advocating [on Capitol Hill today] just as much as an individual patient needs their nurses advocating for them at the bedside,” said Grant, who will join participants in meeting with federal lawmakers, including U.S. Sen. Richard Burr from his home state of North Carolina. “Rest assured, the people with whom you’re meeting are relying on nursing’s perspective, so they can better serve you and your patients.”

In a new event, Grant held ANA’s Hill Day version of a “fireside chat” with the newest nurse to join the 116th Congress, U.S. Rep. Lauren Underwood (D-IL).

“I have been a member of ANA for a long time, and it is a thrill and honor to be here,” said Underwood, MSN, MPH, RN, who worked on implementing the Affordable Care Act while serving in the Obama administration. “It was her concerns about several preexisting conditions that led her to run for Congress.

“Health care was the No. 1 issue in our elections, and health care is a human right,” said Underwood, who continues to push for efforts to protect and ensure people’s access to affordable care.

She also addressed the “biggest challenge” – the Senate’s refusal to take up bills sent from the House for consideration. So Underwood encouraged nurses to lobby Senators – both Republican and Democrat – whom they are meeting with today to support the Title VIII Nursing Workforce Reauthorization Act.

“There is nothing controversial about Title VIII and having more nurses in our country,” Underwood said. “Talk about what is important to you. Talk with confidence. You are the experts.”

She added that the most powerful things nurses have is their patient stories, and all the factors that affect someone’s overall health.

The three key bills that Hill Day attendees called attention to were:
- The Workplace Violence Prevention for Health Care and Social Service Workers Act (HR 13095/ S 85)
- The Home Health Care Planning Improvement Act (HR 2150/ S 296)
- The Title VIII Nursing Workforce Reauthorization Act of 2019 (HR 728/S. 1399)

Additionally, participants addressed the importance of nurse staffing as ANA continues to work with federal policymakers on this critical nurse and patient safety issue.
Delirium affects 18-35% (about a third) of the patients in hospital settings, and it is not assessed appropriately by registered nurses (RNs). Nurses often notice a difference in patients’ behavior but do not have enough knowledge to document the finding using appropriate screening tools. Therefore, interventions for prevention often are not implemented. The risks of delirium can be diminished if interventions start as soon as the first symptoms are observed (Bauernfreund, Butler, Ragavan, & Saposnik, 2018). The CAM screening tool has been effective in identifying delirium in hospitalized patients and has a sensitivity of 95% and specificity of 89% (Holly et al., 2017).

This project brought information to RNs about the importance of early identification of delirium during hospital stays. The project goals were to increase knowledge of delirium and awareness of CAM. RNs received education via a Power Point presentation about delirium, the CAM delirium screening tool, how to access the CAM delirium screening tool, and how to identify patients at risk for delirium. The project aim was to get 50% of the RNs, who often work with geriatric patients, knowledge about delirium.

The literature reviewed the urgent need to prevent delirium in hospital settings. Delirium associated with the risks of premature death, longer hospitalizations, risk of falls, and hospital-acquired pneumonia. The cost of delirium care increased year by year (Aziz et al., 2018). Despite the complications that delirium can cause, it often goes undiagnosed in healthcare settings by healthcare professionals (Holly, Rittenmeyer, & Weeks, 2014). Review of literature reveals that educating nurses regarding delirium is one of the most efficient ways to improve delirium screening and patient outcomes in healthcare settings (March & Ingrumd, 2017).

Before project implementation, patients on medical-surgical units were not screened for delirium. The CAM screening tool was not being utilized because nurses do not receive education about the importance of the delirium screening tool during the orientation process on a regular basis. CAM is a validated tool that is easy to use and is already installed in electronic medical records in the hospital where research took place.

Results
A total of 53 registered nurses participated in the educational project. All of them completed a pre and post educational survey. The results are placed in different tables to analyze quantitative and qualitative data and evaluate the effectiveness of the study. Results showed that, before the educational activity, only 28% of RNs reported that they were confident in delirium assessment.

Discussion
Delirium is a frequent problem and mostly gets undiagnosed and missed in clinical settings (Holly, Rittenmeyer, & Weeks, 2014; Holie et al., 2015; Kukreja, Gunther, & Popp, 2015; Mutti & Hirsch, 2017; Shi, Warren, Saposik, & MacDermid, 2013). The educational PPT was developed to educate registered nurses and bring it to attention that delirium is very important to recognize and prevent in hospitalized patients. The main objectives of the educational project were to provide education to RNs and confirm that educational activities with PPT presentations are effective in increasing nursing knowledge about delirium. After education, most RNs reported that delirium assessment is one of the most important, the CAM tool is easy to use, and will help in identifying symptoms of delirium sooner. RNs noted that they will use the CAM tool more often since they understand the meaning of it.

Data Collection and Intervention
The educational sessions were held on medical-surgical units and 53 registered nurses were educated on the topic. Each nurse completed pre and post educational surveys and the data from surveys were used to compare the findings before and after education. Most of the RNs reported lack of knowledge on the pre-educational survey. Registered nurses reported improved knowledge about delirium, CAM tool, delirium assessment skills, knowledge about interventions to prevent delirium, and where to document assessment findings in the electronic records after education. The effects of the educational activities were noted in both the qualitative and quantitative responses of the surveys.

Framework for the Educational Activities
The framework for this project is based on Barrett’s Power as Knowing Participation in Change Theory. Barrett’s theory correlates with the research project as it gave nurses the choice to knowingly and voluntarily participate in educational sessions to learn about delirium.

Table 1. QUAN Data: Pre and Post Education

<table>
<thead>
<tr>
<th>Survey Questions</th>
<th>pre yes</th>
<th>pre no</th>
<th>post yes</th>
<th>post no</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you know the meaning of delirium?</td>
<td>91%</td>
<td>9%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>2. Are you familiar with the signs and symptoms of delirium?</td>
<td>83%</td>
<td>17%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>3. Are you aware that delirium can be prevented?</td>
<td>51%</td>
<td>49%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>4. Are you confident of your delirium assessment skills?</td>
<td>28%</td>
<td>72%</td>
<td>98%</td>
<td>2%</td>
</tr>
<tr>
<td>5. Are you familiar with the interventions that could help prevent delirium?</td>
<td>32%</td>
<td>68%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>6. Do you know where to document delirium assessment finding?</td>
<td>42%</td>
<td>58%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>7. Are you familiar with the Confusion Assessment Method (CAM) screening tool?</td>
<td>57%</td>
<td>43%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>8. Do you know how to use the CAM tool?</td>
<td>40%</td>
<td>60%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>9. Have you ever used the CAM tool?</td>
<td>42%</td>
<td>58%</td>
<td>5%</td>
<td>97%</td>
</tr>
<tr>
<td>10. Do you understand the importance of assessing for delirium symptoms?</td>
<td>91%</td>
<td>9%</td>
<td>100%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Note. (nursing responses in % before and after educational interventions)
from the PPT. After learning about delirium, the CAM tool, and interventions to prevent delirium episodes, nurses have the power to change the process of patients’ care by recognizing delirium in hospitalized patients sooner and improving patients’ outcomes.

Quality and Safety Education for Nurses Correlations

The educational project also correlated with the Quality and Safety Education for Nurses (QSEN) in quality improvement competencies (Francis Payne Bolton School of Nursing & Case Western Reserve University, 2018). The goal of QSEN is to improve safety, increase nursing knowledge, continue to improve quality of care on an everyday basis, and improve skills and attitudes that are necessary for better outcomes. QSEN supports clinical initiatives by providing a framework focused on improving quality of patient-centered healthcare in all areas of nursing (Altmiller, 2013).

Administrative Support of the Educational Activities

Several features contributed to successful educational sessions. Unit managers from medical surgical units were supportive after learning about the objectives of the project as it would improve patients’ outcomes in the hospital, fewer chances of readmission, less need to find long term care facilities after discharge from the hospital, and shorter hospital stays. Medical-surgical unit educators sent e-mails and posted advertisement about the opportunity to learn several weeks in advance of the educational activities. Registered nurses who participated in the study met the readiness for learning stage that is very important for effective learning process. Small group sessions make nurses feel comfortable in learning situations and are encouraged to ask questions that further facilitated learning. During project implementation, nursing staff got appropriate support and encouragement from the principal investigator (PI) and leadership of the units.

Future Considerations

To help nurses facilitate change, increase use of the CAM tool, and recognize delirium early, the development of policies and guidelines about delirium screening and interventions would be necessary. Follow up education is necessary to help improve nursing knowledge and provide opportunities for questions. A check list might be necessary to develop or send emails to remind nurses to do delirium assessment every shift until use of CAM tool gets hardwired into their practice. Also, a delirium education and assessment skill check off may need to be included in the orientation process for new hired staff. The yearly nursing education with CBL and a short test at the end might be necessary to assure understanding of the topic by the nursing staff.

Limitations for the Project

The limitations of the project were that the educational project took place during normal work hours and most nurses were responsible for multiple patients during educational activities. The interruptions of educational session inadvertently happened to some nurses even when most employees were aware about the program and tried to find time that would be less distracting. Most interruptions were related to patient family meetings that happened unexpectedly when the nurse was already participating in the research. Other interruptions happened because of sudden patient decline and phone calls from the operating room that could not wait, and the needed nurse had to stop participating in the research. There was a suggestion for the next educational activities to provide it on off days in combination with other mandatory in-services such as skill check off that nurses must participate in. When nurses come to mandatory in-services, the ten minutes for delirium training will not be a big issue.

Conclusion

The project results indicated the effectiveness of the educational interventions with the PPT by improving nursing knowledge about delirium, delirium screening, and use of the CAM tool. The long-term project goal of increasing the frequency of delirium assessment of hospitalized geriatric patients has the potential to improve because of the positive results on the increase of nursing knowledge about delirium assessment. The frequency of delirium assessment is minimal at present, and it needs to be increased to help patients avoid complications of delirium. The results of the study may be useful as this study showed improvement in nurse understanding and perception about delirium after the educational intervention. It may be necessary to provide more educational interventions to educate nurses about delirium yearly during the skill check off or during the orientation process in order to be consistent with the frequency of delirium screening of hospitalized patients.

<table>
<thead>
<tr>
<th>Table 2. QUAL Data: Pre-Education</th>
<th>Table 3. QUAL Data: Pre-Education</th>
<th>Table 4. QUAL Data: Post-Education</th>
<th>Table 5. QUAL Data: Post-Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11. What are Some Challenges to using the CAM tool?</strong></td>
<td><strong>12. What are Some Benefits to Using the CAM tool?</strong></td>
<td><strong>Identification</strong></td>
<td><strong>12. What are some benefits to using the CAM tool?</strong></td>
</tr>
<tr>
<td><strong>Time</strong></td>
<td><strong>Interventions</strong></td>
<td><strong>Responses</strong></td>
<td><strong>Categories:</strong></td>
</tr>
<tr>
<td><strong>Time</strong></td>
<td><strong>To help diagnose</strong></td>
<td><strong>Responses:</strong></td>
<td><strong>Participants Replies:</strong></td>
</tr>
<tr>
<td><strong>Knowledge level</strong></td>
<td><strong>Whenever you use a tool it provides more consistency</strong></td>
<td><strong>Knowledge level:</strong></td>
<td><strong>Identification:</strong></td>
</tr>
<tr>
<td><strong>Not enough assessment info</strong></td>
<td><strong>No accurate delirium assessment</strong></td>
<td><strong>Not previously educated on the topic</strong></td>
<td>Provide info to next shift</td>
</tr>
<tr>
<td><strong>Knowledge deficit</strong></td>
<td><strong>To identify when a patient is declining or might have possible infection</strong></td>
<td><strong>Did not know of it until now</strong></td>
<td>More effective treatment and quicker diagnosis</td>
</tr>
<tr>
<td><strong>Knowledge deficit</strong></td>
<td><strong>Early detection</strong></td>
<td><strong>To know what medication to use</strong></td>
<td>Early detection (times 11)</td>
</tr>
<tr>
<td></td>
<td><strong>Better assessment</strong></td>
<td><strong>Identify early</strong></td>
<td>Can identify patients at risk for developing delirium</td>
</tr>
<tr>
<td></td>
<td><strong>Documenting delirium</strong></td>
<td><strong>Helps monitor patients at risk, identify early</strong></td>
<td>Helps monitor patients at risk, identify early</td>
</tr>
<tr>
<td></td>
<td><strong>Useful in conducting thorough delirium assessment</strong></td>
<td><strong>Better delirium assessment, consistent documentation</strong></td>
<td>Better delirium assessment, consistent documentation</td>
</tr>
<tr>
<td></td>
<td><strong>Screen patients baseline and identify changes in patient condition</strong></td>
<td><strong>Identify delirium</strong></td>
<td>Identify delirium</td>
</tr>
<tr>
<td></td>
<td><strong>Helps assess patients mental status</strong></td>
<td><strong>We can catch early</strong></td>
<td>We can catch early</td>
</tr>
<tr>
<td></td>
<td><strong>Allow to see changes in baseline and monitor progress</strong></td>
<td><strong>Identifying delirium in patients</strong></td>
<td>Identifying delirium in patients</td>
</tr>
<tr>
<td></td>
<td><strong>Help to see the signs of delirium especially with post op patients before they are worse</strong></td>
<td><strong>Diagnose changes in behavior sooner</strong></td>
<td>Diagnose changes in behavior sooner</td>
</tr>
<tr>
<td></td>
<td><strong>Better assessment of patients with acute documents changes</strong></td>
<td><strong>Track changes in patient status</strong></td>
<td>Track changes in patient status</td>
</tr>
<tr>
<td></td>
<td><strong>Keeping a record of patient’s delirium and their mental status</strong></td>
<td><strong>Find sign and symptoms of delirium early</strong></td>
<td>Find sign and symptoms of delirium early</td>
</tr>
<tr>
<td></td>
<td><strong>Check patient for sign leading to delirium</strong></td>
<td><strong>Only four questions</strong></td>
<td>Only four questions</td>
</tr>
<tr>
<td></td>
<td><strong>Interventions</strong></td>
<td><strong>Short assessment</strong></td>
<td>Short assessment</td>
</tr>
<tr>
<td></td>
<td><strong>To fix problem</strong></td>
<td><strong>Easy, short, not time consuming</strong></td>
<td>Easy, short, not time consuming</td>
</tr>
<tr>
<td></td>
<td><strong>To provide treatment earlier</strong></td>
<td><strong>Interventions</strong></td>
<td>Intervene appropriately</td>
</tr>
<tr>
<td></td>
<td><strong>Prevent and treat delirium</strong></td>
<td><strong>Treating delirium early</strong></td>
<td>Treating delirium early</td>
</tr>
<tr>
<td></td>
<td><strong>Get patients treated quickly</strong></td>
<td><strong>Early treatments</strong></td>
<td>Can let MD know if highly suspected?</td>
</tr>
<tr>
<td></td>
<td><strong>Close monitoring</strong></td>
<td><strong>Prevention</strong></td>
<td>Treat delirium</td>
</tr>
<tr>
<td></td>
<td><strong>Early treatment</strong></td>
<td><strong>Prevent delirium (times 9)</strong></td>
<td>Prevent delirium</td>
</tr>
<tr>
<td></td>
<td><strong>Monitor/determine delirium</strong></td>
<td><strong>Helps patients before major issues may arise</strong></td>
<td>Helps patients before major issues may arise</td>
</tr>
<tr>
<td></td>
<td><strong>Catch or prevent delirium</strong></td>
<td><strong>Prevention</strong></td>
<td>Prevention of symptoms</td>
</tr>
<tr>
<td></td>
<td><strong>Outcomes</strong></td>
<td><strong>Start of prevention of delirium</strong></td>
<td>Start of prevention of delirium</td>
</tr>
<tr>
<td></td>
<td><strong>Improve patients’ outcomes</strong></td>
<td><strong>Early prevention of delirium</strong></td>
<td>Early prevention of delirium</td>
</tr>
<tr>
<td></td>
<td><strong>Providing better patients’ care</strong></td>
<td><strong>Outcomes</strong></td>
<td>Improve patients’ outcomes</td>
</tr>
<tr>
<td></td>
<td><strong>Prevention</strong></td>
<td><strong>Help improve care</strong></td>
<td>Help improve care</td>
</tr>
<tr>
<td></td>
<td><strong>To prevent delirium before problem arise</strong></td>
<td><strong>Better outcomes</strong></td>
<td>Better outcomes</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Help patients</strong></td>
<td>Help patients</td>
</tr>
</tbody>
</table>
For the past few years, the Illinois Association of School Nurses has been involved in a major transition from our board structure to the services we strive to provide our members and nurses working in schools. While change is not easy, it creates growth personally, professionally, and as an Association. We remain focused on why we have gone through this restructuring process and the "why" is to serve our members more efficiently, effectively, and in a more strategic manner. No matter what we do over time, the "why" remains the same. We are committed to focusing on partnerships on the Board, with our members, NASN, and other stakeholders and reorganizing for efficiency and effectiveness and went restructuring. As a result, the IASN Board of Directors was reorganized for efficiency and effectiveness and went restructuring. In November 2017, Division structure was dissolved and changed to a unified statewide organization. At the October 2018 Annual Meeting, the membership approved bylaws changes to continue the restructuring. As a result, the IASN Board of Directors was reorganized for efficiency and effectiveness and went into effect in October 2018. The Board voted to have current officers continue to serve on the IASN Board until October 2019 as we transition into our new governance model and structure. Current committee chairs and members also remain in their current roles/positions as we transition IASN to the new governance model and structure.

The following people are currently serving in these board positions on the IASN Board through October 2019:

- **President** - Linda Vollinger
- **President-Elect** - Juanita Gryfinski
- **Past President** - Gloria Barrera
- **Immediate Past President** - Cathy Yonkatis
- **Executive Director** - Karen Madura
- **Secretary** - Maryann Tolzien
- **Treasurer** - Maryann Tolzien
- **IASN Foundation Liaison** - Linda Kimel
- **IASN Federation Liaison** - Covid-19
- **Leadership Identification Committee** (formerly the Leadership Identification Committee):
  - Jeanne Burke (Chair), Tricia Kiry, Martha Dewey

In mid-February, the Board accepted the resignation from our IASN Executive Secretary. The Board voted to contract with an outside provider to perform the duties formerly performed by the Executive Secretary at overall cost savings to IASN. We are excited to share that in July 2019, we have contracted with SYS Consulting Solutions, Inc. to provide these services. We feel that this will allow us to focus on our members and move towards becoming a transformational board and not just task-driven. It will also allow consistency over time as board members join and leave the board without decreasing service to our members.

This summer, many Illinois school nurses attended the NASN 2019 Conference in Denver, Colorado. There were also quite a few Illinois School Nurses that presented on a range of topics. We also had the opportunity to recognize school nurses from Illinois receiving awards: Dr. Julia Muenchow received prestigious recognition as she was inducted as a NASN Fellow; Dr. Robin Shannon was named Outstanding School Nurse Educator; Dr. Cathy Yonkaitis and Dr. Robin Shannon along with Dr. Janice Selekman (Delaware) were recognized by NASN President Nina Fekiars with the 2019 Presidential Recognition Award for their herculean efforts in editing the most recent School Nursing textbook titled School Nursing: A Comprehensive Text. In addition to attending a variety of sessions to enhance school nursing practice, Illinois attendees enjoyed the opportunity to network and visit with one another after the NASN Annual Meeting concluded. NASN 2020 will be held in Las Vegas, Nevada at The Cosmopolitan of Las Vegas from June 30 - July 3, 2020. Start making your plans to attend!

Please consider offering your skill set and serving on the NASN board and committees. There is something to suit everyone interested, and the benefits of belonging to your specialty professional organization are numerous!

If you are interested in serving on the IASN Board or committees, please contact me at LVollinger.iasn@gmail.com.

If you are not yet a member of IASN, I encourage you to join. More information is on our website (www.iasn.org) or the National Association of School Nurses website (www.nasn.org). IASN news and information can be found on Facebook, Twitter (@ilschoolnurses), and Instagram (ilschoolnurses).

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### New Continuing Education (CE) requirement for Illinois LPN, RN and APRN license renewal beginning in 2020

The sexual harassment prevention training is required of all persons who hold a professional license issued by the Division of Professional Regulation and are subject to a continuing education (CE) requirement. These licenseses must complete a one-hour CE course in sexual harassment prevention training. This requirement shall become effective for all licensure renewals occurring on or after January 1, 2020, http://www.illinois.gov/commission/cjer/admincode/068/068011300E04000R.html

How many hours of Continuing Education (CE) will I need for 2020 license renewal?

This 1 hour of sexual harassment prevention training CE requirement will be added in 2020 to the required CE that you are currently required to complete in order to renew your IL license. This CE requirement will be 1 hour and 60 minutes. CE sponsors must either be pre-approved per Rule 1300.130 or must have a CE sponsor license. The list of pre-approved CE Sponsors and Programs is in the Rules for the Administration of the Nurse Practice Act. Section 1300.130: http://nursing illinois.gov/NursingCE.asp

- **a)** Sponsor, as used in this Section, shall mean:
  - A) Approved providers of recognized certification programs as outlined in Section 1300.400(a).
  - B) Any conference that provides approved CE courses or programs.
  - D) The Illinois Board of Education.
  - G) The Illinois Department of Mental Health.
  - J) The Illinois Department of Public Safety.
  - K) Providers approved by another state’s board of nursing.
  - L) Nursing education programs approved under Section 1300.230 or 1300.340 wishing to offer CE courses or programs.
  - M) Employees licensed under the Hospital Licensencing Act (210 ILCS 85) or the Ambulatory Surgical Treatment Center Act (210 ILCS 5)
  - N) Any other accredited school, college or university.

- **b)** How do I know if the sponsor is approved or licensed?

Is there a list of approved CE Sponsors and Programs for Illinois nurses? CE sponsors must either be pre-approved per Rule 1300.130 or must have a CE sponsor license. The list of pre-approved CE Sponsors and Programs is in the Rules for the Administration of the Nurse Practice Act, Section 1300.130. Additional information, including a FAQ sheet and a list of pre-approved CE sponsors is available on the Illinois Nursing Workforce Center Website: https://nursing.illinois.gov/NursingCE.asp

- **c)** How long is the sexual harassment prevention training course?

The sexual harassment prevention training course must be at least one hour or 60 minutes, which is 1 CE.

What is the fee for Illinois LPN, RN or APRN license renewal in 2020?

The fee for the Illinois RN or APRN license renewal in 2020 shall be calculated at the rate of $40 per hour, or $80 at the time of renewal. For Illinois LPN, the license renewal begins in late fall 2020 and ends January 31, 2021, the fee for the renewal shall be calculated at the rate of $40 per hour, or $80 at the time of renewal.

Additional Continuing Nursing Education information, including a FAQ sheet and a list of pre-approved CE sponsors is available on the Illinois Nursing Workforce Center Website: https://nursing.illinois.gov/NursingCE.asp
SPRINGFIELD – Pursuing doctorate degrees, research on heart attacks in women, the Certified Nurse Educator exam, and more. These are examples of how nurse educators in Illinois are using fellowship dollars. The Illinois Board of Higher Education (IBHE) and the Illinois Nursing Workforce Center (INWC) Advisory Board are proud to acknowledge the 2019 Nurse Educator Fellow recipients, each of whom is awarded $10,000 to help promote excellence in nursing education. "We are grateful to state lawmakers, who funded this program in recognition of the many benefits it provides to the educators, their colleges and universities, and their students," said Nyle Robinson, interim executive director of IBHE. "The list of projects, research, and plans for additional degrees and certifications that this group is pursuing is beyond impressive.

Many recipients use the funds to join professional organizations, attend continuing education conferences, or conduct research and present findings. Illinois Department of Financial and Professional Regulation Secretary Deborah Hagan said, "This group of 19 outstanding professionals are educating and training the nurses of tomorrow. Nursing is a critical profession and it is heartening to see the dedication and ambition that educators exemplify. Congratulations to each of them."

Other projects include studying a multi-disciplined approach to intimate partner violence (IPV), cardiovascular disease in rural Haiti, medical adherence in older adults with heart failure, and quality and safety initiatives in inter-professional approaches to health care in Glasgow, Scotland. Some of the fellows are using the funding to join professional organizations, attend conferences, take certification exams, and access professional journals on nursing.

The awards were given at recognition ceremonies in Chicago and Springfield. Those attending in Chicago:

Front row, from left: Keith Bakken, MS, RN, North Park University, Angela M. Lepkowshi, DNP, RN, NCSN, PHNA-BC, University of Illinois at Chicago, Kara Fenne, MSN, RN, PEL-CSN, Aurora University, Nancy M. Petges, Ed.D., MSN, RN, CNE, Northern Illinois University, Karen M. Roberson, DNP, RN, Joliet Junior College, Ashley Hasselbring, MSN, RN, CCRN, University of St. Francis

Back row, from left: Elizabeth A. Davis, DNP, RN, CNL, RN-C MNN, Elmhurst College, Lindsey Garfield, Ph.D., RN, WHMP, Loyola University Chicago, Brooke Lyn Piper, MSN, RN, Olivet Nazarene University, Charlene Bermele, NDP, RN, CNE, Saint Xavier University, Melissa Jarvill, Ph.D., RNC-NIC, CHSE, CNE, Illinois State University

Those recipients attending in Springfield, left to right: Angela Andrews, Ph.D., RN, Southern Illinois University Edwardsville, Susan M. Carl, MSN, RN, Heartland Community College, John R. Blakeman, MSN, RN, PCCN-K, Millikin University, Not photographed; Lydia A. Bertschi, DNP, APRN, ACNP-BC, Illinois Wesleyan University, Catherine Folker-Maglaya, DNP, APRN, CNM, IBCLC, Malcolm X College, Heather Lea Heilman, MSN, RN, CHSE, Kishwaukee College, Autumn Mels, MSN, RN, Trinity Christian College, Ariel Wright, MSN, RN, Lakeview College of Nursing, Toulia Kekiian, MS, PhD (c), MS, RN, Morton College, Cicero

Illinois and the nation must address the healthcare demands of a growing and aging population at the same time that many experienced nurses will be reaching retirement age. This exacerbates the demand for registered nurses. To help address this concern, Illinois state government is helping to provide the resources necessary to train more highly-skilled nurses in Illinois by retaining qualified faculty.
The National Association of Hispanic Nurses-Illinois Chapter attended the 44th Annual NAHN Conference in Reno this past July 2019. The conference was titled “A Climate of Change: Nurses Taking Action to Achieve Health Equity” and featured breakout sessions relevant to the Latinx Nurse. Several of our members were recognized for their efforts at the conference. Our Treasurer, Gloria E. Barrera, MSN, RN, PEL-CSN, was honored at the Gala and named this year’s recipient of the Henrietta Villaescusa Community Service Award for her distinguished community health practice and her commitment to improving child health outcomes, especially in our most vulnerable populations. Though Gloria’s leadership role in school nursing and teaching, she is making a positive change in our Latinx communities. Our Past President, Dr. Liz Aquino, Ph.D., RN received recognition from Dr. Susan Hassmiller, Ph.D., RN during her keynote for moderating the Future of Nursing 2030 Town Hall Meeting in Illinois this past June that focused on social determinants of health.

Under our President’s leadership, Lupe Hernandez MSN, FNP-BC, we received the 2019 Viejero Award for being the largest chapter in the nation with the highest growth! Lastly, Susana Gonzalez MHA, MSN, RN, CNML received recognition as the Ambassador of the Year for supporting membership growth, and our member Edith B. Barnes received a United Health Group Foundation Scholarship. We are proud of our chapter’s recognition in fulfilling our mission and are excited to see what next year will bring. All are welcome to attend our next meeting on September 19, 2019, at St. Mary & Elizabeth Medical Center, RSVP online through our website https://www.nahnillinois.org/.

The National Academy of Medicine (NAM) Committee on the Future of Nursing 2020-2030 hosted the first of 3 town hall meetings at Malcolm X College on June 7, 2019. The NAM Committee is interested in nurses’ insights on how to advance the profession of nursing to help our nation create a culture of health, reduce health disparities, and improve the health and well-being of the U.S. population in the 21st century. The committee will examine the lessons learned from the Future of Nursing Campaign for Action as well as the current state of science and technology to inform their assessment of the capacity of the profession to meet the anticipated health and social care demands from 2020 to 2030. Each meeting features panel discussions around a specific topic, followed by limited public comment. Additional NAM information https://nami.education/the-future-of-nursing-2020-2030/

The Illinois Healthcare Action Coalition (IHAC) provided outreach which maximized registration at Malcolm X College at 450 the week before the meeting and had 2,000 signed up to listen by webcast. The IHAC co-leads: Illinois Nursing Workforce Center (INWC), Illinois Organization of Nurse Leaders (IONL) and ANA-Illinois were well represented at the meeting: INWC Chair Dr. Kathy Delaney, Manager Linda B. Roberts; IONL President Dr. Jennifer Grenier; ANA-Illinois President Dan Frackowski, Vice-President Dr. Karen Egness and CO Dr. Susan Swart. Other organizational leaders: ANA Board member Amanda Bueche; IACN President Dr. Judy Neubrandner; IODN President Dr. Julie D’Agostino; NAHN-IL President Lupe Hernandez, Past Presidents Dr. Liz Aquino and Susana Gonzalez; State Board of Nursing Chair Dr. Catherine Miller and Nursing Coordinator Michele Bromberg, and many, many others. The above picture is of some of the Illinois nurses in attendance on June 7.

The Illinois Nursing Workforce Center is a resource to find information on education options, workforce reports from data collected with biannual online re-licensure as well as continuing education and re-licensure resources. http://nursing.illinois.gov/Default.asp

**THE LOGIC OF NURSING A Teaching-Learning Methodology**

Juania Malonson Holliman, RN PhD

A Philosophy and Theory of Teaching

As Nurse Educators, we teach to change the world for the “Common Good.” Most systems of education in America are deeply rooted in time tested standards. Nurse Educators are continually assessing students to insure that they will enter into the world fully educated in positive values and ideals, with a high degree of knowledge, skills, and abilities that one is expected to know and understand, upon completion of a course of any study to become a professional nurse.

Regulatory bodies, accrediting nursing programs, such as the National League for Nursing Accreditation Commission (NLNAC), State Boards of Nursing, the American Association of Colleges of Nursing (AACN), and the Higher Learning Commission (HLC) offers sound guidelines and established criteria, to program administrators and faculty, engaged in a host of activities related to course objectives, student learning outcomes, level objectives, and course content, level objectives, teacher qualifications, and overall, curricular designs, towards implementing and ensuring the effectiveness of the curriculum. It is worth noting that the so-called vertical “curriculum strains” integrated within organizing frameworks in schools of nursing include: Critical Thinking, Therapeutic Communication, Therapeutic Intervention, and Professional Roles. Each has to be defined in accordance with accrediting organizations.

Most importantly, faculty continue to strive to ensure that students have achieved learning outcomes across curricular subjects, content, ideas, issues, research, relationships, love, trust...EVERYTHING...
The purpose of the Nurse Educator Fellowship Program is to ensure the retention of well-qualified nursing faculty in pre-licensure RN programs offered by Illinois institutions of higher education. Nursing faculty in pre-licensure RN programs are employed by the school that nominated them; the remaining 18% (or 16%) answered as follows:

- 6 teach at another Illinois nursing school (6 of the 114, or 5%)
- 6 teach at an out-of-state nursing school (6 of the 114, or 5%)
- 5 are retired (5 of the 114, or 4%)
- 1 is other employment (1 of the 114, or <1%)

Two Pie Charts to illustrate employment in April 2019 (114 respondents)

Nurse Educator Fellowship Program

- Created by General Assembly in 2007
- To help address the on-going need for registered nurses in the workforce
- To help established nursing schools in Illinois retain their highly qualified educators to train registered nurses. Challenges are the high number of faculty nearing retirement age and salary enticements by hospitals, clinics, and research facilities
- Schools of nursing nominate educators for a $10,000 fellowship based on their contributions to the nursing program. Nominees are evaluated on a competitive basis. Board of Higher Education approves, in consultation with the IDFPR/Illinois Nursing Workforce Center. Amount of the appropriation determines number of fellowships to be awarded, 15-22 fellows per year
- General assembly appropriates general revenue funds to fellowship program ($1,739,098, over 10 years or 2007-14 and 2018-19, fellowships not awarded in 2015-17; total of 189 fellowships awarded)
- Fellowship funds are salary supplements that, at the discretion of the Fellow, may be used for expenses related to professional development, conference expenses, continued education, professional dues, and recognition meeting.
- Community colleges, public universities, and private, not-for-profits participate in program

Illinois Nursing Workforce Center Survey (Division of Professional Regulation / IDFPR)

- Conducted survey in April 2019, found 156 of the 189 fellows, and 114 (or 73% of the 156) responded to the survey.
- 96% (or 110 of the 114 respondents) of the fellows responding are currently employed in nursing education; only 4% (or 4) are not. The 96% identify in one of the following roles:
  - 65% (or 71) are employed as faculty
  - 29% (or 32) are working in dual arrangements as faculty and administrator
  - 6% (or 7) are now in administration

The results of the survey show that the majority of fellows (excluding those that have retired) have remained at their nominating institution (81%). Although the majority of respondents are in a tenure track position, some institutions do not offer tenure track, and a few were already tenured faculty. The respondents indicated that receipt of the fellowship funding supported activities such as attending a national or international meeting and presenting, publication, data collection, a sabbatical, NIH bootstrap, successful grant application, pay a statistician, and learn complex computer applications and simulation – “cutting edge” at the time. Respondents indicated that these accomplishments often supported their path towards tenure.

This information was gathered through an April 2019 survey conducted by the Illinois Nursing Workforce Center as requested by the Illinois Board of Higher Education. All FY19-FY14 fellows were located and surveyed about their current job and location. Seventy-two per cent of the FY13-FY07 fellows were located and surveyed about their current job and location.

Nurses want to provide quality care for their patients.

The Nurses Political Action Committee (Nurses-PAC) makes sure Springfield gives them the resources to do that.

Help the Nurses-PAC, help YOU!

- I wish to make my annual lump sum Nurses-PAC contribution via credit card. By signing this form, I authorize the charge of the specified amount to my credit card. If you want to give to the Nurses-PAC, please mail completed form & check to: ANA-Illinois Attn: Nurses-PAC PO Box 636 Manteno, Illinois 60950

Become a Nurses-PAC contributor TODAY!

- I wish to make my monthly Nurses-PAC contribution via credit card. By signing this form, I authorize the charge of the specified amount to my credit card. If you want to give to the Nurses-PAC, please mail completed form & check to: ANA-Illinois Attn: Nurses-PAC PO Box 636 Manteno, Illinois 60950

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The 31st Annual National Black Nurses Day Celebration
Honoring Nurses in Dialysis and Transplantation

For the fourteenth year the National Black Nurses’ Day Committee celebrated their annual National Black Nurses Day at the Apostolic Faith Church, Chicago, Illinois. GCNBNA applauds Bishop Horace Smith, Jermaine Anderson, CEO, Sister Geraldine Peacock, RN, Minister Ray McGee, Brother Patrick Green and the entire AFC Health Ministry for their ongoing support of this celebration. Dr. Sandra Webb-Booker, National Black Nurses Day (NBNDD Planning Committee Chair was also the Mistress of Ceremonies.

A coalition of nurses’ associations sponsored the event: Chicago Chapter National Black Nurses Association, Alpha Eta Chapter of Chi Eta Phi Sorority, Inc., Beta Mu Chapter of Lambda Pi Alpha Sorority, and the Provident Hospital Nurses’ Alumni Association.

Keynote Speaker: Pam Morris-Walton, WVON 1390 Gospel Radio Announcer and Heart Transplant Recipient.

“God Chose me to be one of his Miracles.” Morris knows that she has a story to tell and she is thankful to God for allowing her to do just that. Here is her story on February 23, 2016 her son’s 45th birthday, she was forced to stop at Elmhurst Hospital due to a cough and while there the doctor suspected a heart related issue. She was transferred to the University of Chicago Hospital where she was diagnosed with Congestive Heart Failure. The disease affects roughly 670,000 people each year. It is the leading cause of hospitalization in people older than 65. If left untreated, CHF can lead to heart attacks and death. Reports show that the average heart patient waits at least six months for an organ, Morris received a matching heart in 27 days. During the time she waited for a new heart she was attached to the NuPulse CV pump, a device that provides long term support for those with advanced heart failure. She was the 4th person and the first women in the world to use the device, which was designed by Dr. Jeevanandam, and chief of cardiac surgery at the University of Chicago Medicine. On August 25, 2016 Dr. Jeevanandam led a team of doctors who, for five and half hours, carefully implanted the organ in Morris’ chest. Morris’s husband, the Rev. Frank Walton of Third Baptist Church in Beverly, stayed outside the operating room the entire time. Her son, John Morris was also there. She was discharged from the hospital on September 22, 2016, she had been in the hospital for 57 days. According to her she is a living walking miracle. Mrs. Pam Morris-Walton, encouraged the audience to be organ donors, she thanked Mario and his family for giving her a chance to live. Additionally, she thanked Jack Lynch and the Gift of Hope for the work that they do.

Jack Lynch, Gift of Hope Senior Advisor: “As I look around the audience my attention is drawn to the white coats”. He spoke directly to the nursing students. He told them to dream of those things that they only share with themselves. Mr. Lynch encouraged them to not let naysayers define what their lives should be. “Dream of becoming that director, running that unit. He told them to never get comfortable with what they had already achieved and that they could go so much further if they believed in themselves. He spoke of the great work that he and Kevin Cmunt, President/CEO were doing as part of the Gift of Hope organ and Tissue Donor Network.

Nursing Program Coordinator
Rock Valley College is seeking a Nursing Program Coordinator. This is a newly created position which is responsible for the overall administration, organization, direction, and continuous improvement of the Registered Nursing Programs. Maintains program accreditation through the Accreditation Commission for Education in Nursing (ACEN) and State program standards. as well as approval through the Illinois Department of Public Health (IDPH). Please visit: https://www.applitrack.com/recruiting/default.aspx for a complete job description and to apply.
Over the summer the Student Nurses Association of Illinois (SNAI) have been preparing for the 70th annual conference, The Nursing Journey: "Difficult roads lead to beautiful destinations." On October 5th, 2019 in Springfield Illinois. The conference will be held at Memorial Hospital. We are also encouraging students and any other NSNA members to join us in bringing toiletty items to donate to those in need at the homeless shelter. In addition to bringing the toilettries, we will have a competition of what school or affiliation will bring the most items for a chance to be recognized and receive a certificate. There will also be a chance to meet future employers, learn more about associations, win raffle items, and a chance to win a scholarship! There will also be an NCLEX review during the conference. We are encouraging young students from high school to faculty members to join us for this event more information feel free to contact breakthrough2nursing@snaillinois.com or visit our website at snaillinois.com for more information and a chance to apply to scholarships.

SAVE THE DATE

OCTOBER 25-26TH 2019

NIU Conference Center
Hoffman Estates
Keynotes by Katie Duke
"New Trends in School Nursing: Changing Practices to Meet our Students’ Needs"
#FreshSchoolNurseContent
IASN2019Conference2019

The Illinois Association of School Nurses welcomes all nurses who work in schools and other related settings to their upcoming Annual Conference themed “New Trends in School Nursing: Changing Practices to Meet our Students’ Needs.” Join school nurses from Illinois and beyond on October 25th and 26th at the NIU Center in Hoffman Estates to learn, connect, and be inspired! IASN has curated a CNE rich program that addresses the many challenges school nurses face in their practice in order to help school nurses improve student health outcomes and build their network with other nurses who share their compassion and commitment. Elevate your practice with fresh content, innovative technology, new practice guidelines, research, and networking opportunities by registering in this two-day opportunity for learning. Additionally, you will not want to miss the opportunity to hear nationally renowned keynote speaker Katie Duke and other experts, colleagues and peers as they deliver sessions in a variety of formats to fit your learning style. Visit our website www.iasn.org or the event site at http://bit.ly/IASN2019Conference for registration details. We hope to see you at the conference!

IN MEMORY

Robertta Ann Fruth, Ph.D., RN, FAAN, longtime ANA, and ANA-Illinois member passed away on June 12, 2019. The Illinois Organization of Nursing Leaders described Dr. Fruth, a past president, as a fierce feminist warrior, passionate writer, lover of laughter and song, lifelong student, mentor, activist, and nurse extraordinaire. Dr. Fruth earned her degrees at Belleville Area College (ADN), St. Louis University (BSN), Rush University (MSN), the University of Illinois at Chicago (Ph.D.), and once again the University of Illinois at Chicago (MPSL). Education became a guiding tenet of her life. She was her lifelong passion for nursing and patient care. Until her last days, she was still working to help improve the quality of patient care and safety where she could.

She had extensive experience as a nurse executive and served as chief nursing officer at Presence St. Joseph Hospital in Chicago. As an educator, she held faculty appointments at Rush University, Chicago, and the University of St. Francis, Joliet, Illinois. Dr. Fruth was elected to the world’s largest specialty nursing organization’s national board of directors, the American Association of Critical Care Nurses (AACN) and served from 1993-1996. Dr. Fruth was a fellow of the Johnson & Johnson Wharton Nurse Executive Program, Philadelphia, and was inducted into the American Academy of Nursing in 2007.

Her nursing influence was extended internationally through her work at Joint Commission Resources. Dr. Fruth traveled the world over from Canada and Chile to Saudi Arabia and Singapore. Her contributions to the nursing profession are innumerable, and her presence will be greatly missed by her nursing colleagues and friends.
Human Trafficking

The Role of the Health Care Provider in addressing Human Trafficking

An estimated 88% of HT victims are seen by health care providers who are uniquely positioned to provide physical and psychological care during and after captivity. In June 2018, the Joint Commission (TJC) released Quick Safety Issue 42 on identifying human trafficking victims to dispel “the misconceptions and a lack of awareness that have caused many providers to ‘inadvertently send victims back to their captors.’”

“Human trafficking is modern-day slavery and a public health issue that impacts individuals, families, and communities…” The alert provides health care professionals with tips to recognize the signs of human trafficking, including a patient’s poor mental and physical health, abnormal behavior, and inability to speak for himself/herself due to a third party insisting on being present and/or interpreting (September 2018).

The National Human Trafficking Resource Center’s method of screening should be used to help increase the degree at which patient victims are identified within the health care setting (https://www.acf.hhs.gov/sites/default/files/orr_fact_sheet_national_human Trafficking resource_center.pdf; Kiernan, 2018). Some of the health problems encountered by the victims of HT are incurred as a result from deprivation of food and sleep, extreme stress, hazards of travel, violence (physical and sexual), and hazardous work. By the time victims reach a health care provider it is likely that health professionals will find posttraumatic stress disorder, depression, suicidal ideation, drug addiction, and a multitude of somatic symptoms. The victims of HT are known to be less stable, emotionally reactive, and a polyvagal reaction from stress. The victims have been subjected to involuntary servitude, peonage, debt bondage, or slavery. Importantly, the health, safety, and security of HT victims is directly impacted by these problems are well advanced due to 1) lack of access to health services, 2) non-identification by these atrocities directly undermining and inflicting numerous physical, psychological, and spiritual health problems.

The National Human Trafficking Resource Center (https://www.acf.hhs.gov/sites/default/files/orr_fact_sheet_national_human Trafficking resource_center.pdf). The National Human Trafficking Resource Center’s method of screening should be used to help increase the degree at which patient victims are identified within the health care setting (Kiernan, 2018). Some of the health problems encountered by the victims of HT are incurred as a result from deprivation of food and sleep, extreme stress, hazards of travel, violence (physical and sexual), and hazardous work. By the time victims reach a health care provider it is likely that health professionals will find posttraumatic stress disorder, depression, suicidal ideation, drug addiction, and a multitude of somatic symptoms. The victims of HT are known to be less stable, emotionally reactive, and a polyvagal reaction from stress. The victims have been subjected to involuntary servitude, peonage, debt bondage, or slavery. Importantly, the health, safety, and security of HT victims is directly impacted by these problems are well advanced due to 1) lack of access to health services, 2) non-identification by these atrocities directly undermining and inflicting numerous physical, psychological, and spiritual health problems.

Current trends project that there will continue to be an increase in the numbers of persons trafficked into the U.S. from Mexico, East Asia, South Asia, Central America, Africa, and Europe. The common ways that girls and women become victims of trafficking include abduction, meet traffickers advertising modeling jobs, promises of marriage, education, employment, responding to ads to work or study abroad, sold to traffickers by parents or significant others, or for a better life. Scenarios that hold women become victims of trafficking include: abduction, forced labor, domestic servitude, and commercial sex trafficking. The US Department of State defines HT as the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery. Importantly, the health, safety, and security of HT victims is directly impacted by these atrocities directly undermining and inflicting numerous physical, psychological, and spiritual health problems.

The workers removed her from the freight car, and carried her to the local clinic in the bed of a pick-up truck. When arriving at the clinic, the workers laid her on a stretcher in the doorway, and left. Soon, a nurse gently and non-judgmentally approached the frail girl deposited on the stretcher who was coiled in a fetal position.

The role of the health care provider in addressing human trafficking obligates the interagency level as well as awareness in the health care setting (https://www.acf.hhs.gov/sites/default/files/orr_fact_sheet_national_human Trafficking resource_center.pdf; Kiernan, 2018). Some of the health problems encountered by the victims of HT are incurred as a result from deprivation of food and sleep, extreme stress, hazards of travel, violence (physical and sexual), and hazardous work. By the time victims reach a health care provider it is likely that health professionals will find posttraumatic stress disorder, depression, suicidal ideation, drug addiction, and a multitude of somatic symptoms. The victims of HT are known to be less stable, emotionally reactive, and a polyvagal reaction from stress. The victims have been subjected to involuntary servitude, peonage, debt bondage, or slavery. Importantly, the health, safety, and security of HT victims is directly impacted by these problems are well advanced due to 1) lack of access to health services, 2) non-identification by these atrocities directly undermining and inflicting numerous physical, psychological, and spiritual health problems.

Primarily, women are at high risk for acquiring multiple sexually transmitted infections and the sequelae of multiple forced and unsafe abortions. Physical abuse and torture can result in broken bones, contusions, dental problems (e.g., loss of teeth), and/or cigarette burn. Also, psychological violence results in high rates of posttraumatic stress disorder, depression, suicidal ideation, drug addiction, and a multitude of somatic symptoms. The victims of HT are known to be less stable, emotionally reactive, and a polyvagal reaction from stress. The victims have been subjected to involuntary servitude, peonage, debt bondage, or slavery. Importantly, the health, safety, and security of HT victims is directly impacted by these problems are well advanced due to 1) lack of access to health services, 2) non-identification by these atrocities directly undermining and inflicting numerous physical, psychological, and spiritual health problems.

A Case Study

A 2nd generation Italian teenage girl lived in a blended family with a sister who was 8 years older, and a brother who was three years old. Neither her mother or stepfather, were keeping track of her coming and going due to their heavy work schedules. In the early fall of her junior year in high school, a handsome man began to follow her to and from school, smiling and offering her a ride. And, on one chilly rainy day, she accepted the ride not knowing the real identity of the driver. Once in the car, the driver grabbed her arm and said, “you will go with me and do as I say, or I will burn your house down with everyone in it!” The female was paralyzed by fear, and never did get to high school that morning, her family was panicked. Hours passed into days, then months, and then years but their searching to find her was to no avail. And, within a period of five years in a place far from her home, the girl had developed migraines, severe weight loss, three forced abortions, a substance abuse disorder, STD, a lack of an emotional response, and a polyvagal reaction from stress. She felt that she had evaporated and disappeared from life. She cried, ...and cried... and one night she managed to escape catapulting herself with all her might onto an open car on a passing freight train. Three days later her half-clothed weakened body was discovered by rail workers during their rounds in a dirty open freight car. The workers removed her from the freight car, and carried her to the local clinic in the bed of a pick-up truck. When arriving at the clinic, the workers laid her on a stretcher in the doorway, and left. Soon, a nurse gently and non-judgmentally approached the frail girl deposited on the stretcher who was coiled in a fetal position...

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Caring as Compassion Through Assessment of Human Trafficking Victims

Systems Assessment

Neurological conditions – traumatic brain injury, headaches or migraines, unexplained memory loss, vertigo of unknown etiology, insomnia, difficulty concentrating

Cardiovascular/Respiratory conditions - arrhythmia, high blood pressure, acute respiratory distress Lee (exacerbated by stress),

Gastrointestinal conditions – irritable bowel syndrome (exacerbated by stress), dental decay.
CONTINUING EDUCATION OFFERING

needed to create a Culture of Health so that everyone

Intervention; Screening Questions

Sex Trafficking Assessment

Person is under the age of 18 and involved in the sex industry

Tattoos or other forms of branding, “Daddy,” “Property,” “For Sale,” having sexual innuendos

Reports of unusually high number of sexual partners

Does not have appropriate clothing for the weather or venue

Uses language common in the commercial sex industry


Intervention; Screening Questions

Can you leave your job or work situation?

Is your communication ever restricted or monitored or minded?

Are you provided with protective equipment at work (gloves, glasses, masks, helmets)?

Are you able to access medical care?

Are you allowed to leave the place where you are working?

Is your movement outside of your residence/ workplace monitored or controlled?

What do you think would happen if you left the situation?

Do you feel it is your only options to stay in the situation?

Were you physically abused (shoved, slapped, scratched, punched, burned, etc.) by anyone?

Are you ever sexually abused (sexual assault, unwanted touching, exploitation) by anyone?

Sometimes people trade sex for things they need to survive. Is this happening to you?

Has anyone introduced you to drugs or medications?

Has anyone forced you to do something physically or sexually that you did not feel comfortable doing?

Nurses are “a critical linchpin in building bridges among healthcare, the community, and social supports needed to create a Culture of Health” so that everyone in America lives the healthiest life possible” (Lavizzo-Mourey, 2015, para.2). Frontline nurses, interdisciplinary healthcare providers, and interagency organization members can lead the nation in the identification, assessment, and intervention of health needs, and planning protocols for victims of HT (Dovydaitis, 2010; Lee, 2018). Together, with rapid assessment and intervention of HT victims we can break the chains of HT and join voices with the proclamation from the 2018 Report Secretary of State.

This year’s report focuses on effective ways local communities can address human trafficking proactively and on how national governments can support and empower them. Local communities are the most affected by this abhorrent crime and are also the first line of defense against human trafficking. By engaging and training law enforcement, religious leaders, teachers, tribal elders, business executives, and communities, we become more vigilant and learn to identify and address vulnerabilities swiftly. Proactive community-driven measures strengthen our ability to protect our most vulnerable and weaken a criminal’s ability to infiltrate, recruit, and exploit. I have experienced firsthand that individuals closest to a problem are often the best resource to solving it, which is why the Department prioritizes equipping and empowering front-line civil society leaders. “Modern slavery has no place in the world, and I intend to ensure, through diplomatic engagement and increased action, that the United States government’s leadership in combating this global threat is sustained in the years to come.” – Secretary of State Michael R. Pompeo

References


Guidance on spotting possible victims of human trafficking;

http://www.hospitalsafetycenter.com/content/331749/topic/WS_ht_bsc.htm


Guidance on spotting possible victims of human trafficking;
JOIN THE ILLINOIS ORGANIZATION OF NURSE LEADERS FOR THEIR ANNUAL CONFERENCE, HELD SEPTEMBER 19-20 AT THE DOUBLETREE BY HILTON CHICAGO IN OAK BROOK, ILLINOIS. OVER TWO DAYS OF EXPLORING THE THEME, “THE CHANGING FACE OF LEADERSHIP” EXPERT PRESENTERS FROM AROUND THE WORLD OF HEALTHCARE WILL SHARE THEIR EXPERTISE ON LEADERSHIP ENGAGEMENT, CARE COORDINATION STRATEGIES, COMMUNITY HEALTH INITIATIVE CASE STUDIES, AND MORE!

The conference will also feature an opening keynote presentation from Cynthia Clark, Ph.D., RN, ANEF, FAAN on fostering healthy work environments as well as a closing keynote from Anton Gunn, MSW, CDM, CS on increasing your impact as a leader.

Before the conference, IONL will hold three full-day workshops. The Aspiring Nurse Leader Workshop, designed for staff nurses, charge nurses, nurse coordinators, nurse managers, and directors, will help those who aspire to achieve greater heights in their career. The Midwest Institute for Healthcare Leadership Workshop, geared toward managers and directors, will teach essential business techniques and demonstrate how to apply them to the healthcare field in Illinois. Finally, the Finance Workshop, designed for staff nurses, charge nurses, nurse coordinators, nurse managers, and directors, offers a perfect course for those who want to learn more about specific financial topics related to nursing administration. All workshops take place on September 18 at the conference hotel.

Register today at ionl.org/conferences and take the next step in your career as we move towards creating a more fulfilling and diverse workplace for all healthcare workers.

Primary care settings are often the de facto mental health provider for many Illinois children and their families. One of every five children, ages nine to seventeen, have a diagnosable mental health problem. There is a good chance as a nurse, you or one of your colleagues, see these children in your practice. So how do you manage this when the clock is ticking against you with a packed waiting room?

Enter Illinois DocAssist, a virtual psychiatric consultancy based at the University of Illinois-Chicago (UIC), which provides free, telephonic mental health case consultations, workshops, webinars, tools, and resources to support primary care providers, who find themselves working in areas of great need, but outside their areas of expertise. DocAssist provides resources to support care providers’ next move in behavioral and mental health situations. However, most importantly, DocAssist supports primary care providers and lets them know they are not alone. If you have any mental health-related questions, concerns, or a need for guidance contact Illinois DocAssist Monday through Friday 8am-5pm at 866-986-2779. Visit the Illinois DocAssist website for more information, resources or to schedule a consultation at docassistilinois.org.

About Illinois DocAssist

Our mission is to help primary care clinicians screen, diagnose, and treat the mental health and substance use problems of children, adolescents, and perinatal women through consultation, training and referral assistance.

GIC HIMSS Scholarship Announcement

The Greater Illinois Chapter of the Health Information Management Systems Society (GIC HIMSS) would like to invite those currently enrolled in a higher education program with a focus in Health Information Technology (HIT) to apply for its annual scholarship. GIC HIMSS will award scholarships to two students in the amount of $3,000 each, one at the undergraduate level and the other at the graduate level. In addition to the scholarship, winners also receive a free membership to the GIC HIMSS Chapter. As part of its mission to assist and promote education, GIC HIMSS has awarded over $30,000 in scholarships to support those within the HIT industry. To learn more about GIC HIMSS and our Scholarship, visit us at www.greaterilhimsscholarship.org. For direct inquiries about the scholarship, email Aaron at Aaron@gichimss.org.

Chad Carroll, DNP, MS, RN
Board Member, Professional Development Director
Greater IL Chapter of HIMSS
Chad@gichimss.org

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Editorial

Judy Neubrander, Dean MCN June 2019

Recently, the Academies of Medicine hosted a town hall meeting on “The Future of Nursing” at Malcolm X College in Chicago. I was awed by the event at this historic event. The meeting featured nurse leaders and other professionals who focused on integrating social determinates of health into nursing education, research, and practice. Many of the presentations featured innovative and future-forward practices and research. These presentations, orchestrated by the committee formed by the Robert Wood Johnson Foundation and led by the Academies of Medicine, were thoughtful and addressed important needs in our country and our nursing profession.

I passionately believe that these town hall meetings are yet another in a series of events that should challenge and inspire us as nurses to take the lead in creating the future of nursing for the state of Illinois. The nursing profession in our state, like much of the country, sits at a fork in the road. In addition to the information that the Committee shared with us, we need to look at nursing in Illinois and assess:

• What is our future?
• Where do we want to go?
• How can we, as nurses, take the lead in shaping the future of the health care and nursing?

It is time that we rise up and lead—we must not let others lead for us. Nursing, not legislators, college presidents, healthcare administrators, or other healthcare providers, must be the ones determining the future of nursing. We need to come together, talk, and engage in respectful and thoughtful conversation about the future. We should invest time, energy, and resources into creating a bright new world for the young nurses who follow in our footsteps.

We have major issues facing us now and into the future. Issues include:

• The nursing shortage in rural areas and certain practice settings
• The nursing faculty shortage
• Patient/nurse ratios
• Education/Practice gap
• Nursing education – levels and outcomes, standardized curriculum
• Nursing compact

I look forward to watching the next two town hall meetings to see what other issues the Committee chooses to highlight. But, for the State of Illinois, my call to action is this:

We must create a planning committee of nurses to talk about the issues facing Illinois. While many of these issues will be the same ones that the nation is facing, some may not. It is critical that we develop a plan for engaging the nurses of Illinois in dialogue about the issues facing nursing and to plan the future of nursing for Illinois.

The state of Illinois, the time is now my friends! There is no longer time to wait or waste.
“Public Health” vs. “Population Health” in the Contemporary Healthcare Lexicon

Ellen Durant, MS, BS, RN (Retired), President Chicago Chapter National Black Nurses Association

The term population health is much more widely used now than in 2003 when it was first introduced. (Kundig, D., 2015.)

Compared with the conventional term, public health, the term population health is concerned with both the definition of measurement of health outcomes and the pattern of such healthcare determinants. It incorporates “medical care, public health interventions, genetics, and individual behavior, along with components of the social (e.g., income, education, employment, culture) and physical (e.g., urban design, clean air, water) environments” (Falk, L.D., N.D.). Rather, public health is concerned more broadly with what “we as a society do collectively to assure the conditions in which people can be healthy” (Institute of Medicine, 1988). Clearly, as illustrated by these contrasting points, public health and population health are not the same.

According to the Center for Disease Control, Public health “is the science of protecting and improving the health of families and communities through the prevention and control of disease and injury prevention and detection and control of infectious diseases. Overall, public health is concerned with the health of the population. Their populations can be as small as a local neighborhood, or as big as an entire country or region of the world.” (Center for Disease Control, 2017).

In contrast, a community health nurse, it is interesting to observe that due to many recent policy changes in healthcare (changes brought on for the most part by an increasingly aging population on the healthcare industry), a new buzz term, “population health,” has been coined by the political and healthcare industry, a new “buzz” term, “population health management,” has been coined by the political and healthcare “powers that be.” Rationale, ostensibly justifying these changes, has been variously argued as 1) providing greater access to healthcare for all segments of the population, and/or 2) improving the quality of healthcare services, while 3) lowering the cost of healthcare delivery.

To better understand the term and the relevancies of these points, it is necessary to consider the prevailing definition of population health. It is defined by industry researchers as being “a cohesive, integrated, and comprehensive approach to health care that considers the distribution of diseases within a population, the health determinants that influence the distribution of care, and the policies and interventions that impact and are impacted by the determinants” (Nash, D.B., et al., 2016, p. 4).

Essentially, what this means is that specific health outcomes have been identified and associated with specific segments of the population. Outcomes may be achieved through the proper management, namely, the distribution, of outcome determinants, i.e., outcome determining factors such as healthcare interventions. These include professionally prescribed interventions, such as professionally managed treatment therapies and pharmaceutical prescriptions, and of late self-care interventions, such as behavioral change strategies and other self-managed treatments. (Kindig, D. (2015). What Are We Talking About Population Health? Retrieved 06/05/2017 from https://www.healthcatalyst.com/what-is-population-health/)

In the end, whether it has more utility than the term public health, or not, the population health model has certainly provides a more discernable scientific, thus empirical, basis for addressing specific healthcare issues by population; and, on this basis, it is a more precise term and, clearly, a 21st Century healthcare term that is here to stay.

References
Center for Disease Control (CDC). What is public health? Retrieved from https://www.cdcfoundation.org/content/what-public-health

To access electronic copies of the Illinois Nursing Voice, please visit http://www.nursingal.org/publications

Harper College and DePaul University to Launch Master’s Degree in Nursing

DePaul University will launch a new Registered Nurse to Master of Science in Nursing program this fall at the University Center at Harper College in Palatine, making it the first master’s degree to be offered at Harper’s campus. Current RNs with an associate degree will be able to move directly into DePaul’s highly regarded and innovative graduate program in nursing. Students will first complete a Bachelor of Science in Nursing degree and then choose one of three professional tracks at the master’s level: family nurse practitioner, adult-gerontology nurse practitioner or nurse educator.

“This initiative will help associate degree nursing students move into high-demand positions of leadership, teaching, and advanced practice roles,” said Julie D’Agostino, director of nursing at Harper.

The program will be offered in a hybrid model, with one course per term at the University Center and one offered online. This format allows working nurses the flexibility they need to balance the demands of work, home, and school. The program takes three to four years depending on the track.

The decision to offer an RN to MS program stemmed from the shared commitment to ensuring that nursing professionals are equipped to achieve their optimal career progression with advanced degree credentials.

For more information, visit harpercollege.edu/university.
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