What Can We, as Individual Nurses in Alabama, Do to Make a Contribution to the Future of Nursing?

Submitted by Diane Buntyn MSN, RN-BC, OCN on behalf of the Commission on Professional Issues

In 2010, Congress passed and the President signed into law, the Affordable Care Act. Realizing the impact of the legislation, the Institute of Medicine, in conjunction with the Robert Wood Johnson Foundation, took on an initiative known as the Future of Nursing in an effort to develop a vision for a transformed health care system that would include the nursing profession. The collaborative report offered recommendations that would:

- Ensure that nurses can practice to the full extent of their education and training.
- Improve nursing education.
- Provide opportunities for nurses to assume leadership positions and to serve as full partners in health care redesign and improvement efforts.
- Improve data collection for workforce planning and policy making.

As a result of the partnership with the Institute of Medicine, the Robert Wood Johnson Foundation established a 2 year Initiative on the Future of Nursing. After much discussion and planning, the report was released and the Recommendations were:

- 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 health professionals, in redesigning health care in the United States.
- Effective workforce planning and policy making require better data collection and an improved information infrastructure.

Based on this body of work, the collaborative also made eight recommendations on how these could come to fruition.

- Recommendation 1: Remove scope-of-practice barriers.
- Recommendation 2: Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.
- Recommendation 3: Implement nurse residency programs.
- Recommendation 4: Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020.
- Recommendation 5: Double the number of nurses with a doctorate by 2020.
- Recommendation 6: Ensure that nurses engage in lifelong learning.
- Recommendation 7: Prepare and enable nurses to lead change to advance health.
- Recommendation 8: Build an infrastructure for the collection and analysis of interprofessional health care workforce data.

The Commission on Professional Issues was established by the Alabama State Nurses Association (ASNA) as an organized deliberative body to respond to professional nursing practice issues that are essential to the purpose of the Association. The Commission is responsible for the development of:

- Policy alternatives essential to the purpose of the association and submission of recommendations to the ASNA Board.
- Processes to facilitate dissemination of information to Alabama Nurses.

In keeping with its purpose, the Commission noted an opportunity to provide information to Alabama Nurses regarding the Future of Nursing Report: Leading Change, Advancing Health.

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RN’s
2012 IS RN’S RENEWAL YEAR ABN DEADLINE IS NOVEMBER 30th
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VISION STATEMENT
Our Vision
ASNA is the professional voice of all registered nurses in Alabama.

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

OUR MISSION
ASNA is committed to promoting excellence in nursing.

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PUBLICATION
The Alabama Nurse Publication Schedule for 2012

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Guidelines for Article Development
The ASNA welcomes articles for publication. There is no payment for articles published in The Alabama Nurse.

1. Articles should be Microsoft Word using a 12 point font.
2. Article length should not exceed five (5) pages 8 x 11
3. All reference should be cited at the end of the article.
4. Articles should be submitted electronically.

Submissions should be sent to:
edasna@alabamanurses.org

Editor, The Alabama Nurse
Alabama State Nurses Association
360 North Hull Street
Montgomery, AL 36104
Dr. Lori Lioce
Elected to AANP

Lori Lioce, clinical assistant professor of nursing at The University of Alabama in Huntsville (UA Huntsville) was recently elected as the Alabama state representative for the American Academy of Nurse Practitioners (AANP). As the AANP state representative, Dr. Lioce will actively serve as the contact person and liaison for nurse practitioner communications and legislative activities with members, and nurse practitioner groups regionally and nationally. She will also serve as the contact person for the regional director, board of directors, committees and executive staff as well as communicate with the directors of health policy related to legislative and practice issues.

Additional duties for Dr. Lioce include coordination and implementation of the annual state awards for the Excellence Project, working with AANP executive staff and the regional director to plan and attend regional invitational leadership meetings, develop nurse practitioner educational programs in the state, facilitate public relations for the state, and plan for state recognition of the annual National Nurse Practitioner week.

At UA Huntsville Dr. Lioce’s teaching experience includes family centered care of children, health assessment, professional practice, and family nurse practitioner courses. She also serves as the College of Nursing simulation coordinator. Dr. Lioce received her undergraduate and graduate nursing degrees and a family nurse practitioner post-masters certificate from UA Huntsville, and a DNP from Samford University.

Dr. Lioce will serve a two-year term as AANP state representative. She may be reached by email at lori.lioce@uah.edu.

The President’s Message

Farewell by Joyce McCullers Varner, DNP, GNP-BC, GCNS

Farewell... this is a hard word to use and a hard message to write. I am approaching this task with sadness and joy in equal measures. Sadness that my tenure has come to an end (and went so fast); and joy that I am being followed by one of the best people I could imagine to lead ASNA. The past two years have given me so much in the way of new friends, new opportunities, and new challenges. And I do love a challenge. I have traveled much, laughed much, been alarmed at times, sad at times, and happy at times during these years. I will miss the interaction with staff, committees, and members; I will miss so many things that go along with this position. But please know that I appreciate all of you for your support and help. I could not have done this job without the great support I received from everyone. So, I am signing off with this as my last message for The Alabama Nurse and seeking new challenges in the months ahead. I look forward to one last opportunity to see everyone at Convention. We will have a wonderful time. See you there!!!

Joyce

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Future of Nursing continued from page 1

The Commission acknowledged that the body of recommendations made by the collaborative entailed lofty goals that would require an ongoing effort by many committees and workgroups now and in the future. The report outlined specific tasks for Congress, state legislatures, Centers for Medicare and Medicaid Services, the Office of Personnel Management, the Federal Trade Commission, and the Antitrust Division of the Department of Justice.

While these entities have much work to do, there is already one simple but significant way you as an individual nurse in the state of Alabama can help. When you renew your license, the Board of Nursing asks specific questions related to the nursing workforce. These include your:
- Employment Status in Nursing,
- Ethnic Origin,
- Highest Degree Earned,
- Primary Place of Work,
- Primary Type of Clinical Practice
- Type of Position with Primary Employer

The last report in 2011 (at LPN renewal) showed 18,231 total renewals, but not everyone answered the demographic questions. In some categories there was as many as 3000 who did not respond to the questions. In 2010 (at RN renewal) 57,997 renewed and response to questions was better but still not all RN’s answered the questions. Part of each nurse’s responsibility for professional practice is to supply information and data to enhance the overall body of nursing knowledge. The Commission on Professional Issues is asking each of you to make a stand. At your next renewal please answer these questions as a professional courtesy.

The Legislature adjourned sine die on the 30th Legislative Day 16 May 2012. Just as a point of reference, our last meeting was on 24 April and was signed by the Governor. NPs will have referral authority by all parties and HB 163 passed the Senate on 24 April and was signed by the Governor. This is a seminal event that you surely don’t want to miss. See Renaissance Hotel and Convention Center in Montgomery will celebrate our...
Dr. Kelli Cleveland, DNP, CRNP
Certified Registered Nurse Practitioner
Troy University Alumna

Educate the mind to think, the heart to feel, the body to act.
- TROY Motto 1887

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Alabama. Salary and rank will be commensurate with experience and qualifications. Preference is given to candidates
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Alabama. Non-tenure earning clinical positions, requiring a doctorate or master's degree in nursing, are available for faculty
nursing, teaching, and research. The University of Alabama in Huntsville, classified as a Very High Research
Active institution, offers academic and research programs in the Colleges of Nursing, Business Administration,
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EOE
“Failure to report” has been in the news a lot lately after the situation at Penn State University. And while the results of administrators’ failure to report alleged sexual abuse was devastating to Penn State, similarly it could be devastating to registered nurses who ignore state statutes.

Alabama’s mandatory reporting law covers nurses, teachers, physicians, psychiatrists, dentists, pharmacists, social workers, day care workers, hospitals, clinics, sanitariums… The list of those required to report goes on and on. See §26-14-3, Code of Alabama 1975.

Professionals who observe child abuse or neglect are required to “immediately” report—or cause to be reported—the abuse “to a duly constituted authority.” Then, the medical professionals are required to make a written report on authorities.

A separate section of law, at §26-14-13, Code of Alabama 1975, makes failure to report a misdemeanor, punishable by up to six months in jail.

Nothing in society could be worse than child abuse and the Legislature is to be commended for approving legislation designed to identify it. But innocent nurses and teachers can be adversely impacted by the law if they are not diligent. And the problem is that nurses and teachers often are unsure about what should be reported and to whom.

What constitutes child abuse or neglect? If a child tells a school nurse that he is unable to concentrate in class because his mother did not make him breakfast, is that abuse or neglect? What is the school nurse to do?

My suggestion is to err on the side of caution. Report to someone. It is absolutely not the duty of the nurse or educator to investigate suspected cases of child abuse or neglect. The burden the nurse has is to report and allow law enforcement to investigate.

To whom to report is another issue. The statute requires a report to “a duly constituted authority.” Who is duly constituted? In the case of a school nurse, is the school principal “a duly constituted authority”? What about the superintendent?

My advice is in cases of obvious child abuse or neglect call the local Department of Human Resources and follow-up with a letter to DHR, copied to local law enforcement. Medical professionals and educators do not want to report every scratch they see on a child and certainly do not want to be accused of false reporting. While child abuse is horrible, a parent’s being falsely accused of child abuse is terrible itself.

In questionable cases, a discussion with a nurse manager or a school principal may be in order. But ultimately, the burden is to report abuse and neglect and the law says that the reporting is to be done “immediately.” Mandatory reporting is a difficult part of medical professionals’ jobs. But it is necessary. Just consider the benefit that a report could be to a child/victim.

We are looking for Registered Nurses interested in being a part of the first Chapter of the National Association of Hispanic Nurses in Alabama

We need at least 5 members to create a board and chapter

Please contact Yaricet Matos-Ramos, RN at ymramos@uabmc.edu or Grace Grau, MSN, CRNP at nursegg@uab.edu with your name and contact information and for further details.

NAHN National Association of Hispanic Nurses® is a non-profit professional association committed to the promotion of the professionalism and dedication of Hispanic nurses by providing equal access to educational, professional, and economic opportunities for Hispanic nurses.

Come Join!
When Pets and People Mix: Improving Dog Safety in Alabama

Reprinted with permission from
Sandra Nadelson, RN, PhD, Associate Professor, Boise State University

Dogs are known as “man’s best friend.” However, even the smallest, cutest little dog can bite a human according to the American Veterinary Medical Association (AVMA, 2003). Annually, over 4 million people are bitten by canines. The American Academy of Pediatricians reports that about 800,000 people seek treatment for dog bites each year (APA, 2009). Dogs are more likely to bite children than adults. Children between the ages of five and nine are the most likely to be the victim of a dog bite. For the remainder of article, please scan the QR code or go online to: http://alabamanurses.org/associations/98836/files/When%20Pets%20and%20People%20Mix.pdf

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Why does bullying and especially lateral violence remain persistent in the nursing profession? Is this phenomenon of lateral violence unique to the nursing profession? In many ways I wish I could say yes, it is only within nursing, but I would be lieing. In the January 19, 2010 Nursing Link Magazine, the article titled “How do I deal with Nurse Bullies?” stated “As nursing administration, especially in the nursing profession, the phrase ‘nurses eat their young’ was adopted.” In this way, the phrase seemed to have demonstrated a biased perspective. Nursing aggression primarily of females with a culture of thinking of others first (a rejection of self) and a subservient attitude towards work and patients. And while workplace bullies are men, women can also be bullies, too; 40% of all workplace bullies are female according to “Workplace Bullying Institute.”

Are you, as a nurse professional, aware of what bullying or lateral violence is in the workplace? If I asked you to e-mail a definition of lateral violence, could you do so without looking it up? Or have you witnessed an event or even been a bully or victim of lateral violence? The idea that lateral violence is thought to be a rite of passage or is acceptable is a problem that still exists. Let’s look into this further.

From a historical perspective, the nursing profession consisted primarily of females with a culture of thinking of others first (a rejection of self) and a subservient attitude towards work and patients. And while workplace bullies are men, women can also be bullies, too; 40% of all workplace bullies are female according to “Workplace Bullying Institute.”

The first step in getting out from under the weight of lateral violence is accepting that lateral violence exists. Lateral violence can only succeed if nurses are complacent. Nurses—let’s work diligently to create an atmosphere of zero tolerance of lateral violence for self, peers and patients. Only we, the nurse professional, can change the situation and create a better atmosphere for patient safety; thus producing a positive work environment.

Reasons:

- Discuss at break time with peers that a new rule is needed promoting zero tolerance of lateral violence.
- Join ASNA and become an active partner in the crusade to stop this horrible injustice which has occurred for years in nursing and must be halted.
- Possibly nurse leaders need to look upstream to research for the causal reason.
- Look at workplace situations, be aware and be involved

Nurses—let’s work diligently to create an atmosphere of zero tolerance of lateral violence for self, peers and patients. Only we, the nurse professional, can change the situation and create a better atmosphere for patient safety; thus producing a positive, work environment. 

References:

Osteoporosis: A Silent Disease

Author: Joyce McCullars Varner, DNP, GNP-B.C, CCNS, Clinical Associate Professor, Adult Health Nursing, University of South Alabama College of Nursing (jvarner@usahealth.edu)

Intended Audience: RN and LPN

Disclosures: 1. The author, planning committee, and content reviewers discloses no conflict of interests. 2. Course requirements—see directions

Goal: The purpose of this activity is to review the current treatment for osteoporosis.

Objectives: At the completion of this course the participant should be able to: 1. List four risk factors for osteoporosis 2. Identify two proper diagnostic testing 3. Discuss three treatments for osteoporosis

Directions: Read the monograph Osteoporosis: A Silent Disease. Complete the Post Test and evaluation and return both completed forms to ASNA (360 N. Hull Street, Montgomery, Alabama 36104 or (F) 334-262-8578). A Continuing Nursing Education certificate of completion will be sent to you upon successful completion of the post-test and evaluation sheet. You must score at least 80% on the post-test to pass. Should you score below 80%, you will be notified and offered the opportunity to retake the post-test for an additional cost of $5.00.

Board of Nursing Transcript: ASNA will enter the course on your Alabama Board of Nursing transcript (you will be unable to successfully enter the course on your transcript yourself) within two weeks of successful completion of the activity.

Contact hours & Accreditation: This 5 contact hour course (60 minutes equal 1.0 contact hour) is provided by the Alabama State Nurses Association.

The Alabama State Nurses Association is an accredited provider of continuing nursing education by the American Nurses Credentialing Center Commission on Accreditation (ANCC).

This 6 contact hour course (50 minutes equal 1.0 contact hour) activity is provided by the Alabama State Nurses Association, which is approved by the Alabama Board of Nursing, provider number ABNP002 (valid through 30 March 2013). Approval of this activity expires August 13, 2014

Fees: ASNA Member: $7.00 Non-member: $10.00 Shipping & Handling (if we mail the program to you) $1.50. A $1.50 fee will be added to all non-member registrations.

Description of Problem

The increased risk of developing osteoporosis increases with age as bone reabsorption outpaces bone remodeling. The occurrence of osteoporosis has risen with the increasing age of baby boomers. Fractures of the hip, spine, and wrist are most common occurrences in this population. It has been estimated by the National Osteoporosis Foundation that 10 million Americans have osteoporosis and an additional 33.6 million have low bone density of the hip.

According to the International Osteoporosis Foundation, currently it is estimated that over 200 million people worldwide suffer from this disease. In the United States and Europe, 30 percent of postmenopausal women suffer from osteoporosis and 40 % of women and between 15-30 % of men will incur a fracture in their lifetime. It is projected by the year 2050 hip fractures will increase by 240 % in women and 310 % in men worldwide. There were 1.66 million hip fractures reported in 1990 these numbers are estimated to rise to over 6.26 million by 2050 worldwide.

Osteoporosis continued on page 11

Osteoporosis: A Silent Disease

Dr. Joyce Varner

Osteoporosis was once considered a disease of the old and infirm, but after extensive research we now know that osteoporosis can affect anyone at any age. It is known as a silent disease because most do not realize they have a problem until an injury causes a fractured bone. Osteoporosis is characterized by reduced bone mass and disruption of bone architecture, resulting in increased bone fragility and increased fracture risk. The World Health Organization defines osteoporosis as a “systemic skeletal disease characterized by low bone density and micro architectural deterioration of bone tissue with a consequent increase in bone fragility.” This author’s intent is to provide (a) an overview of osteoporosis, (b) problems associated with this disease, (c) best evidence-based practice, and (d) further research needed.

Description of Problem

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Osteoporosis continued on page 11
Osteoporosis is largely preventable. Treatment aimed at preventing fractures may include:

1. **Exercise promotion**
   - Strong bones and muscles promote better balance and coordination, reducing the risk of falls.

2. **Diet**: Adequate calcium and vitamin D intake is crucial. Vitamin D helps the body absorb calcium. Calcium is essential for bone health and can be obtained through:
   - Direct sunlight exposure for 15 minutes, several times a week.
   - Foods rich in calcium, such as milk, cheese, and leafy greens.
   - Calcium supplements of 500 mg or less, usually taken with food to improve absorption.

3. **Physical activity**: Regular weight-bearing exercise, like walking or dancing, helps build and maintain bone mass.

4. **Medications**
   - **Bisphosphonates**: Drugs approved by the FDA for the treatment and prevention of postmenopausal osteoporosis. Examples include alendronate, ibandronate, and risedronate.
   - **Selective estrogen receptor modulators (SERMs)**: Drugs like raloxifene may reduce the risk of osteoporosis and fractures.

5. **Strontium ranelate**: A medication approved for the treatment of osteoporosis in women who are postmenopausal and at high risk for fracture.

6. **Proton pump inhibitors (PPIs)**: Medications that reduce stomach acid, which can help prevent fractures in the elderly.

7. **Calcitonin**: A medication that reduces bone loss and may be used in combination with other treatments.

8. **Indwelling catheters**: These can lead to bone loss, as the body may not absorb enough calcium due to a lack of sunlight exposure.

9. **Interpersonal relationship and social roles** for patients and their families.

10. **Evidence-based practices** for assessment and treatment of osteoporosis.

**Conclusion**

Osteoporosis is a preventable disease, and the risk factors can be minimized through lifestyle changes and medical interventions. Early detection and treatment are key to preventing fractures and maintaining bone health.
**Goal:** Explore current state of wound management.

**Learning Objectives:**

At the conclusion of the program the participant will be able to:

1. Relate clinical and surgical management of diabetic foot wounds.
2. Summarize the role of antimicrobial therapy in wound healing.
3. Describe the use of Hyperbaric Oxygen Therapy in the management of problem wounds.
4. Describe the management of hand injuries with complicated wounds.
5. Relate clinical strategies for the management of ostomy complications.
7. Define peripheral arterial disease.
8. Discuss risk factors associated with PAD.
9. Discuss screening tools/test to diagnosis PAD

**Contact Hours:**

5.75 (ANCC)/6.9 (ABN)

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**Registration—Not Everything Heals on its Own—October 12, 2012**

| Name: |____________________________________________________________________|
| Address: | _____________________________________________________________________|
| City/State/Zip |____________________________________________________________________|
| Email: |____________________________________________________________________|
| Day Phone: |____________________________________________________________________|
| Specialty: |____________________________________________________________________|
| Employer: |____________________________________________________________________|

**If Received by October 5, 2012**

- $50 (ASNA Member/Brookwood/Alacare Employee)
- $65 (Non Member/Employed Elsewhere)

**After October 5, 2012 add $15 late fee—Deadline to register October 10, 2012**

**If mailing and paying by credit card:**

- Credit Card Number
- Security Code
- Expiration Date

Register online at [http://alabamanurses.org](http://alabamanurses.org)

**Refunds:** If cancellation is received in writing prior to Oct 5, 2012 a refund (minus a $20.00 processing fee) will be given. After Oct 5, 2012 no refund will be given. We reserve the right to cancel the program if necessary. A full refund will be made in this event. A $30 return check fee will be charged for all returned checks/payments.
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ASNA to Help Provide Prescription Assistance to Nurses and Associates

MONTGOMERY, AL—The Alabama State Nurses Association (ASNA) officially announced its plans to offer discount drug cards to nurses and their associates. The program is free to all residents and provides savings of up to 75% on prescription drugs at over 56,000 regional and national pharmacies. There are no restrictions to membership, no income requirements, no age limitations and no applications to fill out. The goal of the new program is to provide additional card distribution channels and create awareness so that all Alabama nurses and their associates will have access to this prescription assistance program. As the largest segment of the healthcare workforce, nurses are in the best position to distribute this benefit to the residents of Alabama.

Joe Decker, ASNA Executive Director Said, “We are pleased to implement this new benefit for our members. This is part of our ongoing efforts to increase the value of ASNA membership. Coincidently, with this program we are able to extend the discount prescription program to not only the entire ASNA family and friends, but to many others in the state as well. We hope to have additional programs like this to announce in the near future.”

The ASNA prescription assistance program was launched to help uninsured and underinsured residents afford their prescription medications. The program, however, can also be used by people who have health insurance coverage with no prescription benefits, which is common in many health savings accounts (HSA) and high deductible health plans. Additionally, people who have prescription coverage can use this program for non-covered drugs.

Residents can download a free card, search drug pricing and locate participating pharmacies at http://alabamanurses.org.

Alabama State Nurses Association Has Launched Free Drug Card Program

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The University of Alabama

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JACK HUGHSTON MEMORIAL HOSPITAL

The University of Alabama

THE UNIVERSITY OF ALABAMA NURSING

September, October, November 2012

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Only 2% of nursing staffs worldwide have earned the honor of Magnet recognition.

Congratulations to UAB’s nurses for earning the right to wear the Magnet pin for the third consecutive time. The ANCC, a part of the American Nurses Association, created the Magnet Recognition Program® to recognize nursing staffs for: quality of care, innovation, leadership – in short, how well they care for patients. Fewer than 400 hospitals in the world have earned the honor. Learn more about Magnet recognition and why the shield-shaped pin means so much to UAB nurses and their patients.

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The 2013 Alabama Nursing Hall of Fame is looking for outstanding people.
Individuals who have influenced the profession of nursing in the state of Alabama and the nation.
And we need your help.
Nominate someone who has brought honor and fame to nursing. The deadline for submitting nominations is Dec. 3, 2012. For more information, contact Shelley Jordan at 205-348-9876. Or visit nursing.ua.edu/nursing_hall_of_fame.htm for a nomination form.