ANA Responds to Concerns about Healthcare Reform and Nursing

The following is a letter from the ANA to a member who raised concern about ANA’s efforts regarding health care reform. The text of this response is printed with permission of the American Nurses Association.

Thank you for contacting the American Nurses Association (ANA) with your concerns and comments regarding ANA’s position on health reform legislation currently being considered by Congress.

ANA’s House of Delegates, our representative deliberative body democratically elected by our Constituent (state) Member Associations, voted to adopt a stance in support of guaranteed, affordable, high-quality health care for all. This has been established policy of the Association for many years, most recently reaffirmed resoundingly by the ANA House of Delegates in 2005.

ANA believes that health care is a basic human right, and supports the World Health Organization’s challenge—originally articulated in 1978, and reaffirmed as late as 2007—for all nations to provide a basic level of health care to their citizens. The current US system fails in this regard at multiple levels. In fact, it is the only industrialized Western country that does not provide this guarantee to its citizens. It also fails to make the best use of its skilled nursing professionals to provide care throughout all settings and in the varied capacities in which nurses can contribute to significantly patient welfare.

We believe that a system focused on primary care, prevention and chronic disease management can alleviate much of the expensive acute care that currently takes its toll in human suffering, as well as dollars. It is a worthwhile national investment. And nursing’s strengths as a profession—in providing holistic care that contemplates the individual, his or her family and community—is exactly the emphasis sought in a reformed health care system.

ANA’s support of the President’s approach to health reform, as well as our support of the House so-called tri-committee legislation and the Senate health committee’s bill is based on these principles. If their proposals did not match ANA’s goals for both nurses and patients, we would not be supporting them, regardless of political party.

We have carefully read and analyzed the legislation that has been proposed and will continue to closely monitor these bills as the health care debate continues to evolve. ANA believes strongly that the inclusion of a public plan option will help make health care more affordable for patients, generate needed competition in the insurance market, and guarantee the availability of quality, affordable coverage for individuals and families no matter what happens. The public plan option could bring positive competition to bear on the private insurance market, encouraging patient-centered, value-driven health care delivery, creating a win-win for those whom the healthcare system is supposed to serve, the people of the United States.

Just as important, these bills also recognize that coverage is nothing without access and quality. The bill’s emphasis on wellness and prevention, investment in nursing workforce development, recognition of the importance of Advanced Practice Nurses to primary care, and demonstrated commitment to fostering full integration, coordination, and collaboration at all levels among our nation’s health care workforce will improve our health care system.

Despite incremental efforts at reform, the number of uninsured continues to grow, the cost of care continues to rise, and the safety and quality of care are questioned. Harvard researchers have found that 62% of all personal bankruptcies in the U.S. in 2007 were caused by health problems—and 78% of those filers had insurance. The overwhelming problems of the health care system require significant attention on the part of health professionals, policy-makers, and the public.

The United States currently spends 2.4 trillion dollars every year on health care. If health care reform were to cost one trillion over the next ten years, this would represent only a 4 percent spending increase in cost. With this investment we can effect massive changes to the health care system—changes which will ultimately lead to significant health care savings, improved quality of care and coverage for millions who currently go without. We believe this is an investment worth making.

From its inception in 1896 to the present day, ANA has recognized that individuals can shape health care policy consistent with the goals of registered nurses and in the best interest of their patients. The participation of registered nurses in grassroots activities is one of the most important components of our government affairs program and has been responsible for many of our successes. ANA has a long, rich history of influencing public policy to benefit both registered nurses and their patients.

ANAs legislative agenda prioritizes ways to address the nursing shortage, appropriate staffing, workplace rights, workplace health and safety, and patient safety/advocacy. In keeping with a strong
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• Articles, except research abstracts, must be accompanied by a signed Kentucky Nurse transfer of copyright form (available from KNA office) when submitted for review.

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• Articles should be typewritten with double spacing on one side of an 8 1/2 x 11 inch white paper and submitted in triplicate. Maximum length is five (5) typewritten pages.

• Articles should also be submitted in a CD in Microsoft Word or electronically.

• Articles should include a cover page with the author(s) name(s), title(s), affiliation(s), and complete address.

• Style must conform to the Publication Manual of the APA, 5th edition.

• Monetary payment is not provided for articles.

• Receipt of articles will be acknowledged by a letter to the author(s). Following review, the author(s) will be notified of acceptance or rejection. Manuscripts that are not used will be returned if accompanied by a self-addressed stamped envelope.

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• The purpose of the Kentucky Nurse shall be to convey information relevant to KNA members and the profession of nursing and practice of nursing in Kentucky.

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tradition of hard work, the ANA will continue to advocate for the profession of nursing. However, we cannot achieve these goals unless ANA as a national organization stays involved. Political advocacy, whether in Washington, D.C., or at the state level, is not about political parties or personal agendas, it is about supporting the policymakers of any party who share ANA’s commitment to the nursing profession and to improving healthcare in our country. These relationships are vital to our ability to engender understanding and gather support for the issues of concern to nurses today.

Throughout our history, ANA has worked to meet the ever-changing needs of nurses, patients, the health care community, and society. Through political involvement and advocacy, ANA will continue its fight for the needs of today’s nursing profession as well as the health system needs of our country.

Thank you again for sharing your concerns. We recognize that there is a diversity of opinion on this and many other issues within nursing and our membership, and know that this diversity is part our strength. If you are a member, I encourage you to become involved in your state association and consider becoming a delegate to the ANA House. If you are not a member, I encourage you to become one so you can be a part of setting the direction for ANA. We deeply value our members and their support of the ANA, and we will continue to work to set and maintain professional standards of practice and work toward a goal we all share—strengthening the future of nursing and ensuring quality health care for all.

For more information on ANA’s Health Care Reform Policy, go to: http://www.nursingworld.org/ MainMenuCategories/HealthcareandPolicyIssues/ HealthSystemReform.aspx

Thank you,
Rebecca Patton, MSN, RN, CNOR
ANA President

KNA Community Dialogue On Healthcare Reform 2009

On Thursday, August 27th, the KNA was pleased to host a community dialogue on health care reform with special guests Third District Congressman John Yarmuth and Joe Mayer from the American Nurses Association (ANA). The audience of about 75 people submitted challenging questions about the status of health care reform for Congressman Yarmuth and the role of the ANA for Joe Mayer. Both guests stayed beyond the scheduled meeting to talk to those in attendance, but time did not permit all questions submitted to be answered.

For answers to the remaining questions from the program, visit www.kentucky-nurses.org in the coming weeks and look for a link to the KNA Community Dialogue for a list of the remaining questions and the answers provided by Congressman Yarmuth.
October 2009
1-3  ANCC National Magnet Conference, Louisville
7-10 American Psychiatric Nurses Association Annual Meeting, Charlotte, NC
12 District 8 Meeting, Briarpatch Restaurant, Owensboro, KY
28 Board of Directors, Pre-Summit, Somerset, KY, TBA
29-31 Kentucky Association of Nursing Students (KANS) Convention, The Center for Courageous Kids, Scottsville, KY

November 2009
10 District 8 Meeting, Briarpatch Restaurant, Owensboro
16 Materials due for January / February / March 2010 Issue of Kentucky Nurse
20 3:30 PM Editorial Board Conference Call
26-27 Thanksgiving Day Holiday

December 2009
21-31 KNA Office Closed Christmas Holiday

January 2010
1 New Year’s Day Holiday
3 KNA Office Resopens
5 2010 Legislative Session, Frankfort, KY (January 5-April 15, 2010)

February 2010
9 Legislative Day, Frankfort Convention Center, Frankfort, KY
15 Materials due for April / May / June 2010 Issue of Kentucky Nurse

**All members are invited to attend KNA Board of Directors meetings (please call KNA first to assure seating, meeting location, time and date)

**DATA BITS

**Accent On Research

**Verbal Abuse: A Problem for Nurses

The most common form of violence experienced by nurses is verbal abuse. Verbal abuse—those verbal behaviors that humiliate, degrade, or otherwise indicate a lack of respect for dignity and worth of another individual—has the potential to negatively affect nursing practice. A group of Canadian nurse researchers decided to conduct a descriptive study to investigate the phenomenon of verbal abuse as it pertains to pediatric nurses. This study drew from a sample of registered nurses working on the pediatric units of six hospitals in Eastern Ontario. Nurses were recruited voluntarily from advertisements placed at their hospitals. Thirty-five pediatric nurses participated in the study by completing and returning the questionnaire. The sample was primarily female. The highest numbers of respondents were between 26-35 years of age, 60% were employed full-time, 25.7% indicated that they had 6-10 years of experience, and 25.7% indicated that they had 21 years or more of experience.

The study results revealed that 94.3% of participants indicated that they had been victims of verbal abuse at least once during the past three months. This result supports the findings of other research studies, suggesting that verbal abuse is as common and as much of a concern in a pediatric setting as it is in other nursing environments. Condescension, abusive anger, being ignored, and humiliation were listed as the four most common types of verbal abuse reported. More than half of the participants indicated that they had experienced these forms of abuse at least once in the past three months, denoting these as the most problematic.

Over 25% of the participants reported being victims of swearing, insulting behavior, and indirect threats of harm, and one-fifth were victims of direct threat of harm, suggesting that these are also a concern for pediatric nurses. The sources of verbal abuse included patients/visitors, physicians and other staff members. The majority of participants had received verbal abuse from at least two of the three sources. Physicians and patients were most often identified as the ultimate perpetrators.

Verbal abuse has been identified as leading to increased stress for victims and a contributor to reduced morale and decreased job satisfaction among nurses. This study supports these findings with 91% of nurses identifying an increase in stress level, and more than three quarters of the participants experiencing decreased job morale and decreased job satisfaction. The effects of verbal abuse, both professionally and personally, can have major implications for the nursing profession in terms of retention. The quality of patient care delivered can also be affected by the resulting decreased sense of relaxation/well being on the job setting, contribution to a negative atmosphere, and feelings of being unsupported. The study suggests that a proactive approach to verbal abuse be taken and applied to the pediatric setting, and that staff should assess families for violence upon admission in order to make other staff aware of potential problems. There is a need for standards and policies to be established and put into place to effectively manage this serious problem of verbal abuse in nursing. Management staff will need to acknowledge this problem to ensure that nurses are supported to deal with these issues appropriately. "Under no circumstance, should nurses tolerate verbal abuse as part of their job!"


**Submitted By:** Michelle Mingus and Melisa Trent, BSN Students at Lansing School of Nursing and Health Sciences, Bellarmine University, Louisville, KY.

**Data Bits** is a regular feature of Kentucky Nurse. Sherill Nones Cronin, PhD, RN, BC is the editor of the Accent on Research column and welcomes manuscripts for publication consideration. Manuscripts for this column may be submitted directly to her at: Bellarmine University, 2001 Newburg Rd., Louisville, KY 40205.
Nurses’ Responses to LouHIE Focus Groups and Surveys

The Problem

In the greater Louisville area, an individual’s health information is scattered at many locations where healthcare has been given. The consumer has little access to this information. Their medical providers have no way to share important medical information in a timely, effective and integrated manner. Today, for example, the emergency department physician must rely on the patient’s memory to provide medical information on medications, allergies, lab tests, past medical history or other information. The situation is compounded when the patient is elderly or has chronic medical problems and the information is incomplete or inaccurate.

Presently there is no mechanism to collect and store health information into a central location from scattered sources such as hospital, physician offices, laboratories, etc. Having a health record bank will not only provide a repository for health information, it will allow for the timely electronic withdrawal of this information, once permission is given by the consumer.

Having a community health record bank will potentially increase the efficiency, effectiveness and integration in healthcare by having a complete medical record, avoiding duplication of services, avoiding medication mix-ups and improving insurance claims processing. A health record bank could give timely, accurate and complete information to providers about the patient’s medical history, medications, laboratory results, diagnostic studies and treatment.

Most importantly, a health record bank will empower consumers with a private and secure repository for their health information which they control. By managing their health information, consumers can partner with their provider to insure that their information is accurate, complete and current. Finally, the consumers must give consent as to who sees their information.

LouHIE has been organized to provide the Louisville metropolitan consumers a private, secure electronic repository for their health information.

4.4 Nurses and Allied Health

As indicated in the respondent table, the surveys were completed by 54 Nurses and Allied Health professionals. This was the second largest group who responded to the survey. As indicated in the appendix, the focus group sessions were attended by 6 participants.

Benefits:

- Improved Patient Satisfaction
- Improved Patient Safety
- Efficient Patient Registration
- Reduce Duplicate Services
- Efficient Processes
- Accurate Information

Web Survey Findings

The web survey was designed to verify what nursing and allied health professionals had already indicated were benefits they desired, or concerns they had expressed. The top perceived benefits were access to accurate information, improved patient satisfaction, improved patient safety, and reduced redundant services. Top concerns identified were increased work effort, potential for patient confusion, and the ability to identify the “right” patient so that data are properly stored.

Focus Group Findings

Detailed summaries of the focus groups are included in the appendix.

Interests: Nurses were interested in having standard patient information available which includes medication (including over the counter and herbal supplements), allergies, DNR, diagnostic data, home health, and wound care information. There was also a desire for the information to be portable and integrated with the state and the nation as well as integrated with internal systems so that work activities will not be duplicated. Consumers should have the choice on what information may be viewed.

Benefits: Having a single, accurate source for information will greatly improve patient safety and save time. Medication reconciliation will be greatly improved by having access to the actual medication history for the patient, thereby saving considerable time for the clinicians. Access to medical information when the patient is not alert will greatly improve the time to diagnose and treat the patient and improve patient safety.

Concerns: In an opt-in system, consumers who deny access to caregivers can increase risk or time required to treat the patient. Security and privacy must be safeguarded; identity theft must be protected against. Legal and ethical issues need to be explored. Individuals should have the ability to report data in error and have the data amended so that original information is not altered.

Payment Possibilities: Nurses felt payers should pay based on the savings that will be obtained. Grants are possible. Hospitals should pay for the integration with their systems. Tobacco companies should invest to improve the health of the nation. Sales tax could fund health improvements.
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2010

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The historical narrative, Professional Nursing in Kentucky: Yesterday, Today, Tomorrow, is a KNA Centennial Project. Research and authorship was a collective effort of the KNA Centennial Publication Committee. The content was derived from published and unpublished documents in public and private archives of Kentucky schools of nursing, hospitals, colleges, universities, health agencies, libraries and historical societies. Selected photos and individual anecdotes lend a personal touch.

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Pathways To Nursing: An Innovative Program To Encourage High School Students To Enter Nursing

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Abstract

A Pathways to Nursing was implemented as a partnership between Northern Kentucky University School of Nursing and Health Professions, a local high school in the Northern Kentucky region, a local hospital system, and a regional nursing practice. The goal of this project was to increase interest in nursing as a career among local high school students in order to impact the nursing shortage and improve the health of Northern Kentuckians. Pathways to Nursing activities allowed high school students to explore post-secondary nursing education by participating in nursing career day activities at the university and summer nursing camp which included an overnight stay at the university and nursing faculty, academic and clinical experiences. High school students were exposed to various clinical experiences, diverse nursing roles, nursing skills laboratory activities and human simulation activities. Students interacted with faculty, medical students, nurse educators, community leaders, academic advisors, and university admissions counselors. One hundred and twenty-four high school students participated in the summer program during the two-year period of the program, and 45 students participated in Summer Nurse Camp over two summers. Ninety-four percent of the 45 students who participated in the Nurse Career Day stated they “would probably choose” or “definitely choose” the university to attend nursing school. In addition, 66.7% of the students who participated in Summer Nurse Camp stated they “would probably choose” or “definitely want to be a nurse”, and 65.2% rated the information covered as very relevant. Sixty-two percent of the students reported that they “definitely want to be a nurse” after attendance at Summer Nurse Camp. The goal of the Pathways to Nursing program was to provide high school students with the opportunity to explore nursing through active learning experiences that augment career and academic interests. Collaborative relationships were developed between the University, the School of Nursing and Health Professions (SNHP), a local hospital system and a regional medical practice to encourage Northern Kentucky high school students to pursue a career in nursing. The following objectives were used to complete this project:

1. Collaborative relationships among all partners to plan, implement and evaluate all phases of the Pathways to Nursing program.

2. Complete a Summer Nurse Camp which allows high school students to explore post secondary nursing education and clinical experiences.

3. Implement cooperative learning experiences for “Pathways to Nursing” high school students through educational and mentoring activities conducted in high school, undergraduate and graduate nursing students.

Problem and Background

The state of Kentucky recently implemented a curriculum to provide the opportunity for high school students to explore post-secondary nursing education and clinical experiences. The state of Kentucky recently implemented a curriculum to provide the opportunity for high school students to explore post-secondary nursing education and clinical experiences.

The purpose of this paper is to identify opportunities and contributions that can result from a career in nursing. These students could serve a vital role in ensuring adequate care for Kentucky by improving health and accessibility to care for the future. Recruitment activities targeted at the secondary school student population could serve a vital role in ensuring adequate nursing care for Kentucky.

The Pathways to Nursing program was designed to increase interest in the nursing profession by bringing high school students to the university for academic and clinical experiences that introduce the career of nursing. Through this program, students had the opportunity to gain insight into academic and clinical experiences and encouraged career interest. Supplemental learning experiences sparked intellectual curiosity while assisting students to prepare academically to enter one of Kentucky’s future nurses.

Project Description

The Pathways to Nursing program was designed to encourage high school students to consider their options in nursing and the regional healthcare system could partner to introduce high school students to diverse career options in nursing. To properly prepare students for a career in nursing, students were encouraged to be involved at the beginning of their high school career.

Freshman Academy

SNHP faculty and students in the undergraduate nursing program participated in “Freshman Academy” at the high school. This program for high school students explored opportunities through planned activities and presentations from professionals. The academy was an excellent forum to introduce the career of nursing. Faculty presenters provided information regarding career options in nursing, and other interested students to select the Health and Human Services School of Study to best prepare for a challenging nursing curriculum.

Nursing Career Days

Twenty students were selected by the high school to participate in each of the eight Nurse Career Days. The high school participants were responsible for the development of a program application that included parental consent and a letter of recommendation from a teacher or counselor. Eligible students were also required to have a minimum GPA of 3.0 and no behavioral infractions. The high school released students from school to attend Nurse Career Days, and also provided bus transportation to and from the university.

Students who participated in Nurse Career Days took part in planned activities at the University SNHP. Activities included a guided tour and overview of the University and the SNHP, orientation to the nursing curriculum, and presentations by the University’s Office of Admissions. Students also participated in a nursing skills laboratory session where they learned demonstrated basic nursing skills such as dressing changes, tube feeding, and use of the automatic external defibrillator (AED). Participants also interacted with Human Simulation Models, SimMan® and SimKid® (both adult and child) in order to experience more realistic patient care scenarios. All student participants were provided with a nursing kit that contained the following: stethoscope, dressing change supplies, scrub shirt, pen light, and a University admission and information packet with applications to the university and SNHP. In addition to Nursing Career Days, high school students were invited to attend a Summer Nurse Camp on the NKU campus during the summers of 2007 and 2008. Nurse Camp was open only to the high school students who participated in Career Days, but also to other high school students in the Greater Cincinnati/Northern Kentucky area who were interested in nursing as a career.

Summer Nurse Camp

Summer Nurse Camp ran four days and included one overnight stay on the University campus in the student dormitories chauffered by ISN or MSN students. The overnight stay in a university dormitory gave the high school students an opportunity to experience campus life while in a supervised setting and will hopefully aid in their eventual transition from high school to college life. The SNHP was responsible for the orientation process for each student participating in Summer Nurse Camp.

Figure 1. Pathways to Nursing high school students listening to heart sounds on SimMan®

Pathways to Nursing continued on page 8
enthusiasm for the nursing profession. Additionally, these experiences might also help students make the determination that a career in healthcare might not be a good fit for them, freeing them to pursue other interests.

**Project Outcomes**

The primary focus of the Pathways to Nursing program was to design and implement academic and clinical activities for high school students that allowed them to explore nursing as a career. Project activities included one Freshman Academy, eight Nurse Career Days and two Summer Nurse Camps.

**Freshman Academy**

University SNHP faculty and undergraduate nursing students participated in Freshman Academy at the high school. The presentation included information about the university and nursing as a career. One hundred and ninety-one ninth grade students attended the Freshman Academy.

**Nursing Career Days**

Eight Nurse Career Days were held at the University SNHP over two academic years. One hundred and twenty-four high school students participated in the Career Day activities from three regional high schools in the Northern Kentucky area.

Ninety-five percent of student participants rated Career Day as very helpful, and 93.7% stated they would “probably choose” or “definitely choose” the university for their college education. Almost 94% stated they “might want to be a nurse” or “definitely would want to be a nurse” after attending Nurse Career Day, and 93.7% rated the information covered as very relevant. Ninety-two percent of the participants rated the experience in the nursing laboratory as excellent; 81% rated the academic advising as excellent; and 98.4% ranked the nursing kit, supplies, and educational information as “great”. Some of the student comments were: “I am definitely coming to (the university) now;” “The lab was my favorite part. It definitely made me feel like a nurse;” and “I liked everything about it.”

**Summer Nurse Camp**

Summer Nurse Camp took place for four days over two summers. Campers were students from four area high schools. Eighty-five percent of the student campers rated camp as very enjoyable and would recommend it to others and 81% rated the information covered at camp as very relevant to high school students. Sixty-two percent reported that they “definitely want to be a nurse” after attending Summer Nurse Camp. Eighty-one percent of the participants “would definitely” or “probably choose” the university for higher education. Student comments included: “I liked doing the hands-on stuff. I liked being on campus. It really made me want to come here for college.” “I liked the enthusiasm of the (nursing) students and faculty. It helped me make my decision to be a nurse;” and “This day definitely persuaded me toward nursing.”

**Future/Sustainability**

Plans are underway to design and submit the next phase of the Pathways to Nursing Project which will be known as Pathways to a Nursing Degree. Summer Nurse Camps will continue due to high demand. Based on the knowledge that there is a need for middle school students to be exposed to career choices, we will be adding one Nurse Career Day for middle school students. The partners in the program have suggested a need for high school students to have the opportunity to shadow SNHP nursing students for a day. Therefore, a “Nurse Day” will be offered which allows for one student to spend a day on campus participating in campus activities, visiting an academic advisor, attending nursing and other classes with a nursing student mentor. As planning continues, strategies and further funding sources will be considered.

**References**


This project was supported by a Northern Kentucky University Scripps-Howard Community Partnership Grant.
As spring approaches, we eagerly anticipate the earth coming alive with the rebirth of plants and trees. Neighborhoods will buzz with activity as people venture outdoors to begin caring for their landscaping and lawns. During the spring and summer, it is a common occurrence to observe someone holding a child while operating a riding lawnmower. While most people do not think twice about mowing their lawn, nurses must consider the potential dangers involved. Nurses have the unique opportunity to play a major part in the prevention of accidents through lawnmower safety education. Loder (2004) researched traumatic injuries in pediatric patients and found March and April as the ideal time for education of the prevention of lawnmower injuries. In 2006, Lau, et al. reported 77,800 people were injured seriously enough by lawnmowers to require emergency room medical treatment. Of those injured, 9,300 involved children. Lawnmower injuries are one of the most frequent causes of mutilating injuries to children. Most injuries occur when a child comes in direct contact with a spinning lawnmower blade. The good news is that lawnmower accidents are preventable if parents and guardians take precautions.

Shriners Hospitals offer care for children with traumatic amputations due to injuries involving lawnmowers. The hospital accepts any child for treatment regardless of ability to pay and furnishes children with prostheses until they are eighteen years of age. Some horrific incidents involving lawnmower accidents result in loss of fingers, toes, limbs, and even eyes. Children may suffer permanent brain injury or death. The Consumer Product Safety Commission estimates that most of the deaths to children occurred when a child falls off the riding mower and is run over, or when a child is in a moving mower's path.

Shriners offer safety tips for nurses to educate parents and children about lawnmower safety. There are numerous organizations which offer informative websites and free publications to the public containing lawnmower safety tips. The Shriners website offers the safety tip to check the lawn for items such as sticks, rocks, toys, sports equipment, dog bones, wire, and equipment parts. These items could be thrown while mowing, possibly hitting the operator of the mower or people close by. An example of this type of injury occurred when a six year old child suffered a small puncture wound of the chest from a lawnmower-propelled projectile. This child presented the following day with complaints of fever and chest pain and ultimately diagnosed with a superior vena cava perforation (Mckamie, et al., 2007).

Another lawnmower safety tip from the Shriners website includes taking precautions when operating a power mower. Operators of the mower are advised to wear long pants and long-sleeved shirts, close fitting clothes, eye protection, heavy gloves, and hearing protection. They should not wear jewelry which can get caught in moving parts. It is important to wear sturdy shoes with slip-resistant rubber soles and avoid open sandals or mowing while barefoot. Never reach underneath a mower while it is still operating—even if the blade is not spinning. Do not cut grass when it is wet because wet grass may cause the mower to slide because of the reduced traction.

Some lawnmowers are safer than others due to manufacturers installing safety features. Consider only purchasing or operating a mower with safety features and an automatic blade cutoff on the handle. In 2003, the Consumer Product Safety Commission announced a requirement for lawnmower manufacturers to install safety features that prevent a mower from backing up with powered blades. This important feature can reduce the severity of injuries that are caused when an operator backs into a child by stopping the rotating blades. It is important to note that lawnmowers manufactured prior to 2003 may not have this safety feature. Most importantly, keep children and pets inside while mowing. The American Academy of Pediatrics recommends that children not ride as passengers on lawnmowers and should not play on or around the mower. They recommend that children less than twelve years of age not operate a walk-behind power mower or hand mower. They further recommend that children less than sixteen years of age not ride on a power mower. It is important to teach an inexperienced person how to use a lawn mower safely. Before an adolescent is allowed to mow the lawn alone, adequate time must be spent explaining the equipment and demonstrating how to do the job safely. The adolescent's work should be supervised until they demonstrate the ability to manage the task alone.

Pediatric lawmower injuries are highly preventable as they most often occur due to human error rather than mechanical failure. Increased public safety awareness and further manufacturer safety modifications should be encouraged to limit this cause of pediatric trauma. Nurses can make a difference in preventing lawnmower injuries. Further information on how to mow your lawn safely can be found at the National Ag Safety Database website: http://www.cdc.gov/nasd/docs/4000701-4000800/4000781-4000701.html.

References


The Witness: My First Experience with Death As a New Nurse

Theresa Durham, RN
McKendree University

The impending death of an elderly patient takes its toll on the loved one as well as the nurse working with the patient. The nurse’s first instinct is to save the patient’s life at any cost. However, there are times when the patient is not viable and the nurse is faced with the ultimate decision of whether or not to end life. The elderly women’s mother witnessed her last breath. I cried because I witnessed her imminent death, but the doctor only said “do not resuscitate.” I asked the doctor if she didn’t want any measures only. I began to panic. I called the doctor on call when I was ordered to call the family, and when I did, the family stated “We’ll do whatever the doctor thinks is best.” I was so confused and the doctor back and more orders were given to make her comfort measures. I asked the doctor if she didn’t want to send her out to the hospital (anything to keep my from witnessing her imminent death), the doctor only repeated the order to make her comfort measures or I was to order her to stop. I was so confused and I called the doctor back and told them to send their loved one to the hospital so that heroic measures could be performed, because I was sure that she had a little more life in her.

I assessed my elderly patient every hour. When she began to moan in her lower extremities and feel cool to touch, I called the doctor again to relay my latest assessment, hoping that the doctor would have a change of heart. She didn’t.

Upon making rounds, the house supervisor looked in on the dying patient. I voiced my frustration in regard to the family and the doctor. It just didn’t seem like they were doing enough. My supervisor said “Do you think that she wants to die in a cold emergency room with people she doesn’t know? Or do you think she’d rather die here, with people that know her and care for her?” After my supervisor had said those words, I let go of my frustrations and concentrated on making the patient more comfortable.

As my elderly patient’s apnea breathing became more frequent, I sat by her side and held her hand. Since her family was unable to be with her because of circumstances beyond their control, I was the one to assure her that she wasn’t alone. When she took her last breath I cried. I cried because I witnessed one of life’s gifts—death. Death for this woman was a release from pain, which was a gift in itself. I cried because I felt special, and part of the workings of the universe. The elderly woman’s mother witnessed her birth. I, the nurse, was a witness to her death.
More than 500,000 babies are born prematurely in the United States each year (March of Dimes, 2009). Infants born prematurely often require a lengthy stay in the neonatal intensive care unit (NICU) for weeks or even months. This hospitalization of a child is a stressful experience for the parents (Peebles-Kleiger, 2000). Further, a number of investigators have reported that the hospitalization of a newborn infant in the NICU is traumatic for the parents with separation from the infant being particularly difficult (McGrath, 2001; Griffin, et al., 1997). The parents and extended family may not see the nearest addition to the family for several hours or days depending on the acuity of the child’s condition. This delay in contact with the child impedes the bonding between the mother/family and the child. This delay in contact with the child impedes the preparation of parents for the early encounters with the infant, nurse or family members present in the NICU in order to verbally interact with the infant, nurse and the infant will be available to participate in the KFK visit. At the scheduled time, the nurse caring for the infant wheels a portable computer with a webcam and microphone to the child’s crib. At the same time family members log into the KFK site. Once their email address is verified, the live image and sounds of the infant, nurse, and mother if present, are broadcast on the KFK website. If family members at distant sites have a microphone attached to their home computer they can talk directly over the KFK site to the infant, family members with the infant, or the nurse in the NICU. Family members who do not have a microphone can call the NICU or the KFK site to the infant, family members with the infant. Some remarks by the mothers of the infants in the NICU who participated indicated that the program enhanced overall family bonding. Mothers and families of infants residing in the NICU, Kosair Children’s Hospital have reported that the hospitalization of a newborn infant in the NICU is traumatic for the parents (Peebles-Kleiger, 2000). Further, a number of investigators have reported that the hospitalization of a newborn infant in the NICU is traumatic for the parents with separation from the infant being particularly difficult (McGrath, 2001; Griffin, et al., 1997). The parents and extended family may not see the nearest addition to the family for several hours or days depending on the acuity of the child’s condition. This delay in contact with the child impedes the bonding between the mother/family and the child. This delay in contact with the child impedes the preparation of parents for the early encounters with the infant, nurse or family members present in the NICU in order to verbally interact with the infant, nurse and the infant will be available to participate in the KFK visit. At the scheduled time, the nurse caring for the infant wheels a portable computer with a webcam and microphone to the child’s crib. At the same time family members log into the KFK site. Once their email address is verified, the live image and sounds of the infant, nurse, and mother if present, are broadcast on the KFK website. If family members at distant sites have a microphone attached to their home computer they can talk directly over the KFK site to the infant, family members with the infant, or the nurse in the NICU. Family members who do not have a microphone can call the NICU or the KFK site to the infant, family members with the infant.

References
The Human Touch

Copyright 1980
Limited Edition Prints
by
Marjorie Glaser Bindner
RN Artist

Limited Edition Full Color Print
Overall size 14 x 18

Signed Only (1250)—$20.00
Note Cards (package)—5 for $6.50
Framed Signed—$160.00
Cherry or Gold Frame

THE PAINTING

“The Human Touch” is an original oil painting 12” x 16” on canvas which was the titled painting of Marge’s first art exhibit honoring colleagues in nursing. Prompted by many requests from nurses and others, she published a limited edition of full color prints. These may be obtained from the Kentucky Nurses Association.

FOR MAIL ORDERS

I would like to order an art print of “The Human Touch”©

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The Human Touch
Her step is heavy
Her spirit is high
Her gait is slow
Her breath is quick
Her stature is small
Her heart is big.
She is an old woman
At the end of her life
She needs support and strength from another.

The other woman offers her hand
She supports her arm
She walks at her pace
She listens intently
She looks at her face.
She is a young woman at the beginning of her life,
But she is already an expert in caring.

RN Poet
Beckie Stewart*

*I wrote this poem to describe the painting, The Human Touch by Marge."

Edmonds, Washington ‘94

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Suzanne Hall Johnson, MN, RNC, CNS is the Director of Hall Johnson Consulting and the Editor of Nurse Author & Editor. She is a Clinical Nurse Specialist, UCLA graduate with honors, and a Distinguished Alumni from Duke University. (Copyright 2003 Suzanne Hall Johnson)

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KNA Centennial Video

Lest We Forget Kentucky’s POW Nurses

This 45-minute video documentary is a KNA Centennial Program Planning Committee project and was premiered and applauded at the KNA 2005 Convention. “During the celebration of 100 years of nursing in Kentucky—Not To Remember The Four Army Nurses From Kentucky Who Were Japanese prisoners for 33 months in World War II, would be a tragedy. Their story is inspirational and it is hoped that it will be shown widespread in all districts and in schools throughout Kentucky.

POW NURSES

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Sallie Phillips Durrett, Louisville

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Video Price: $25.00 Each
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