NAOHN Joins NNA!

The Nebraska Association of Occupational Health Nurses, Inc. (NAOHN) recently joined the Nebraska Nurses Association (NNA) as an organizational affiliate member. This category of membership is open to all nursing and health related organizations with missions and purposes harmonious with NNAs, and whose governing body is composed of a majority of registered nurses. Carole Lainof, MSN, RN, President of NNA, applauded NAOHN for reaching out to NNA through this membership. “The collaboration opportunities that exist for our two organizations are numerous; and we look forward to NAOHN’s active involvement in NNA.”

NAOHN is a constituent association of the American Association of Occupational Health Nurses, Inc. (AAOHN). Their purposes are to:

• Constitute the state professional association of registered nurses engaged in the practice of occupational and environmental health nursing;
• Promote and/or provide continuing education in occupational and environmental health nursing;
• Promote scope of practice and standards for occupational and environmental health nurses;
• Maintain the integrity and character of the nursing profession;
• Provide a forum for networking and discussion of issues in the field of occupational and environmental health nursing;
• Promote health and safety of workers and communities, and support occupational and environmental health nursing practice through monitoring and influencing state legislation and regulations;
• Provide opportunities to develop chapter leadership skills.

Their membership includes active, retired, affiliate, and student registered professional nurses; and there are currently 76 members statewide. They host numerous monthly CEU offerings on a wide variety of occupational health topics and have an annual Fall Conference with national and regional speakers. All registered nurses are invited to attend their meetings, visit the web-site at www.naohn.org, or call one of the Board of Directors for more information.

NNA welcomes NAOHN as an organizational affiliate member!

Nurses’ Celebrate Across the State

On April 9, 2008, Governor Dave Heineman signed a proclamation declaring the week of May 6-12, 2008, as NATIONAL NURSES WEEK. The proclamation was presented to NNA by Lieutenant Governor Rick Sheehy. In the proclamation, the Governor urged all citizens to celebrate registered nursing’s accomplishments and efforts to improve our health care system and show our appreciation for registered nurses not just during the week of May 6-12, but at every opportunity throughout the year.

This year’s theme was “Nurses: Making A Difference Every Day.”

NNA Executive Director, Annette Belitz Harmon, NNA President, Carole Lainof, and NNA President Elect, Cinda Zimmer had the pleasure of traveling across the state. Zimmer provided the program by discussing the proclamation and strategies for reaching out to NNA through this membership. The billboard asked viewers to “Thank A Nurse” way—via billboards in Grand Island and Kearney. The District also held a pot luck dinner in St. Paul on April 17; and attendees were personally thanked with the gift of a carnation and Baker’s Chocolate mints. NNA Executive Director, Annette Belitz Harmon and NNA President Elect, Cinda Zimmer provided the program by discussing changes occurring at the National level with ANA and the Center for American Nurses and the latest happenings at NNA.
President’s Column

Carole A. Lainof, MSN, RN
NNA President

Recently I visited the Durham Museum (formerly known as the Durham Museum of Western History) where I saw the timetable of the Union Pacific passenger trains from 1939. In those days one could travel all the way to Columbus, Hastings, North Platte, Grand Island, and beyond by rail. In fact the “conductor” on the actual train in the museum told me that at the height of train travel through Nebraska during WW II, 10,000 people passed through Omaha on 64 trains each day! But alas, today there are only two trains leaving the Amtrak station in Omaha each day; one going east and one west.

Therefore, during our Nurses’ Celebrations across the state, Annette Harmon, NNA Executive Director, Cinda Zimmer, President-Elect, and I must drive many miles at over $3.30/gallon to participate in all the district events. It would be so much easier and “greener” to take the train! However, regardless of the gas prices and the many miles traveled, it is always such a pleasure to meet and share with you all our accomplishments and sometimes our frustrations as we pursue our nursing agendas at the district, state and national levels. Thanks so much for your warm hospitality and support for Nurses’ Week 2008.

In March, I traveled to Kansas City to represent the NNA at the Region 7 American Academy of Nurse Practitioners (AANP) Intrafederation Leadership Meeting. Indra Peters and Mary Scherfing, NNA members, attended also; as did other APRNs from Nebraska. Kathy Morris is the Region 7 Director, which includes the states of Iowa, Kansas, Missouri and Nebraska. Dr. Jan Towers, the AANP Director of Health Policy, was the primary speaker. She spoke on national legislative and practice issues for APRNs in the morning; and then in the afternoon, all the attendees had the opportunity to speak about their own state and local issues.

Discussions during the day ranged from Scope of Practice issues, Medicare/Medicaid reimbursement, Nurse Managed Centers, controlled substance privileges, and the new concept of retail clinics in supermarkets and shopping centers, a very independent venue for nurse practitioners. Of course independent practice for all APRNs was a “hot topic.” I reported on our state legislative victories this year, namely the Safe Haven Bill, a subject of interest to all attendees since it includes children up to age 18; and our statewide smoking ban which will become effective in July 2009. I also discussed our own APRN independent practice bill, which at that time was in Committee. The weekend of April 12-13 found Annette, Cinda and I in Chicago attending the ANA Midwest States Meeting. Here we had the opportunity to meet with State Nurses Association presidents and executive directors from New York (they like to be included in our group!), Kansas, Ohio, Indiana, Iowa, Kentucky, Wisconsin and Illinois. Although we did talk about individual state issues, most of the weekend was spent discussing the ANA decision to end the affiliation agreements with the United American Nurses (UAN) and The Center for American Nurses (The Center). The Center is the workforce advocacy organization, to which we belong. Letters were drafted and sent to ANA president, Becky Patton, and executive director, Linda Sterile, concerning the origin of the new ANA bylaw changes and clarification regarding the dues rebate program, which are monies supposed to come back to the state from ANA. There was also much spirited discussion about ANA’s new AORN/ANA partnership and we requested much improved communication between the national organization and its Constituent Member Associations. USA... before such decisions are made.

In the coming months our delegates to the ANA House of Delegates (HOD) will be preparing for the national meeting in Washington, DC, June 25-27. Our delegates must be fully informed on all the ramifications of the bylaw changes, and proposed reference proposals. I have full confidence that our Nebraska delegates will be astute on the issues and vote responsibly. Although we are a small state in numbers, we continue to have a significant “footprint” at the national level. I will also be attending the HOD, although not as a voting delegate, and am anxious to see how all of these changes evolve. I am sure it will be a memorable House!

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 advocate for 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
   c. Workplace
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) 475-3961
Toll-free: (877) 262-2550
You can leave a message at any time!
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

Want to advertise in the Nebraska Nurse?
Contact Mark Miller at (800) 626-4081 or e-mail at mark@aldpub.com

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 Lincoln, Nebraska.

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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

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Photo on front page: Highway 20—As a new day dawns west of Valentine, tourists are treated to a color-filled sky. Photo courtesy of M. Fursberg, Nebraska DED.
Nurses’ Celebrate continued from page 1

District 4 Nurses

NNA District 6 held a celebration dinner on Wednesday, April 16 in the conference room at the Veteran’s Home in Norfolk. “Chef” Pat Moeller and members prepared a fabulous feast for NNA President, Carole Lainof and NNA Executive Director, Annette Harmon, who in turn gave a report on current National and NNA events.

District 5 dinner attendees.

RWMC employees crafted this quilt of the ‘14 Forces of Magnet,’ and it proudly hangs in the facility’s lobby.

District 6 Nurses

NNA District 2 held its annual brunch Saturday, April 19 at the Georgetowne Club in Omaha. In addition to the wonderful catered brunch, the District honored outstanding professional registered nurses with the “Positive Image of Nurses” awards. Rosalee Yeaworth gave a fitting tribute to the memory of long-time NNA member and supporter, Carol Wilson; and Dr. Sheila Ryan gave a wonderful presentation on changing work habits.

District 7’s celebration included nursing students as well as NNA members.

District 7 Nurses

NNA District 7 invited guests and students to attend a brunch on May 1 at MidPlains Community College in North Platte. NNA members provided a wonderful menu selection of home-cooked/baked items for the brunch. Afterwards, Lainof and Harmon presented information about NNA, professional nursing associations, and the Nebraska Nurses Foundation. Each attendee was given a gift of a May Basket in the shape of a nurse’s cap.

District 2 Acting President, Brenda Bergman-Evans, received a proclamation declaring Nurses’ Week from Mayor Mike Fahey’s office.

District 2 Nurses

NNA District 3 celebrated Nurses’ Week with its annual “Celebrating Nursing” reception, dinner and speaker on April 30 at Bryan Medical Plaza Conference Center in Lincoln. The wine and cheese reception also included a silent auction and poster presentations, and was sponsored by the Nu Rho and Gamma Pi Chapters of Sigma Theta Tau. After dinner, five registered nurses were honored with the “Nurse of the Day” award for having made a difference in their patients’ lives or the lives of family members or friends throughout their practice and service. The evening concluded with a CNE presentation by Wanda S. Kelley, MSN, RN-BC, Clinical Process Specialist with Catholic Health Initiatives, on “Ready, Set, Click: Nursing Informatics.”

Continuing Nursing Education was offered for attending Kelley’s presentation on informatics.

NNA District 9

NNA District 9 celebrated for the third year in a row with a luncheon at Rock County Hospital in Bassett on Wednesday, May 7. NNA President Lainof and Executive Director Harmon visited with nurses about the facilities in Bassett and surrounding areas; and how NNA could be of service to them.

Attendees posed in the newly constructed Nurses’ Station at the Rock County Hospital in Bassett, Nebraska.

NNA District 5

NNA District 5 members supported Regional West Medical Center (RWMC) in Scottsbluff, Nebraska in hosting an all-day Health Fair on Thursday, May 9. The Fair, which was open for all employees and the community at large, included numerous vendors and booths. Scottsbluff Mayor Randy Meininger signed a mayoral proclamation honoring nurses during National Nurses’ Week. Later that evening, the District 5 NNA members gathered at the base of Scotts Bluff monument and dined at Mulligan’s on the golf course; and presented long-time NNA member, Ernestine Olson, with the “Nurse of the Year” award.

Many thanks to all the nurses who planned, carried out and attended the state-wide celebrations. Let’s continue to honor and celebrate nurses and the difference they make all year long!
Growing up I only had the fortune of knowing one of my grandparents. Two had passed away before I was born and one died before I was even a year old. That left my mother’s mother—Grandma McAlie—as the only grandparent I would know. I can remember spending one or two nights at Grandma’s house in town when I was an early teenager—a treat for this farm girl because I didn’t have any chores to do then. I loved my Grandma but grew up in a family where outward signs of affection (e.g., hugging and kissing) just didn’t happen that much.

And so it was, when I was a sophomore in high school, I decided that I would hug my Grandma every time I visited her. I can’t remember her reaction the first time I did this, but I do remember that she hugged me back every time I did this. I loved my Grandma but grew up in a family where I didn’t have any chores to do.

In retrospect, I don’t know exactly why I started hugging my Grandmother; but I do know that it added another dimension to my life that I had not had before. I wished I had done it earlier; but perhaps I had taken the opportunity to show her that I loved her when I did.

We have all had opportunities for various experiences and at times have let them slip by without taking advantage of them; and we regret these “lost opportunities.” Maybe it’s not hugging someone, or spending time with someone, or taking on a project, because we just “didn’t have the time.”

There have also been times when we’ve let ourselves experience things or people and been disappointed or hurt. We must hold that we hadn’t ever done something or had not met some person. These are some of the reasons the opportunities become lost: we don’t want to be disappointed, or hurt, or feel pain or rejection, or find out we were wrong about something or someone, or experience change or loss, or we don’t want to take the time. Sometimes we’re afraid; afraid of what will happen and/or of what won’t happen. But far greater than any of these negative emotions is the regret we feel when we discover we’ve lost an opportunity that we may not have again.

We’ve had these experiences in both our personal and our professional lives. If you’re wondering when I’m going to get around to talking about NNA, this is it. As an organization, NNA is poised on the edge of great change. There are many opportunities for NNA in this great-change opportunities.

Recently I had the opportunity to facilitate a strategic planning session for an organization (not NNA). We went through a “SWOT” exercise, where we identified the Strengths and Weaknesses of the organization, as well as the Opportunities and Threats that existed for the entity. It seemed like every time a weakness or threat was identified, someone said, “but there’s also an opportunity in that for us!” Indeed, it’s all in the attitude.

Now is the time to be afraid; afraid of what will happen to the organization with change or what won’t happen with change. We must be bold. We must dream big. We must identify opportunities, and take advantage of them. We cannot continue to do things the way we’ve always done them and expect different results. We cannot ignore the opportunity for growth, unless we want to experience the accompanying sense of regret with the discovery that we missed out on an opportunity of a lifetime. We must be open to new ideas, evaluate them for their potential, and be willing to try them on. If we have a negative experience, so be it. We will learn from that one experience, and awaken even more opportunities. The phrase “Nothing ventured, nothing gained” sounds glib; but it is reflective of where we’ve been.

We have the opportunity for greatness. Nurses are the most trusted professional of all. The professional organization representing nurses should be great. Let’s be proactive, embrace change for the opportunity it brings, and commit to action.

Hug your grandmother (sister, brother, father, mother, etc.). Take on a new project. Spend time listening to a colleague. Support changes at NNA. You get the idea. Carpe diem! (Seize the day!)
District 1 had a general meeting February 26, 2008. Members discussed benefits and motivations for retaining membership in professional associations. Goals for the year include growth of membership and finances. Members also planned the May 13, 2008 Nurses’ Week celebration.

Saturday, April 19, 2008, District II celebrated nursing with a brunch at the Georgetown Club in Omaha. This yearly event is a wonderful time to celebrate nursing accomplishments across the care continuum with the “Positive Image of Nursing Awards.” The hard work and poignant stories of the honored professionals are each year truly a highlight.

District II is also in the process of planning the biennial 2008 Nurses Political Reception at the Field Club in Omaha on August 26, 2008. As we are daily inundated with political polling scores, we are reminded of the importance of every individual voice. With the reform of health care on everyone’s political agenda, this is a year nurses especially need to be heard. Who could be better to speak up and speak out for the patients, the profession, and the path ahead?

Nurses need to tell the story of the profession and how daily they make a difference in patient’s lives. Nurses are trusted and valued by the public but few, including political candidates, are aware of the breadth and depth of nurses’ influence. It is imperative that nurses be well versed on the issues, vocal regarding matters that affect nursing, and VOTE. Voting is both a right and a responsibility. Hands down, nursing has the most voices in the health care system and voting is the best way to be heard.

District 4 members met in February at Grand Island and discussed current issues. A new District 4 Yearbook has been published and distributed to District 4 members.

The April meeting of District 4, a celebration of Nurses’ Day, was held in St. Paul, NE. This was the first time District 4 has held a meeting in St. Paul. The NNA members from the St. Paul area hosted a wonderful meal. Annette Harmon, NNA Executive Director, and Cinda Zimmer, NNA President Elect, attended the meeting to help District 4 members celebrate Nurses’ Day. Annette and Cinda provided an update on NNA and ANA issues and heard about nursing issues of concern to members of District 4. Each nurse received a flower to honor her/his dedication to nursing. The District purchased two Nurses’ Day items that were given to members through a random drawing. Congratulations to all nurses.

Nurses’ Billboards—In a unique celebration of Nurses’ Week, District 4 members put up “Thank a Nurse” billboards in Grand Island and Kearney. The billboards provided a way for District 4 members to celebrate Nurses’ Week in a manner that honored all nurses in the area.

The September meeting of District 4 will be at Perkins in Kearney on September 18th. Dinner will be at 6:30 pm with the meeting beginning at 7:00 pm. Items on the program will include a discussion of issues related to the NNA October Convention.
NNA District 5 held their last meeting on March 17 at Regional West Medical Center’s Volunteer conference room. Conference calling was available for those who wanted to call in. There was discussion of the president’s office vacancy; and Barb Jacobs, Vice-President, will assume this role until the annual meeting in November 2008. At that time a new ballot will be issued and a president elected to complete the term of resigning president, Kim Gaston (2007–2009). Barb Lundgren also volunteered to assist Barb Jacobs in her role as president.

The Nurses’ Day celebration on May 8, 2008 was discussed. NNA participated in Regional West Medical Center’s celebration at the hospital, 4021 Ave. B, Scottsbluff, NE from 0600 until 1930. A booth was set up, and local members, our state Executive Director, Annette Harmon, President, Carole Lainof, and President Elect, Cinda Zimmer, attended. The District held a drawing and donated a one-year membership to ANA/NNA to the winner. The “My Favorite Nurse” contest also culminated that week, and Ernestine Olson was announced as the winner. After the celebration, members gathered with the state officers over dinner.

Questions regarding District 5 can be directed to Barb Lundgren (308) 630-1729 or Nancy Hanson (308) 630-1151.

District 7’s Nurses’ Week celebration was held Thursday, May 1 from 11am–1pm on the North Platte Community College North campus. The guest speakers were Annette Harmon, Executive Director of the Nebraska Nurses Association (NNA), and Carole Lainof, President of the NNA.

All registered nurses were invited to attend. It was an opportunity to meet Hawley Lister who was elected President of the State NSSNA Board in February 2008, Robin Hiatt who is First Vice President, Christy Peterson who is Second Vice President, and Beverly Rollenhagen who is Legislative Chair. All of these ladies are in the ADN program at Mid-Plains Community College. This is the first time that the Mid-Plains College Chapter of NSSNA has had four students on the State Board, and the first time three students have held the top three offices.
WELCOME NEW MEMBERS!
(February, March, April 2008)
(*S/D = state/district only members)

District 2
Linda Blinston; Susan Channel (*S/D); Joan Christie (*S/D); Elizabeth Fleissner; Christina Gutterman; Carol Isaac (*S/D); Ann Laughlin (*S/D); Karie Pein (*S/D); Valerie Teller; Sheri Tweedy; Lynn Wike (*S/D)

District 3
Nancy Basham; Kristina Benson; Ruth Claassen; LeAnn Cook (*S/D); Rebecca Jurgens; Wanda Kelley; Cindy Masek (*S/D); Mabel Morton; Elena Olson; Judi Schlife; Pamela Shelbourn; Laura Wooters

District 4
Bethany Chase (*S/D)

District 6
Ruth Brotsky; Linda Walline; Jenna Witt

District 7
Lea Anne Ottis

We want to know!
The Nebraska Nurses Association (NNA) is conducting several surveys in order to gather information to help us in planning for the next couple of years.

MEMBERSHIP
NNA is the largest nursing association in the state, and we want to know how you feel about professional nursing associations, what benefits or services you would like to see offered, etc. The online survey will be available to all Nebraska registered nurses to complete beginning June 1 on NNA’s website: www.NebraskaNurses.org. All RNs are encouraged to access the website and complete the 15-minute survey in the month of June. Results will be reported at NNA’s fall convention, October 9-10, 2008 in Kearney.

NURSE PRACTITIONERS
NNA is conducting a survey just for licensed Nebraska nurse practitioners. The survey will be sent out via mail to all NPs, but it can also be completed online at www.NebraskaNurses.org. Click on the “NP Survey” button and follow the instructions for completion. Results will be used to advocate for NPs and will also be disseminated to all Nebraska nurses.

Inquiring minds want to know what’s on your mind! Help us out by completing the surveys. For more information on the surveys, please contact NNA’s Executive Director, Annette Belitz Harmon at 402-475-3859.

Sidestudies
You can still receive contact hours on self studies offered in previous issues of the Nebraska Nurse:
• Elder Abuse and Neglect by Rosalee C. Yeaworth, 1.0 contact hours if completed by January 5, 2009. (Article found in March/April/May 2007 issue.)
• More Than the Blues: Perinatal Depression by Carol Isaac and Judi Schlife, 1.0 contact hours if completed by July 2, 2009. (Article found in September/October/November 2007 issue.)

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Nebraska Nurse
Self Studies
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It’s time to look ahead to NNA’s annual convention and complete several activities. First, mark your calendars for October 8-10 and plan on being in Kearney with us at the Holiday Inn Convention Center. Next, plan on submitting nominations for awards, reference proposals and poster presentation ideas by the requisite deadlines. You’ll find information on all these activities within this issue.

NNA Awards

General Guidelines

The nominee must be an NNA member. A colleague having personal knowledge of the nominee’s abilities and contributions that reflect the focus of the specific award should write the letter of nomination. Additional letters of support are encouraged. Please include the nominees’ credentials in the letters of nomination. A CV of the nominee is helpful but not required. Each district is expected to nominate someone for each award category. Districts are limited to one nominee per category. There needs to be a minimum of five (5) nominees in a category in order for the award to be given. Selections will be made by the Convention Awards Committee. Deadline for submitting nominations is August 15, 2008.

NNA Nurse of the Year Award

The focus of this award is on outstanding achievement in nursing over a one-year period. The nominee must be an NNA member.

NNA Outstanding New Nurse Award

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.

NNA Outstanding Staff Nurse Award

The focus of this award is on achievement in nursing by a nurse providing direct patient care. The nominee is recognized for nursing expertise provided in a caring, professional manner.

NNA Outstanding Nurse Educator Award

The focus of this award is on achievement by a nurse whose primary role is as an educator. The nominee must be directly involved in patient education, nursing education, continuing education or staff development. The award recognizes innovation and expertise in the educator role.

Remember...the deadline for submitting award nominations is AUGUST 15, 2008. You may submit your nominations via mail or online at www.NebraskaNurses.org.

2008 Nominees for Officers and Commissioners

The 2008 Nominating Committee is proposing the following slate of candidates.

Vice President
Winnie Delph, MSN, BSN, RN
Torri Merten, MSN, RN

Treasurer
Tammy Colegrove, ARNP

Commission on Advocacy and Representation

Congressional District 1: (one to be elected)
- Jessica Rowell, BSN, RN
- Mary Scherling, RN, MSN, CDDN
- Terrie Spohn, BSN, RN

Congressional District 2: (one to be elected)
- Karen Wiley, MSN, RN, CEN

Congressional District 3: (one to be elected)
- Marilee Autlenkamp, MS, RN
- Kathy Harrison, MSN, RN
- Joan McVay, EDD, RN

Commission on Nursing Practice and Professional Development

Congressional District 1: (one to be elected)
- Michelle Huber, BSN, RN
- Jessica Rowell, BSN, RN

Congressional District 2: (one to be elected)
- Teresa L. Anderson, MSN, RNC-OB, CNA-BC
- Brenda Bergman-Evans, PhD, APRN-NP, APRN-CNS

Congressional District 3: (one to be elected)
- Aris Andrews, MS, BA, RN
- Sara Franks, BSN

Nominations Committee

District 1: (no nominees)

District 2: Michael Van Ruler, RN, BSN, CEN, CCRN, EMT-B

District 3: Kathy Corbett, MSN, RN

District 4: June Collison, MSN-Ed, BSN, RN, FCN

District 5: Barbara Lundgren, BSN, RN

District 6: Mary Rees, BSN, RN

District 7: Karen (Kay) Olmsted, RN

District 9: Dina Syfte, RN

Each nominee has completed a “Leadership Profile” in order to have their name on the ballot, and has indicated a level of commitment to the organization. Their Profile and Goals for the position are printed below. This year balloting will be available electronically via the NNA web site. You will need your NNA member username and password to vote. Detailed instructions will be mailed to each member in early August along with the “Call to Convention.”

The 2008 Nominating Committee consisted of: Kay Olmsted, Chair (representing District 7); Sharon Selley (District 1); vacant (District 2); Kathy Corbett (District 3); Patsy Burnett (District 4); Ernie Olson (District 5); Mary Rees (District 6); Mary Rees (District 7); Karen (Kay) Olmsted, RN (District 9).

NNA Nominations Committee Report

I would like to thank all of the nominating committee for their hard work the last few weeks. It was not an easy task but we came through yet again. I would also like to thank our Executive Director, Annette Harmon, for her hard work, for keeping us on task and for all the emails and phone calls she made for us. It was very much appreciated. I would like to take this time to ask the membership to let Annette or myself know before next March if there is an office or position in which you are interested. It would make it so much easier on the committee if we had an idea of those interested in running for various positions. Lastly I would like to thank all of the nominees who agreed to run. It is people like you that will keep the organization viable.

Kay Olmsted
2008 Nominations Committee Chair
Elected Positions and Functions of Each

Vice President

Functions:
- assume duties of the president in the absence of the president and president-elect or at the discretion of the president.
- assume other duties as assigned by the Board of Directors

Treasurer

Functions:
- be responsible for monitoring the fiscal affairs of the association and shall provide reports and interpretation of NNA’s financial condition to the NNA House of Delegates, the Board of Directors, and the membership.
- assume other duties as assigned by the Board of Directors.

Nominations Committee

Functions:
- The Nominating Committee shall consist of one representative of each constituent district nurses association elected to a two-year term.
- The member receiving the highest number of votes shall be the designee.
- The function of the Nominating Committee is to develop a slate for the elections.
- A majority of members shall constitute a quorum.

Commissions

Definition
Commissions are elected structural units that plan and implement activities related to the NNA mission at the direction of the NNA Board of Directors.

Composition
There will be two commissions. Each shall consist of ten members; two members from 1st Congressional district, two members from 2nd Congressional district, two members from 3rd Congressional district, and four members at-large. (Half to be elected in even years, and half to be elected in odd years.)

Commission on Nursing Practice and Professional Development

Functions:
- Promote the application of ANA standards for nursing practice.
- Evaluate relevant scientific and educational developments, changes in health needs and practices, with reference to their implications for continuing nursing education.
- Promote the correlation of educational standards and practice competencies.
- Address and respond to human rights and ethics concerns related to nursing practice, education, and research.
- Promote the Code for Nurses.
- Promote the utilization of research findings through dissemination of information to all areas of nursing.

Commission on Advocacy and Representation

Functions:
- Receive and disseminate information about workplace issues to the districts and individual members.
- Develop mechanisms which are proactive and responsive to workplace advocacy issues.
- Analyze the implications of federal, state, and local legislation on nursing and health care services for all people.
- Develop and recommend to the House of Delegates a state legislative platform which reflects professional standards and social concerns.
- Promote ANA’s legislative positions through dissemination to structural units and individual members.
- Enlist the expertise of individual members to respond to health care issues.
- Communicate ANA’s position on legislative issues.
- Liaison with NNA-PAC and encourage individual and organizational political promotion for public officials who are supportive/responsive to ANA’s legislative platform.

Nominee Profiles

Name of Candidate: Winnie Dolph, MSN, BSN, RN
Office Candidate is seeking: Vice President
Candidate’s present title: Electronic Medical Record Training Specialist, Alegent Health Clinic
Education: MSN-Clarkson College, Omaha 2001; BSN-Southern Oregon State College, Ashland, OR, 1982; ADN-Umpqua Community College, Roseburg, OR, 1980
Work Experience: Nurse Educator in ADN Program at Mid-Plains Community College, 1996-present
Professional Memberships/Organizational Experience: 2002-2006 NNA Commission on Advocacy & Representation; 2006-present, President, District 7; 2002-2006, Vice President NNA; 2002-2004 President District 7; 2000-2006 Convention Planning Committee; 2005 Convention Planning Committee Chair, District host District 7 & 5 shared duties
Goals for Leadership Role: I want to represent NNA across the state and to help RNs understand the importance of belonging to NNA. One of my goals is to increase membership. I plan to talk to RNs who don’t currently belong to NNA and explain what NNA can do for them, and talk to graduating students about becoming active in their professional organization.

Name of Candidate: Torri Merten, MSN, RN
Office Candidate is seeking: Vice President
Candidate’s present title: Electronic Medical Record Training Specialist, Alegent Health Clinic
Education: MSN-UNMC Graduate College 2003; BSN-Clarkson College 2000; Pre-Nursing Courses-UNMC at Kearney 1996-1998
Work Experience: 2001-present, Alegent Health System; 2006-present, Electronic Medical Record Training Specialist, Alegent Health Clinic; 2004-2006, Clinical Nurse Specialist, Center for Nursing Excellence System-Wide; 2003-2004, Staff Nurse, Immanuel Medical Center Emergency Room; 2001-2004, Staff Nurse, Lakeside Express Care/Lakeside Emergency Room/ Lakeside Observation Unit; 2003-2004, Registered Nurse/Nursing Instructor, Nebraska College of Business/Hamilton College; 2003 Staff Nurse, Methodist Hospital

Goals for Leadership Role: Through my participation in this role I will work to further the nursing profession through representation of those I will serve. I will be committed to change, innovation and furthering our organization. I will assist the president to the best of my ability and will use my skills to help nurses practice to the highest ANA standards of nursing care and to encourage all nurses to become involved in their professional organizations. I will utilize best nursing research to help educate nurses on current issues and encourage them to professionally advance their practice through involvement in their professional organization and promotion. I will promote knowing and embodying the ANA Code of Ethics for Nurses and will utilize my expertise to assist in and develop research and to make sure nurses in all...
2008 NNA Convention

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areas have access to that research and the findings. It is my hope that through this position I will be able to further develop my nursing career, help other nurses with professional development issues, and help foster the professional growth of nursing as a career choice for those wanting to enter the healthcare field. I will continue to be an advocate for nurses and the nursing profession.

Name of Candidate: Tammy Colegrove, ARNP
Office Candidate is seeking: Treasurer
Candidate's present title: Nurse Practitioner, office of Gary D. Volentine, MD 2003-present
Education: MS-Creighton University, 2002; BSN-Creighton University, 1999; ADN-Dakota Wesleyan
Professional Memberships/Organizational Experience: ANA/NNA; NNA Treasurer; SGNA AANP
Goals for Leadership Role: Find ways to improve the financial status of NNA. Work to increase the membership of NNA. Work to create a sound balanced budget for the next two years. Keep members informed of the value of NNN membership. Continue to work for organizational change to provide financial security for the organization.

COMMISSIONS
NOTE: The Congressional District representation will be elected to represent that district. The two nominees receiving the highest votes will be elected as Members at Large.

Commission on Advocacy and Representation

1st Congressional District

Name of Candidate: Jessica Rowell, BSN, RN
Current title & position: RN-2, Medical/Oncology/Stroke Unit, St. Elizabeth Regional Medical Center
Education: BSN-UMC. College of Nursing-Lincoln 2005; I plan to pursue my Masters Degree within the next few years, and hope to one day become a Nurse Practitioner.
Work Experience: 2006-present, RN-2, Medical/Oncology/Stroke Unit, St. Elizabeth Regional Medical Center; I am a member of the core Stroke Team at Saint Elizabeth. I have been involved in Neuro orientation and education offerings, and added my workplace in becoming nationally Stroke Certified through ICAHO.
Professional Memberships/Organization Experience: Member of NNA; Stroke Certified through the American Heart Association.
Goals for Leadership Role: I am interested in helping the medical/nursing community in whatever ways possible. I hope to become a board member so that I can learn more about the organization as a whole, as well as serve my fellow nurses by being a positive, fresh, new addition to a Nebraska Nurses Association committee by bringing different ideas and perspectives.

Name of Candidate: Mary Scherling, RN, MSN, CIDDN
Current title & position: Omni Behavioral Health, Executive Nurse
Education: RN, College of Saint Mary, 1977; BSN, Nebraska Wesleyan University, 1986; MSN, Andrews University-2007; University of Indianapolis 2009; with master's certificates. Family and psych/mental health nurse practitioner
Work Experience: Omni Behavioral Health, Executive Nurse, 1998 to present; Beatrice Good Samaritan Center, Director of Nursing, 2000-2004; NNA, Executive Director 1998-2000
Professional Memberships/Organization Experience: ANA/NNA; NNP; Sigma Theta Tau; AANP; DDNA (Nebraska Director), APCA
Goals for Leadership Role: As a NNA member I feel it is important to understand and work on linking policy, practice and the workplace. In order for nurses to meet health care needs of our patients in the future we must continue to affect public policy at the Federal and state level. As part of this leadership group, I will work collaboratively with groups and individuals to accomplish our agenda.

Name of Candidate: Terrie Spohr, BSN, RN
Current title & position: Full-time student, UNMC
MSN-Family Nurse Practitioner program
Professional Memberships/Organization Experience: ANA/NNA; NNP; Sigma Theta Tau; AANP; DDNA (Nebraska Director), APCA
Goals for Leadership Role: My goal for this leadership role is to provide a voice for Nebraska nurses in support of NNA core initiatives by the following: (1) promote nursing by supporting legislation that expands nursing through recruitment and retention, (2) collaborate with nursing associations and health care providers whose goals is to assure safe quality care for Nebraskans, (3) promote legislation that protects economic and workplace safety issues for nurses in the state of Nebraska, and (4) support legislation and regulation that protects and develops the scope of professional nursing practice and ensure that the scope of professional nursing practice is not compromised.

2nd Congressional District

Name of Candidate: Karen Wiley, MSN, RN, CEN
Current title & position: Alegent Immanuel Medical Center, Emergency Dept.
Education: ADN, College of Saint Mary-1978; BSN, Creighton University-2004; MSN, Nebraska Wesleyan University-2007
Work Experience: 1990-present, Alegent Immanuel Medical Center, Emergency Dept.
Goals for Leadership Role: My goal for this leadership role is to provide a voice for Nebraska nurses in support of NNA core initiatives by the following: (1) promote nursing by supporting legislation that expands nursing through recruitment and retention, and enforcer in the field of nursing. An appointment with NNA and AANP will allow me to continue to work to educate and be educated in the many arenas that encompass the field we call nursing.

3rd Congressional District

Name of Candidate: Marilee Aufdenkamp, MS, RN
Current title & position: Assistant Professor, Creighton University School of Nursing
Education: 1985: Mary Lanning School of Nursing–diploma 1991 Creighton University School of Nursing–BS 1997: Creighton University Graduate program–MS in Nursing
Work Experience: 1998-present Creighton University School of Nursing–September, 2004; Assistant Professor, Creighton University School of Nursing–September, 2004; Instructor, (2003-present) Assistant Professor. I've also worked casual status Resource Nurse in popcorn services briefly in 2000 at the Grand Island VA and
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from 2001 to 2004 at Crossroads clinic–Crossroads homeless shelter.

Professional Memberships/Organization Experience:
- ANCC Magnet Consultant 1998-2005
- Member Nebraska Nurse Practitioners 1999-2004

Current title & position: Nurse Practitioner, UNMC College of Nursing

Education:
- Master of Science in Nursing from University of Nebraska Medical Center, 1993
- Bachelor of Science in Education from Clarkson College, 2001
- Bachelor of Science in Nursing from University of Nebraska Medical Center, 1995

Goals for Leadership Role:
- To continue to support the provision of quality continuing education for Nebraska nurses to enhance their professional nursing practice and improve the work environment.

Name of Candidate: Brenda Bergman-Evans, PhD, APRN-BC

Current title & position: Coordinator Nursing Home Network, Chief Nurse Executive, Alegent Health HHC

Education:
- 1996-Post Master's Certificate, Gerontological Nurse Practitioner, UNMC-Omaha; 1992-PhD, Nursing (MSIA), UNMC-Omaha; 1983-MSN Nursing, Major: Education, Creighton University- Omaha; 1980-BSN, Creighton University, Omaha; 1968-Diploma, Nursing, Mary Lanning Memorial Hospital SON Hastings

Work Experience:
- 1998-2005, Chair of Advanced Practice Nursing, Associate Professor, Creighton University; 2005-present, Coordinator Nursing Home Network, Chief Nurse Executive, Alegent Health HHC

Professional Memberships/Organization Experience:
- 2004-present, Member, National Council of Gerontological Nurse Practitioners; 2002-present, Member, American Public Health Association; 2001-present, Member, Public Health Association of Nebraska; 2007-present, Member, American Academy of Nurse Practitioners; 1998-present, Nebraska Nurse Practitioners; 1994-present, Member, Sigma Theta Tau; 2005-present, Member, American Geriatrics Society, 1971-present, American Nurses Association; 2004-present, Vice-President, District 2 NNA; 1998-2002, Vice-President, NNA; 1998-2002, Chair, NNA Bylaws Committee; 2002-2003, Co-Chair, Arthur Davis Scholarship Committee

Goals for Leadership Role:
- To continue to support the provision of quality continuing education for Nebraska nurses to enhance their professional nursing practice and improve the work environment.

Name of Candidate: Michelle Huber, BSN, RN

Current title & position: Client Informatics Specialist–Alegent Health Medical Informatics

Goals for Leadership Role:
- To continue to support the provision of quality continuing education for Nebraska nurses to enhance their professional nursing practice and improve the work environment.

Name of Candidate: Aris Andrews, MS, BA, RN

Current title & position: Creighton University School of Nursing Faculty

Education:
- Master's Degree with major in nursing, Creighton University 1986; BA, Hastings College, 1976; Diploma Mary Lanning Memorial Hospital School of Nursing, 1972

Work Experience:
- Work Experience: 2005-present Creighton University School of Nursing–faculty, 1987 to present

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Professional Memberships/Organization Experience:
- None submitted

Goals for Leadership Role:
To promote development of continuing education offerings

Name of Candidate: Sara Franks, BSN
Current title & position: Retired
Education: BSN, UNMC-1985; Diploma graduate, University of MN School of Nursing-1948
Work Experience: Have not worked for 11 years
Professional Memberships/Organization Experience:
- Have belonged to NNA for the past 19 years; belonged to South Dakota Nurses Association from 1985-1989, held position as District Treasurer
Goals for Leadership Role:
- I have been retired for 11 years but continue to belong to NNA and read literature pertaining to trends in nursing. I have attended the convention for the past 11 years.

District 1
Name of Candidate: Michael Van Ruler, RN, BSN, CEN, CCRN, EMT-B
Current title & position: Staff Nurse-Emergency Dept., The Nebraska Medical Center
Education: LPN/EMT-B, North-West Iowa Community College; RN/ADN-Western Iowa Tech Community College; BSN-Creighton University
Work Experience: Staff Nurse-Emergency Department – The Nebraska Medical Center; Army Nurse Corps Officer–Pediatric Critical Care and Adult Critical Care; Staff Nurse–Emergency Department/Intensive Care Unit/Coronary Care Unit–Creighton University Medical Center; Staff Nurse – Pediatric Critical Care Unit–Children's Hospital Omaha
Professional Memberships/Organization Experience:
- NNA/ANA; President Elect–NNA District 2; ENA; AACN; Sigma Theta Tau; ASTNA
Goals for Leadership Role:
- Help to make the NNA a better organization and boost membership

District 2
Name of Candidate: June Collison, MSN-Ed; BSN, RN, FCN
Current title & position: Manager of Nursing Excellence, Good Samaritan Hospital
Education: RN/BSN, UNMC, Kearney Div.-1995; MSN-Ed, UNMC-2006
Work Experience: 1995-2001-Staff/Charge nurse 4S/4C (med/surg/oncology/urology) at Good Samaritan Hospital (GSH); 2001-2007 – Staff supervisor at GSH; 1999-2001-prn staff nurse Cancer Center and placed PCC lines; Oct 2007–current
Professional Memberships/Organization Experience:
- President-Family of Christ Lutheran Church (current); Member of Buffalo County Health Ministry (current); NNA member (current); NONL member (current); President of Nursing Staff (2001); Chair of Practice Council (1999-2000)
Goals for Leadership Role:
- My goal is to take a position on the Nominating Committee to be more involved and active with various other committees that are part of NNA. This role would assist in my growth to be a leader in nursing and mentor for future members. I see the opportunity as a positive growth transition into the NNA as a planner and monitor of the Board.

District 3
Name of Candidate: Kathy Corbett, MSN, RN
Current title & position: Director Quality Improvement/ Risk Management & Compliance, Lincoln Surgical Hospital
Professional Memberships/Organization Experience:
- Nebraska Association Quality Healthcare–VP; President, Past President, Ed. Committee, member; 2002-Present Nebraska Nurses Association–District and State Nominations Committee: VP, President, Past President of District, Current NNA State secretary
Goals for Leadership Role:
- To find qualified and new NNA members to step into NNA leadership roles

District 4
Name of Candidate: June Collison, MSN-Ed; BSN, RN, FCN
Current title & position: Manager of Nursing Excellence, Good Samaritan Hospital
Education: RN/BSN, UNMC, Kearney Div.-1995; MSN-Ed, UNMC-2006
Work Experience: 1995-2001-Staff/Charge nurse 4S/4C (med/surg/oncology/urology) at Good Samaritan Hospital (GSH); 2001-2007 – Staff supervisor at GSH; 1999-2001-prn staff nurse Cancer Center and placed PCC lines; Oct 2007–current
Professional Memberships/Organization Experience:
- Vice-President-Family of Christ Lutheran Church (current); Member of Buffalo County Health Ministry (current); NNA member (current); NONL member (current); President of Nursing Staff (2001); Chair of Practice Council (1999-2000)
Goals for Leadership Role:
- My goal is to take a position on the Nominating Committee to be more involved and active with various other committees that are part of NNA. This role would assist in my growth to be a leader in nursing and mentor for future members. I see the opportunity as a positive growth transition into the NNA as a planner and monitor of the Board.

District 5
Name of Candidate: Barbara Lundgren, BSN, RN
Current title & position: Director of Risk Management, Regional West Medical Center
Education: Diploma in Nursing–1964, West Nebraska General Hospital; Associate Science Degree–1980’s, Nebraska Western Community College; Bachelor of Health Education–1980’s, Chadron State College; Bachelor Science in Nursing–1980’s, University of Nebraska
Work Experience:
-Currently Director of Risk management at Regional West Medical Center; Worked in risk management for past 5 years, worked with and supervised the nursing supervisors for 10 plus years
Professional Memberships/Organization Experience:
- Member of NNA for over 30 years. Served on state level in Care and Practice, Legislative Committees. Served as President and Vice President on district level
Goals for Leadership Role:
- Seek nominations from individuals that are qualified for the positions and recognize the value of NNA

District 6
Name of Candidate: Mavis Hatcliff, BSN, RN
Current title & position: Service Coordination Supervisor, NE Dept. HHS, Norfolk
Education: Bachelor of Science in Nursing, May 1977, University Medical Center, College of Nursing, Omaha, NE; RN, Diploma in Nursing, September, 1959, Methodist Kahler School of Nursing, Rochester, MN
Work Experience:
- 1990 to present: Service Coordination Supervisor, Nebraska Department of Health and Human Services, Norfolk, NE 1991 to present: Adjunct part time Instructor, Northeast Community College, Norfolk, NE
Professional Memberships/Organization Experience:
- 2007 to present, President District 6 NNA and NNA Board of Directors, 2004-2006, Vice President, District 6, 2000 to present: NNA Nominations Committee; Board member and current Secretary, also Past President, Norfolk Community Health Care Clinic. Member of PHAN, PHAN Nursing section. PATCH member since 1991
Goals for Leadership Role:
- I will support and promote NNA and membership in NNA, support and promote the practice of Nursing, Nursing policies and Nursing legislation

District 7
Name of Candidate: Karen (Kay) Olmstead, RN
Current title & position: Great Plains Regional Medical Center, North Platte; ER Gothenburg Memorial
Education: Diploma, Mary Lanning Memorial Hospital, Hastings-1963
Work Experience:
- Great Plains Regional Medical Center, North Platte; ER Gothenburg Memorial
Professional Memberships/Organization Experience:
- NNA 1968 to present: President, Vice Present, Treasurer, Bylaws chair at District level many years each over the years. Member of Commissions on Advocacy and Nursing Practice over the years. Member of State Nominating Committee many times and chairman of same last 2 years
Goals for Leadership Role:
- To fill the slate and do it with excellent candidates

District 9
Name of Candidate: Diana Syfie, RN
Current title & position: MDS Coordinator at Ainsworth Care Center
Education: Diploma, Sacred Heart School of Nursing, SD-1984
Work Experience: MDS Coordinator at Ainsworth Care Center
Professional Memberships/Organization Experience:
- VP of District 9 for 7 years or longer. Member of both the Membership Committee and Bylaws Committee for 8 years or longer.
Goals for Leadership Role:
- My goal is to recruit quality people to run for the state offices and for NNA delegates.
Call for Posters and Proposals

NNA Annual Convention
“Nurses: Making A Difference Every Day”
Call for Posters

October 9, 2008–6:00 to 7:00 p.m.
Holiday Inn, Kearney, Nebraska

Abstracts are being solicited for the poster session describing initiatives and creative strategies that address challenges and issues in nursing. A broad range of topics will be accepted.

Abstract Submission Deadline: July 15, 2008
• Limit to one page typed. Include in outline format: title, purpose/objectives, summary and implications for nursing practice in the future.
• Include a cover sheet that lists the following: title of abstract, author(s) name(s), credentials, position/agency, address, email address and home and work telephone numbers. Indicate the primary contact person and his/her email address. Abstracts will be blind reviewed.
• Written notification will be sent the week of August 6, 2008.
• Submit abstracts to (or for more information contact): Annette Belitz Harmon, Executive Director, Nebraska Nurses Association, P.O. Box 82086, Lincoln, NE 68501 Phone: (402) 475-3859; Email: Executive@NebraskaNurses.org
OR online at www.NebraskaNurses.org under the “Education” tab!

Call for Reference Proposals
Reference Proposals suggest the Nebraska Nurses Association’s actions in regards to certain issues or ideas. They are presented to and voted upon the NNA’s House of Delegates during the Annual Convention.

Definition: Proposals are documents presented to the House of Delegates, which describe positions of the Association or propose the need for action to be taken.

What they do: Approved proposals guide and direct what NNA is to do during a given time period.

Why proposals are important: It’s a way for members to assure that the association will focus on matters that concern them.

When: The NNA Reference Committee is encouraging the submission of proposals to be considered for presentation to the 2008 House of Delegates.

Deadline: July 2, 2008, for all but emergency proposals.
This allows the committee sufficient time to review the proposal and complete its charge of accepting, editing, consolidating, referring or rejection. It also will permit the committee sufficient time to consult with the submitter and/or with other relevant groups, should there be a need. Emergency proposals are accepted after the deadline date and up to 5:00 p.m. on October 8, 2008.

Who can submit a proposal? Individual NNA members, district nurses associations, NNA structural units and the NNA Board of Directors may initiate proposals. When several groups are concerned about the same issue, collaboration is appropriate and valuable. The committee is available to assist any member or group in drafting proposals and urges that its help be solicited if there are any questions.

How can I find out more? A sample proposal that demonstrates the correct proposal format is available by contacting the NNA office, and is also posted on the NNA web site at: www.NebraskaNurses.org.

How can I improve the chances my proposal will be accepted? Applicants should make every effort to fit the proposal into the long-term goals of NNA and suggest specific activities to accomplish their intent. However, the Board of Directors is responsible for determining plans for final action.

What happens to the proposal? During Convention, October 9-10, the Reference Committee will sponsor hearings on the proposals to provide information on issues and to provide an opportunity for clarification, discussions and perfection of the proposal prior to action by the House of Delegates. Delegates should plan to attend these hearings and work with the committee in order to move the actions of the House forward during its scheduled sessions.

Who is the 2008 Reference Committee? The 2008 Reference Committee Chairs are Deb Ussery and Cynthia Kildare.

Remember....the deadline for submitting proposals is JULY 2, 2008.
Surviving Shift Work

by Diane E. Scott, RN, MSN
Reprinted with permission from the Center for American Nurses

“We were working night-shift together as usual: just three nurses on a busy rehab department. One morning, my co-worker was driving the short distance to her home and fell asleep behind the wheel of her car. She suffered multiple fractures and her life was never the same again.” Susan, RN, head nurse on a busy rehab department. One morning, my co-worker had driven the short distance to her home and fell asleep behind the wheel of her car. She suffered multiple fractures and her life was never the same again. Susan, RN, head nurse on a busy rehab department.

The circadian clock is the human body’s natural tendency to follow a 24 hour cycle; this internal pattern is strongly regulated by light and dark with most people yearning for sleep between the hours of midnight and 6 AM (NSF, 2007). The circadian clock controls the body temperature, hormones, heart rate and other body functions; as a result, 10-20% of shift workers report falling asleep on the job (NSF, 2007). The problems often extend into the daylight as many shift workers find it difficult to sleep soundly for adequate periods when returning home.

Taking Control of Sleep

The first step to taking control of sleep is to learn to make sleep a priority. Shift working nurses need to teach their bodies how to fall asleep and remain sleeping for long periods uninterrupted. Following the clues from the circadian clock, nurses can learn to counteract the effects of daylight when returning home after working a night shift. The NSF recommends that nurses wear wrap around sunglasses when driving home so the body is less aware that it is daylight.

Rotation Patterns

The present work in permanent off-shifts can utilize the principle of reentrainment, or training the body to be the most alert during the evening hours and into the night (Berger & Hobbs, 2006). Reentrainment may take weeks to develop and social activities may be difficult as the majority of society workers find it difficult to sleep soundly for adequate periods when returning home.
New Patient Care Innovations in a Holistic Environment: The Planetree Model…

Featuring an Interview with Linda Sharkey, MSN, RN
by Amanda Rosenkranz, MSN, RN
Reprinted with permission from the Center for American Nurses

Linda Sharkey has worked in a variety of acute care settings as a hospital supervisor, nurse manager for rehabilitation services, and assistant director and director. In 2003 she joined Faulquier Health System and is Vice President of Patient Care Services/Chief Nursing Executive. She currently serves on the boards of the Faulquier Free Clinic, Piedmont Home Care, and the American Organization for Nurse Executives. Ms. Sharkey received an award for Innovative Practice of the Year in 2005 and an Innovation award in 2002, was a finalist in Nursing Spectrum’s “Advancing and Leading the Profession” nursing excellence award in 2007 and received the Planetree Spirit of Caring Award in 2007. She has served in a key position during the planning and implementation of the Planetree model at Faulquier Hospital in Virginia, which is a patient-centered holistic approach to health care. In 2007, Faulquier Hospital became the fifth hospital internationally to become a Designated Planetree Patient-Centered Hospital. We recently talked with Ms. Sharkey regarding the Planetree model and what nurses can do to implement some of the changes that promote this individualized patient care environment.

Center: Can you explain the guiding principles behind the Planetree model?
Ms. Sharkey: A guiding force behind the Planetree model is to restore autonomy to the patient in making their own healthcare decisions by providing them with dignity, respect, choices, and giving them the information they need to feel in control of their own care. The Planetree model is a shift in the way we do things, a culture change. It was the right thing to do for our patients, staff and community to meet their individual needs in a healing environment. In addition, it provides a competitive edge and is recognized by Joint Commission (in the form of a special quality award for exceeding accreditation standards).

Center: What planning was needed to implement the Planetree model?
Ms. Sharkey: There was a strategic alignment around this philosophy: staff and team retreats were completed and a steering committee was created with staff included. The plan involved a grass roots approach with the staff. During the planning, there was construction so there was an architectural adaptation of this philosophy. For example, all of our rooms are private, with a day bed for family to stay in the room with the patient. There is also a kitchen located on each unit for patients and families.

Center: What has been your hospital’s greatest challenge in the planning and implementation of the Planetree model?
Ms. Sharkey: This is a total culture change: the Planetree model is woven into everything we do; it was instinctive for staff to say ‘already do it’ regarding incorporating Planetree principles into patient care. The culture change is happening, saying how we were going to achieve a holistic model: changing visiting hours, upholding patient rights and being there for the patient. It is a never-ending journey.

Center: What would you tell nurses about what they can do to implement changes that embrace the Planetree philosophy?
Ms. Sharkey: The nursing leaders need to embrace the philosophy and support their staff as they learn about the model. Some of the actions nursing leaders can take...
is awake during the daylight, not at night (Berger & Hobbs, 2006).

When scheduling shifts that rotate, nurses should consider working forward, rotating shifts whenever possible. Working in a pattern of daylight, evening then nights or, in the case of 12 hour shifts, working daylight shifts prior to nighttime shifts, helps to maintain the body’s circadian rhythm. (Berger & Hobbs, 2006)

The following are tips that help set the stage for sound sleep even during daytime hours.

**Bedroom Design.** Design the bedroom to accommodate daylight sleeping.

- Install room darkening shades to cover all windows.
- Decrease the room temperature.
- Consider earplugs to block outside noises and eyeshades to decrease light sources.
- Place a “do not disturb sign” on the outside of the bedroom door and front door.
- Create guidelines for families to eliminate noise and interruptions during sleep such as television watching and noisy outside playing.
- Unplug the telephone.

**Food and Exercise**

- Avoid caffeine for at least five hours prior to sleeping. Consider all sources of caffeine, including chocolate, energy drinks, gum and sodas.
- Choose nutritious food to eat during the shift to avoid large fluctuations in blood sugar.
- Do not eat a heavy meal prior to bedtime.
- Avoid alcohol prior to sleep.
- Do not plan exercise prior to sleeping as it raises the body temperature, heart rate and tends to energize the body.

**Staying Alert during Work**

The National Sleep Foundation (2007) states that people who work night shift tend to be most fatigued at 4 AM, so try not to plan the most monotonous tasks during that time. The following tips can be done to encourage alertness during night shift:

- Schedule short breaks as often as possible throughout the shift.
- Exercise when feeling fatigue, such as climbing a set of stairs or taking a walk to the cafeteria.
- Avoid unhealthy foods during the shift.
- Develop a system to monitor the fatigue levels among the members of the team.
- Never rely on dangerous medications to enhance alertness.
- Develop a partner system that serves as a check and balance when completing tasks during periods of fatigue.

**The Drive Home**

The dangers of driving under the influence of alcohol is well known throughout the world, however, driving after shift work can be extremely dangerous as well. A 2006 Institute of Medicine report on Sleep Disorders and Deprivation stated that almost 20 percent of all serious car crash injuries in the general population are associated with driver sleepiness, independent of alcohol effects. Many nurses will open the car windows and turn the volume of the radio up to combat fatigue, but, according to the NSF, studies have proven that these methods do not work. In fact, these actions should signal that one is dangerously fatigued and needs to pull over immediately.

The NSF has offered the following recommendations for driving after shift work:

- Carpool when possible and keep a dialogue with the person who is driving.
- Take public transportation when possible.
- Drive defensively.
- Don’t stop for a night cap.

Ignoring fatigue signs can be dangerous. Taking deliberate steps to understand and control the bodies natural rhythms is essential to the health and wellbeing of nurses and the patients in their care.

**References**

with the interdisciplinary team and communication. These were not only identified by nurses across the country that participated in our study as being essential for competent practice, but they were also identified by the Institute of Medicine (IOM) and the Quality and Safety Education for Nurses (QSEN) faculty. In fact, all of the competencies outlined by the IOM and QSEN were identified in our practice analysis.

In addition, while the purpose of our study was to identify the competencies that are essential for nurses in the United States, it is interesting to note that, when we presented the post-entry practice analysis at a conference in Toronto with regulators from around the world in attendance, individuals commented that what we had identified were universal competencies that should be core to nursing practice around the world.

Center: What is your vision for the future related to the regulation of nursing practice?

Dr. Alexander: Together with leaders from across all areas of nursing, we will continue to develop ways to ensure competency of nurses and safer systems for patient care. There will be even more collaboration of educators, practitioners and regulators to advance nursing and improve outcomes for patients. NCSBN's vision is to build regulatory expertise worldwide. It is my vision that our regulatory programs will be a center for knowledge, not only for regulators in the United States, but on a global scale as well.

Center: What will nurses attending your session at the LEAD Summit learn?

Dr. Alexander: Nurses will learn past, present and future issues related to continued competence. The presentation will include:

1) A discussion about the significance of continued competence, its purpose and why this issue has come to the forefront of nursing
2) An examination of the history of the continued competence movement from a national and global perspective
3) The current status of continued competence in nursing across the United States
4) The future of continued competence, including data for and against various methodologies
5) Research done by NCSBN identifying RN core competencies

For more information about the LEAD Summit, please visit www.leadsummit2008.org.


Ms. Sharkey: Educating all staff on how they are a part of the Planetree philosophy and embracing it. We are all one big team and we need to make sure we can deliver what we say we will deliver.

Center: What is your vision for nursing regarding making changes to promote a healthy work environment?

Ms. Sharkey: We need to look at the patient as a person with feelings and look at the whole person. Nurses also need to examine how we take care of each other, what nurses do really matters and needs to be recognized. We have a wellness center for staff, and our next step is to create a concierge service that takes care of all of the things nurses do on their days off (groceries, dry cleaning). It’s important that we take care of our own staff so that they can take care of our patients, families and community.
area was redefined to include patient safety.

In 1999, when the Institute of Medicine released its report, To Err Is Human: Building a Safer Health System, patient safety and the reduction of errors made front-line news. Fortunately, I already had a patient safety center and had a head start in developing research to focus on this now very public issue.

Center: Could you provide an overview of your research related to the patient safety movement and patient falls?

Patient safety is a very broad subject and with many different foci. Part of our success was to drill down deep in one area—preventing adverse events associated with mobility/immobility. These are high cost, high volume problems in nursing. One of the adverse events we have focused on is patient falls. Other areas include wandering, pressure ulcers, and safe patient handling.

Center: How will attending this conference help nurses acquire strategies to reduce the risk of falls among patients?

One of my favorite things to do is to take a complex nursing practice problem with thousands of journal articles written about it and to help develop solutions with research based practice. Attendees at this conference will examine past paradigms of looking at patient falls. I hope to change their perspectives of this issue and strategically consider different interventions designed to increase patient safety.

With patient falls, we have over three decades of research, yet we have never ‘cracked the code’ to prevent patient falls. During the conference we will strategically examine whether our focus on preventing falls has actually jeopardized patient safety, by encouraging nurses to chemically or mechanically restrain patients so they would be safe. We inadvertently prevented our patients from being active and mobile, and interfered with quality of life.

Now, in retrospect, I firmly believe that good quality of care means something needs to happen to make our patients who are at risk more active. If we start to look at how we should get our patients more active and mobile, while providing environments that prevent fall-related injuries rather than preventing falls, I think we can finally make significant progress in this area.

For example, imagine a nursing home or a rehab center that looks at the environment, and floor surfaces, which will prevent injuries when a person is becoming more active. If we change our paradigms and increase mobility with the at-risk populations, we may see an increased fall rate, but falls with less significant injuries. This is because of a focus on fall protection and being proactive with increasing the mobility of the patients, which promotes health and quality of life.

Center: During LEAD Summit 2008, you are going to speak to the needs of safe patient handling and the bariatric patient. What do you see as the greatest challenge in the implementation of safe patient movement techniques and strategies in today’s health care settings for the unique needs of the bariatric patient?

Obesity is an incredible rising problem within the United States and is becoming a crisis for healthcare organizations and the nurses who care for these patients. The Center for Disease Control’s website shows, state by state, the rate of obesity among the United States populations throughout the past years, and how it demonstrates an epidemic.

Nurses have not been equipped to deal with this population in a dignified way. Obese patients are very vulnerable as a result, both emotionally and physically. Even normal nursing activities place nurses and patients at risk because simple nursing interventions are physically challenging.

My talk at LEAD Summit 2008 is going to focus on standardizing nursing practices for the bariatric patient and describing technological innovations. I am thrilled to present at this conference and hope that attendees will gain a greater appreciation of their roles as nurses and leaders in safe patient handling.

Attendees at LEAD Summit 2008 will have the opportunity to hear more about Dr. Audrey Nelson’s groundbreaking work on patient falls and safe patient handling. For more information about LEAD Summit, please visit www.leadsummit2008.org.

The LEAD Summit 2008 continued from page 15
As nurses we often feel overwhelmed with the day-to-day challenges of caring for the needs of patients. We often care for too many patients with limited resources. Nebraska Nurses Association’s Commission on Advocacy and Representation is continuing to support all nurses in the legislature. The top three legislative/regulatory priorities include: supporting Advanced Practice Registered Nurses by reducing restrictions and barriers to APRN practice; ensuring patient safety with safe staffing and promoting quality care consistent with professional nursing standards; and, last but not least, supporting school nurses in an effort to have a “qualified” school nurse in every school.

This legislative session is over; and we are challenged to put forth meaningful legislation next year that addresses patient safety and a nurse in every school. Over the summer we will be gathering data and seeking additional information to support possible legislative action. The Bill Tracker for the 2008 legislative session is posted on the Nebraska Nurses Association (NNA) web site at www.NebraskaNurses.org (in the Member Only section). There were several bills supported by the Commission, including LB 753. This bill would have allowed Nurse Practitioners to practice without an integrated practice agreement after five years of having one. The bill was sponsored by Senator Synowiecki. Nebraska Nurses Association will be working in collaboration with the Nebraska Medical Association this summer to develop legislation to address the issues that came to light during the bill’s hearing on January 31, 2008. The goal of the revisions is to serve the best interest of the patient and ensure that the patient receives quality care.

LB 787 would have created degrees of offenses of assault on an emergency service provider or health care provider. Although the bill did not make it out of committee this session, it is expected to be reintroduced next year. Various states across the country have established laws making assault of a nurse or health care provider a felony.

The Commission on Advocacy and Representation met per conference call on April 9th, 2008. The topics of discussion included the Reference Proposals adopted at Convention 2007.

- **Proposal 2007-1:** Protection of nurses from criminal prosecution for unintentional medical error. NNA will look at legislation that may have been introduced in other states; and gather additional information and position statements from ANA.
- **Proposal 2007-3:** Support for a smoke-free Nebraska. It was determined that the Commission will develop a resource packet of information to publish in the Nebraska Nurse Newsletter ant to post on the website: www.NebraskaNurses.org.
- **Proposal 2007-6:** Emergency: Establish SCHIP Task Force to Support Expanded Nebraska Kid’s Connection. SCHIP provides health insurance for children of working families who do not have access to health insurance through their employer or can not afford health insurance provided through their employer. The federal government pays 71% of the cost of the program. Each state sets up its own guidelines for eligibility. Nebraska’s eligibility requirements cover children in families with earnings at 185% of poverty level. If Nebraska increases the inclusion criteria to 200%, about half of the uninsured children in Nebraska will qualify. This bill has failed to pass in Washington, as well as in Nebraska. Lynne Anderson was appointed Chair of this Task Force.

Nebraska Nurses Association District 2 is planning the “Nurses Political Reception” August 26, 2008 at the Omaha Field Club. The Commission on Advocacy and Representation plans to compile an informational packet for the candidates and elected officials regarding federal and state legislative bills that are important to nurses. This is an opportunity for nurses in the Omaha area to meet their candidates and legislative officials. They need nurses to tell their stories. They need to hear from you.

The last day of the 2008 legislative session was April 17, 2008. The 2009 legislative session will begin January 7; and the next Nurses’ Day at the Legislature has been set for January 22, 2009.
The March of Dimes, Nebraska Chapter is seeking nominations for the 4th annual Excellence in Nursing Awards. This celebration, honoring outstanding nurses in all practice areas will be recognized in November with a dinner and awards ceremony. Anyone is invited to nominate an outstanding nurse for their dedication to the nursing profession and quality patient outcomes. All nominees will be honored at the event with 25 nurses receiving special recognition. Additionally, a Rising Star Award and Distinguished Nurse Award will be presented. The deadline for nominations is July 11. For information and to nominate a nurse please go to the March of Dimes Nebraska Chapter’s website at http://www.marchofdimes.com/nebraska and click on Excellence in Nursing Awards. Questions may be directed to Pam Miya, PhD, RN, Director of Program Services at the March of Dimes at 402-496-7111 or at pmiya@marchofdimes.com.
Making Medicare Make Sense

Answers to Some of the Most Commonly Asked Medicare Questions

Q: Medicare recently announced new information on their hospital website that helps patients shop for hospital care based on quality and price so for the first time consumers have critical and trusted information in order to choose a quality hospital. What is this resourceful information, and why should I compare hospitals?

A: On March 28, 2008, the Centers for Medicare & Medicaid Services (CMS), unveiled new survey information at the Hospital Compare consumer website, www.hospitalcompare.hhs.gov, offering consumers more insight about the hospitals in their communities.

For the first time consumers will be able to see how patients feel about their hospital stay through showing the results of patient satisfaction surveys collected from more than 2,500 hospitals. This new Hospital Compare website will now make it easier for consumers and their families to get accurate, practical information when they need it to evaluate their local hospitals when they have time to choose the best hospital for their condition.

In addition to adding this new information from adult patients over the age of 18 about their hospital stays, CMS has added information about the number of certain elective hospital procedures provided to those patients and what Medicare pays for those services. So for the first time, consumers have the three critical elements—quality information, patient satisfaction survey information, and pricing information for specific procedures—they need to make effective decisions about the quality and value of the health care available to them at their local hospitals.

Choosing a hospital that gives quality care and good service may help someone get better faster, avoid other health problems and have a better hospital experience.

You can’t always plan ahead when you need a hospital, but when you can, take time to compare. Use Medicare’s consumer website at www.hospitalcompare.hhs.gov to find information about hospital quality. This site is easy to use, just read and follow the links.

On this website, you can compare the quality of hospitals in your area and around the nation by searching by Hospital name, City, Zip Code, State/Territory or by County and based on the following kinds of information/data:

- How well doctors and nurses communicate with patients and how well they manage the patient’s pain.
- How often hospitals give the recommended treatments that are known to get the best results.

For example, people who are having a heart attack should get certain drugs called beta blockers within 24 hours of arriving at the hospital, as studies have shown this to be most effective, or if one is having surgery they are given an antibiotic at the right time before surgery so they have less risk of infection.

- How many people with Medicare have had certain procedures or have been treated for certain illnesses.
- What Medicare pays a hospital (on average) when it does certain procedures or treats certain illnesses.
- How satisfied are people with response times, when patients press their call button for help; or how often does hospital staff give explanations about medicines before giving them to their patients; or how often does staff give information to their patients about what to do during their recovery at home.

After looking on this site at some of the results of the new patient satisfaction survey information, and comparing hospitals side by side, you can look on the right hand side of the page, under “Learn More” where you will find information on:

- Learn More about Hospital Process of Care Measures
- Learn More about Hospital Outcome of Care Measures
- Learn More about the Survey of Patients’ Hospital Experiences
- Learn More about Medicare Payment and Volume
- And, there’s even more on Hospital Compare. Make the most of your search by using all the information on Hospital Compare like the following:
- Features like whether their hospital is accredited.
- A checklist to help you compare up to three hospitals at one time.
- Your rights as a hospital patient.
- Information on how to report a complaint about the quality of your hospital care.
- Other Medicare publications.
- Links to related websites.

It is the expectation of the Secretary of Health and Human Services, Mike Leavitt that hospitals all over America will be looking at how they compare and developing strategies for improvement. People want to provide quality, but they need to know how they compare as a resource. The release of this data and its continual improvement will spur improvement.

To read the latest press release, please visit: http://www.hhs.gov/news/ and choose press releases, and the release titled: “New Web Site Helps Patients Shop for Hospital Care Based On Quality and Price, CMS Web Site Features Updated and More Robust Information to Help Consumers with Their Health Care Choices.”

As always, if you have a question(s) about any Medicare topic, you can call 1-800-Medicare, which is, 1-800-633-4227, 24 hours a day, seven days a week.
Q: How long will it take before my monthly Social Security check reflects the correct deduction amount of my Medicare prescription drug plan premium for 2008?
A: If you are still seeing premium deductions in the amount of the premium for the plan that you had last year, instead of your new premium amount, it may take up to three months before your withholdings adjust to reflect the new premium amounts. Contact your new plan after 3 months if your premium withholding is not correct.

And, beneficiaries who receive their retirement benefits from other sources like the Railroad Retirement Board or Federal Employees Health Benefits cannot have their Part D premiums automatically withheld from their checks. They will need to either pay the plan directly or have the premiums withheld from their personal checking or savings account.

Also, if this past fall you enrolled in a Medicare prescription drug plan for the first time, and you elected to have the Medicare prescription drug monthly premium deducted from your monthly Social Security check, generally it takes two months before premiums are withheld from Social Security benefit payments. So, some folks will see two months worth of premiums withheld from their Social Security check. Sometimes, however, there are problems with the information sent to Medicare or Social Security to withhold the premiums. This can mean in some cases it will take three months for the premiums to be withheld. If a delay of more than 3 months occurs, or if your monthly Social Security benefit isn't enough to cover multiple premium payments at once, the premiums won't be deducted from the monthly Social Security benefit payment. In those cases, the beneficiary will be contacted by the prescription drug plan to see if they want to be billed directly for the premiums or if they want the premium to be automatically withdrawn from their checking or savings bank account.

Q: Can you tell me about the Medicare savings programs that help pay for some of the out-of-pocket costs under the Medicare program? What are the most commonly confused terms and co-payments?
A: Yes. There are four different types of these programs, called the Medicare Savings Programs. You may qualify to get help paying for your Medicare Part A and/or Part B premiums (the monthly premium you have to pay to get Medicare Part B medical benefits, and Medicare Part A hospital insurance), and other out of pocket costs. These programs that have been around for awhile could save you up to $1,122 in Medicare expenses (like premiums, deductibles, and coinsurance), but some Medicare beneficiaries may not know about them.

- There are four Medicare Savings Programs:
  - Qualified Medicare Beneficiary (QMB)
  - Specified Low-Income Medicare Beneficiary (SLMB)
  - Qualifying Individual (QI)
  - Qualified Disabled & Working Individuals (QDWI)

And, if you qualify for one of these programs, you automatically qualify for the extra help paying for out-of-pocket costs of Medicare prescription drugs, which is the low-income subsidy. First, if a Medicare beneficiary can answer yes to these three important questions then they should apply for help paying medical costs. The three questions are below:

1. Do you have Medicare Part A, also known as hospital insurance? If you aren't sure, look on your red, white, and blue Medicare insurance card. Or, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

2. Is your income for 2008 at or below these income limits?
   - For the Qualified Medicare Beneficiary (QMB) program if an individuals income is at or below $887, and if married at or below $1,187, then this program will pay for Part A premiums (if one has to pay for this, based on not enough work credits to get premium free Part A or hospital insurance.) and Part B monthly premiums, which is the premium you pay for your medical insurance and for most Medicare beneficiaries comes out of their Social Security check each month, and it also pays for other out of pocket costs such as deductibles, and copayments.
   - For the Specified Low-Income Medicare Beneficiary (SLMB) program, which pays for Part B premiums only, an individuals income must be at or below $1,060 and if married then at or below $1,402.
   - For the Qualifying Individual (QI) program, which also pays for Part B premiums only, an individuals income must be at or below $1,190 and if married then at or below $1,595.
   - Finally, for the Qualified Disabled & Working Individuals (QDWI) program, which pays for Part A premiums only, which means this pays for the working disabled to have hospital insurance, one can find out the 2008 income guidelines by calling their local State Medical Assistance (Medicaid) office.

3. Are your resources for 2008 at or below $4,000 for an individual or $6,000 for a married couple? Resources include money in a checking or savings account, stocks, and bonds. When you count your resources, don't include your home, car, burial plot of up to $1,500 for burial expenses, furniture, or other household items.

Also, if your monthly income changes, this may qualify you to move to a different category of help. Basically, the less income you have the more help you can receive. So, it is best to report your income as it changes.

It's very important to call or fill out an application if you think you qualify for one of these Medicare Savings Programs, even if your income or resources may be slightly higher than the amounts here. The only way to know if you qualify is to apply, as you could be saving quite a bit of money each month. Call your State Medical Assistance (Medicaid) office to find out if you qualify. Call 1-800-MEDICARE (1-800-633-4227) to get their telephone number or ask the operator at 1-800-Medicare for the number to call in your state to apply for the Medicare Savings Programs. TTY users should call 1-877-486-2048. Or as always you can visit www.medicare.gov on the web, and under “Search Tools,” select Helpful Phone Numbers and Websites.
Nebraska Nurses Association
Order Form

Please fill in size, quantity and total for each item ordered.

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**TAX**

* Nebraska law requires tax be collected on total of merchandise and S/H.

NAME ______________________________________________________________________________________
______________________________________________________________________________________________
Street or PO Box _____________________________________________________________________________
City  State   Zip _____________________________________________________________________________
PHONE ______________________________________________________________________________________

Please make checks payable to NNA and mail to: **NNA, P.O. Box 82086, Lincoln, NE  68501-2086.**
Nebraska Nurses Association Membership Application

PO Box 82086, Lincoln, NE 68501-2086 • (877) 262-2550 • Fax: (402) 475-3961 • ne.nurses@prodigy.net

Please type or print clearly. Please mail your completed application with payment to: NNA, PO Box 82086, Lincoln, NE 68501-2086

Last Name/First Name/Middle Initial

Credentials

Home Address

City/State/Zip Code + 4

County

Email Address

Would you like to receive NNA email updates with important information relative to nursing and healthcare? [ ] Yes [ ] No

Membership Option

☐ M-ANA/NNA/District Membership (chart below) (Includes full membership to NNA and the American Nurses Association (ANA) for 12 months.)

☐ D-NNA/District Membership (chart below) (Full membership only. Includes NNA membership benefits limited to state and district membership.)

Membership Category

☐ F-Full Membership

☐ R-Reduced Membership

☐ S-Special Membership

Membership Dues Vary By District

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To be completed by NNA/ANA

Payment Plan (please check)

☐ Full Annual Payment

Membership Investment

☐ Check payable to ANA

☐ Visa

☐ MasterCard

☐ Payroll Deduction

This payment plan is available only where there is an agreement between your employer and NNA to make such deduction.

Epay Authorization Signature*

☐ Payroll Deduction Signature*

Payment Plan (please check)

Epay (Monthly Electronic Payment)

This is to authorize monthly electronic payments to ANA. By signing on the line, I authorize NNA/ANA to withdraw 1/12 of my annual dues and any additional service fees from my account.

Checking: Please enclose a check for the first month’s payment; the account designated by the enclosed check will be drafted on the 15th of each month.

Credit card: Please complete the credit card information and this credit card will be debited on or after the 1st day of each month.

Additional: [ ]

☐ Annual Credit Card Payment

This is to authorize annual credit card payments to ANA. By signing on the line, I authorize NNA/ANA to charge the credit card listed for the annual dues on the 1st day of the month when the annual renewal is due.

Annual Credit Card Authorization Signature*

*By signing the Epay or Annual Credit Card authorizations, you are authorizing ANA to charge the amount by giving the above-signed thirty (30) days advance written notice. Above signed may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to the deduction date designated above. Membership will continue unless this notification is received. ANA will charge a $5 fee for any returned drafts of chargebacks.

Credit Card Information

[ ]

Date

Home Phone Number

Home Fax Number

Work Phone Number

Work Fax Number

RN License Number/State

Position

Employer

Printed Name

Signature

Date

Rev. 11-2007

2008 ANA/NNA/District Option Membership Dues by District

2008 NNA/District Option Membership Dues by District

Month/Year

2008 ANA/NNA/District Option Membership Dues by District

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