By the time you receive this Prairie Rose it will be a New Year. A new year is a time for reflection on the past and looking forward to the future. As I reflect on the past and the future it brings me to the foundation of our profession. Recently, ANA revised the foundational documents of the nursing profession: Nursing Scope and Standards of Practice, Code of Ethics and Nursing Social Policy Statement. These documents provide the foundation of professional practice and provide the framework for professional competence.

The public expects registered nurses to be competent throughout their career and it is the registered nurses’ responsibility for maintaining competence. This competence includes understanding the scope and standards of practice. Nurses often refer to the scope of practice, but what does it really mean.

Standards are authoritative statements by which the nursing profession describes the responsibilities for which its practitioners are accountable. Standards reflect the values and priorities of the profession and provide direction for professional nursing practice and a framework for the evaluation of this practice. They also define the nursing profession’s accountability to the public and the outcomes for which registered nurses are responsible (ANA, 2010). Each individual nurse’s practice will vary according to practice experiences and professional standard activity. However, our practice is grounded in the Scope and Standards of Practice and each standard includes key indicators of competent practice.

This year nurses across the state will have an opportunity to dialogue and discuss with other nurses the Standards of Practice, Code of Ethics and Nursing Social Policy Statement as part of a membership grant received from ANA. Discussions will occur in Bismarck, Minot, Grand Forks and Fargo. More information about each discussion will be available on NDNA web site and in the Prairie Rose.

All nurses are welcome and encouraged to attend these discussions. The discussions will be rich in content and an opportunity for renewal and excitement about the profession.
You are cordially invited to join the North Dakota Nurses Association

See the NDNA Website at www.ndna.org

Click on Membership

Under how to join

Click on Membership Application (ANA website)

Click on Full Membership

(Be ready to provide your email address)

Full membership is just $20.50/month! Less than 70¢ a day!

The Mission of the North Dakota Nurses Association is to promote the professional development of nurses and enhance health care for all through practice, education, research and development of public policy.

The Prairie Rose Official Publication of: North Dakota Nurses Association

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hour questions.

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Write for Publication in the Prairie Rose

The Prairie Rose accepts manuscripts for publication on a variety of topics related to nursing. Manuscripts should be double spaced and in APA format. The article should be submitted electronically in MS Word to becky@ndna.org. Please write Prairie Rose article in the address line.

Articles submitted for continuing education need a purpose, objectives, and a post-test. You may request the necessary contact hour forms from Becky at becky@ndna.org.

Articles are peer reviewed and edited by the staff and RN volunteers at NDNA.

Nurses are strongly encouraged to contribute to the profession by publishing evidence based articles. If you have an idea, but don’t know how or where to start, contact the office at NDNA: 701-223-1385.

The Prairie Rose is one communication vehicle for nurses in North Dakota. Raise your voice.

The Vision and the Mission of the North Dakota Nurses Association

Vision: North Dakota Nurses Association, a professional organization for Nurses, is the voice of Nursing in North Dakota.

Mission: The Mission of the North Dakota Nurses Association is to promote the professional development of nurses and enhance health care for all through practice, education, research and development of public policy.

You are cordially invited to join the North Dakota Nurses Association

The Prairie Rose is one communication vehicle for nurses in North Dakota. Raise your voice.

The Prairie Rose article

Please write Prairie Rose article in the address line.
Remembering Martha Vorrick Berge

by Karen R. Robinson, PhD, RN, FAAN

Martha Vorrick Berge, a long time clinician and educator in the Fargo-Moorhead community, passed away March 25, 2010. She excelled in the cardiology and critical care areas as well as assumed a leadership role in establishing the first critical care unit at St. Luke’s Hospital in Fargo. In addition, she directed nursing education at the VA Medical Center and taught students enrolled in the Tri-College Nursing Consortium (Concordia College). While at Concordia College, she accompanied groups of nursing students to Norway and other European countries to study health care systems. Martha was a member and officer of local critical care and nursing organizations as well as appointed to the North Dakota Board of Nursing. Martha attended Augsburg College, Deaconess Hospital in Minneapolis. Later she earned a Bachelor of Science in Nursing Degree from Jamestown College, Jamestown, ND, and a Masters Degree in Nursing Education from the University of Minnesota, Minneapolis.

When one thinks of Martha, her passion for nursing is the first thing that comes to mind. She always believed that nursing was both an art and a science which involved the whole patient – body, mind, and spirit. Martha, as a clinician and educator, stressed the importance of promoting and restoring health, preventing illness, and alleviating suffering. She felt that providing nursing students the best possible education was instrumental in their achieving success as a nurse.

I believe the following Nurse’s Prayer captures how Martha would probably begin each day.

Let me touch each one with healing hand and the gentle art for which I stand.
And then tonight when day is done,
O let me rest in peace
If I helped just one.


Martha’s friends are establishing a memorial scholarship in her memory. The Xi Kappa Chapter-at-Large Nursing Honor Society in Fargo will maintain the funds, conduct the application process, and select the nursing student to receive the scholarship. Junior and senior nursing students enrolled at Concordia College, Jamestown College, Minnesota State University Moorhead, and North Dakota State University would be eligible to apply. If you would like to make a donation, please contact:

Karen Robinson
210 35th Avenue North Unit 14
Fargo, ND 58102

Let me dedicate my life today to the care of those who come my way,
Let me touch each one with healing hand and the gentle art for which I stand.
And then tonight when day is done,
O let me rest in peace
If I helped just one.

Do I Need My Own Professional Liability Insurance?

Recently, our hospital brought in an insurance agent who told us since the hospital covers us, we don’t need our own personal liability insurance, in fact he said it may make us a target for a lawsuit, since having our own insurance may make us a “deep pocket”.

Many nurses believe they do not need their own liability insurance. They assume that their employer will cover them should any lawsuit be filed against them or the facility. They could not be more wrong.

Let’s start with the premise that one’s practice is autonomous. Autonomous practice means self-directed, self-governed, or independent. Independence means you are solely responsible for your actions or in some cases in-actions. When you embrace the principle of autonomy, you realize you are responsible for yourself. Responsibility for yourself includes maintaining a professional liability insurance policy that covers your practice whether you are at work or in the community, because being a nurse means your license doesn’t take a day off.

Think about the call you may take from your neighbor, asking for advice, you are a “good” neighbor and are happy to suggest some comfort measures for a sick child. Next day you discover the child was far more ill than described over the phone, was hospitalized and now the neighbor has reported you to the board of nursing and the board of nursing is investigating your conduct. Whether you are found negligent or not, you may find you need to retain a lawyer to defend yourself. If you only are covered by your employers insurance, now you are on your own, because you were not at “work” when the advice was given.

Then consider a suit may be brought against you after you no longer work for a particular employer, leaving you in many cases without coverage. Evolving issues with social media and patient confidentiality, and increasing issues related to “failure to act”, make all nurses at risk for malpractice claims. The best insurance is to stay current in practice, know your scope of practice and facility policy and procedures, and have your own professional liability coverage.

There are typically two different types of coverage, occurrence and claims-made. An occurrence policy covers you for any incident that occurs during the policy term, regardless of when the claim is filed. As long as the incident occurred during the term that the policy was active, regardless of when you were named in a lawsuit, you are covered. A claims-made policy also provides coverage for an incident that occurs during an active policy period, but only if the claim is also reported to the insurance company while the policy remains in force or during any applicable extended reporting period (also known as “tail” coverage). In other words, if you are named in a lawsuit, claims-made coverage will respond only if the date of the incident and the date of the claim are subsequent to your prior acts date and while you have a claims-made policy in force or applicable tail coverage. If you are counting on coverage by your employer you need to ask which type of insurance coverage they have. Policy limits may need to be shared with all your co-workers named in a lawsuit. Many times whether the accusation of malpractice is justified or not, all insurance plans will cover the cost of lost wage reimbursement, licensing board hearing reimbursement and defense costs.

The responsibility of having the privilege to practice nursing includes possessing the knowledge, skills, and ability to perform the expected skill set for your area of practice. Make sure you have insurance that covers you should you be accused of malpractice and need to defend yourself. Don’t put your future financial health at risk.
9th Annual Northwest Region North Dakota Collaborative Educational Conference

“Pearls of Wisdom: Nursing Assessment of the Critically Ill”

April 8, 2011
7:15am–3:30pm
GRAND International
Minot, ND

Co-Sponsored by:
District 1, North Dakota Nurses Association; Omicron Tau Chapter, STTI Honor Society of Nursing; and Roughrider Chapter, American Association of Critical Care Nurses

Presenters
Susann DeForest, RN, BSN, MS
Nurse Manager for Trinity Health’s Emergency and Trauma Center, Minot, ND

Jeffrey Sather, MD
Physician for Trinity Health’s Emergency and Trauma Center, Minot, ND

Heidi Bender, RN, CEN, MS, FNP-C
Nurse Practitioner for the Department of Pulmonary and Critical Care Medicine at Trinity Health, Minot, ND

Jeffrey Verhey, MD
Pulmonologist for the Department of Pulmonary and Critical Care Medicine at Trinity Health, Minot, ND

Rita Meyer, RN, PhD
Assistant Professor of Nursing, Minot State University, Minot, ND

Teresa Seright, RN, PhD, CCRN
Assistant Professor of Nursing, Minot State University, Minot, ND

Conference Planning Committee
Mary Smith, RN, MS
Rhoda Owens, RN, MSN
Judy Beck, RN, BSN
Susann DeForest, RN, BSN, MS
Becky Brodell, RN, PhD
Amy Thomas, RN, BSN
Margo Dailey-Filipkowski, RN, MSN

Name ________________________________
Address ________________________________
City, State, Zip ____________________________
Phone ________________________________
Email ________________________________

I am a Member of:
_____ NDNA
_____ Omicron Tau, STTI
_____ Roughrider Chapter AACN
Other: ________________________________

I am interested in joining ____________ and would like membership information.

Registration Fee: (Includes Lunch)
___ $55.00 Non Members
___ $45.00 Members
___ $65.00 after March 17, 2011
___ $25.00 for students

Please make checks payable to Omicron Tau Chapter

Mail Registration and Fee to:
Mary Smith
C/O Dept. of Nursing
MSU
500 University Avenue West
Minot, ND 58707
Questions call 701-858-3251
The purpose of this conference is to provide participants with information relating to leadership, nursing assessment and interventions for the critically ill.

Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>7:15am–7:45am</td>
<td>Registration</td>
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<tr>
<td>7:45am–8:00am</td>
<td>Welcome/Opening Remarks</td>
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<tr>
<td>8:00am–9:30am</td>
<td>“Assessment of the Critically Ill and Transition of Care Part I”</td>
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<td></td>
<td>Jeffrey Sather, MD</td>
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<td>Susann DeForest, RN, BSN, MS</td>
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<td>9:30am–10:00am</td>
<td>Break/Refreshments</td>
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<tr>
<td>10:00am–11:00am</td>
<td>“Assessment of the Critically Ill and Transition of Care Part II”</td>
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<td>Jeffrey Verhey, MD</td>
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<td>Heidi Bender, RN, CEN, MS, FNP-S</td>
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<td>11:00am–12:00pm</td>
<td>“Brain Attack”</td>
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<td>Jeffrey Sather, MD</td>
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<td>Susann DeForest, RN, BSN, MS</td>
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<tr>
<td>12:00pm–1:00pm</td>
<td>Lunch and Exhibits</td>
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<tr>
<td>1:00pm–2:00pm</td>
<td>“Assessment of the Critically Ill Elderly and Transition of Care”</td>
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<td>Rita Meyer, RN, PhDc</td>
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<tr>
<td>2:00pm–2:15pm</td>
<td>Break</td>
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<tr>
<td>2:15pm–3:15pm</td>
<td>“RN Clinical Decision Making at the Point of Care in Rural Hospitals”</td>
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<td>Teresa Seright, RN, PhD, CCRN</td>
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<tr>
<td>3:15pm–3:30pm</td>
<td>Evaluations</td>
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Conference Objectives

1. Identify assessment needs and interventions for the care of the critically ill trauma patient.
2. Recognize initial assessment needs and interventions in diagnosing and treating a critically ill infant with sepsis.
3. Discuss assessment needs and interventions used in treating a patient with multiple comorbidities and pneumonia.
4. Recognize initial assessment and interventions for a newly diagnosed stroke patient.
5. Discuss current evidence based practice and benefits of becoming a Certified Stroke Center.
7. Identify at least two ways in which situated decision making can be beneficial for patients and new nurses at the point of care.

Application for contact hours has been made to CNE-Net, the education division of the North Dakota Nurses Association, an accredited approver of continuing education by the American Nurses Credentialing Center’s Commission on Accreditation. Please call Mary Smith at 701-858-3251 for more information about contact hours.
by Barbara Stevens Barnum, RN, PhD (2011)
Springer Publishing Company.

Dr. Barnum asks some very challenging questions in her newest edition of Spirituality in Nursing. Can nurses be expected to deliver spiritual care? Should spiritual care be taught in nursing education? Do nurses really possess the knowledge, skills and abilities to truly address the body–mind–spirit issues?

Not a student graduates without being able to murmur “holistic nursing” and without holding as truth the ability to tend to the person and family's body mind spirit needs. But are we really prepared? Do we really know what tending to the spirit means? Many nurses mix religion and spirit together and apply interventions that are steeped in a religious base rather than addressing the matters of the spirit. Dr. Barnum writes that it is often not possible for many nurses to address matters of the spirit because of their own spiritually immaturity. Here again the concept of “not knowing what you don't know, until you know it.”

Dr. Barnum tackles how spirituality is researched. The enormous difficulties of being able to capture such a complex phenomenon are discussed. Often researchers end up describing and measuring characteristics of a religion rather than spirituality.

We are treated at the end with a revealing glimpse into what Barbara Stevens Barnum has come to know through her life experiences and reflection. For some this book will be very challenging to read, it may provide some spiritual chaos; chaos that is necessary to achieve spiritual maturity.
Call for Speakers for NDNA Conference

NDNA is requesting applications for presenters for the October 5th and 6th Annual Meeting and Conference to be held in Bismarck at the Best Western Ramkota Hotel.

Nurses from all practice areas are encouraged to apply. All topics will be considered. NDNA is seeking to showcase the expertise of nurses from North Dakota. We strongly encourage nurses who have completed their thesis or dissertation to consider presenting their work at this conference.

Nurses seeking to implement innovations or best practices are also strongly encouraged to submit their ideas. Presentations should be limited to one (1) hour (60 minutes).

To apply, please contact NDNA at becky@ndna.org or check out the NDNA website for the appropriate forms. http://sites.google.com/site/ndnaprairierosepetal/home

Deadline for application is June 1, 2011.

Application to present October 5th OR 6th, 2011 at the Ramkota, Bismarck, ND

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<td>Credentials</td>
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<td>Expertise on topic you wish to present?</td>
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<td>3.</td>
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<td>Provide a brief overview of the content of your presentation.</td>
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<td>Do you require special equipment to present?</td>
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Those selected to present may attend the conference at no cost; meals served during the conference will be included. All travel costs and overnight stays are the responsibility of the presenter. Handouts will be provided to conference participants via the NDNA website. Deadline for all materials for contact hour review must be turned in to NDNA by September 1, 2010. PowerPoint presentations will be converted to handouts. The presenter retains complete ownership of all PowerPoint presentations.

First time presenter! Need help? Contact becky@ndna.org NDNA would be honored to assist nurses wishing to learn leadership/presentation skills. Phone 223-1385 Mon.-Thurs. 9:00 AM to 3:00 PM.
A group of patients sit quietly in a clinic waiting room, each waiting their turn to enter through a familiar door. While these patients all have had a unique journey, they now unfortunately share a common destination. The clinic is a Renal Dialysis Center; each patient is waiting his or her turn for hemodialysis.

This scenario is repeated hundreds of thousands of times throughout the U.S.

Chronic Kidney Disease (CKD) is climbing at alarming rates. The American Society of Nephrology (ASN) estimates that 26 million Americans have some level of CKD and millions more are at risk of developing this disease. CKD is a progressive disease that causes irreversible damage and can lead to End Stage Kidney Disease (ESRD) or kidney failure. More than 500,000 Americans have kidney failure and require a form of dialysis or are in need of kidney transplant to survive. The expected figure for ESRD patients in 2020 is expected to reach 785,000, which is an increase of 60% when compared to the number of patients in 2005. These are frightening statistics.

Anyone of us can develop kidney disease, although there are those that are at increased risk. Being aware of these risks and the signs of kidney disease is vital to reduce the incidence and to promote prevention of the disease. These risks include diabetes, hypertension, family history of CKD, are older, and belong to a population with high blood pressure, such as African American, Hispanic Americans, Asian, Pacific Islanders and Native Americans.

CKD is most often a slow progressive disease. Many are unaware they are developing the disease until it has advanced and they begin to notice symptoms such as fatigue, trouble concentrating, poor appetite, insomnia, muscle cramping, swelling of feet and ankles, or around the eyes, or dry itchy skin.

These symptoms occur due to the build up of metabolic wastes, anemia caused from the early destruction of red blood cells, and fluid and electrolyte imbalances.

In the US the current leading causes of CKD are diabetes, hypertension and a family history of the disease. Other less common causes are sepsis, trauma, and autoimmune disorders.

The American Society of Nephrology reports diabetes, even when well controlled is the most common cause of CKD and diabetes accounts for 44% of new cases. This disease causes irreversible changes in the nephron, or the filtering unit of the kidney, resulting in a progressive loss of function. Kidney failure occurs when less than 15% of function remains and the patient requires a form of Renal Replacement Therapy (RRT) to survive.

Hypertension can be a leading factor for developing ESRD because of chronic damage to vessels producing increased vascular resistance. This in turn can cause nephrosclerosis, or hardening of the kidneys resulting in a progressive loss of function. The link between hypertension and kidney disease is often hard to distinguish as alterations in sodium and fluid balance often occurs with CKD.

The 3rd most common cause of CKD is a group collectively called glomerulonephritis. These diseases cause inflammation and damage to the nephrons. Other causes include inherited conditions such as polycystic kidney disease in which large cysts form in the kidney, destroying the surrounding tissues, and auto-immune conditions such as Lupus, Goodpasture Syndrome or Wegeners vasculitis that cause inflammation and damage to the basement membrane in the vessels of the kidneys and other organs. Damage to the kidney can also occur due to sudden injury from sepsis, prolonged hypotension, and nephrotoxic medications. Acute failure may be reversed with early and aggressive treatment.

Promoting awareness is vital to reduce the incidence of Kidney Disease. This is where nursing can make an impact. The National Kidney Foundation has developed the Kidney Early Evaluation Program (KEEP) to promote awareness among those at high risk of developing Kidney Disease. KEEP provides free screening to those 18 years and older, that have diabetes, hypertension or a family history of the disease. It is designed to raise awareness, provide free testing and education, so that kidney disease and its complications can be prevented or delayed. Participants receive comprehensive health screenings, blood pressure measurement, and have the opportunity to discuss their health and review results with onsite health professionals. Information regarding the KEEP program can be found at www.kidney.org.

Healthy People 2010 (HP2010) are a set of national health objectives designed to address preventable threats to health and to establish national goals to reduce these threats. Some of these goals are to reduce the new cases of ESRD, reduce deaths from cardiovascular diseases in persons with CKD, increase education in nutrition, treatment options and cardiovascular care 12 months prior to the start of renal replacement therapy, increase renal transplant, reduce kidney
failure due to diabetes. These are a few of the listed 28 focus areas designed to reduce the incidence in CKD and its complications, disability, death and economic costs. With the drafting of the Healthy People 2020, CKD again is a focus for prevention. See http://www.healthypeople.gov/2020/default.aspx for the most up to date information.

The National Kidney Disease Education Program (NDKEDP) has identified important steps for those at risk; get your blood and urine tested for kidney disease, and manage your diabetes, high blood pressure and heart disease. For more information visit www.ndkdep.nih.gov

Kidney failure or ESRD is costly to treat due to the increasing numbers of patients faced with long-term dependence on dialysis. In fact it is one of the most expensive conditions to treat on a per capita basis. Since 1972, these costs have been primarily covered by Medicare for most Americans, however there is an increasing amount of non-covered expenses that may be passed directly to the patient or to a third party payer.

More than 25% of Medicare spending (42 billion) goes toward treating kidney disease. The changing demographics in the ESRD population will continue to affect Medicare expenditures. The aging of the ESRD population, the increased numbers of patients with diabetes are consuming an increasingly larger part of these expenditures.

With all of this in mind, it becomes vital to identify patients with early kidney disease, and treat appropriately to slow the progression of the disease. The release of the Future of Nursing and the emphasis that nurses practice to the fullest extent of their scope of practice, nurses are the frontline for health promotion and disease prevention. Nurses can and should play a key role in helping patients manage and prevent chronic disease progression.

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### Kidney Disease by the Numbers

<table>
<thead>
<tr>
<th><strong>Population</strong></th>
<th><strong>American adults have CKD</strong></th>
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<tbody>
<tr>
<td><strong>500,000</strong></td>
<td>Americans have irreversible kidney failure and require dialysis to survive</td>
</tr>
<tr>
<td><strong>350,000</strong></td>
<td>ESRD patients on dialysis 3 times a week, every week, to replace kidney function</td>
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<tr>
<td><strong>151,000</strong></td>
<td>Americans with functioning kidneys</td>
</tr>
<tr>
<td><strong>16,000</strong></td>
<td>Americans received a kidney transplant in 2007</td>
</tr>
<tr>
<td><strong>75%</strong></td>
<td>of newly diagnosed patients have diabetes and/or hypertension as an underlying cause of irreversible kidney disease</td>
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<tr>
<td><strong>80%</strong></td>
<td>of ESRD patients rely on Medicare for their primary health insurance</td>
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<tr>
<td><strong>33%</strong></td>
<td>of ESRD patients that are dually eligible for Medicare and Medicaid</td>
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<tr>
<th><strong>Cost</strong></th>
<th><strong>Annual cost of Medicare ESRD (an increase of 33% in 11 yrs)</strong></th>
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<tr>
<td><strong>$20 billion</strong></td>
<td>Annual Medicare expenditures to treat persons with CKD</td>
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<tr>
<td><strong>$106,000</strong></td>
<td>The cost of a kidney transplant per Medicare the first year after transplant</td>
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<tr>
<td><strong>$71,000</strong></td>
<td>Medicare spending on dialysis per patient, per year</td>
</tr>
<tr>
<td><strong>$17,000</strong></td>
<td>Medicare spending for functioning transplant, per patient, per year</td>
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Source: The United States Renal Data System, 2008 Data report
A recent incidental conversation with a nurse from northwestern ND sparked curiosity about what is the impact on the communities in the oil boom region of North Dakota; communities that are considered rural that now have seen their neighborhoods change and their population swell. Community health is typically defined as a field within public health concerned with the study and improvement of the health of biological communities. Community health tends to focus on geographic areas. The areas of interest in this article are rural communities within the Bakken formation in western North Dakota.

NDNA put together a short (non-scientific) survey and asked nurses and health care facility leaders from the NW part of ND to respond to open ended questions. Here is what they had to say.

The number one concern identified by respondents was the need for affordable, safe housing. Interestingly enough, after talking with workers who follow oil field work, they did not see housing as an issue. They found living in campers, tents, or hotel/motels, and “man camps” acceptable and in some cases “the way it is” when working in this field.

However, nurses’ perceptions as residents of the area were woven around concerns with the culture change, the population increase and its impact on a community, and maintaining fair rental rates for the permanent long term residents. Health care facilities found it difficult to impossible to recruit the number of staff needed to care for the increased population. Many expressed the inability to compete with oil field wages and the inability to offer housing to potential employees which impacted the ability to recruit necessary staff. Concerns expressed by the survey respondents included decreased to no housing, increased traffic accidents, and in turn a spike in medical emergencies related to oil field injuries and motor vehicle accidents which in turn expresses of strained resources related to personal safety issues. Concerns also included decreased to no housing, increased traffic accidents, population increase, especially an additional epidemiologic methods had been relied on for health event tracking. Nurses repeatedly stressed how short staffing was, how overwhelmed staff felt with the types of patients presenting to the emergency services and clinics. Some patients carried weapons, some were drug seeking, and most are not insured.

The resulting rate allows the relationship of that number to the size of the community, and drive a semi on ice.”

In a nutshell the use of the 5 W’s: diagnosis or cause of the health event in a population. Nurses can use a well known and accepted public health method called epidemiology to assess the health state of a community of people. The CDC defines epidemiology as the study of distribution and determinants of health-related states or events in specified populations, and the application of this study to the field of health problems. Distribution and determinants are further defined here:

Distribution is concerned with the frequency and pattern of health events in a population. Frequency refers not only to the number of health events such as the number of cases disease or condition in a population, but also to the relationship of that number to the size of the population. The resulting rate allows epidemiologists to compare disease occurrence across different populations. Pattern refers to the occurrence of health events by time, place, and person. Time patterns may be annual, seasonal, weekly, daily, hourly, weekday versus weekend, and in some cases “the way it is” when working in this field.

Both nurses and facility administrators reported a spike in medical emergencies related to oil field injuries and motor vehicle accidents which in turn placed a heavy burden on emergency responders who are most often volunteers. Hospital staff also added that many facilities are not set up to care for the increased traffic on all roads. Many major highways pass through small towns, making travel hazardous. Complaints ranged from excessive speed to increased semi-trailer traffic. As one nurse quipped “some of these drivers have never seen snow, let alone drive a semi.”

So, what are the nurses in oil country to do? Nurses can use a well known and accepted public health method called epidemiology to assess the health state of a community of people. The CDC defines epidemiology as the study of distribution and determinants of health-related states or events in specified populations, and the application of this study to the field of health problems. Distribution and determinants are further defined here:

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NDNA recently hosted the first Town Hall Meeting in Bismarck. NDNA received a grant last fall from ANA to support efforts to increase membership. An idea was conceived that we needed to do something different from the usual membership drive meetings. The Town Hall Meetings are meant to promote the professional development of nurses, to improve communication among nurses in ND specifically on topics related to professional development, and to promote the value of belonging to a professional organization. These objectives are met by reviewing and discussing the foundation documents (Nursing’s Social Policy Statement, Nursing’s Code of Ethics, and Scope and Standards of Practice).

A core belief is that educating nurses regarding integration of the tenets found in the foundation nursing package, while promoting membership in a professional organization, and providing a venue to share discussions and lessons learned through the NDNA website are activities that serve to achieve many goals in a manner that role models professional behavior, of which one desired behavior is to be a member of a professional organization.

While preparing for the town hall meetings, a diagram was developed to use the well known concept of holism to assist participants to conceptualize the relationship these documents have to each other. The foundation documents were metaphorically labeled as the body-mind-spirit. Nursing’s Social Policy Statement is analogous to the spirit, the Code of Ethics to the mind, and the Scope and Standards to the body. Each “layer” supports and makes whole our understanding of nursing. (See Figure 1).

Figure 1.

The most important piece of work, ANA’s Nursing’s Social Policy Statement, is perhaps the least understood, more than likely in part due to it’s ethereal nature. This classic work defines nursing’s value and accountability to society. It is the description of the nursing profession and its essential elements:

- Social context and contract
- Nursing’s knowledge base
- Definition of nursing
- Scope and standards of practice
- Authority for practice
- Regulation of practice

During the evening’s discussion several items became evident. The language and achievements of the documents while familiar was not necessarily utilized in day to day practice. For some it was the first time they had heard of these documents (mainly students), and for others it was a long time since they had read new versions of the material. And last for some the regulatory element was known “about”, but the exact content and meaning had not been reflected upon. The idea that the authority for nursing is based upon social responsibility and that society validates the existence of nursing through licensure, public affirmation, and legal and legislative parameters is not often the topic nurses readily discuss. A core truth is that we are expected to live by a “code” that must be upheld even when it is inconvenient and overwhelming.

When is the last time you have read the Nurse Practices Act and the Standards of Practice under the ND Century Code? Do you think the ND Board of Nursing makes these laws? To assist you to become more familiar (and since this body of work is the law under which you practice) the links to the PDF files for the laws that govern nursing are provided here. Come explore these documents upon which the practice of nursing is based.

**Nurse Practices Act**
http://www.legis.nd.gov/cencode/t43c121.pdf

**Standards of Practice**

**Standards of Delegation**

To extend the discussion regarding the foundation documents, NDNA will be holding more Town Hall Meetings across the state. Watch our website at the NDNA Prairie Rose Petal website http://sites.google.com/site/ndnaprairiepetal/home. Also check out the ND Nurses Voice Blog, http://ndnursesvoice.blogspot.com/p/professional-practice-discussion.html