Nurses are always on the forefront of health care improvement; this year we celebrated that with our convention theme of “Nurses: Building a Healthy America.” A special thank you to Rose Gonzalez, Director of Government Affairs for the American Nurses Association (ANA), for her keynote presentation on health care reform. Thank you also to everyone who attended. Our annual House of Delegates also met during convention and conducted its business efficiently in two sessions. Elected to the position of President-Elect was Torri Merten, MSN, RN, and re-elected as Secretary was Kathy Corbetti, MSN, RN. Retiring from the board was Past President, Carole Lainof, MSN, RN.

Other members elected to positions were as follows:

- **Commission on Advocacy and Representation**
  - 1st Congressional District–Maureen Bausch, RN, NACC
  - 2nd Congressional District–Linda Jensen, PhD, RN
  - 3rd Congressional District–Patricia Moeller, BSN, RN

Constitution Report continued on page 8

**NNA Inducts Two Into Nebraska Nursing Hall of Fame**

NNA Members and Delegates, Nancy Shirley and Wendy Wells observed a nurse being inducted into the American Nurses Association Hall of Fame during the 2008 House of Delegates and believed this was an idea that Nebraska could use. A reference proposal to pursue this idea in Nebraska was submitted and approved at the 2008 Nebraska Nurses Association House of Delegates. Before the 2009 Nebraska Nurses Convention, a task force consisting of Carole Lainof (Chair), Judy Billings, Nancy Shirley and Wendy Wells developed the criteria (based on ANA and Kansas models) and solicited nominations for the Nebraska Nursing Hall of Fame (NNHOF).

The Nebraska Nursing Hall of Fame was established to honor those nurses who through their work, scholarship and accomplishments have brought honor and fame to the profession of nursing and the State of Nebraska. Such a Hall of Fame serves as a memorial to the legacy of those nurses on whose shoulders we stand.

This award recognizes outstanding nursing leaders who have demonstrated excellence through sustained, lifelong contributions to the field of nursing and its impact on the health and/or social history of Nebraska. Patterned after the American Nurses Association Hall of Fame, the Nebraska Nursing Hall of Fame will be a permanent and lasting tribute to nurses whose dedication and achievements have enduring value beyond their lifetime.

Award Criteria includes:
- Nominee must have demonstrated leadership that affected the health and/or social history of Nebraska and/or the United States through sustained, lifelong contributions in or to nursing practice, education, administration, research, economics, or literature;
- Nominee’s achievements must have enduring value to nursing beyond the nominee’s lifetime

On October 8, 2009, the first two nurses were inducted into the Nebraska Nursing Hall of Fame: Madeleine Leininger and Barbara Braden. A “native daughter” of Nebraska, Madeleine Leininger was born in the agricultural town of Sutton. She left her rural community in the early 1950s to study at Creighton University where she received nursing education and completed graduate work in administration, curriculum development and teaching.

Leininger left Nebraska to pursue her Masters in Psych/Mental Health Nursing at Catholic University in Washington, DC. She envisioned a new field of nursing that would integrate the concept of care with the concepts of cultural diversity. This field would later become known as Transcultural Nursing. She later returned to Nebraska to do research and develop the concept of Transcultural Nursing.

Celebrations continued on page 5

**Nurses’ Day at the Legislature**

February 4, 2010 • Lincoln, Nebraska
“Nurses: Building Bridges for Nursing”

We are excited to announce a collaborative nursing effort for the 2010 Nurses’ Day at the Legislature! This year the Nebraska Organization of Nurse Leaders (NONL) will team up with the Nebraska Nurses Association (NNA) to host a morning of dialogue with state legislative senators and colleagues.

The day will begin at 7:30 a.m. with a sit-down breakfast with the senators. This breakfast has been scheduled as the exclusive morning event on each of the senators’ social calendars, so we look forward to a great turnout. Each Senator always wants to know if any of his/her constituents are attending, so please indicate your legislative district or your Senator’s name on the registration form.

From 9:00 a.m. to 12:00 noon we will have presentations and issue forums on Legislative Bills that have been introduced and that various nursing organizations are supporting or opposing, and will discuss how to be supportive of all nursing efforts. Be a part of the discussion on the most current issues, and take away valuable information about nursing topics.

For those who choose to make a day of it, lunch will be an open affair—either on your own or invite your senator...
President's Column

Cinda Zimmer, MSN, RN

I am the doting grandmother of four beautiful grandchildren. Our oldest grandchild, John Michael is a bright, precocious 3 year old with an advanced ability to articulate. This articulation being identified, John’s favorite word is “why.” If why was a conversation filler, I’d believe that John Michael was simply chatting. However, when you interact with him and he asks “why?” you observe the intelligence and analysis of the inquiry, the quest for information and the machinations of his brain seeking explanation for a complex thought process... for example, why doesn’t his doting grandmother stop what she is doing and come play with him?

In many respects I’m similar to John Michael, I ask “why?” Why would a nurse not join Nebraska Nurses Association? Why do nurses choose not to join ANY professional nursing organization? Why do so few nurses choose to hold leadership positions in a nursing organization? As we have followed the rhetoric related to healthcare reform, the role of the nurse has been scrutinized; and an increased awareness of the scope and depth of the importance of nursing care for patient safety and outcomes is being evaluated. The role of the advanced practice registered nurse and the significant impact and outcomes is being evaluated. The role of the advanced depth of the importance of nursing care for patient safety to healthcare reform, the role of the nurse has been organization? As we have followed the rhetoric related to healthcare reform, the role of the nurse has been scrutinized; and an increased awareness of the scope and depth of the importance of nursing care for patient safety and outcomes is being evaluated. The role of the advanced practice registered nurse and the significant impact and outcomes is being evaluated. The role of the advanced

Reform is a political venue that necessitates each nurse sharing their stories and experiences of professional nursing in order to provide our representatives with a view of the humane foundation necessary in any healthcare reform. We may have diverse political beliefs but we are unified in our desire to assist our patients to improve their health, well-being and lives. Collectively, cohesively and united nurses can make a positive difference. Contact your political representative and share your passion, expertise and stories of what nurses need for reform. Policy promotes our agenda, procedure enables action. Nebraska Nurses Association (NNA) works diligently on the state level to scrutinize legislative action that will impact nursing practice. NNA collaborates with the Midwest states and the American Nurses Association in reviewing practice, legislative and regulatory issues, continually assessing proposals for relevance to Nebraska nurses. Nurses are the backbone of healthcare and NNA works for all Nebraska nurses.

I conclude with the question “why.” If you are not, why are you not a member of Nebraska Nurses Association?

NNA's Mission:
The mission of the Nebraska Nurses Association is to foster high standards for nursing practice, stimulate and promote the professional development of nurses, and advance their professional security, and to work for the improvement of health standards and availability of health care services for all people. (Adopted 10/95, NNA House of Delegates)

NNA's Vision:
Nebraska Nurses Association will be an effective voice for nurses; and an advocate for Nebraska consumers on issues relating to health. (Affirmed 12/04/2004, NNA Board of Directors)

Critical Success Factors for Vision:
• State and districts set mutual priorities
• Evaluate the success of the restructuring of NNA
• Enhance grass roots activities for membership involvement
• Advocate for statewide quality healthcare

(Affirmed 12/04/2004, NNA Board of Directors)

NNA's Core Issues:
1. Workplace Rights
2. Appropriate Staffing
3. Workplace Health & Safety
   a. Patients
   b. Community/Public Health
4. Continuing Competence
(Affirmed 12/04/2004, NNA Board of Directors)

NNA's Official Publication:
The Nebraska Nurse is the official publication of the Nebraska Nurses Association (NNA) published quarterly. The NNA provides education, networking opportunities, publications and other products and services to its members and extends its mission to all nurses in Nebraska.
Phone: (402) 475-3859
Fax: (402) 328-2639
Email: Executive@NebraskaNurses.org
Web site: www.NebraskaNurses.org
Mail: PO Box 82086
Lincoln NE 68501-2086
Questions about your nursing license? Contact the Nebraska Board of Nursing at: (402) 471-4376. The NBON is part of the Nebraska Health and Human Services System Regulation and Licensure.
Questions about stories in the Nebraska Nurse? Contact: NNA

Writer’s Guidelines:
Any topic related to nursing will be considered for publication in the Nebraska Nurse. Although authors are not required to be members of NNA, when space is limited, preference will be given to NNA members.

Photos are welcomed, digital is preferred. The NNA assumes no responsibility for lost or damaged photos. Submitted material is due by the 15th of the month in January, April, July and October of each year. You may submit your material in the following ways:
Prepare as a Word document and attach it to an e-mail sent to Executive@NebraskaNurses.org.
Provide document on a disc clearly labeled with your name and return address.
Mail hard copy to NNA at PO Box 82086, Lincoln NE 68501-2086 or email to Executive@NebraskaNurses.org.
Submissions should be prepared on white paper and double-spaced.

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by Annette Harmon

'Tis the season to count our blessings; and to be thankful for the gifts we have received. I recounted in my last article some things that my late father taught me, and thus “gifted” me and blessed my life. Now I would like to recount something that my mother, Lois Belitz, taught me.

It was my mother, not my father, who taught me to drive a car at age 15. I learned to drive a 1965 Chevy stick shift. For those of you not familiar with a stick shift (versus an automatic), it was the only way to change the gears in a car and to keep it moving. I remember one day in particular when I was driving in town and pulled up to a stop sign that was on a slight incline. My mother was in the passenger’s seat. I used my left foot to put in the clutch, moved the gear lever to first, slowly stepped on the gas with my right foot and let out the clutch with my left at the same time. I killed the engine. I tried again; starting the car, and giving it more gas as I was letting out the clutch. I killed it again. This went on for about 20 minutes, starting and killing the engine. I begged my mother, in my embarrassment at sitting at the stop sign for so long, to please just come around and take the wheel and drive us home. She declined, saying that I would get the hang of it and could do it myself. And finally, I did.

When driving a stick shift you need to know when to let out the clutch, and when to change gears, both up and down. You can’t “ride the clutch” (leave your left foot pressed on it) without eventually burning out the transmission. You need to confidently put the clutch in, switch gears, let the clutch out and accelerate. It’s the ongoing process of getting the car to move along.

Running an association reminds me of driving a stick shift car and the process of movement. You need to know when to “change gears” to keep the organization progressing, and how to do so without burning out the very thing that makes it “go”—the volunteers, the members. It’s time, in the life of NNA, to make some strategic changes to structure and function in order to “accelerate” the association and get the nursing car humming along the healthcare highway! We can’t afford to sit at the stop sign forever; and there isn’t anyone to come around, take the wheel and drive us home. We have to get the hang of this gear shifting and do it ourselves.

Albert Einstein defined insanity as “doing the same thing over and over again and expecting different results.” I was insane to think I could get that car to move through that stop sign that day. I kept doing the same thing over and over, and expected the car to move. When I finally quit doing the same thing over and over and got the sequence and process right, then I was able to get different results and move the car ahead.

If the association were to “gear up”, think of the progress we would make for the association and for nursing! If we are able to quit doing the same thing over and over and instead change gears, we can expect different and positive results. Plans are in the works to make some changes in 2010 with events and activities that we’ve pretty much done the same way for a long time. Those small gear shifts have the potential to move us a little farther along the highway.

Why continue to sit at the stop sign? Let’s gear up and get the association moving! I know, together, we can do it!
Along with the regularly scheduled 1:30 p.m. hearings of the Legislature’s Health and Human Services Committee, this is a golden opportunity to meet with senators about issues pertinent to nursing in Nebraska and get a first hand view of the work of your unicameral.

All nurses and nursing students are welcome to attend this day at the Unicameral to learn more about the legislative issues in Nebraska and meet face-to-face with the representative from your district. The cost of this day is only $20 per student; $25 per RN or LPN. Come and learn to build bridges for nursing!

**NNA’s Annual Nurses’ Day at the Legislature!**

**Thursday, February 4, 2010**

Cornhusker Hotel, 333 S. 13th, Lincoln, Nebraska
7:30–9:00 a.m. Breakfast with Senators
9:00 a.m.–12:00 noon Workshops & Issues Forums

Name _____________________________ Day Phone _____________________________

Home Address ___________________________ City _______ State _____ Zip _______

Employer _____________________________

Email Address ___________________________

 _____ $20.00 per student, $25 per RN or LPN, includes breakfast, workshops and break.

Please indicate your Legislative District # __________ or Senator’s Name __________

Please enclose a check payable to “NNA” and send to:

Nebraska Nurses Association
PO Box 82086
Lincoln, NE 68501-2086

Registration must be received by January 27, 2010. You can also register online at www.NebraskaNurses.org. Click on the calendar, and then the event listing on February 4.

Nurses’ Day continued from page 1
As Transcultural Care and Diversity University. In 1960, she traveled to the Eastern Highlands of New Guinea as a NLN Research Fellow to study the culture and language of the native population. Subsequently, Leininger was the first nurse to earn a doctorate in Anthropology from the University of Washington in 1965. She later, (1970) published Nursing and Anthropology: Two Worlds to Blend, the first book to link nursing and anthropology.

As she continued to develop the nursing theory of Transcultural Care and University, she defined transcultural nursing as a field of study and practice, and coined the term “culturally congruent care”. Leininger developed the Brant model of Transcultural Care and University which is used globally as a visual construct of the theory and can be applied in practice. In 1960, Leininger founded the Transcultural Nursing Society and in 1978 wrote the first nursing text: Transcultural Nursing Concepts, Theorizes and Practice. A later book, Cultural Care Diversity and Universality: A Global Theory of Nursing is used worldwide by nurses and other disciplines.

Braden started researching pressure ulcers as part of her dissertation. In 1977, she was appointed as the first Director of the Teaching Nursing Home Project. Pilot testing for reliability and validity was conducted as part of the Teaching Nursing Home Project development. The initial publication of the reliability and validity of the Braden Scale took place in Nursing Research in 1987. Leininger was the first nurse to earn a doctorate in Nursing and Anthropology. Her dissertation demonstrating the effect of relocation stress on serum cortisol and pressure ulcer risk was funded by two large NIH grants.

While partnering with Nancy Bergstrom to write an NIH grant to study nutrition as a risk factor in pressure ulcers, Leininger was recognized for exemplary honors related to her research and Braden Scale. Among these include distinguished service in nursing over a cumulative number of years. There must be evidence of distinguished contribution to nursing at the local, state, national, or international level. The focus of this award is on achievement in nursing over a cumulative number of years. There must be evidence of distinguished contribution to nursing at the local, state, national, or international level.
Nursing Hall of Fame continued from page 5

and family always have great things to say about Faye. Her positive demeanor, her “get it done” attitude and her patience are what make Faye Weckle an outstanding staff nurse.

Outstanding New Nurse

The focus of this award is outstanding achievement in nursing by an RN practicing for five years or less since graduation from a basic nursing program. This year’s Outstanding New Nurse is Saundra Carney, BSN, RN of Beatrice, Nebraska. A 2007 graduate of the University of Nebraska Medical Center, College of Nursing with a BSN, Carney’s first and current nursing position is with Madonna Rehabilitation Hospital as an evening shift nurse on the Pediatric/Traumatic Brain Injury Program. Although new to nursing, she has been in healthcare for many years. In 1994, she worked as an OB Scrub/Nursery Aide at Beatrice Community Hospital. She has worked as a Medical Assistant working with the “Every Woman Matters” and “Vaccines for Children” programs.

In nursing school Carney was involved in the Student Nurses Association and served as a Class level representative. She represented UNMC/CON at the National Student Nurses Convention in 2007. Since becoming an RN, Carney has been involved in assisting with the development of the Pediatric Rehabilitation Program at Madonna. The Pediatric Program is state of the art and provides rehabilitation services to victims of violent injuries throughout a mid-United States Region. The program was started in 2007, right as she was coming on board as a brand new nurse. She worked with others to develop policies and procedures for the new program, has become PALS certified, is now assuming the role of team leader in the evening, and is responsible for serving as a nurse preceptor for new nurses and students being hired on the unit. Just this past July, a young patient on her unit underwent a Diaphragmatic Pacer placement. This device sends an electrical impulse to the diaphragm causing it to contract, thus simulating breathing. The placement of this pacer device will allow this young girl with a spinal cord injury to be independent of a ventilator for long periods of time, increasing her ability to interact with her environment and return to her life role. Carney was involved in preparing the unit for the care of this patient. (Note: This is the first time that this device has been placed in a patient west of the Mississippi River.)

Carney has also been on a committee developing new behavior rounds for the Brain Injury population and has audited records to ensure that documentation supports the medical necessity of the admission. She has received multiple compliments from patients and their families about improving their physical and mental state and her demeanor. For a new nurse, Sandy has shown exceptional clinical skills, and is greatly deserving of the award “Outstanding New Nurse.”

Nurse of the Year

The focus of this award is an outstanding achievement in nursing over a one-year period. The nominee must be directly involved in nursing through clinical practice, education, administration or research and have made a positive impact on the quality of nursing care or the nursing profession.

This year’s Nurse of the Year is Sara Seemann, APRN-CNS, BC, ONC of Lincoln, Nebraska. Seemann has been a practicing nurse in the State of Nebraska for over twenty years, and has been involved with NNA for the past ten years in a variety of capacities, currently serving as NNA District 3 Treasurer and on the NNA Convention Planning Committee. Seemann is dually certified as a Pediatric Critical Care nurse and as a Clinical Nurse Specialist in Adult Medical-Surgical Services and in Orthopedic Nursing.

During the past year, Seemann has been functioning as a Clinical Nurse Specialist at the Bryan/LGH Emergency Department. At Bryan she has been a key member of the Sorian project, which is an upgrade of the electronic medical record. Through her work, she is moving to make the inpatient care planning process more intuitive and easier for nurses to use. She was actively involved in improving physician and nursing documentation, as well as sedation. Her creative ways to reward and incent behavior changes have been extremely successful. This has improved the safety for the patients in our community who enter two of the largest emergency rooms in our district. Also this year, she has been instrumental in implementing a Sepsis screening program for patients in the ED. As part of this program, Seemann has completed education for the ED staff on the early recognition of Sepsis, implemented an ED specific documentation program for screening and monitoring for sepsis, and served on a house wide quality initiative for Severe Sepsis Management. This program’s initial preliminary results are showing a tremendous impact on the lives in the hospital as well as within the system.

Also this year, Seemann was involved in a monitor installation and upgrade in both of the Emergency Departments, investigating, designing and implementing Evidence Based Practice for Promethazine. She works diligently in all of her projects to ensure that the patients that enter either of these two EDs receive the safest, most efficient and effective care.

Despite Seemann’s extensive projects as an employee of Bryan/LGH, she has also contributed a significant amount of time outside of work for nursing organizations. She is a member of the Emergency Nurses Association, the National Association of Clinical Nurse Specialists, Sigma Theta Tau Nursing Honorary, National Association of Orthopedic nurses, Nebraska Nurses Association and the American Nurses Association, and Kappa Gamma Pi.

As Treasurer she has helped NNA District 3 maintain a balanced budget and yet not cut activities. She has been instrumental in addressing the tax exempt issues for the district and is actively involved in the District Board.

Seemann is a role model for all nurses. She is certified. She is involved in key nursing organizations to represent the interests of the clients and peers with whom she works; and she is committed to making improvements in the functioning of those organizations. While this award is for the Nurse of the Year, Seemann is so much more than just a “one-year wonder!” She is a “lifer.” Her contributions to nursing throughout this past year make her deserving of the recognition of “Nurse of the Year.”

2009 Scholarship Winners

NNA’s scholarships are sponsored by the Arthur L. Davis Publishing Agency, Inc. If the students who submitted applications for the Arthur L. Davis Scholarship are selected as full-time students, NNA will provide $500 to the student. If the students who submitted applications for the Frederick G. Young Scholarship are selected as part-time students, NNA will provide $250 to the student. This year the Arthur L. Davis Scholarship is awarded to Sandoval. The Frederick G. Young Scholarship is awarded to Sandoval.

Wilson Gives to NNA Members

Longtime NNA Member, Carol Wilson passed away in the Fall of 2008. Unbeknownst to even some of her closest friends, Carol left some amazing gifts to several organizations through her estate. The Nebraska Nurses Association (NNA) was grateful to receive a gift of over $216,000. Carol’s stipulation in gifting the funds was that they would be used to support NNA membership attendance at conventions and workshops, thus ensuring that nurses continue to be supported with lifelong learning endeavors.

While the exact distribution of the funds has not yet been determined, NNA is grateful and humbled by the size of Carol’s heart and her subsequent gift to nursing.
Health care professionals battle alcoholism or drug addiction just like everyone else. They battle it until they can no longer deny that the destruction occurring in their lives is the result of their own inability to control their use of alcohol or drugs. In the world of the 12-Step recovery programs like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), this phenomenon is described as hitting bottom. The alcoholic or drug addict has come to believe they indeed are powerless over their use of alcohol or drugs. This acceptance of alcoholism or drug addiction enables them to embark on their own unique journey from this bottom to sobriety and a healthy recovery from their illness.

The NE LAP has been privileged to have been involved in the recovery journeys of many health care professionals over the seventeen years the program has existed. In the spirit of trying to inspire other health care professionals to raise their bottom and choose to prevent the further destruction of alcoholism or drug addiction in their lives, we offer the following thoughts on recovery:

• The earlier in the destructive process of alcoholism or drug addiction the health care professional hits bottom the better. Putting off changes in lifestyle until there is more evidence of abuse or dependence usually results in more serious consequences and unnecessary pain or suffering. For example, another DUI may result in incarceration; not seeking alternative pain management options may lead to drug diversion and loss of employment; not arresting the chronic relapsing disease of alcoholism or drug addiction can end in the loss of family relationships, employment and the revocation of a health care professional license. Making a decision to stop the abuse and end the dependency before the most serious destruction occurs, enables health care professionals to more quickly restore their careers and lives.

• The 12-Step recovery programs of AA and NA continue to be the preferred path of recovery for alcoholics and drug addicts and the treatment providers who serve them. Health care professionals who become members of AA or NA work these recovery programs. They admit they are powerless over alcohol or drugs. They come to believe a Power greater than themselves can restore their health. They make a decision to commit to this Power greater than themselves. Continuing to work the program, they will heal their emotions and mend important relationships. They also will take action steps to maintain their sobriety and help others. By helping others, their own recovery is reinforced and strengthened. Health care professionals, and others, continue to go to meetings and work the 12-Step program because they want to— for themselves, their families and those they serve.

If you or a loved one are battling the destructive effects of alcohol or drug abuse, it is a daunting task to consider making the necessary changes that would have to be made to utilize AA or NA and treatment to arrest the destruction. However, you can see from the many positive things that occur for alcoholics or drug addicts in recovery, it is well worth it. It will prevent further destruction and ensure a healthy and happy future. As we say in the NE LAP “all good things come from recovery.”

If you have further questions about the Nebraska Licensee Assistance Program, or feel that you may benefit from assistance from the NE LAP, please contact the NE LAP Coordinator, Judi Leibrock or NE LAP Counselor Tricia Veech, at (800) 851-2336 or (402) 354-8055.
Thanks to Our 2009 NNA Convention Sponsors

Every year we are dependent upon sponsorships to support our convention. We are grateful to the following sponsors:

**Thursday Lunch**
BryanLGH Medical Center

**Reception**
Arthur L. Davis Publishing Agency, Inc.

**Refreshment Break Sponsor**
Mary Lanning Memorial Hospital

**Coffee Sponsors**
Kearney Visitors Bureau
Saint Elizabeth Regional Medical Center

**Registration Coffee**
Madonna Rehabilitation Hospital
Marsh Affinity Group Services

We are also extremely grateful to our exhibitors at this year's convention:

- AAA Nebraska
- Alegent Health
- Box Butte General Hospital
- Catholic Health Initiatives – Nebraska
- Children's Hospital and Medical Center
- Clarkson College
- College of Saint Mary
- Correct Care Solutions
- Creighton University School of Nursing
- Gideons International Auxiliary
- Good Samaritan Hospital
- Madonna Rehabilitation Hospital
- Mary Lanning Memorial Hospital
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- Nebraska Methodist College
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- Nebraska Organ Recovery System
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- New Beginnings Health Care Center LLC
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- Uniform Connection
- Uniforms 'N More

Convention Report continued from page 1

At Large–Linda Stones, MS, BSN, RN; and Jean Phelan, MS, RN

COMMISSION ON NURSING PRACTICE AND PROFESSIONAL DEVELOPMENT
- 1st Congressional District–Kathy Corbett, MSN, RN
- 2nd Congressional District–Torri Merten, MSN, RN
- 3rd Congressional District–Debbie Ussery, BSN, RN
- At Large—(none elected; will be appointed by NNA Board)

ANA DELEGATES
- Cinda Jourdan Zimmer, MSN, RN
- Nancy Shirley, PhD, RN
- Linda Jensen, PhD, RN
- Wendy Wells, MSN, BSN, BS, RN
- Torri Merten, MSN, RN
- Winnie Dolph, MSN, RN

Thank You, Speakers!

Of course, we couldn’t have done it so successfully without our wonderful volunteer speakers. Many thanks go to the following:
- Rose Gonzalez, MPS, RN, ANA Director of Government Affairs
- Louise LaFramboise, PhD, RN
- Sara Seemann, RN, MSN, CS, ONC
- Joleen Huneke, Executive Director, Rural Comprehensive Care Network
- Michael Sherburn, PhD, MHA, RN
- Melissa Dearmont, MSN, LCSW, LMHP, EAP Certified
- Kristin Gall, Nebraska Refugee Health Program Coordinator
- Elaine Schumaker, Nebraska Infertility Prevention Project

Not only do our presenters give of their time and expertise, many of them pay their own mileage expense to travel to convention. We are deeply grateful for your willingness to share with our profession.
How Coaching Differs from Mentoring

by Pat Williams

As you progress through your nursing career, your needs may change and you may find yourself wondering about the difference between coaching and mentoring.

Both coaching and mentoring involve a supportive partner who can help an individual improve personal and professional satisfaction. In both relationships, the client or person being mentored is responsible for the decisions they make and the actions they take.

Coaching is an individualized, structured partnership in which the coach listens, observes and customizes their approach to the client’s needs. A professional coach believes that the client is naturally creative and resourceful and seeks to elicit solutions and strategies from the client. The coach’s job is to provide support to enhance the skills, resources and creativity that the client already has. A professional coach may help the client:

• Brainstorm strategies to deal with a difficult situation at work.
• Practice new skills or critical conversations in a safe, non-judgmental environment.
• Plan for the next phase of his or her career.

A coach and client may or may not come from the same field. Even if the coach and client share a similar background, the primary focus of coaching is to help the client find his or her own answers, rather than the coach offering advice. A coach and client typically work together for a specified period of time or through a specified issue or transition.

According to the International Coach Federation (www.coachfederation.org), mentoring can be thought of as “guiding from one’s own experience or sharing of experience in a specific area of industry or career development.” A mentoring relationship typically, but not always, involves an older or more experienced mentor sharing wisdom and offering advice to a younger or lesser experienced individual in the same profession. A mentor may:

• Serve as a role model for the person being mentored.
• Look at the way current choices impact work-life balance and identify the changes that will have the biggest impact on personal and professional satisfaction.
• Objectively assess leadership, communication or conflict skills and provide tools to increase emotional intelligence and become more effective both personally and professionally.

Mentoring may occur in a structured setting, but can also be more informal in nature. A mentoring relationship may be for a defined time period or continue throughout an individual’s life, and the mentor may, over time, become a trusted friend.

Both mentors and coaches can be valuable as part of a nurse’s career support team. The Center for American Nurses has launched a new coaching program designed to help nurses connect with professional coaches familiar with the diverse aspects of a nursing career. To learn more about the coaching program and meet the coaching team, visit www.centerforamericanursescoaching.org.

As someone who does not routinely reach for a salt shaker and only occasionally uses canned goods or consumes salty snack foods, you may think that you have a good handle on your salt intake. But you would be surprised to learn that your diet contains more salt than you thought.

Consider this –

According to the MacDonald’s nutrition website, which of the following food on their menu has the most salt?

A. Large French Fries
B. Hamburger
C. Low Fat Balsamic Vinaigrette

If your answer was the large French fries, you are incorrect. In fact, McDonald’s large French Fries have only 350 milligrams (mg) of salt and the hamburger, 520 mg. The low fat balsamic vinaigrette packs in a whopping 730 mg!

Keep in mind this refers to the sodium content alone, and not the fat or caloric intake.

Surprises about Salt
by Diane E. Scott, RN, MSN

As a nurse, it is your responsibility to educate your patients about the importance of a healthy diet. However, you may be surprised to learn that certain foods can be surprisingly high in sodium.

Here are some surprising sodium culprits:

1. Frozen Dinners usually have from 700 to 1800 mg of sodium, basically an entire day’s worth of sodium. The low sodium options may not be much better, so be sure to be observant when using a lower sodium choice.
2. Sauces are synonymous with salt. In fact, one-half cup of spaghetti sauce may not cover an entire plate of pasta, but can pack 600 mg of sodium.
3. Restaurant Meals generally have higher sodium content. Websites for many restaurants contain nutrition information, so spend a few minutes before you go out to eat to read up on potential choices.

Salt Recommendations

The FDA guidelines call for less than 2,400 mg of sodium per day. Other organizations recommend keeping sodium intake in the range of 1500 to 2400 mg a day for healthy adults. If you are older than 50, or have high blood pressure, heart disease, diabetes or kidney disease, you may be more sensitive to the effects of salt on your blood pressure and may require even less sodium intake, so please check with your doctor to find the proper range.

At the American Heart Association’s 49th Annual Conference on Cardiovascular Disease Epidemiology and Prevention, they implored the use of less salt in the American diet as well. Their research demonstrated that for every gram of salt that Americans reduce in their diets daily, a quarter of a million fewer new heart disease cases and over 200,000 fewer deaths would occur over a decade.

Where does the salt come from?

According to the Mayo Clinic, the majority of sodium (77 percent) in the US diet is not delivered through the salt shaker, but through processed or prepared foods. The best advice for really looking at your sodium intake is to read the labels of every packaged food item that you consume. Here are some surprising sodium culprits:

1. Frozen Dinners usually have from 700 to 1800 mg of sodium, basically an entire day’s worth of sodium. The low sodium options may not be much better, so be sure to be observant when using a lower sodium choice.
2. Soy sauce (1 Tablespoon) may contain 1,900 mg of sodium. If adding to take-out Chinese food, you may be getting a phenomenal amount of sodium in just one sitting.
3. Deli Meats are notoriously high in sodium but can vary greatly in the amounts. Be sure to check at the deli counter for nutrition information.
4. Sauces are synonymous with salt. In fact, one-half cup of spaghetti sauce may not cover an entire plate of pasta, but can pack 600 mg of sodium.

Restaurant Meals generally have higher sodium content. Websites for many restaurants contain nutrition information, so spend a few minutes before you go out to eat to read up on potential choices.

Bottom line, read the label for every packaged food item you consume and request nutrition information from restaurants and delis. The craving for salty foods is an acquired taste, but can be reversed with mindful thinking about what you are eating.

Diane E. Scott, RN, MSN is a Program Director for the Conflict Engagement Program at the Center for American Nurses.

Resources


District 1
District 1 members attended the NNA convention in Kearney Oct 8-9. We were enlightened by the many presenters of educational sessions. We increased our knowledge with the House of Delegate sessions and discussion of proposals. We were energized for our profession with the networking, awards banquet, silent auction and the gracious acceptance speeches by Madeleine Leininger and Barbara Braden at their induction to the Nebraska Nursing Hall of Fame. We remembered our deceased nurse colleagues with the Nightingale Tribute. Our district would like to thank the convention committee for their planning and work and the host district 4 for their gracious welcome and contributions to the success of the convention. We will have our district’s annual meeting with election of officers December 8, 2009.

District 2
Fall is upon us and 2009 is quickly coming to an end. I want to sincerely thank the members of the District 2 board who have fulfilled their elected roles. Each of you has giving freely of your time, ingenuity and expertise to serve the members of our organization. Thank you, also, to each of you who volunteered to have your name placed on the ballot. Your willingness to be actively involved in NNA makes our nursing organization vibrant.

The newly elected officers of District 2 are Joyce Sasse, President Elect, and Karen Smith, Secretary. The new practice representatives are Hillary Price, psychiatric, Deb Welk, gerontology, and Anna Cohn, community health. I am looking forward to working with all of you. All NNA
Around the Districts

District 4
District 4 served as the host district for the NNA State Convention in October. A number of District 4 members attended Convention to assist with credentialing, hostess duties, decorating tables, etc. A big thank you to all the District members who helped with Convention.

District 4 members met in September in Broken Bow. A District meeting had not been held in Broken Bow for several years. Members in the Broken Bow areas turned out in great numbers and we had a good discussion of plans for state convention.

The November District meeting is the annual meeting. New officers will be installed at that meeting. Denise Wabel-Rycek will be the new president for District 4. The District 4 scholarship will also be awarded at the November meeting.

District 5
Our district was busy preparing for convention, and is now preparing for election of officers. All three of our delegates, Rob Flynn, Wendy Wells and Connie Morrill, were able to attend the convention in Kearney this year. Our district had submitted a proposal on workplace violence, as did District II; so both districts worked together to present one concise reference proposal at the House of Delegates. Wendy Wells was the recipient of the Nebraska Nurses Association Outstanding Achievement In Nursing Award at the dinner awards ceremony at convention. We will be electing new officers in November, so the nominations committee is busy recruiting potential candidates for offices.

District 6
District 6 will conduct its annual meeting November 23 at 5:30 PM by conference call. Members will be voting for new officers by electronic or mailed ballot. We are piloting electronic balloting since all but a few members have access to email. During the coming year the district will be focusing on retaining our members by completing membership profiles and sharing the information so that members can become better acquainted. We hope all members join in the activity.

District 7
District 7

New NNA Members: July-August 2009

District 2
Peggy Brown
Wanda Carter
Jenna Cheese
Stephanie Christensen
Sara Darrah
Patricia Elliott
Carole Jacoby
Joy Okoruwa
Myshell Olds
Jennifer Sundermeier

District 3
Debra Caudill
Heidi Estell

District 4
Michelle Lerdahl

District 5
Susan Wilhelm
Michele Anderson

District 6
Gretchen Sandall
Courtney Thompson

District 9

President: Betsy Raymer
H—(402) 924-3946
E—raymerfarms@ntc.net

President: Kay Olmsted, RN
H—(308) 537-3926
W—(308) 696-8760
E—kayolm3@hotmail.com

President: Pam List, MSN, APRN
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W—(402) 372-2404
E—plist@fcswp.org

President: Judy Billings
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E—jbillings3@charter.net

President: Kim Rodehorst-Weber, PhD, RN,
AE-C
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E—tkrodeho@unmc.edu

President: Betsy Raymer, RN
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President: Judy Billings
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President: Betsy Raymer
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E—raymerfarms@ntc.net

President: Judy Billings,
PhD, RN
Nebraska Nursing Leadership Coalition Summit

7 Summits: A Nurse’s Quest

Presenter: Patrick Hickey R.N., B.S.N., M.S., M.S.N., D.P.H., C.N.O.R. is a Clinical Assistant Professor in the College of Nursing at the University of South Carolina. On May 24, 2007, Dr. Hickey completed the 7 Summits of the World (highest mountain on each of the 7 continents) when he stood atop Mt. Everest. In doing so, he became the first nurse in the world, and one of only 120 people in the world, to complete this “holy grail of mountaineering.”

He has been described by the press as “a cross between Florence Nightingale and Indiana Jones” despite his extreme fear of heights! In Dr. Hickey’s new book, “7 Summits: A Nurse’s Quest To Conquer Mountaineering and Life,” he describes the importance of balance, wellness, goals, attitude, potential, success, and legacy. He has coined these factors as the “7 Summits Of Life” and describes at length how each of these factors are integral to a quality lifestyle.

March 18, 2010
Holiday Inn
110 South 2nd Avenue
Kearney, Nebraska
308-237-5971

Target Audience–All Licensed Nurses in Nebraska

8:00 a.m. Registration
9:00 a.m.–4:30 p.m. 7 Summits: A Nurse’s Quest

Objectives:
1. Discuss balance in life and work;
2. Discuss wellness in life;
3. Discuss goals and attitude in life; and
4. Discuss potential, success, and legacy in life.

For further information on the program contact LPNAN at 402-435-3551.

Registration Information
Registration fee–$40 (includes lunch, breaks, and handout materials)

Application for approval of nursing content hours has been made to the North Dakota Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

Hotel Information
A block of rooms is reserved through February 17 at a rate of $71.95 for 1-4 people in a room. When making reservations, ask for the Nebraska Leadership Summit.

Name: ________________________________________________________________________________________
Address: ________________________________________________________________________________________
______________________________________________________________________________________________
Daytime Phone: ____________________________________ RN__________  LPN__________  Student ________

Make check payable to NHCF
Mail Registration with payment to:
Nursing Leadership Summit, c/o NHCF, 3900 NW 12th St., Suite 100, Lincoln, NE 68521
Registration must be received by or postmarked March 11
Late Fee: Any registrations after March 11 will be charged an additional $10 late fee.
Refunds for cancellations: In full prior to March 12 only. No refunds after March 11, 2010.
Select your NNA district from the map at right; choose the appropriate dues for the category you have selected above.

Under the Omnibus Budget Reconciliation Act of 1993, that portion of your membership dues used by Nebraska for American Nurses Association (ANA) for the Special Totally disabled 62 years of age or over and not employed (first membership year only) New graduate from basic nursing education program, within six months of graduation.
The National Database of Nursing Quality Indicators® Reaches 1500 Hospitals

The American Nurses Association (ANA) is proud to announce that 1,500 hospitals now participate in the National Database of Nursing Quality Indicators® (NDNQI®), that figure represents 25% of all hospitals in the U.S. The accumulated data from those institutions serve to provide valuable insight on nursing workforce and patient outcomes that are related to nursing care.

“ANA has a long-standing commitment to promoting nursing quality as a means of improving patient safety,” said ANA President Rebecca M. Patton, MSN, RN, CNOR. “Reaching this milestone of 1,500 participating hospitals shows that this unique database continues to be the most powerful research tool available to nurse executives.”

NDNQI® is a program of ANA’s National Center for Nursing Quality® (NCNQ®). Launched in 1998 as part of ANA’s Safety and Quality Initiative, the program collects nursing-sensitive data affecting patient outcomes. The program’s goals are to provide comparative information to health care facilities, such as the frequency of patient falls and pressure ulcers, and develop national data on the relationship between nurse staffing and patient outcomes. NDNQI® remains the only national database containing data collected at the nursing unit level.

The ANA is the only full-service professional organization representing the interests of the nation’s 2.9 million registered nurses through its constituent member nurses associations, its organizational affiliates, and its workforce advocacy affiliate, the Center for American Nurses. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.
Experts estimate that nearly 98,000 people die in any given year from medical errors. A significant number of those deaths are due to medication errors.1

The National Coordinating Council for Medication Error and Prevention defines a medication error as “any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer.”

**Mistakes can happen**

As a nurse, you dispense medication to your patients on a regular basis. Consequently, you’re charged with knowing the “five rights” in administering medication—right patient, right drug, right dose, right time, and right route. And while you take every precaution to avoid making errors that may put your patients at risk, mistakes can happen.

Common reasons for mistakes include distractions and interruptions during medication administration, inadequate staffing, illegible medication orders, and sound-alike drug names and packaging.

**Reduce your risk**

To reduce your risk of liability, take the time to read medication labels—especially those that you’re not familiar with. It is also your responsibility to know the drug’s dosage range, possible adverse effects, toxicity levels, indications and contraindications. Understand the medications you administer and don’t hesitate to ask questions. Consult your nurse drug guide, the physician, a pharmacist or your supervisor if you have any questions.

Further protect yourself and your career with an individual liability coverage policy. Professional Liability Insurance protects you against real or alleged malpractice claims you may encounter from your professional duties as a nurse.

Even if you have Professional Liability coverage through your current employer, it may not be enough. That coverage may have some serious gaps, including:

- Policy limits may not be high enough to protect you and all of your co-workers
- You may not be provided with coverage for approved lost wage reimbursement, licensing board hearing reimbursement defense reimbursement
- You may not be covered outside of the workplace, such as when you engage in volunteer or part-time work
- You may not be covered for suits filed after you have terminated your employment

In the event of a lawsuit, your own Professional Liability Insurance policy would:
- Provide you with your own attorney
- Pay all approved and reasonable costs incurred in the defense or investigation of a covered claim
- Pay for approved lost wages up to the limits of the policy
- Provide reimbursement of defense costs if licensing board investigations are involved
- Pay approved court costs and settlements in addition to the limits of liability, in accordance with the policy.

Arm yourself with the protection you need so you can focus on providing excellent patient care and reduce your exposure to liability.

For more information about Professional Liability Insurance, visit www.proliability.com. This article contains a summary of the insurance certificate provisions. In the instance of conflict between this article and the actual certificate, the insurance certificate language will prevail and control. The Professional Liability Insurance Plan is underwritten by Chicago Insurance Company, a member company of the Fireman’s Fund Insurance Companies. www.nccmerp.org

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**NNA Members in the News**

The National Council of State Boards of Nursing (NCSBN) recognized its dedicated and exceptional membership and guests at its annual awards ceremony on Thursday, August 13, 2009, during the NCSBN Delegate Assembly held in Philadelphia.

Specific award recipients include:

- Sheila Exstrom, PhD, RN, nursing education consultant, Nebraska Board of Nursing, received the Meritorious Service Award, which is granted to a board or staff member of a member board for positive impact and significant contributions to the purposes of NCSBN.
- NCSBN acknowledges each member board of nursing as they reach the significant milestone of 100 years of nursing regulation. In 2009, nine member boards celebrated 100 years of service:
  - Delaware Board of Nursing
  - Michigan/DCH/Bureau of Health Professions
  - Missouri State Board of Nursing
  - Nebraska Board of Nursing
  - Oklahoma Board of Nursing
  - Pennsylvania State Board of Nursing
  - Texas Board of Nursing
  - Washington State Nursing Care Quality Assurance Commission
  - Wyoming State Board of Nursing

There was also a special presentation during the awards ceremony honoring the late Charlene Kelly who was the executive officer, Nebraska Board of Nursing, for 21 years before her death earlier in 2009. To recognize Kelly’s visionary leadership, NCSBN has established the Charlene Kelly Scholarship Fund grant. Grants from this fund offer a distinguished leadership growth opportunity for current executive officers of state boards of nursing.

The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories—American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also four associate members.