New ANA President Shares Her Vision

by Jennifer Thew, RN, BSN, MSJ

In July 1998, the course of Karen Daley’s life, and the practice of nursing nationally, was changed forever. While disposing of a needle after drawing blood from a patient in the ED, the Massachusetts native was stuck by a needle protruding from the sharps box. A few months later, she began experiencing unexplained fatigue, weight loss and abdominal pain.

Around Christmas of that year, the source of Daley’s symptoms was discovered. She had contracted hepatitis C and HIV from the needlestick. In 1999, the effects of the needlestick injury forced Daley, RN, PhD, MPH, FAAN, to walk away from direct-care nursing. “Because it was such a difficult course, particularly in the first few years, I didn’t know if I’d survive it,” Daley says of the diagnosis. “I wasn’t sure what my quality of life would be.”

Daley’s decision to leave the ED was not an easy one. “I was committed to being in direct care. I loved direct care and I loved emergency nursing. It totally took me off what I thought was a pretty clear career path in terms of my practice.” With the future of her health and career uncertain, Daley began to focus on advocating for needlestick safety and prevention. “The purpose I found in this work kind of kept me going,” she recalls. “And really was committed to trying to prevent these injuries from happening to other nurses and other healthcare providers.” Along with shifting nursing practice by helping to get the Needlestick Safety and Prevention Act passed, Daley’s passion for advocacy laid the groundwork for her to become the new president of the American Nurses Association.

In June, Daley was elected ANA president, taking the reins from outgoing president, Rebecca Patton, RN. “I became engaged in the policy arena around this issue [needlestick prevention],” Daley says. “ANA played a pivotal role in that.” Using the resources and support of her state association, she was able to get a needlestick safety and prevention bill passed in Massachusetts. After that success, she and her fellow members galvanized ANA and state nursing organizations to advocate for needlestick prevention legislation on a national level. Through their efforts, the Federal Needlestick Safety and Prevention Act passed Nov. 6, 2000. Daley says her experience working with the ANA on needlestick advocacy opened her eyes to the power the organization has to make a difference.

Karen Daley

Karen Daley, ANA President

Keynote Speaker

Nightingale Gala

Saturday, February 19, 2011

Nominations due

January 7, 2011
Dear Colleagues,

On October 5, 2010, the Institute of Medicine (IOM) of the National Academies released a consensus report entitled, The Future of Nursing: Leading Change, Advancing Health. The report is the work of the IOM and Robert Wood Johnson Foundation. The purpose of the report is to identify opportunities for nurses to be better prepared to lead change during the transformation of our health care system. It is important that nurses in Louisiana are aware of this IOM report on the nursing profession and our role in healthcare reform in enhancing patient quality and safety. Nurses can’t make these changes alone. The report addresses the collaborative efforts that it will take among leaders in government, industry, policy makers, and educational institutions to provide quality care in order to improve health outcomes. The report provides four key messages and eight recommendations.

The four key messages include:

• Nurses should practice to the full extent of their education and training.
• Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
• Nurses should be full partners, with physicians and other healthcare professionals, in redesigning healthcare in the United States.
• Effective workforce planning and policy making require better data collection and an improved information infrastructure.

The eight recommendations speak to such issues as removing scope of practice barriers for APRNs, addressing the faculty shortage, increasing interdisciplinary education, increasing the number of nurses with baccalaureate, masters, and doctorate degrees, and focusing on nurse retention by implementing nurse residency programs.

You can go to the ANA website to find resources related to the IOM Future of Nursing Report at: http://nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/workplace/IOM-Future-of-Nursing-Report.aspx

Additional information on the Future of Nursing: Leading Change, Advancing Health can be accessed at the following sites:


In closing, as I addressed in the September issue of the Pelican News, we are preparing for the House of Delegates which will be held April 15th and 16th at Lod Cook in Baton Rouge. Patricia Smart, Chair of the Nominations Committee has started the process of developing a slate of officers for the ballot. The following positions will be on the ballot:

Officers
President Elect (2 year term)
Vice President (2 year term)
Secretary (2 year term)
Treasurer (2 year term)

Committee/Council Chairs
Health Policy Committee Chair (4 year term)
Practice Council Chair (4 year term)
Research Informatics Chair (4 year term)
Membership Committee Chair (4 year term)

Nominating Committee (4 members - 2 year term)
Audit Committee (4 members - 2 year terms)

Please consider running for one of the positions, LSNA needs you and our members need you!! If you are interested, please contact the LSNA office at lsna@lsna.org.

On behalf of the Board of Directors, we would like to thank you for all your efforts and commitment to nursing in Louisiana.
This coming Friday, October 22nd I will celebrate my 79th birthday, and as these occasions often dictate, I’ve spent much time looking back at the things that have happened throughout my life and career. I am so fortunate in having a wonderful, thoughtful, crazy, loving husband and four beautiful, smart, “above average” children who have given us 19 lovely, precocious and affectionate grandchildren and 3 very special great grandchildren. We have wonderful times together and I love them all very much and am so happy and proud to have them in my life.

In respect to my career, I am also blessed and lucky in that I “chose” nursing as my profession. It’s funny how things happen. I had never really thought about nursing, was a student in Laboratory Technology at the University of Oklahoma, when a friend of mine asked me to go with her when she took the entrance exams for the nursing program. So I went with her, and when we got there, they asked me if I wanted to take the test, too—and I said “yes.” And guess what? I was accepted and entered the “world of nursing,” loved everything about it—and still do!

After that, much to my surprise, I graduated and began my career. At that time (1954), things were very antiquated —there were no critical care units or recovery rooms. All patient care was done on the clinical units. There was no plastic, disposable equipment, drug carts, air conditioning, etc. Needless to say, back then, things were very different. The role of the nurse was very limited and different from today.

From that beginning so many years ago, there have been many, many changes, in equipment, technology, drugs, and treatment methodologies, etc. Those have been tremendous, but from my point of view, the biggest change has been in the “Role of the Nurse.” The nurse of today has evolved from the nurse whose practice over 50 years ago was pretty much limited to repetitive tasks and dictated by the Doctor’s orders; to an independent practitioner who is a valued member of the health care team. Just think! The nurse of today manages multi-million health care units, develops the plan of care for her patient in a multitude of settings, conducts research which contributes to the quality of health care, and the list goes on and on. The sky is the limit!

This hasn’t all come about easily. Many challenges have stood in the path of this development but they have been overcome. Be proud to be a nurse! Now, we see another challenge in the form of this new health care reform. No one has any idea of just how this legislation will impact patient care, the providers of care and nursing. My message is, whatever challenges arise as a result of this health care legislation, nurses are prepared to meet those challenges.

difference. As ANA president, she says she hopes to harness that power to benefit the nursing profession.

“I think this time is a very special time for nursing, and the healthcare reform legislation creates some of the opportunities,” Daley says. “If we don’t take advantage of those opportunities, nursing is going to lose out.” Among those opportunities, Daley says, is the chance to be involved in designing healthcare delivery models, focus on preventive care and move away from the disease-driven model of care. “Nurses know about health and they know about health maintenance,” she says, “but we often don’t have the time within the current system, as it’s structured, to do the teaching and follow-up and to spend the time with the patients that we need to optimize their care.”

Daley sees healthcare reform as a chance to achieve milestones, such as improving patient access to primary care and advanced practice nurses, but she reminds RNs that they must be engaged in the change process to see results “It’s a critical time to build on the relationships Becky has fostered,” Daley says, “and I think more than any other time in the recent past, we [ANA] have a chance to bring nursing together around these issues.”

In addition to healthcare reform, Daley says the ANA will continue to address professional issues that affect nurses, such as scope and standards, ethics and policy. She also hopes to grow membership in the ANA by educating nurses around the country on how the organization can affect nursing practice and policy. “I feel so proud to be a part of the association,” she says, “I’ve seen up-close-and-personal how good the work is and how expert our staff is on things like policy.” Daley stresses that ANA membership and professional participation is important in making changes to the profession. “I’m hoping nurses will want to be a part of this organization in greater numbers,” she says, “because the reality of it is we need resources to do the work. We need members to bring what they know in terms of their experience in practice.”

New ANA President continued from page 1

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Joe Ann Clark

Message from the Executive Director

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Nursing Accomplishments
Minority Health and Health Disparities Research Center

The Minority Health and Health Disparities Research (MHHDRC) is an Exploratory Center of Excellence funded for five years by the National Center for Minority Health and Health Disparities of the National Institutes of Health. The MHHDRC is a partnership between Dillard University and the Louisiana State University Health Sciences Center (LSUHSC). Reducing and/or eliminating health inequities and their social determinants, is the overall aim of the Center. There are about 80 Centers of Excellence throughout the country, however, this is the first and only center located in the state of Louisiana.

The Center is housed at Dillard University. Its major components are health disparities research, student and clinical trials training, and community outreach activities. Future initiatives will build and expand these activities. The MHHDRC leadership team is diverse and strong. It includes Dr. John Wilson of Dillard University and Dr. Sheila Webb of Excelth, Inc.

Initial research projects focus on the following health disparity areas: prostate cancer; HIV/AIDS; obesity; and asthma. Teams of senior and emerging research scientists from LSUHSC and Dillard University will conduct the research. The expectation is that these projects will seed and attract other such projects to grow the research infrastructure and enterprise of both institutions.

The training component is unique and the first such initiative in the country. It addresses the absence of minorities from clinical trials. The low participation of minorities leaves unanswered questions such as the appropriate use of some medications and medical devices among these missing groups. The Center will train minority nurses as clinical research associates and/or coordinators. They will not only have the skills to monitor and manage clinical trials, but also interact with the community to increase their knowledge and understanding of and participation in clinical trials.

A pipeline that is filled with bright, young, college students who are interested in pursuing science and research will be developed. Selected Dillard students will be entered into the Summer Scholars program. This program includes involvement with active researchers and mentoring for students in their sophomore through senior years. Assistance, experiences, and encouragement through mentorships, will guide students to continue their study at the graduate level and ultimately contribute to the diversity of the scientific workforce.

Community-based participatory concepts form the framework for the several training and outreach programs of the Center. Initiatives include working with area stakeholders and health-focused organizations to address the effects of natural and man-made disasters. Therefore, research that advances science, involves students, and engages the community will build the Minority Health and Health Disparities Research Center into a local and regional resource which makes major contributions to improving the health of vulnerable populations.
A total of 195 completed surveys were returned from all undergraduate students attending statewide student nursing schools in southern state were invited to participate. In addition, academic honesty policies must be published in a manner. Consent was implied with return of the completed survey. While progressing through a professional healthcare career, over 2000 ethics violations were investigated by the AART Technologists’ (ARRT) Annual Report to Technologists, a total of 245 (Louisiana State Board of Nursing, 2009). Likewise, in the 2009 American Registry of Radiologic Technologists (ARRT) Annual Report to Technologists, 1. What is the prevalence of cheating in nursing and radiologic sciences students? 2. What are students’ perceptions of academic dishonesty? 3. What are students’ perceptions of unprofessional behavior? 4. What is the relationship between students’ perceptions of academic dishonesty and unprofessional behaviors in nursing and radiologic sciences programs? Extensive research indicates academic dishonesty is on the rise (Harding, Passow, Carpenter, & Finelli, 2003; McCabe, Trevino, & Butterfield, 2001; Rabi, Patton, Fjortoft, & Zgarrick, 2006; Wilbanks, 2008). However, research that associates academic dishonesty to later unprofessional behavior is limited and dated (Anderson & Obenshain, 1994; Bradshaw & Lowenstein, 1990; Hilbert, 1985, 1987, 1988). In the healthcare provider, this relationship could be critical. In 2009, disciplinary actions by the Louisiana State Board of Nursing rose each quarter, from 43 during the Spring, culminating in 75 in Winter, for a total of 245 (Louisiana State Board of Nursing, 2009). Likewise, in the 2009 American Registry of Radiologic Technologists’ (ARRT) Annual Report to Technologists, over 2000 ethics violations were investigated by the AART (ARRT, 2009). If academic dishonesty could be identified as an indicator of future unprofessional behavior, educators could implement strategies to influence student behavior. While progressing through a professional healthcare program, instances of academic dishonesty, even if marginal, must be addressed in a timely and meaningful manner. Academic honesty policies must be published and enforced by all with the ultimate goal of laying the foundation for future professional behaviors. Nurses have traditionally been perceived by the public as the most trusted professionals in the United States (except for firefighters in 2001) (Saud, 2008). After an intense season of cheating among students in the College of Nursing, including students in the undergraduate nursing, radiological sciences and graduate nursing programs, we were prompted to investigate the frequency of cheating and the impact of cheating on future professional behaviors. Because nurses are generally seen as the most trusted professionals, we were interested in the formation of the professional values and behaviors demonstrated by nursing students. The College of Nursing also has another professional discipline, radiologic sciences, so we wanted to explore their values and behaviors as well. We wondered if the student who cheated in school today would be more likely to demonstrate unprofessional behaviors in the workplace in the future. In light of these concerns, the following questions were posed: 1. What is the prevalence of cheating in nursing and radiologic sciences students? 2. What are students’ perceptions of academic dishonesty? 3. What are students’ perceptions of unprofessional behavior? 4. What is the relationship between students’ perceptions of academic dishonesty and unprofessional behaviors in nursing and radiologic sciences programs? Table 1. Sample Characteristics by Major (N=195) Characteristic Nursing Radiologic Sciences Mean age 30 years 24 years Age range 21-56 years 19-45 years Incidence of females 87% 78% Major 52% 48% METHODOLOGY A descriptive, correlational design was used and a twopart survey tool was designed to assess students’ perceptions concerning academic dishonesty and professional behavior. Part I of the survey was a scenario based questionnaire that required the student to identify cheating occurrences, seriousness of cheating events, and incidence of cheating by students and peers. The scenarios included situations reflecting both academic dishonesty and unprofessional behavior. Students were asked to rate the seriousness of these situations on a scale of 1 to 5, where 5 was the most serious. The rationale for limiting the number of scenarios was to ensure sufficient resources and time to perform the study. The questionnaire was adapted with permission from Austin, Collins, Reimillard, Kelcher, and Chu (2006). Institutional Review Board approval was sought and obtained. RESULTS Less than 25% of students in either discipline reported academic dishonesty was a problem at their school and both overwhelmingly reported the presence of an academic policy at their schools. However, only about 50% believed the policy was enforced regularly. Only 20% of nursing students reported cheating in high school, whereas, more than 30% of radiologic sciences students reported doing so. In contrast, more than 50% of both groups of students reported cheating in their current academic program (Table 2). Table 2. Characteristics by Major Characteristic Nursing Radiologic Sciences Yes, academic dishonesty is a problem at my school. 22% 20% Yes, I cheated in high school. 20% 31% Yes, my school has an academic policy. 95% 99% Yes, my school’s academic policy enforced. 47% 51% Yes, I have cheated in my current professional program as indicated by participation in one or more of the scenarios described in the study. 56% 52% When questioned about prior cheating behaviors, 25% of students reported cheating in high school. In regards to cheating values, only 22% of the students perceived all scenarios described in the survey as instances of cheating (cheating values). While only 54% of students reported participating in one or more of the described cheating scenarios (i.e., cheating behavior), 77% “knew” of others who had participated in one or more of the unprofessional behaviors described in the scenarios. Interestingly however, 68% “knew” of others who had participated in one or more of the unprofessional behaviors described in the scenarios. The most common unprofessional behavior reported was taking an extended lunch period when on duty. A weak positive relationship was observed between student cheating values and unprofessional values r(192)=.26, p<.01. The correlation between cheating student behavior and unprofessional behaviors was fairly significant r(192)=.44, p<.01. A modest correlation existed between current cheating behaviors and high school cheating behaviors, r(192)=.33, p<.01 and current unprofessional behaviors and high school cheating behaviors, r(192)=.28, p<.01. The last correlation examined was a possible relationship between professional behaviors and age. A weak positive correlation r(192)=.16, p<.05 existed between professional behaviors and age. In addition, no significant differences were revealed between males and females on values or behaviors scores. CONCLUSIONS The intent of this research was to determine the following: (1) the prevalence of cheating in nursing and radiological science students, (2) students’ perceptions of academic dishonesty and unprofessional behaviors, and (3) relationships between perceived academic dishonesty and perceived unprofessional behaviors. This study supports findings from previous research (Harding, Passow, Carpenter, & Finelli, 2003; McCabe, Trevino, & Butterfield, 2001; Rabi, Patton, Fjortoft, & Zgarrick, 2006; Wilbanks, 2008) that cheating is occurring in colleges and high school. The percentage of reported cheating in this study, however, was below the percentage reported in previous studies (Harding, Passow, Carpenter, & Finelli, 2003; McCabe, Trevino, & Butterfield, 2001; Rabi, Patton, Fjortoft, & Zgarrick, 2006; Wilbanks, 2008). In addition, those students who reported cheating in high school were more likely to cheat in college, a finding similar to previous studies as mentioned above. Our research team found it interesting that while fewer than half the students acknowledged participating in academic dishonest behavior, the majority of students “knew” students who participated in such behaviors. Students’ values related to academic cheating and unprofessional behaviors were similar. The study also suggests students who participate in academic dishonest behaviors are likely to participate in unprofessional behaviors as well. Additionally, previous cheating behaviors may be indicative of future cheating as well as unprofessional behaviors. The older the student, the less likely he or she was to engage in unprofessional behaviors.
Nursing Accomplishments

Academic Honesty continued from page 5

IMPLICATIONS FOR NURSING

The key to controlling academic dishonesty and unprofessional clinical behavior is to clarify for students and faculty what constitutes academic dishonesty and unprofessional behavior. Previous studies have demonstrated that faculty and student perceptions of what constitutes honest/dishonest behaviors differ. In addition, a gap exists between faculty and student perceptions of consequences for participating in such behaviors (Harnest, 1986).

Educators need to place greater emphasis on professional ethics and conduct. If, in fact, academic dishonesty and unprofessional behavior are positively related, educators need to take such academic violations seriously as unprofessional behaviors in either the clinical teaching environment or the professional workplace can have detrimental effects on the quality of patient care with potentially disastrous outcomes. Widespread publication of academic honesty policies with strong enforcement, including student participation in this enforcement, is critical in curbing unwanted behaviors. Specific strategies employed to combat cheating and unprofessional behaviors should be shared among educators. Lastly, faculty can explore ways to reduce motivation for cheating and share those methods with others.

RECOMMENDATIONS

In future research conducted on these or similar questions, sample size and geographical diversity should be expanded. Use of online survey software would assist in reaching a wider audience, facilitate ease of data compilation and analysis, and decrease financial cost. Faculty and student perceptions of academic dishonesty and unprofessional behaviors need to be compared. Authors of this study agree with Lambert, Hogan, & Barton (2003) who stated that educators should, “look at the academic system to see whether it discourages or encourages student to academic dishonesty (p. 14).”

This pilot study was the first step in conducting a national study on the same research questions. Survey invitations were emailed to 498 radiologic sciences and 498 nursing program directors throughout the United States, for a total of 996 survey invitations. Students (N=577) and faculty (N=548) from 27 states participated in the study. More information on this project may be obtained by contacting any of the authors.

References


Louisiana State Board of Nursing (2009). The Examiner, 18(1-4), 2009; Retrieved March 5, 2010 from http://www.lsbn.state.la.us/


(Harding, Passow, Carpenter, & Finelli, 2003; Kiehl, 2006; McCabe, Trevino, & Butterfield, 2001; Wilbanks, 2008)

Leisa Kelly, MS, APRN, CNS, CEN presented a poster entitled The Effect of a Structured Discharge Education Plan on Pneumonia Readmission Rates. Leisa is the Clinical Nurse Specialist–Medicine Division. The objective of the study was to explore the use of an educational tool to reduce the 30 day all cause readmissions of pneumonia by 10% (Dec 2008). In Jan 2009, a commissioned team was established with a nurse leader of the multidisciplinary pneumonia team to decrease the all cause readmission rate. An Educational tool was developed to assist the bedside nurse to facilitate patient understanding of the discharge instructions and determine clinical stability at discharge.

The tool used a traffic light to monitor patient’s knowledge about pneumonia and readiness for discharge. Topics discussed included: medications, activity, diet, worsening symptoms, follow up, home meds, avoid, and are you ready for discharge?

Susan Steele-Moses, DNS, APRN, CNS, AOCN, Program Director Nursing Research OLOLRMC, and Angela Dykes, BSN, RN, Staff Nurse SURG-Unit, Clinical Practice Council Chair presented a podium colloguie entitled Effect of a Structured Program, Reigniting the Spirit of Caring, to Patient Satisfaction, Collegiality and Thriving. The program is based on three core principles care for self, each other, and the patients we are privileged to serve. To measure program outcomes Collegiality, Individual Thriving, and Unit Thriving were measured at specified intervals. Results indicated a significant increase in the collegiality components of mutual respect (t = 2.346; p = .002), collegial affirmation (t = 2.346; p = .02), decreased complaining (t = 1.981; p = .054), gossip avoidance (t = 2.129; p = .035) and nurse-to-nurse conflict resolution (t = 2.154; p = .038). Mean individual thriving scores increased significantly (t = 2.805; p = .006); and unit thriving scores also increased, though the increases were not statistically significant (t = 1.222; p = .224). The nurses’ total collegiality score was also strongly correlated with both individual thriving (r = .236; p = .006) and unit thriving (r = .305; p<.001). Overall, team members felt that teamwork ownership and collegial relationships were enhanced. In addition, the units maintained their patient satisfaction scores at the 90th percentile or above in the 600-bed hospital Press Ganey® comparison group.

Karen Lodin, MN, RN, staffing specialist, was a podium presenter at the Magnet Research Symposium. The title of the research was Staffing Matrix and Partners in Practice: Learned Experiences.

This study used descriptive statistics to identify relationships on medical-surgical units among targeted hours per patient day (HPPD) for RN, LPN and UAP from the staffing matrix approach versus a straightforward work HPPD for RN, LPN and UAP and patient outcomes of outcomes as (a) length of stay (LOS), (b) number of falls/1000 patient days and (c) number of medication errors/1000 patient days and patient satisfaction components of (a) pain control, (b) loyalty to the facility, (c) personal needs and (d) care and concern. The targeted staffing matrix HPPD did not show any statistical difference when compared to actual HPPD. Although there was a significant increase in the worked RN HPPD (p < 0.001), there was no increase in patient satisfaction scores when total HPPD were analyzed with LPN and UAP HPPD. Patient falls increased, while medications errors decreased. The LPN HPPD was inversely correlated with patient falls and medications errors (p = 0.05). The implementation of the principles Re-igniting the Spirit of Caring and Relationship Based Care with the Partners in Practice (PIP) model of care delivery were considered as solutions to improve outcomes and satisfaction. Partners in Practice is a care delivery model based on positive collegial relationships among staff to foster exemplary care for the patients and families they serve. The RN is the senior partner, a LPN or RN is a junior partner and the Nursing Assistant is the practice partner. With this model, the SURG unit was able to decrease overtime during a 6 month period 33%, decreased turnover, and decreased use of per diem nurses 40%. The length of stay decreased and medication errors decreased. The PIP model took the matrix a step further and demonstrated how patient assignments within a RN/LPN/UAP triad increased team efficiency, minimized handoffs in patient assignment when taking breaks or sharing tasks because each partner’s duties were clearly defined. The PIP model ensured every patient was assigned an RN on every shift. The PIP model continues to evolve; it has demonstrated positive outcomes for both patients and staff.

Leah A. Terrell, MSN, RNC-MNN, Manager Mother/Baby and Dan a C. Vidrine, BSN, RNC-MNN, Director Mother/Baby, Woman’s Hospital, Baton Rouge, LA presented a poster entitled: Expediting Obstetrical Patient Throughput: Decreasing Lengths of Stay and Optimizing Hidden Bed Capacity. The Purpose/ Objectives of the study was to

- Identify the impact of capacity constraints on bed capacity and organizational operations.
- Evaluate the impact of proactive discharge management and coordination of patient care on obstetrical throughput, LOS, and hidden bed capacity

We evaluated our daily operations through process mapping, time studies, and data analyses of the inpatient obstetrical areas which revealed that peak obstetrical delivery and discharge times overlapped. Process mapping also revealed that many activities took place on the day of discharge that could occur sooner during the hospital stay in order to improve efficiencies. Consistency with the times for completion of key performance indicator (KPI) activities and coordination of care has improved process flows, efficiencies, and the continuity of care by setting expectations for the patient and the nursing workforce.

The outcomes from this included:

- Maximized hidden bed capacity by an average decrease length of stay.
- 2.2 hours for vaginal deliveries
- 7.5 hours for cesarean deliveries

Avoidance of daily bed crunches and overflooding to less desirable areas, decrease in salary expenses and overtime, proactive completion of activities, enhanced interdepartmental and interdisciplinary communication and collaboration, standardization in practice patterns, increased patient empowerment along with setting clear patient expectations and increased staff empowerment with employment of shared governance.
Decreasing Urinary Tract Infections One Indwelling Catheter at a Time
A Hospital Based Skilled Nursing Unit Performance Improvement Program

Holly Delatte, RN, Supervisor Transitional Care Unit
Rosalind Alberato, MSN, RN, Manager Transitional Care Unit
Susan Steele-Moses, DNS, APRN, CNS, AOCN, Program Director Nursing Research
Paul Murphree, DO, PhD, Medical Director, Patient Quality and Safety
Our Lady of the Lake Regional Medical Center

Maintaining the integrity of the elderly and decreasing hospital acquired infection is an important mission of Our Lady of the Lake Regional Medical Center (OLOL). Effective October 1st 2008, the Centers for Medicaid and Medicare Services (CMS) identified eleven non-reimbursable preventable hospital associated conditions, which included catheter associated urinary tract infections.

In preparation for these changes, in January 2008, OLOL initiated a performance improvement (PI) team to eliminate the placement of urinary catheters when no medical necessity existed. The PI team consisted of representatives from nursing, infection control, and medical staff services. The Medical Director of Patient Quality and Safety, Dr. Paul Murphree, lead the team along with the medical director of TCU, Dr. James Westerfield. Because of an increase in indwelling catheter days (229 days) and urinary tract infection rate (13.5) (Figures 1 and 2), higher than the CDC mean (7.1), the team focused on admission to the skilled nursing unit (TCU) to evaluate and reduce urinary catheter use.

On admission to TCU, the admit nurse assessed whether an indwelling urinary catheter was in place as well as whether criteria for continued medical necessity existed (Diagram 1). For those patients not meeting criteria, the nurse requested that the urinary catheter be discontinued, resulting in an overall decrease of 50% with the physician often stating: “Thanks, I had forgotten a catheter was in place.” Once the indwelling urinary catheter was discontinued, a nursing plan was devised to include frequent toileting and incontinence management. If the patient’s condition required continued urinary diversion, the nursing staff focused on early removal as soon as medically indicated. Based on these early successes, the team determined that the need for urinary catheterization should be assessed much earlier in the hospital stay.

Subsequent to the initial gains, the team identified that multiple opportunities to impact urinary catheter insertion. First, a catheter was routinely inserted upon admission through the emergency room for any patient that was incontinent or required diuresis. Next, multiple order sets included the insertion of a urinary catheter as a “routine order.” And finally, urinary catheterization was viewed by nursing as a treatment of convenience rather than necessity.

The team educated both nurses and physicians concerning the appropriate placement of urinary catheters. In addition the emergency only inserted Foleys when medical necessity was met and routine urinary catheter insertion was eliminated from existing order sets. When patients meet criteria for urinary diversion, each medical record is flagged to remind both physicians and nurses to reassess ongoing need. And finally, urinary catheterization was viewed by nursing as a treatment of convenience rather than necessity.

The team educated both nurses and physicians concerning the appropriate placement of urinary catheters. In addition the emergency only inserted Foleys when medical necessity was met and routine urinary catheter insertion was eliminated from existing order sets. When patients meet criteria for urinary diversion, each medical record is flagged to remind both physicians and nurses to reassess ongoing need. And finally, urinary catheterization was viewed by nursing as a treatment of convenience rather than necessity.

One year later (January, 2009), indwelling catheter days decreased to 20 on the Transitional Care Unit with OLOL experiencing a 55% hospital wide decrease in “Foley Days” overall (Figure 3) as well as a decrease in hospital acquired urinary tract infections (Figure 4).

References

Figure 1: Foley Catheter Days, TCU 2008-2009
Figure 2: Catheter Induced Infection Rate, TCU 2008-2009
Figure 3: Foley Days
Figure 4: Hospital Acquired Catheter Associated Urinary Tract Infections
**2010 Nightingale Awards**

**Saturday, February 19, 2011**

**CROWNE PLAZA Baton Rouge**

**Ticket/Reservation Form**

**INDIVIDUAL TICKETS**

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**Additional Information:**
- The Nightingale Awards Gala will be held at the CROWNE PLAZA Baton Rouge. Our website has hotel information on the Nightingale Gala site.
- Please mail, fax, or phone reservations to Louisiana State Nurses Association.
  - Phone: 225-201-9923 or 1-888-457-6018
  - Fax: 225-201-9971
  - Email: lnsa@lnsa.org
- **Registration:** If you decide to make reservations, please mail check/cash on time or we will assume your form. It is requested that you do not mail after February 19, 2011. After that, please mail or phone your reservation.
- Reservations for tables will be dated when received and table placement will be by date received. There will be tables with open seating for individual tickets.

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**2011 Nightingale Awards**

**Saturday, February 19, 2011**

**CROWNE PLAZA Baton Rouge**

**SPONSORSHIP Levels**

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| Contact Name (if organization): | |
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You will be contacted for prospecting information and company organization logo.

**Payment Method**

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- Placement of sponsorship tables will be up front closest to stage, and will also depend on sponsorship level and date received.
- Please mail, fax, or phone reservations to Louisiana State Nurses Association.
  - Phone: 225-201-9923 or 1-888-457-6018
  - Fax: 225-201-9971
  - Email: lnsa@lnsa.org
Keynote Speaker: ANA President
Karen Daley, PhD, MPH, RN, FAAN

Program Description and Target Audience:

The national and state healthcare systems are in the midst of transition to improve the quality of healthcare available to the populace. The American Nurses’ Association and the Louisiana State Nurses’ Association must be postured to impact the legislative outcomes that promote the profession of nursing and enhance quality healthcare for Louisiana citizens. This program is open to all registered nurses and students: other interested healthcare professionals are invited to attend.

Program Objectives:

Upon completion of the program, the participant will be able to:

- recognize the essentials of health care reform
- discuss current research related to selected nursing topics.

Nursing Accreditation:

- 5.0 Contact Hours will be awarded by the Louisiana State Nurses Association for attending entire program and summarizing the evaluation
- Upon completion of the program, the participant will be able to:

Program: Saturday, April 16, 2011

8:30-9:30am

- Registration/Delegate credentialing and voting
- (ALL delegates must register and pay convention fees)

Program:

9:30am-12:30pm

- House of Delegates
- (Bylaws voting; Installation of new BOD)

Program:

1:15pm-2:30pm

- House of Delegates (Nominations from the floor, bylaws, and reference hearings)

2:30pm-3:00pm

- Poster Presentations and Exhibitors

3:00-4:00pm

- Keynote Speaker: ANA President Daley

4:00pm-5:30pm

- HOD of Delegates wrap-up for the evening

5:30pm-6:00pm

- Meet the LSNA BOD Candidates

Tentative Agenda (Subject to change based upon speaker availability—please check the web site for the most current agenda)

Friday, April 15, 2011:

7:45am-8:45am

- Open Registration
- Credentialing for delegates will begin at 12:00pm
- (ALL delegates must register and pay convention fees)

Program:

8:45am-9:45am

- Invited Speaker

9:45am-10:15am

- Poster Presentations and Exhibitors

10:15am-12:15pm

- Legislative Update

12:15pm-1:15pm

- LANPAC Box Lunch Fundraiser (Must have Reservation). This is a business meeting and fundraiser only—no CE contact hours will be given.
- Those not attending LANPAC Luncheon—lunch on your own (hotel restaurant will be open)
- Delegate registering and credentialing
- (ALL delegates must register and pay convention fees)

Hotel Information:

LOD COOK ALUMNI CENTER (LSU CAMPUS)
3848 WEST LAKE SHORE DRIVE
BATON ROUGE, LA 70808
(225) 383-2665
TOLL FREE: (866) 610-2665
www.cookconferencecenter.org

MENTION LSNA FOR SPECIAL ROOM RATES
(Reservations must be made by March 14, 2011 to guarantee rates.)
SUITES $148 AND ROOMS $115—SINGLE OR DOUBLE

ABOVE RATES ARE SUBJECT TO APPLICABLE TAXES

Contact:
LOUISIANA STATE NURSES ASSOCIATION
5713 SUPERIOR DRIVE, SUITE A-6
BATON ROUGE, LOUISIANA 70816
PHONE: (225) 201-0993
FAX: (225) 201-0971
ccairo@lsna.org
WEB: www.lsna.org

Exhibitor Information:
Contact Carol Cairo at ccairo@lsna.org

REMINDER: ALL DELEGATES MUST REGISTER FOR CONVENTION AND PAY CONVENTION FEES
(This follows ANA convention procedures)

CUT HERE AND RETURN TO LSNA

The Louisiana State Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Accreditation. LSBN provider #1.

5.0 Contact Hours will be awarded by the Louisiana State Nurses Association for attending entire program.

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- (ALL delegates must register and pay convention fees)
Call for Poster Presentation Abstracts
2011 Link to the Legislature and LSNA House of Delegates
April 15th and 16th, 2011
Lod Cook Conference Center (LSU Campus), Baton Rouge, Louisiana

Submit a poster presentation abstract in the following categories:

- Evidence Based Clinical Practice
- Nursing Research
- Thesis or Dissertation
- Nursing Leadership or Administration
- Scholarly Project
- Performance Improvement
- Application of Evidence Based Practice

The project should directly relate to patient care, nursing education, staff development, nursing leadership, or other aspect of nursing practice.

Base your abstract on the submission guidelines below and submit with a copy of the authors/researchers vitae or resume to Susan K. Steele-Moses, DNS, APRN, CNS, AOCN®, Research/Informatics Chair on or before Monday, February 22nd, 2011 at:
deh.steelemoses@gmail.com or
susan.steele-moses@ololrmc.com

Only electronic submissions will be accepted. You will be notified by email of your poster acceptance on or before March 1st, 2011.

SUBMISSION INSTRUCTIONS
Instructions for Abstract Submission Forms

1. The complete abstract submission includes the following:
   a. Cover Page
   b. Abstract (un-blinded) that includes authors and authors’ affiliations
   c. Blinded abstract that does not include authors and authors’ affiliations
   d. Copy of each author’s CV
   e. Biographical Data Form from each author.

   Biographical Data form can be found on the LSNA web site (www.lsna.org) on the home page under the “Important News” in the “Call for Abstract” news item.

2. Organize the body of the abstract as follows:
   a. Non-Research Poster Presentation Abstracts
      1. Purpose—What was the intent/goal of the project? What problem was addressed by the evidence-based solution?
      2. Description—What was the evidence-based solution? How was it developed and implemented? Cite the research for the evidence
      3. Evaluation and Outcomes—What were the outcomes of the project? How was success measured?
   b. Research Poster Presentation Abstracts
      1. Purpose—What was the intent or goal of the study? What did you want to learn?
      2. Background/Significance—What was the problem and why was it important? What knowledge are you building on?
      3. Method—What was the design? What was the sample? What instruments were used, if any? How was data collected and analyzed?
      4. Results—What were the findings?
      5. Application to Nursing Practice—What are the study implications to nursing?

3. Submit a copy of each author’s resume or CV along with the biographical data form.

EVIDENCE BASED CLINICAL PRACTICE

- Primary author’s physical address, email address and telephone number
- First name, last name, and credential(s) of all other authors. List each author on a separate line.

- Abstract page (Unblinded) includes the following:
  a. The TITLE, which should be brief and clearly indicate the nature of the presentation. Centered at the top of the abstract and typed in CAPITAL LETTERS.
  b. First name, last name, and credential(s) of primary author; co-author names and credentials.
  c. BODY/TEXT which is to be typed single-spaced and should be no more than 300 words. The abstract should not exceed one (1) page.

- Blinded abstract page includes the following:
  a. TITILE should be brief and clearly indicate the nature of the presentation. It is centered at the top of the abstract and typed in CAPITAL LETTERS.
  b. The BODY/TEXT is to be typed single-spaced and should be no more than 300 words. The abstract should not exceed one (1) page.
  c. Be sure to remove all references to names and organizations within the body text that could identify the authors/investigators.

- Cover Page includes the following:
  a. First name, last name, and credential(s) of primary author

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**BECOME AN EXHIBITOR AT THE**

Louisiana State Nurses Association
Link to the Legislature/Nurse Day Program and House of Delegates 2011
Friday & Saturday, April 15 & 16, 2011
(Lod Cook Conference Center (LSU Campus), Baton Rouge)

Recruit! Students will be attending this program!

Booth Rental Agreement

- Event will be held at the Lod Cook Conference Center (LSU Campus). 3840 West Lakeshore Drive, Baton Rouge, Louisiana 70808 (225) 334-2860 (direct to hotel)
- If space permits, exhibitors will be in the 6AAB door area. LSNA will assign tables by date and payment of exhibitor registration.
- Exhibits will be open on Friday, April 15, 2011 from 7:30 AM until approximately 4:00PM. There will be ample time for participants to browse throughout this event. (We will have scheduled breaks.)
- Cost is $50.00. This includes one tabletop with cloth and coffee, two chairs. Please list as few as possible inventories you will be marketing. You will need to prepare your own exhibit cards.
- LSNA reserves the right to exclude your exhibit if it is not in compliance with these regulations.
- Attendance in past years has been approximately 250 to 300 nurses and student nurses.

For any additional information or questions, please contact
Carey Cane, RN, Program Coordinator
Phone: (225) 201-0895
Fax: (225) 201-0897
Email: careycane@lsna.org

For your records:
Method of Payment

Total Enclosed

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**EXHIBITOR INFORMATION:** (Please send to LSNP)

Company Name: _______________________________
Address: _______________________________
Phone Number: _______________________________
Fax: _______________________________
Email: _______________________________

Contact Name: _______________________________
Telephone: _______________________________
Fax: _______________________________
Email: _______________________________

Expiration Date: _______________________________

METHOD OF PAYMENT

Check enclosed (payable to LSNA)

MasterCard ______ Visa ______

Am. Ex. (must have 4 digit numbers on front of card show account number) ______

Card #: _______________________________
Exp. Date: _______________________________
Signature: _______________________________

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For further information on the event, please contact
Carey Cane, RN, Program Coordinator
Phone: (225) 201-0895
Fax: (225) 201-0897
Email: careycane@lsna.org

LSNA
Louisiana State Nurses Association
3719 Superior Drive, Suite 4
Baton Rouge, LA 70816

Office Use
Date Received
Our Lady of the Lake's American Stroke Association Performance Compliance Measures Increased

Nationwide, 795,000 people experience new or recurrent stroke each year, ranking it number three among all causes of death. In the previous year, almost 1,000 patients were admitted to Our Lady of the Lake (OLOL) for ischemic and hemorrhagic stroke. The majority of strokes are ischemic (87%). Others include intracerebral hemorrhages (10%) and subarachnoid hemorrhages (3%).

Our Lady of the Lake continues to set the standard for care for stroke patients and has implemented the American Stroke Association (ASA) Guidelines for the Management of Stroke.

Project Team Formed

In January 2009, a Performance Improvement team was established at Our Lady of the Lake with a goal of increasing compliance of the 10 ASA Performance measures from 69% compliance to 90% compliance. Because stroke patients are seen in multiple units throughout their continuum of care, this team was comprised of team members from multiple disciplines throughout the hospital.

Successful Outcomes

Measuring Compliance with the National Benchmark

Measure: Onset of Symptoms to t-PA within 180 minutes.

The Stroke Performance Improvement team continues working to implement successful initiatives throughout the hospital that were piloted on the Neuroscience Unit. As of January 1, 2011, the ANA dues will be raised by $4 annually for full or part-time employed RNs. (Currently $274.00—As of Jan. 1, 2011 $278.00)

Measuring Compliance with all 10 Process Measures on Patients Admitted or Transferred to the Neuroscience Unit with a Stroke Diagnosis

Multiple initiatives were implemented in an effort to meet these measures:

- A Stroke Performance Measure Checklist was developed and implemented on OLOL’s Neuroscience Unit. This checklist is a multidisciplinary tool to concurrently monitor all patients admitted to the unit with a diagnosis or suspected diagnosis of stroke. The tool monitors compliance with each measure on admission, during the patient’s stay and at discharge.
- A Stroke Patient Education Tool was developed. The team expanded its interdisciplinary patient education software to meet compliance with education documentation.
- A Nursing Bedside Swallow Screen was developed with input from nursing and speech therapy. The team developed this tool and is now available to be used by other FMOL Health System facilities that document in the same software. Current statistics indicate that OLOL is 97% compliant in meeting this measure.

The Stroke Performance Improvement team continues working to implement successful initiatives throughout the hospital that were piloted on the Neuroscience Unit.

The 10 American Stroke Association Performance Measures and OLOL Compliance Rates for Each

- Stroke Education: 0% in January 2009 to 96% at the end of 3rd quarter 2009
- Dysphagia Screening: 62% in January 2009 to 91% in 3rd quarter 2009
- Thrombolytic Therapy Administered: 83% in January 2009 to 100% in 3rd quarter 2009
- Assessed for Rehabilitation: 90% in January 2009 to 100% in 3rd quarter 2009
- Deep Vein Thrombosis (DVT) Prophylaxis: 93% in January 2009 to 100% in 3rd quarter 2009
- Antithrombotic Therapy by End of Hospital Day Two: 93% in January 2009 to 100% in 3rd quarter 2009
- Patients with Atrial Fibrillation Receiving Anticoagulation Therapy: 100% in January 2009 and 3rd quarter 2009
- Smoking Cessation / Advice / Counseling: 100% in January 2009 and 3rd quarter 2009
- Discharged on Antithrombotic Therapy: 98% in January 2009 to 100% in 3rd quarter 2009

Notification of ANA Dues Increase

At the June 2004 ANA House of Delegates, delegates approved a request by the ANA Board of Directors that provides periodic increases in the dues paid to ANA by CMAAs (Constituent Member Associations)—a “dues escalator”—that is tied to the Consumer Price Index-Urban (CPI-U) and assists ANA in offsetting the impact of inflation. This escalator cannot increase by more than 2% per year.

The dues escalator is calculated on an annual basis but only implemented every three years. In 2010, the ANA House of Delegates removed the sunset clause from the escalator policy allowing these changes in the ANA Assessment Factor to continue.

As of January 1, 2011, the ANA dues will be raised by $4 annually for full or part-time employed RNs.
The Woodard Scholarship Selection Committee was appointed by the LNF Board of Directors and includes nurses from throughout Louisiana: Dr. Catherine Cormier, Deborah Ford, Dr. Carol Gordon, Maxine Johnson, Dr. Barbara Moffett, Dr. Ann Warner, and Dr. Jackie Hill as ex officio (LNF President). Dr. Cynthia Prestholdt serves as chair. This Committee developed and refined the Woodard Scholarship application process and a Scholarship Information Packet. Scholarship information was provided through LSNA during Spring 2010 via the LSNA website and Pelican News. LACANE and announcements to nursing entities. The Scholarship Selection Committee refined a rigorous process for objectively evaluating and selecting qualified candidates. Unfortunately, the Committee could not fund all eligible applicants given the available funds.

The following 2010 Woodard Scholars represent six Louisiana schools of nursing:

Emily N. Benoit, Mary K. Finnegem, Wendy Hounsell, and Megan Whitmer—LSU HSC, New Orleans.
Callie Duhon and Nicole Annec Millier—University of Louisiana at Lafayette.
Traci L. Nelson—LSU—Alexandria
Annie Price and Rachel Roth—Southeastern Louisiana University
Stephanie Ann Roberts—Louisiana Tech University
Hyunmih Trinh—Our Lady of Holy Cross College

The Woodard Scholarship Selection Committee was appointed by the LNF Board of Directors and includes nurses from throughout Louisiana: Dr. Catherine Cormier, Deborah Ford, Dr. Carol Gordon, Maxine Johnson, Dr. Barbara Moffett, Dr. Ann Warner, and Dr. Jackie Hill as ex officio (LNF President). Dr. Cynthia Prestholdt serves as chair. This Committee developed and refined the Woodard Scholarship application process and a Scholarship Information Packet. Scholarship information was provided through LSNA during Spring 2010 via the LSNA website and Pelican News. LACANE and announcements to nursing entities. The Scholarship Selection Committee refined a rigorous process for objectively evaluating and selecting qualified candidates. Unfortunately, the Committee could not fund all eligible applicants given the available funds.

As a nurse, you are probably more educated in all of the different issues involved with Long-Term Care than most. I am not saying that you are more informed than someone who has been independent their whole life but now finds themselves in need of assistance from another person.

It has been said that the only thing scarier than the possibility of needing Long-Term Health Care (LTC) is the prospect of not being able to pay for it. Did you know that today in Louisiana, the average annual costs of Long-Term Care runs anywhere from $35,000-$40,000 per year? At that rate, it wouldn’t take long to deplete the assets of even the wealthiest Americans. In fact, former State of LA Department of Health and Hospitals Director Alan Levine recently stated, “Today there are more than 107,000 Medicaid enrollees in Louisiana who are over age 65. They have to spend down to all but $2,000 of their assets in order to become eligible.”

Common Myths About Long-Term Care Protection

Myth #1: It won’t happen to me. I don’t need to worry about that until I get old.
Fact: If it can happen to Superman, it can happen to you. More than 12 million Americans need Long-Term Care and nearly 5 million of those are working age adults. Again, statistics show that 1 out of 2 will need LTC.

Myth #2: My kids will take care of me.
Fact: Are your kids in a financial position to be able to quit their jobs, sell the family home, and take care of your family? When you are working, don’t worry about who will be taking care of their families while they are caring for you?

Myth #3: I have health insurance and one day I’ll receive Medicare that will pay for LTC costs.
Fact: Unless you have LTC insurance, you do not have insurance that will cover the costs associated with LTC. Medicare will pay limited amounts for skilled care following a hospital stay, even then, it will only cover the first 100 days. So, basically there are only 3 ways to pay for LTC expenses: Cash, welfare, or insurance.

Myth #4: I cannot afford Long-Term Care insurance.
Fact: If you wait until later, that may be true. The younger you are when you purchase a long term care policy, the less you’ll pay. Waiting until later also means there is a chance you may not be eligible for coverage, due to a change in your health.
District News

Ruston District Nurses Association

The Ruston District Nurses Association (RDNA) met on September 21, 2010. The program was presented by the Chief Flight Nurse for Pafford Air One, David Rasberry, who described the services offered by Pafford and the clients whom they serve. Pafford also provided delicious Po-Boy sandwiches and chips prepared by the Log Cabin of Ruston, Louisiana.

Ruston District plans to participate in a community project which supports a unit of troops serving in Iraq. Members will be preparing homemade goodies to send the soldiers for Veteran's Day.

On October 19, 2010, RDNA met and enjoyed an informative program on Breast Cancer Awareness. Tanya Sims with Lisa Mangum, a cancer survivor, discussed the importance of education and early detection regarding Breast Cancer. Ms. Mangum provided a personal story of her fight against Breast Cancer. The members of Ruston District decided to give a donation to Susan G. Komen Foundation.

Norlyn Hyde and Lucy Douglas provided a report on Louisiana State Nurses Association (LSNA) business that is coming up or in progress. Beth Fife reported on the ANA conference call with Mary Wakefield and Michelle Obama. Members were reminded about the upcoming LSNA cruise and the dates for Nightingale Awards as well as Nurse Day at the Legislature. Shirley Payne requested that people consider running for a local office in RDNA and a state office in LSNA.

TDNA District

Tangipahoa District Nurses’ Association (TDNA) recently partnered with SLU College of Nursing and Health Sciences to raise money by t-shirt sales for “Warriors in Pink!” This organization assists cancer patients in various ways (from transportation to visits to providing assistance with utility payments).

TDNA is also partnering with SLU Student Nurses Association for a toy drive for North Oaks Medical Center’s Pediatric Unit.

In May of 2011 TDNA will once again honor nurses from our area that have shown they are an example of the best of Tangipahoa. Please start thinking of nurses you wish to nominate! The applications will be coming out early in 2011 (only months away)!

TDNA is now on Facebook! Please join our group for updates and to find out more about what is going on in the Tangipahoa District!

At last month’s general meeting, Dr. Luanne Billingsley presented a CE program entitled “Nursing in the World of Second Life: A 3-Dimensional Virtual Learning Environment”.

TDNA Photos

[Images of group photos with names of individuals listed below]

Dr. Luanne Billingsley, Barbara Moffet and Luanne Billingsley, Lindsay Domiano, Rachel Artigues, Brinette Thompson and Carolyn Zimmerman, Angela Whittington and Megan Mercante, Laura Bass, Sherry Collura and Mike Whittington, Danielle Charrier, Charles Dykes and Lindsay Domiano, Ramona Kerner, Terry Compton, Susan Creel, Marie Billings, DeLilia Lodge and Donnie Booth.
Welcome New Members

We would like to welcome our newest members of the LSNA:

3rd Quarter 2010

July

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<td>Emily Armistead</td>
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<td>Teresa O’Neill</td>
<td>Richard LeBlanc</td>
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<td>Dina Burmaster</td>
<td>Amy Porche</td>
<td>Melissa Arnetteig</td>
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<td>Regan Cantrelle</td>
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<td>Dennis Street</td>
<td>Wendy Bailes</td>
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<td>Tanisha Thomas</td>
<td>Sandra Calamari</td>
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August

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Thank you!!