

WYOMING NURSE

The Official Publication of The Wyoming Nurses Association



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June, July, August 2008

PRESIDENT'S MESSAGE

Welcome Spring and Summer, I have felt as if it has been a long winter. Perhaps nursing has seasons also or at least each nursing career has seasons. We enter nursing young and fresh, recently graduated with high aspirations and goals. Each nursing school in the state has just graduated a new group of nurses. This would be nurses' **Spring**. We welcome these wonderful "newbees" into the fold of nursing. Benner would say you are advanced beginners and it will take several years for you to grow and "become" a nurse. Words of wisdom for each of you—find a mentor and use an expert nurse or nurses as references; debrief, share and grow. Don't be afraid to ask for help even us old ones know when to ask for help. You are not expected to know everything all at once. Another resource for the new graduate is belonging to a professional organization such as ANA. Remember that ANA offers new graduates half price for the first year to belong, please consider this opportunity and invitation to join.

It is said that if a nurses stays in nursing for five years they are "hooked." That is great for nursing retention. Health care agencies must look at how to keep our nurses. After five years nursing becomes a part of you and maybe this is nurses' **Summer**, a time of growth and warmth. Nurses have so many career opportunities and we do change in our directions many times in our careers from acute care hospitals, Long term care, ambulatory care, home health, public health, mental health, school nursing, etc. What wonderful career choices nurses have, however, we have some frustrations to:

The other night I was working as a hospital supervisor in an acute care hospital and talking with several nurses, all ranging from one to 5 years of experience, I asked them about nursing. Many felt it was "very hard work, a lot was expected of them, loved the patient care, hated the documentation, too much time at the computer. . ." An example was an admit with all the questions and parts on the computer, the medication reconciliation forms, etc. it takes from a half hour to an hour to admit a patient. This is a concern; our youngest and brightest are having second thoughts about nursing. It is a time for health care agencies to look at what is expected and how to get nursing back to the bedside, to enhance the care of the patient.

Another concern expressed was staffing. I know that California has put mandates of medical/surgical one nurse to five patients and Dr. Akins's research at University of Pennsylvania, has shown great patient outcomes with one nurse to four patients. I believe that staffing should be based on patient needs and not a ratio or a number.

What is the acuity, what are the patients' needs; long gone should be the days of Nancy nurse taking rooms 406-410, geographical assignments. What is the skill mix of the staff, how many RNs, LPNs and nurse aides are available to care for your patients and their experience level? Don't forget the delegation and scope of practice issues also. I like the concepts of partnerships in care, looking at working as a team and working together. I don't have the answers to the staffing concerns however, I do know it is an issue and it seems to go hand in hand with the documentation issues. ANA has devoted a great deal of time and energy on staffing issues. I suggest that all nurses go to www.nursingworld.org and check out their information on staffing. All nurses should also read their nursing practice acts, easy to find now, as it is all on line at <http://nursing.state.wy.us/NPA> this link also provides you access to the rules and regulations for nursing in Wyoming.

Perhaps the Fall season of nursing is when nurses decide they need to grow more in lifelong learning. If you are a farmer you know that fall is a time of cultivating, preparing the earth for the next season of growth. Competency, national certifications and college courses are ways to advance in our careers. Nurses have so many opportunities to progress with advanced degrees. With the advent of online learning, ADNS can get their BSNs (the Fay W. Whitney School of Nursing has a great RN to BSN completion online program), BSNs can get their masters in education to teach or become nurse practitioners and PhD programs are available all online. It is very easy to search "google" to find these programs. I advise that you check them out carefully to see that they are accredited programs. Lifelong learning is definitely an important part of our nursing careers.

So if the spring season in nursing is our new graduates, our advanced beginners, summer is our competent wonderful experienced nurses, and fall is lifelong learning then what of Winter in nursing. Is that our "aging, chronologically challenged nurses"? I say that health care agencies need to look at the aging workforce and think of ways to keep these experienced wise nurses on the payroll. The Center for American Nurses received a grant and completed some great work on nursings' aging workforce. Many recommendations were made including helping nurses to work toward retirement and the financial needs of retirement. Also they talked about the workforce environment and utilizing these nurses as the mentors, preceptors, teaming them with our younger workforce



VERONICA TAYLOR, RN, MS
WNA PRESIDENT

to utilize that wisdom and then looking at the length of shifts—allowing them to work 6 hours or 8 hours instead of the 12's that our nurses seem to want to do. Sometimes the 55 year old-seventy year old can't physically do the work, how can agencies help them to stay involved.

WNA is looking for presenters for the Summit/WNA conference in September who can speak to "what is working best for you" in healthcare agencies in Wyoming. Best practices related to documentation, computer charting, and providing leadership in regards to these concerns need to be shared and discussed. Please consider sharing your expertise with Wyoming nurses. Faith Jones has placed an article in this edition explaining this and would like to see you at the convention in September.

WNA is preparing for our One Hundredth Celebration in 2010, if you have any history of Wyoming nursing please contact myself at vftaylor@gmail.com to assist WNA in developing a history of Wyoming nurses. I look forward to hearing from you on this and any other issue concerning Wyoming nursing.

WNA President Recognized

Veronica Taylor, RN, MS, was recognized in the Alumni Spotlight section of the Fay W. Whitney School of Nursing magazine. Veronica is a Hospital Supervisor and assists the Clinical Education department at Campbell County Memorial Hospital in Gillette. She has been a member of several community boards, including the County Planning Commission, Hospice Advisory Board and the Campbell County Healthcare Foundation Board.



Convention Dates

WNA 2008 Annual Convention and Nursing Summit will be held September 18-20 at the Holiday Inn on the River in Casper . . . look for the agenda to be coming in the mail to you in July.

Other future Convention Dates and Locations:

September 17-19, 2009, Holiday Inn, Cody

September 16-18, 2010, Little America, Cheyenne

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MESSAGE FROM MARY



MARY L. BEHRENS

Traveling to Vietnam is an exercise in patience and endurance. I boarded an early evening flight to Salt Lake City from Casper on a Wednesday and then waited until midnight to board a red eye flight to Atlanta. Again I had four hours to kill time before getting on a flight to Seoul Korea. It was a 20- hour flight. There were two pilot crews and two stewardess teams. I felt better knowing that there was someone in the cockpit who was not too tired. Another three hour lay over in Korea before boarding a flight to Ho Chi Minh City, Vietnam. I finally arrived at my destination around 10:30PM Friday night. HCM City is 13 hours ahead of Wyoming time.

This is my fifth trip to Vietnam with Friendship Bridge helping nurses improve their skills and education. This year is unique because in the past I had worked with post Baccalaureate students. Now the government has approved the first Masters Project for nurses in Vietnam. US Faculty from all around the country are going in for intensive course work with e-mail follow up. The course format is for two years with a final thesis to meet the requirements for a Masters in Nursing. Student work must be done in English, which is a challenge for even very bright students. Other obstacles these students face are limited access to computers. Only three students have their own lap-top. The library has 10 computers for over 400 nursing students

at the University. There are no printers so students must download journal articles to a memory stick. They then have to go to a store and pay for paper and printing.

Two students are from the northern part of Vietnam Hanoi, two students from central Vietnam, two students from HCM City and two students from the Mekong delta area. This means that they are also away from their families and children. Vietnam is a very long thin country and well over 1200 miles from north to south. I am including pictures of their community assessment project and health teaching. One group worked on dental health and the second group worked on type 2 diabetes education.

Even though obesity is not a real issue in Vietnam, the improved diet with increased calories and protein has increased type II diabetes in the middle age groups. The students invited patients to come for community education. They did a pre and posttest on their clients' knowledge and had a very positive response. The student group recognized the need for on going education.

Many citizens do not have the income to buy a toothbrush or dental floss. The students got a grant from Colgate for free toothpaste and floss. They also got models to demonstrate proper brushing. They used a school group and felt that they had made an impact in this area. I am including pictures of the student's poster projects covering these topics. In addition I am including pictures from one of the many orphanages in Vietnam. Just before I left, I learned the US had suspended adoptions due to government corruption in Vietnam.

Even though I am jet lagged; it is so worth all to see the joy in the nursing students learning.

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The "WYOMING NURSE" is the official publication of the Wyoming Nurses' Association.

Articles appearing in the publication express the opinions of the authors; they do not necessarily reflect the views of the staff, board, or membership of WNA or those of the national/district associates.

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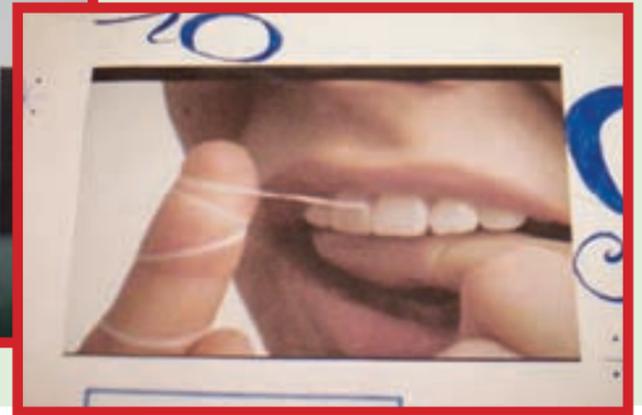
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Mary's Photo Book from Vietnam



Business and Professional Women's Leadership Summit Convened in Washington, D.C.

Tobi Lyon, WNA Executive Director, recently attended the Business and Professional Women's Leadership Summit in Washington, D.C. The two day conference provided a forum for approximately 350 professional women from across the country to discuss a range of policy issues with members of the United States Congress, the Administration, and experts in the fields of health care, education, and business. The conference participants were nominated to attend by their members of Congress. Ms. Lyon was nominated by Wyoming's United States Senator Mike Enzi.

"Bringing together women leaders, policy experts, and our federal officials for an open dialogue on the pressing issues facing our families and communities is critical to moving our nation forward in the 21st century," said Sen. Kay Bailey Hutchison (TX), Summit co-sponsor.

"I'm honored, humbled, and yet feel very excited and fortunate to have had this opportunity," says Ms. Lyon. "I can't even begin to express my gratitude towards Senator Enzi for thinking of me, little alone taking the time to nominate me. I am pleased that I had the honor to represent the state that has become home to me."

A host of leaders from the U.S. Congress joined prominent women to address the Summit, including keynote speaker U.S. Secretary of Labor Elaine L. Chao and U.S. Senate Republican Leader Mitch McConnell



Tobi Lyon and United States Senator Mike Enzi

(KY). Sen. Lisa Murkowski (AK) and Rep. Kay Granger (TX) updated participants on legislative priorities in the 110th Congress, followed by Sen. Richard Burr (NC), who outlines plans for expanding access to affordable health care. Sen. Hutchison led a session on leadership and innovation in the 21st century, and Sen. Jonny Isakson (GA) discussed legislative proposals to secure America's economy and housing industry. Sen. Lamar Alexander (TN) spoke on initiatives to improve education and U.S. competitiveness. Participants also discussed ideas to strengthen opportunities for entrepreneurs, and they engaged in formative question and answer sessions following each panel.

Other notable speakers included Carly Fiorina, Chairman and CEO of Hewlett-Packard Company (1999-2005); Meg Whitman, former President and CEO of eBay; Bernadine Healy, M.D., health Editor for *U.S. News and World Report*; Bonnie McElveen-Hunter, Founder and CEO of Pace Communications and Chairman of the American Red Cross; Angela Braly, President and CEO of WellPoint, Inc.; Dr. Elsa Murano, President of Texas A&M University; and Dr. Mary Evans Sias, President of Kentucky State University.

Tobi Lyon Recognized as Wyoming's 40 Under 40 Who Make a Difference

Tobi Lyon, Executive Director for the Wyoming Nurses Association Executive Director and Campbell County Healthcare Foundation was a recipient of "2008 Star-Tribune 40 under Forty" from the Casper Star-Tribune.

This award recognizes 40 inspiring standouts among the many young professionals whose talents and hard work are helping to build Wyoming. The award selection committee members looked for qualities such as professional achievement, entrepreneurship, community leadership and humanitarianism. Each award winner had a unique story, however all award 40 winners had two things in common: a record of achievement, and they demonstrated potential to help lead Wyoming in the decades to come.

Ms. Lyon came to Gillette in November 2006 with a wealth of experience in the healthcare field, along with past experience in association management. Prior to moving to Gillette, Ms. Lyon operated her own association management company in Rapid City, SD, and simultaneously served as Executive Director for the South Dakota Nurses Association, the Nurse Practitioner Association of South Dakota, and the Wyoming Nurses Association. Today Tobi continues to manage her own association management company and still represents the Wyoming Nurses Association in addition to working fulltime as Executive Director for the Campbell County Health Foundation.

Ms. Lyon's involvement in the community includes: Gillette Energy Rotary Club where she is chair of the International Committee; one of the founding members who established the professional group FUEL Gillette and currently serves as Secretary; Campbell County Republican Woman; Chamber of Commerce Public Policy; Toastmasters; member of the American Legion Auxiliary, and a member of St. Mathews Catholic Church.



Tobi Lyon

Nursing in Wyoming

What's Working, What's Not, and How You Can Help

BY FAITH M. JONES, MSN, RN, WNA
PRACTICE COMMITTEE CHAIR

In a study conducted by HRSA in 2000, Wyoming was projected to have the greatest nursing shortage in the US with a nursing deficit of 65% by the year 2020. Although this may sound like depressing news, it is not the Wyoming way to just sit back and wait for such an event to happen. In 2004, the University of Wyoming sponsored the first annual Wyoming Nursing Summit. This summit brought together many stakeholders with a vested interest in creating solutions to the nursing shortage in Wyoming. Over the last few years, the summit has helped to identify a few issues, the first of which is related to asking the right questions.

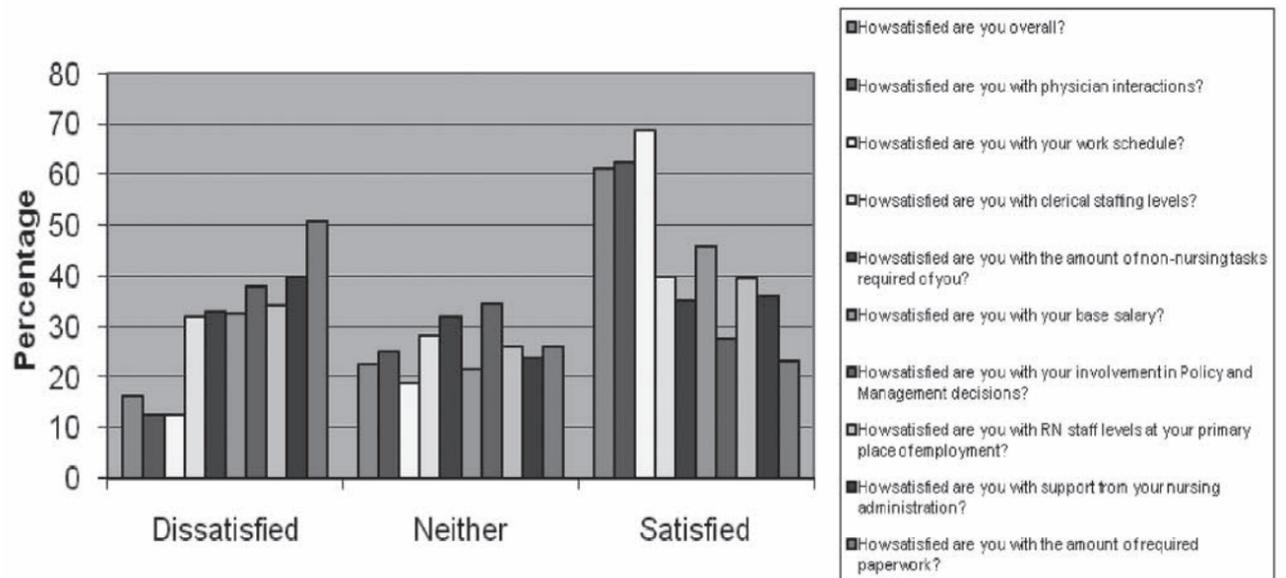
As we sought to understand the elements of Wyoming's pending nursing shortage, Cheryl Koski, MN, RN, the former executive director of the Wyoming Board of Nursing, collected and presented data on the numbers of nurses in Wyoming. She was able to stratify the data in a variety of ways. With each license renewal cycle, additional questions were asked of the nurses in the State in an attempt to gather additional data. All of this data provided the answers to the questions related to the supply of nurses in Wyoming; however, determining the actual demand was a different question all together.

Following Ms. Koski's lead and through the combined efforts of the summit participants, funding was obtained to ascertain the nursing demand needs in Wyoming. Under the direction of Tom Gallagher, the Research and Planning division of the Wyoming Department of Employment has published *Nurses in Demand: A Statement of the Problem*. The report is available at <http://doe.state.wy.us/LMI/nursing.htm>.

A component of the research for this report consisted of a survey of Wyoming nurses to determine the level of satisfaction with their work environments. The following questions were asked:

- How satisfied are you overall?
- How satisfied are you with physician interactions?
- How satisfied are you with your work schedule?
- How satisfied are you with clerical staffing levels?
- How satisfied are you with the amount of non-nursing tasks required of you?
- How satisfied are you with your base salary?
- How satisfied are you with your involvement in Policy and Management decisions?
- How satisfied are you with RN staff levels at your primary place of employment?
- How satisfied are you with support from your nursing administration?
- How satisfied are you with the amount of required paperwork?

RN Satisfaction September 2007



In September, Tom Gallagher presented the results of the survey at the 2007 Wyoming Nursing Summit in Sheridan, WY. The results:

Overall the nurses in Wyoming are satisfied. They are most satisfied with their work schedule, followed by their interactions with physicians and third is their satisfaction with their base salary. However, there is room for some improvements. Most notably, nurses in Wyoming are most dissatisfied with the amount of required paperwork, followed by the support they receive from nursing administration and with their involvement in policy and management decisions.

Now that we have this information, what are the next steps? This year at the Nursing Summit and Wyoming Nursing Association Convention, we are going to tackle the paperwork issue. Is going electronic the answer to decreasing the time consumed by and the amount of paperwork? This along with other documentation issues will be addressed.

In addition, we are planning on calling on all the creativity within the nursing community in Wyoming. Many organizations throughout our State have made great strides in improving the work environment. These improvements have been accomplished by Wyoming nurses who have displayed commitment, creativity, and passion for the profession. If you have been a part of a project that has improved the work environment in your organization or have increased the satisfaction of nurses, we ask that you share your success with your colleagues through a poster presentation.

Call for Posters

Be a poster presenter at the 2008 Nursing Summit and Wyoming Nursing Association Convention September 18th-20th. If interested please contact Faith Jones, WNA Practice Committee Chair via email fjones@pvhc.org or by phone (307) 754-1153.

WNA NEWS

Wyoming Nurses Association to Celebrate Its Centennial in 2010

In 2010, the Wyoming Nurses Association (WNA) will be 100 years old. WNA is planning to have a great celebration to be held in Cheyenne, September 16th–18th. We would like each “district” to write their own history, including photos, stories, etc. We are planning to publish a book highlighting the wonderful history of nursing in this vast and great state. If any of you have any information that you would like to share with us we would be grateful. If you would like to help with the planning of this event please let us know.

Thank you, Cheryl Cawiezell (Centennial Committee-Chair). My e-mail is: cherylwrasper@bresnan.net My phone number is: 307-237-2510

Welcome New WNA/ANA Members

District 1

Leona Bolin, Cheyenne
Anita Deselms, Albin

District 2

Oneta Carter, Powder River
Marsha Johnson, Casper
Janice Proper, Evansville
Shawn Snyder, Casper
Sheena Snyder, Casper

District 14

Martha Mueller

District 16

Karen Hinckley, Cowley
Nancy Moreno, Powell
Marlene Stewart, Cody

District 50

Linda Cole, Douglas
JoAnn Farnsworth, Newcastle

CONSENT TO SERVE

Wyoming Nurses Association
BIOGRAPHICAL DATA

Nominee for the Office of _____

Name _____

Address _____ City _____ Zip _____

Tel: home: _____ work: _____ fax: _____

e-mail: _____

School/College of Nursing: _____

Additional Professional Education: _____

Area of Practice: _____

Present Position and Place of Work: _____

Professional Organization Activity, including Student Association, National Level(s) for the past five years, _____

Current WNA Member District: _____ (Number or City)

Signature _____ Date _____

Need to also write a statement (200-220 words) on what you believe are the major issues before the Association, in particular the position for which you are a candidate. Include your goals and interest in this position.

Send (1) this form, (2) your statement, and (3) a photograph of yourself
No later than August 1, 2008 to the WNA Office,
PMB 101, 501 S Douglas Hwy, Ste A, Gillette, WY 82716



2009-2011 Leadership Opportunities

The Wyoming Nurses Association (WNA) Nominations Committee is seeking interested WNA members who wish to serve in leadership roles on the WNA Board of Directors.

Elected in 2008 by Statewide Ballot for a two year term is:

President-Elect
Treasurer

Duties of each office:

The **President-Elect** shall assume the duties of the President in his/her absence or at the direction of the President. The President-Elect shall serve as an ANA elected Delegate. The President-Elect shall serve as Chairperson of the Legislative Committee.

The **Treasurer** shall be responsible for monitoring the fiscal affairs of the Association and shall provide reports and interpretations of WNA's financial condition to the Board of Directors and the WNA membership. The Treasurer shall serve as chairperson of the Finance Committee. The Treasurer shall serve as the elected Second Alternate ANA Delegate.

All candidates for office must submit a "Consent to Serve" form, a statement (200-220 words) on what you believe are the major issues before the Association, in particular the position for which you are a candidate, and a photo by **August 1st** to the WNA Office. To obtain a "Consent to Serve" form or to learn more about each of the leadership positions please visit the WNA Website at www.wyonurse.org or call the WNA Office at 1-800-795-6381. The nominations chair Lisa Horton is also available to answer any questions you may have regarding running for office. Lisa can be reached at 307-754-7780.

Team STEPPS

Strategies and Tools to Enhance Performance and Patient Safety

BY JULIE JORDAN, RN, OCN

This past year four team members from Campbell County Memorial Hospital, Jonni Beldon, Kathy DeSchamp, Julie Jordan, and Elise Necklason have been attending and learning how to work together as a team. PSIC is the name of their team. It stands for Patient Safety Improvement Corps. Working with the Department of Health and Human Services of USA through the Veteran's Administration (a collaborative effort of the Agency for Healthcare Research and Quality and the Department of Defense)—they have attended two—week long sessions over the last 8 months—experiencing and learning the basics to help their facilities across the United States—create a culture of safety and communication. And of course, in their facility at Campbell County Memorial Hospital.

The program is called Team STEPPS which means *Strategies and Tools to Enhance performance and patient safety*; The goal of which is to improve the ability of teams within an organization to respond quickly and effectively to whatever situations arise;

This is a model of care that is based on research called “evidence based.” which is very important and it is an **achievable** step towards “culture change” for our residents, here at Pioneer Manor. We are already doing a wonderful job with culture change—here at Pioneer Manor. The achievements are quite impressive—things we do everyday already are ones to be commended for.

The name of the communication tool is based on the acronym—PEARL

Why the word PEARL? Because, we are talking about human beings . . . young and old each person is an individual, a treasure to our society.

Once again, the acronym PEARL was an idea that is based on exactly—what, we are talking about human beings. Human beings are treasures—young and old and a pearl is certainly a part of a treasure.

PEARL

P: person centered—culturally diverse and based on personal choices. Staff will listen and learn from the resident to ensure an environment that is based on the resident's personal choices.

E: effective care in an attempt to improve and or maintain a resident's independence defined by that individual human being. Whether it is a relationship based on independence, interdependence or dependence;

A: autonomy is a focus of the care—maintaining a

respectful relationship between both the resident and the care giver – during and after cares are given.

R: resident's choices and rights are honored by all interdisciplinary staff.

L: living in a safe and caring environment—centered on the resident in their home.

What are the benefits of using the PEARL communication tool?

- Helps to create team goals and a vision for our residents
- Helps to establish the home like environment that each resident chooses
- The vision and goals are flexible
- Successful implementation empowers the resident and the staff
- Grows with the resident as they change in personal choices and their defined interdependence, independence or dependence

What are some other reasons to use the PEARL communication tool?

- Staff can use this tool to create and maintain a healthy and trustworthy relationship with the residents
- Meanwhile, the residents have an opportunity to self express—receive and grow in a healthy—safe, home like environment
- May assist staff in assigning roles and responsibilities for a shift
- Holds TEAM members accountable and effects the care givers' ability to contribute to the nursing process: contributing potentially to the planning for a resident's care plan, *definitely in implementing* (doing the tasks that are driven by the resident's care plan) and ultimately—helping the resident to achieve—modify and create new goals for them selves as “they” meet their established goals. Meanwhile the residents—they continue to progress in their home like environment—WHY? Because of the team taking care of them)
- All team players gain satisfaction in this situation because of their potential contributions to the PEARL communication tool: direct care staff members benefit by becoming a more effective TEAM—WHY? Team members are actively sharing and informing each other. This helps to ensure consistent and quality care is being given to the residents—consistently
- Staff unfamiliar or redirected to a new neighborhood can benefit by reviewing the PEARL communication tool to give direct cares and thus give the staff the opportunity to get to know the resident “a little quicker.”
- PEARL communication tool can also, help establish confidence in direct care staff—making their time on duty—potentially more productive and happier for both the residents and the other TEAM members.

District #6 Rock Springs

MARLENE ETHIER, RN

District #6 held their Annual Nurses Breakfast on May 6, 2008. The breakfast was attended by approximately 35 nurses. Nurses currently in practice, retired nurses, and members of the Student Nurses Association were represented. There were three nominees for the Nurses Recognition Award. Monica Bennett, a staff nurse on the medical/surgical unit of Memorial Hospital of Sweetwater County was the recipient. Monica was selected because of her commitment to being a life long learner, excellence in patient care, and high professional standards. She also serves as a mentor to students and new employees.

In addition to the annual breakfast, the Mayor of Rock Springs declared Nurses Week May 5-12. A photo of the mayor and members of District # 6 and the Student Nurses Association was in the local paper.

District # 6 will resume meeting in September.

DISTRICT NEWS

District 12 Honors Albany County Nurses



District #12 of the Wyoming Nurses Association hosted a Nurses Week reception to honor nurses in Albany County. The reception was held in Laramie on Monday, May 12, 2008, at the Hampton Inn from 5:30-7:00 p.m.

Jeanie Niemoller, WNA District #12 president and Master of Ceremony, thanked everyone for coming and supporting nursing in Albany County. Niemoller thanked all nurses for their dedication to providing nursing care to residents in Albany County. Niemoller recognized and thanked the members of the Nurse of the Year committee: Sherrie Rubio-Wallace, Marian Gruenfelder, Shelbie Bershinsky, and Rebecca Carron, and Cecilia Schlup. Niemoller also recognized past winners of the Nurse of the Year award.

A special feature of the reception was the presentation of the District #12 Nurse of the Year award. Nominations had been advertised and requested throughout Albany County

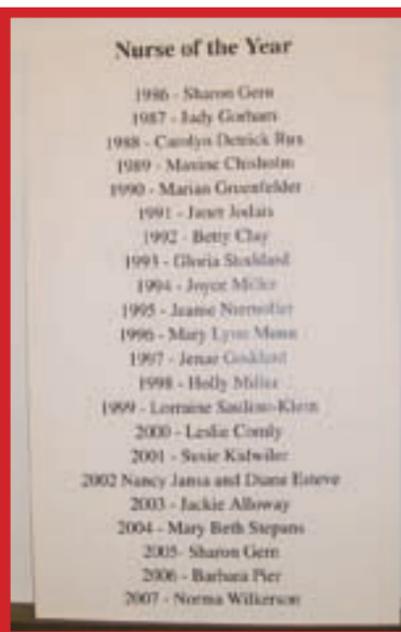
during April. Patients, peers, and colleagues nominated three nurses. Diane Sweckard is a nurse at the Laramie Valley Medical clinic. Ruth Monroe is the patient care coordinator at Spring Wind Assisted Living in Laramie. Bonnie Roth is the school nurse at Laramie Senior High School. As each nominee was introduced, Niemoller read a selection of the candidate's nomination letters. Recurrent themes through all the letters included the skill, knowledge, dedication, and compassion of each nurse to the people she serves in Albany County. The letters also served as a wonderful tribute to the nursing profession. Each nominee received a commemorative gift and flowers.

Bonnie Roth was the recipient of the 2008 Nurse of the Year award. Roth demonstrates her commitment to nursing in many ways at Laramie Senior High. She is always available to provide compassionate nursing care to students who are ill or have other needs. Roth also teaches CPR and first aid classes for the teachers at the high school. Incidentally,

Roth finds time to keep up with all the record keeping including vaccinations and other required documentation in order to provide maximum care to the students. Several letters praised her excellent capabilities in promoting good health and outstanding nursing care to the students and teachers. In addition to her nomination gifts, Roth was presented with a recognition plaque.

Criteria for the selection of the Nurse of the Year included competency, judgment, respect and compassion for clients, support to the community, and advancement of nursing knowledge and practice. Niemoller noted that all of the nominees were outstanding professional nurses.

The evening concluded with many hugs, greetings, and congratulations by everyone. The celebration included a wonderful reception with delightful appetizers and desserts prepared by Robert Niemoller.



District #17 Evanston/ Kemmerer

We celebrated National Nurses Week with a buffet dinner on Monday, May 12, at the Evanston Elks Lodge. Eleven nurses, nine student nurses, and six guests attended the dinner meeting.

The speaker was Dr. Melissa Foster, who earned the Doctor of Nursing Practice degree in August, 2007. She gave an interesting presentation on "Healthcare Provider Satisfaction Utilizing Informatics for Medication Management in Long Term Care." She emphasized evidence-based practice in order to reduce the incidence of medication errors.

Door prizes were given to all nurses attending the dinner. Table favors were donated by Attentive Healthcare, Sheridan, WY. Jennifer Stringer is the graduating student whose name was drawn for a year's free membership in the ANA/WNA/DNA. We encourage all new nurses/graduating students and non-member nurses to join ANA/WNA/DNA.



I Can Make a Difference: Celebrating National Nurses Week

CHRISTINE KERCHER RN, BSN
PRESIDENT, WYOMING NURSES
ASSOCIATION, DISTRICT #1, CHEYENNE



"I Can Make a Difference" was the theme of the Nurses Week celebration in Cheyenne, WY, held on May 8, 2008. Maria Kidner, RN, FNP-BC, DNP (c) was the featured speaker. She highlighted events, education; jobs that have helped her make a difference, and individual nurses that have made a difference to her as a person and as a nurse. The event was jointly sponsored by Cheyenne Regional Medical Center, the Veteran's Administration Medical Center, and Wyoming Nurses Association District #1.

After a delicious Italian buffet lunch or dinner, depending when nurses attended, Maria entertained the crowd with funny stories, serious moments, and uplifting dialogue about her life since she became a nurse. She had many take away gems, one of which was "Be prepared, you will end up being the nurse expected to know the task you least expected". She related her first C section experience, as a newly oriented nurse with one other nurse in a small town hospital, with a baby suffering from cord compression experiencing a pulse rate of 60, unless she kept the cord from being compressed during contractions!! She had assumed an experienced nurse would be around if this should happen, and they were not there and were not available! The nurses in the crowd certainly laughed in agreement, knowing they had all been in a similar situation. The lesson was being knowledgeable about your area, the procedures, the equipment, personnel, protocols, etc.

She thanked nurses that had been there for her during illness experienced by herself and other family members, those nurses who had encouraged her to continue her education, and nurses who paved the way before her in their practice.

She had beautiful slides of the countryside of Guyana where she has traveled four different times, to serve medical missions. The first mission was to teach nursing students physical assessment. This course had never been taught to any nurses in their country. There weren't any textbooks or computers. The nursing students did not have stethoscopes, but friends and family of hers back home provided them for their graduation ceremony. Kidner has visited the Mahaica Leper colony numerous times, which has become one of the highlights of her trips. "Bad eyesight, hands, feet and poor living conditions do not deter the peace and happiness found here. God has blessed this colony" Kidner said. Her other trips have been to work with local airports doing mass casualty training with full FAA drills, the first Lamaze class in the country, education on Cleft palate repairs, and a critical care course. The participants were inspired by her personal and professional activities and her refusing to quit even when everything was most challenging.

A raffle was held at the event that raised \$415.00 for the Mahaica colony. Local merchants and participants donated artwork, beauty products, and chocolate. There were 10 poster presentations demonstrating evidence based practice. The winning poster was by the CRMC Home Health Care Department. Their poster demonstrated an in home education project about home oxygen safety and use.

The event was a success for the sponsoring organizations and response was very favorable. Nurses do make a difference every day.

Nursing in the War Zone

BY CHRISTINE KERCHER, RN, BSN

District # 1 (Cheyenne) was privileged to have Michelle Mulberry, RN, BSN, speak at the March 25, 2008 general meeting. Michelle is assistant nurse manager in the Emergency Department at the Cheyenne Regional Medical Center in Cheyenne. She was a member of the Army National Guard for 10 years and has been a current member of the Air Guard for the last eight years.

Michelle had a tour of duty in Iraq in 2004. In 2007, she was assigned to Bagram, Afghanistan for 4 1/2 months, returning September 2007.

Michelle shared two slide shows, the first of which had pictures of soldiers, ammunition, triage, planes, loss, the American flag and a boy who had lost a parent in the war. The second slide show was pictures of the Wyoming personnel she was stationed with. She had many funny stories about the people she worked with. It became clear that they were all focused on providing the best care possible under very challenging circumstances.

Nursing in the war set has a whole set of new acronyms... FOB (forward operational base), CCAT a one on one care team comprised of a CCRN, MD< and respiratory tech, planes such as the KC 135 (flies to Germany), the C17 (holds up to 9 litters or 65 patients total if they are ambulatory and some sit on the floor), C130 (holds 72 litters, 92 ambulatory patients) and the MCR (medical crew director) who is in charge of the plane's patients and cargo. When the ramp of the plane is down, the MCR never leaves the ramp. If the plane comes under enemy fire, the crew gets in the plane, puts the ramp up and gets out of there.

The nurse functions as the MCR. Michelle made decisions every time a mission was flown, about how many extra patients could be evacuated under her care and if there was room for the cargo or not.

Michelle faced many challenges besides unexpected patients and cargo. One of the challenges is the flights from Afghanistan to Germany flew twice a week. Because of room and number of flights, injured soldiers might end up flying next to caskets holding their dead buddies. Injured soldiers don't sleep well and there is ample time to talk during the 7 hour flights. Michelle and her crew would often listen to soldiers sob as they talked about what happened and the buddies they lost. She remembers many of the soldiers she took care of by name, not sure what their fate was or that they remember her, but knowing she was able to provide not just the excellent nursing care for injuries, but supporting and listening to them as they talked about their experiences, dreams, fears, and futures. WNA District #1 would like to send kudos to Michelle and other members of the Air Guard personnel that have risked their lives to provide care to the soldiers in Iraq and Afghanistan.

Cheyenne APN to Participate in Sigma Theta Tau International Symposium, July 2008

BY CHRISTINE KERCHER, RN, BSN

Maria Kidner, RN, FNP-BC, DNP (c), has been invited to present at the International Symposium, sponsored by Sigma Theta Tau the Nursing Honor Society. The Symposium is in Singapore, July 2008. Her presentations will be a 20 minute presentation about her Doctoral project research. The title of her project is "The Duke Activity Status Index (DASI) in Rural Rocky Mountain Women: Tailoring an Evidence-Based Perspective. She Ms. Kidner is a member of WNA District #1, Cheyenne.

Ms. Kidner has worked in Labor and Delivery, Public Health, and has been an instructor at Northwest College Associate Degree nursing Program. In 2001 she became an FNP and was the ER and trauma coordinator and provider at South Big Horn County Critical Access Hospital. She is currently employed at Internal Medicine Group, Cheyenne Cardiology Department she does clinical cardiology including consults, supervision of the noninvasive tests, and hospital rounds and discharging.

Her experience in Guyana has included her first trip of six months while her husband was in Kuwait/Iraq. She provided nursing education. Maria taught the first physical assessment class for nursing students. "They didn't even have stethoscopes" says Kidner. She has returned three times to teach critical care, the country's first Lamaze class, a mass casualty trauma course and full FAA drill for a local airport. During her trips she visits the Mahaica Leper Colony, going every other week to bring food that orphans saved for the lepers and food that could be purchased as well as dressings, medicines, and clothing. "Visiting the Leper Colony was my most rewarding experience. The people are so peaceful, in spite of the medical and physical challenges they face."

WNA and District #1 would like to extend our congratulations to Maria for her invitation to the conference.

When the State Board Calls: Part II Interview with Jay Douglas R.N., M.S.M., C.S.A.C. Executive Director, Virginia Board of Nursing

MARY ANN FRIESEN,
PHD(C), MSN, RN, CPHQ

This is the second article of a two-part series by the Center for American Nurses written to address topics related to the State Board of Nursing. The first article in this series presented the perspective of Latonia Denise Wright, R.N., B.S.N., J.D. (December 2007), who provides legal services such as defending nurses in licensure matters. The second part of this series offers the perspective of an Executive Director of a Board of Nursing.

The Board of Nursing exists primarily to protect the public. Each state has processes that regulate the practice of nursing. The Board of Nursing is responsible for establishing rules and regulations that govern professional practice. In order to more clearly understand current issues related to the regulation of nursing practice, the Center conducted an interview with Jay Douglas, R.N., M.S.M., C.S.A.C., Executive Director of the Virginia Board of Nursing, who provided an overview of the role of the Board of Nursing and discussed current issues regarding the regulation of nursing practice.

Although state jurisdictions vary in terms of their rules and regulations, usually a process is in place for following up and addressing complaints against nurses. The process for one state is presented as an illustration of the process.

The Center: One of the responsibilities of the Board is to protect the public and investigate complaints against nurses. Could you describe the investigation process?

Ms. Douglas: In the state of Virginia, all complaints are received by the Department of Health Professions Intake Unit. Complaints are reviewed by a Case Intake Analyst, who determines whether the Board has jurisdiction over the complaint lodged against a nurse. Many of the complaints made against nurses do not fall within the jurisdiction of the Board or are not violations of law and regulation. For example, if a complaint is filed that a nurse defaulted on her/his rent, this is outside the scope of the Board and would not be investigated by the Virginia Board of Nursing. If the complaint is outside the jurisdiction of the Board, it may be referred to the appropriate jurisdiction or authority. If it is determined that a possible violation of statutes or regulations governing nursing practice has occurred, a case is opened and is referred to an investigator. Cases that pose the greatest threat to the public are given priority. Once a case has been opened, the investigator may interview persons who have knowledge of the event and review relevant records, including medical and personnel

records. The investigator summarizes all relevant findings and evidence in a report, which is forwarded to the Board of Nursing.

The Board then reviews the report; if there is insufficient evidence to indicate that a violation has occurred, the case is closed. However, if there is evidence of a violation, the Board may meet with the reported nurse or may offer a plan to resolve the matter. The outcome of the administrative proceeding may involve the following:

- Closing the case with no violation
- Sanctioning the nurse
- Referring the case to the full Board of Nursing for review

A formal Board hearing may be conducted for the following reasons:

- The reported nurse requests a hearing.
- The conference committee recommends a hearing.

Disciplinary actions range from a reprimand or censure to revocation of a license; other disciplinary actions include fine or civil penalty, remedial or corrective action, probation, limitation or restriction of practice, and suspension or revocation of license. The Board is required to report certain licensure actions to the National Practitioner Data Bank.

The Center: With the evolution of technology, nurses may be licensed in one state and may respond to a question from a patient in another state, or they may provide nursing intervention telephonically to a patient in another state. How is regulation of the nurse's practice governed in this situation?

Ms. Douglas: The nurse who provides professional nursing care must check with the Board of Nursing in the state in which nursing care is being rendered. Typically, a license is required to provide nursing care in the state in which the patient is located, even if the nurse is located in a different state. Multistate licensure presents an advantage in this type of situation. A nurse who is licensed in a compact state and is providing care to a patient in a compact state would be authorized to provide care pursuant to the multistate licensure compact.

The Center: How frequently are complaints lodged against nurses?

Ms. Douglas: The number of complaints lodged against nurses is relatively low. For example, in the state of Virginia, 85,552 Registered Nurses and 28,229 Licensed Practical Nurses are practicing. Complaints filed over the last year totaled 1,113.

The Center: What advice do you have for nurses regarding the Nurse Practice Act?

Ms. Douglas: Upon acceptance of a nursing position in a particular state, review the Nurse Practice Act and become knowledgeable regarding the scope of practice for the state in which the nurse will be practicing. Nurse

Practice Acts vary from state to state, and it is important for the nurse to comply with the rules and regulations for the state in which she or he is practicing. This is important for all nurses, even for those practicing in compact states, because variations have been noted in the licensure rules and regulations among the compact states.

Nurses must ensure that they notify the Board of any changes in address. In the event a complaint is lodged against a nurse, the Board seeks to notify the nurse. If the nurse has not notified the Board of an address change, the Board may not be able to contact the nurse, a complaint could be lodged, and an administrative proceeding may be scheduled without the nurse's knowledge.

Additionally, the Board may have to send information to the nurse regarding licensure issues and critical updates; if the nurse has not informed the Board of the correct address, she or he may not receive important communication from the Board.

Nurses may attend disciplinary proceedings and meetings of the Board because these are open to the public. Attendance at such meetings provides an opportunity for nurses to learn more about the Board's role in protecting the public.

References

National Council of State Boards of Nursing. (2007). About NCSBN. Retrieved October 15, 2007, from <https://www.ncsbn.org/about.htm>

National Council of State Boards of Nursing. (2007). Complaints. Retrieved October 15, 2007, from <https://www.ncsbn.org/163.htm>

National Practitioner Data Bank. (n.d). National Practitioner Bank (NPDB): Why was the NPDB created? Retrieved October 15, 2007, from <http://www.npdb-hipdb.hrsa.gov/npdb.html>

Virginia Board of Nursing. (2007). Virginia Board of Nursing. Retrieved October 15, 2007, from <http://www.dhp.virginia.gov/nursing/default.htm>

Jay Douglas is the Executive Director of the Virginia Board of Nursing. In this position, she oversees licensing and discipline for more than 162,000 licensees and certificate holders, including Registered Nurses, Licensed Practical Nurses, Advanced Practice Nurses, Massage Therapists, Nurse Aides, and Medication Aides. Before assuming her current position, Ms. Douglas served as Deputy Executive Director for discipline at the Board of Nursing for three and one-half years. Immediately before beginning her work with the Board of Nursing, Ms. Douglas served in a variety of roles, including Administrator for Medshares Home Care from 1994 to 1999. Jay is a Registered Nurse with a Master's Degree in Management, and she holds Certification in Substance Abuse Counseling.

This "Nursing That Works" article is not intended to take the place of any professional legal advice. For more information, please contact your State Board of Nursing or state nurse's association, or get in touch with a licensed attorney in the state in which you are licensed.

Developing Nursing Core Competencies

DIANE E. SCOTT, RN, MSN

Developing meaningful competency requirements for registered nurses continues to confound the nursing profession. The challenge it presents for healthcare regulators is learning how to objectively measure competencies across various settings, specialties, years of experience and geographic regions. According to Oppewal et al. (2006), core competencies have been developed in different specialty areas, but even nurses' awareness and implementation of such standards vary. The National Council of State Boards of Nursing (NCSBN) has worked, through their committees of Research and Practice, Regulation, and Education, to develop a program to transition graduate nurses into the profession; this program has been a culmination of research and defines the needs of new nurses. Spector and Li (2007) discuss this ongoing research that is being completed to assess the design of this program.

At the Center for American Nurses LEAD Summit 2008, Dr. Mary Ann Alexander, Chief Officer of Nursing Regulation for the NCSBN, will present current research and findings about past, present and future issues related to continued nursing competence. Dr. Alexander also serves on the Steering Committee for the National Coordinating Council for Medication Error Reporting and Prevention, which promotes open communication between healthcare providers, reporting of errors and improvement and dissemination of strategies to maximize safe medication use.

In a recent interview with Dr. Alexander, the Center discussed her role and previewed what attendees at LEAD Summit 2008 will learn about nursing core competencies.

Center: Could you provide an overview of your role at the NCSBN?

Dr. Alexander: NCSBN is a nonprofit organization whose mission is to provide leadership to advance regulatory excellence. The organization serves 59 state boards of nursing from across the United States and its territories. There are two divisions in our organization: Regulatory Programs and Business Operations. I oversee the Department of Regulatory Programs. Within this division are NCSBN's programs in nursing education, practice and credentialing, research, and licensure and discipline. Numerous national meetings, projects, policies and initiatives emerge from this department in response to the regulatory needs and trends of nursing in the United States and territories.

As the Chief Officer of Nursing Regulation, my first and foremost responsibility is to ensure the development of quality programs and the dissemination of timely and useful information, resources and services to meet the needs of our member boards. I am responsible for ensuring

that all of our programs, projects, policies and initiatives fulfill the mission of the organization. The staff and I constantly work to evaluate nursing trends, examine opportunities and address regulatory challenges.

I, along with our CEO, Kathy Apple, and the directors within Regulatory Programs, share the responsibility of representing NCSBN at national meetings. I sit on national advisory panels, attend policy meetings and give presentations at national/international conferences. Along with other members of our leadership team, I periodically visit the state boards to assess their needs and update them on our projects and activities. We share the responsibility for building and maintaining relationships with our member boards as well as with nursing leadership organizations and other stakeholders.

I am also responsible for the direct development of several initiatives and projects. I oversee our Center for Regulatory Excellence Grant Program, which will award 2.5 million dollars in grants this year; I am exploring research related to patient safety and examining potential regulatory interventions; and I am currently the lead staff for our continuing competence initiative.

Center: In your research, have you found that there is agreement on competency requirements for registered nurses?

Dr. Alexander: Yes. NCSBN conducted a post-entry RN practice analysis, which was the first of its kind to scientifically determine whether core competencies existed across all areas of nursing. Scientific data emerged from a survey administered to a random sampling of nurses in the profession. Over 4,700 RNs participated. The geographic distribution, gender, ethnicity and work settings of the survey respondents in this study were extremely comparable to the sample of nurses described in the Health Resources and Services Administration's (HRSA) study, *The Registered Nurse Population: National Sample Survey of Registered Nurses* (HRSA 2004). The results from our practice analysis determined core competencies for RNs existed regardless of nursing specialty or practice setting. For example, the competencies that were identified according to frequency and importance most often by survey participants included: patient-centered care, working 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.

References

Health Resources and Services Administration: Bureau of Health Professions. 2006. *The registered nurse population: Findings from the March 2004 national sample survey of registered nurses*. Rockville: U.S. Department of Health and Human Services.

Oppewal, S., Lamanna, B., and Glenn, L. 2006. Comparison of the dissemination and implementation of standardized public health nursing competencies in academic and practice settings. *Public Health Nursing* 23(2):99-107.

Spector, N., and Li, S. 2007. A regulatory model on transitioning nurses from education to practice. *Journal of Nursing Administration: Healthcare Law, Ethics, and Regulation* 9(1):19-22.

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Innovations in a Holistic Care Environment: The Planetree Model... An interview with Linda Sharkey, MSN, RN

AMANDA ROSENKRANZ, MSN, RN

Linda Sharkey has worked in a variety of acute care settings as a hospital supervisor, nurse manager for reviewers of defense malpractice cases, assistant director and director. In 2003 she joined Fauquier Health System and is Vice President of Patient Care Services/Chief Nurse Executive. She currently serves on the boards of the Fauquier Free Clinic, Piedmont Home Care, and the American Organization for Nurse Executives. Ms. Sharkey received Inova Health System's Manager of the Year and Innovation awards 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 Fauquier Hospital in Virginia, which is a patient-centered holistic approach to health care. In 2007, Fauquier 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.

The 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 information. Treating our patients with dignity, respect and providing information needed for patients to care for

themselves. Forward-thinking institutions whose physical environments, policies and practices reflect a commitment organization-wide to providing healthcare the way the patient wants it delivered can make changes, such as creating nursing stations with lower walls and counters to promote an environment that is void of barriers. Care partners, whether they are family members or friends, are encouraged to help guide the patient through the hospitalization process and advocate for the patient to care for themselves. Integrative therapies are also used, such as pet therapy, massage and yoga. Community assessments determine the services that are offered.

The Center: What factors influenced your hospital to adopt this model?

Ms. Sharkey: 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).

The 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.

The 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 that we do; it was instinctive for staff to say they 'already do it' regarding incorporating Planetree principles into patient care. The culture change involved 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.

The 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 are having their staff educated on how the individualized care model improves patient outcomes. In addition, all departments and staff need to engage in adopting the Planetree philosophy since we all play a part in the patient's care.

The Center: What has been your hospital's greatest challenge in adopting the Planetree model?

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.

The 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.

This "Nursing That Works" article is not intended to take the place of any professional legal advice. For more information, please contact your State Board of Nursing or state nurse's association, or get in touch with a licensed attorney in the state in which you are licensed.

ANA and AORN Agree to Individual Affiliate Partnership

Silver Spring, MD and Denver, CO—The American Nurses Association (ANA) and the Association of periOperative Registered Nurses (AORN) are pleased to announce a new agreement that will provide all AORN members with individual affiliate, non-voting status membership to ANA, effective July 1, 2008.

“As individual affiliate members of ANA, our members will have the chance to unite with registered nurses across specialties and advocate for common nursing issues that impact legislation at the local, state and national level. By coming together we have greater influence on the issues that matter most to the nursing community,” said AORN President Mary Jo Steiert, RN, BSN, CNOR.

“It’s essential that ANA continue its long tradition of representing the interests of all nurses, including perioperative nurses,” said ANA President Rebecca M. Patton, RN, MSN, CNOR. “America’s 2.9 million registered nurses make up the largest group of health care professionals, and this new partnership ensures that ANA will have a stronger voice on Capitol Hill and in state legislatures as we advocate for much needed reform in nursing and in health care.” Patton announced the ANA affiliate membership agreement at AORN’s recent 55th annual Congress conference.

“This is a critical time for the nursing community, and we recognize the need to foster close ties with our

ANA partners. AORN is committed to strengthening the nursing community, but to make an impact we need to work together across specialties. An affiliation with ANA will not only benefit the perioperative community, but all nursing specialties as a whole,” said AORN Executive Director Linda Groah, RN, MSN, CNOR, FAAN.

AORN will continue to pursue direct positions on its legislative priorities,” continued Groah. “However, we also feel it is important to support the efforts of ANA initiatives, including safe staffing and workplace safety, because these are important issues that impact all nurses, including perioperative nurses.”

“We’re nurses first. Standing together as nurses, with a united presence, we are committed to improving patient safety in all settings. We believe this is the right time for what we know will be a powerful collaboration. ANA looks forward to working with AORN’s dedicated perioperative nurses to advance nursing’s agenda and to gain the momentum of the greater good on behalf of our profession and the public we serve,” remarked ANA CEO Linda J. Stierle, MSN, RN, CNAAB, BC.

AORN, Inc., the Association of periOperative Registered Nurses, represents approximately 40,000 Registered Nurses in the U.S. and abroad who facilitate the management, teaching and practice of perioperative nursing, or who are enrolled in nursing education or

engaged in perioperative research. Its members also include perioperative nurses who work in related business and industry sectors. AORN’s mission is to support RNs in achieving optimal outcomes for patients undergoing operative and other invasive procedures. AORN promotes quality patient care by providing its members with education, standards, services and representation. For more information, visit www.aorn.org.

The ANA is the only full-service professional organization representing the interests of the nation’s 2.9 million registered nurses through its 54 constituent member nurses associations. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.



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The American Nurses Association and The American College of Cardiology Foundation Co-Publishes Revised *Cardiovascular Nursing: Scope & Standards of Practice* with the Endorsement of 14 Nursing Organizations

SILVER SPRING, MD—The American Nurses Association and the American College of Cardiology Foundation have co-published a revised edition of *Cardiovascular Nursing: Scope and Standards of Practice*, the definitive reference and guide for cardiovascular nurses reflects and builds on more than 30 years of an evolving base of knowledge and expertise. *Cardiovascular Nursing: Scope and Standards of Practice* articulates the essentials of this specialty practice, its accountabilities

and activities—the who, what, when, where, and how of its practice—for both advanced and general practice. No other single volume so comprehensively distills and delivers the critical details of cardiovascular nursing.

The 16 standards themselves—those by which all nurses in this specialty practice and practice competencies measured and evaluated—are grounded in the perspectives and priorities of cardiovascular nursing and form the core of the book. The book's extensive scope of practice discussion—of its characteristics, its development and trends, its education and training, its practice environments and settings, its general and specialized practice roles, its ethical and conceptual bases—lends a broad context for understanding and using these standards.

While *Cardiovascular Nursing: Scope and Standards of Practice* is primarily for practicing nurses and nursing faculty and students, it is also an essential source document for other cardiovascular specialists, health care providers, researchers, scholars, and those involved in funding, legal, policy, and regulatory activities.

This edition is also unique in the participation and endorsement of 14 nursing organizations: the American College of Cardiology Foundation, the American Association of Cardiovascular and Pulmonary Rehabilitation, American Association of Heart Failure Nurses, American College of Cardiovascular Nurses, American College of Nurse Practitioners, American Heart Association Council on Cardiovascular Nursing, Heart Rhythm Society, International Transplant Nurses Society, National Association of Clinical Nurse Specialists, National Gerontological Nursing Association, Preventive

Cardiovascular Nurses Association, Society of Vascular Nursing, Society of Invasive Cardiovascular Professionals, and Society of Pediatric Cardiovascular Nurses.

Press copies for media contacts are available upon request by contacting Francine Bennett at francine.bennett@ana.org. Requests should include name of publication, organization, reviewer name and address information including phone and email address.

ABOUT THIS BOOK

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Price: List \$16.95/ANA Member \$13.45

ANA is the only full-service professional organization representing the nation's 2.9 million Registered Nurses through its 54 constituent member associations. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the economic and general welfare of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

Nursesbooks.org, the publishing program of the American Nurses Association, publishes a variety of books and monographs. These works translate the latest in evidence-based and related healthcare activities into practice-centered resources for nurse leaders, managers, practitioners, educators, and students. To learn more, go to www.nursesbooks.org, a part of the ANA website, www.NursingWorld.org.

MEMBERSHIP NEWS

WNA Payment Schedule

Annual Payment Full	*EDPP	Payroll Deduction
WY #01 Cheyenne:		
Member Full - \$265.00	\$22.58	\$22.08
Reduced Full - \$139.50	\$12.13	\$11.63
Special Full - \$76.75	\$6.90	\$6.40
WY #02 Casper:		
Member Full - \$250.50	\$21.38	\$20.88
Reduced Full - \$132.25	\$11.52	\$11.02
Special Full - \$73.13	\$6.59	\$6.09
WY #03 Sheridan:		
Member Full - \$252.50	\$21.54	\$21.04
Reduced Full - \$133.25	\$11.60	\$11.10
Special Full - \$75.75	\$6.81	\$6.31
WY #06 Rock Springs:		
Member Full - \$251.00	\$21.42	\$20.92
Reduced Full - \$132.50	\$11.54	\$11.04
Special Full - \$73.25	\$6.60	\$6.10
WY #10 Gillette:		
WY #14 Lander and Riverton:		
WY #15 Torrington:		
Member Full - \$255.00	\$21.75	\$21.25
Reduced Full - \$134.50	\$11.71	\$11.21
Special Full - \$74.25	\$6.69	\$6.19
WY #12 Laramie:		
Member Full - \$280.00	\$23.83	\$23.33
Reduced Full - \$147.00	\$12.75	\$12.25
Special Full - \$80.50	\$7.21	\$6.71
WY #17 Evanston/Kemmerer:		
Member Full - \$250.00	\$21.33	\$20.83
Reduced Full - \$134.50	\$11.71	\$11.21
Special Full - \$76.75	\$6.90	\$6.40
WY #16 Cody/Powell		
WY #50 Undistricted:		
Member Full - \$245.00	\$20.92	\$20.42
Reduced Full - \$129.50	\$10.13	\$9.63
Special Full - \$71.75	\$5.31	\$4.81
WNA Only State Membership		
Member Full—\$175	\$15.08	\$14.58
* Includes a \$0.50 service charge Electronic direct payment plan		
Make Check Payable to: American Nurses Association Send Check & Application to: Wyoming Nurses Association PMB 101 501 S. Douglas Hwy, Ste A Gillette, WY 82716 Phone: 1-800-795-6381		



2008 Wyoming Association Membership Application

PMB 101, 501 S. Douglas Hwy, Ste A • Gillette, WY 82716 • Phone: 1-800-795-6381

*LAST NAME / FIRST NAME / MIDDLE INITIAL	CREDENTIALS/	SOCIAL SECURITY #
*STREET OR PO BOX #	BASIC SCHOOL OF NURSING/	HOME PHONE
*CITY / STATE / ZIP	GRADUATION: MONTH / YEAR	WORK PHONE
EMPLOYER NAME	*R. N. LICENSE #	FAX
EMPLOYER ADDRESS / CITY / STATE / ZIP	E-MAIL	
TITLE / POSITION	MAJOR CLINICAL, PRACTICE, OR TEACHING AREA	RECRUITED BY

MEMBERSHIP CATEGORIES PLEASE CHECK ONE

- FULL ANA/WNA MEMBERSHIP**
RN employed full or part time
- REDUCED 50% OF FULL ANA/WNA MEMBERSHIP DUES (NEW GRADUATES)**
RN who is unemployed
- or - over 62 years of age & earning less than maximum allowed receiving Social Security benefits
- or - enrolled in baccalaureate, masters or doctoral program, at least 20 credit hours per year
- or - **RN FIRST YEAR, WITHIN SIX (6) MONTHS AFTER GRADUATION**
- REDUCED 25% OF FULL ANA/WNA MEMBERSHIP DUES (RETIRED)**
- RN who is over 62 years of age and unemployed
- or - who is totally disabled
- WNA ONLY MEMBERSHIP**
RN employed full or part time

PAYMENT OPTIONS

- FULL ANNUAL PAYMENT BY CHECK**
- PAY BY ELECTRONIC DUES PAYMENT PLAN (EDPP)**
Read, sign the authorization, and enclose a check for the first month's payment (amount shown in bold above); one-twelfth (1/12) of your annual dues will be withdrawn from that checking account monthly, in addition to an annual \$6.00 (50¢ per month) service fee (total is amount above).

AUTHORIZATION: This authorizes ANA to withdraw 1/12 of my annual dues and any additional service fees from the checking account designated by the enclosed check for the first month's payment. ANA is authorized to change the amount by giving the undersigned 30 days written notice. The undersigned may cancel this authorization upon receipt by ANA of written confirmation of termination 20 days prior to the deduction date as designated above. ANA will charge a \$5.00 fee for return drafts.

SIGNATURE FOR EDPP AUTHORIZATION: _____

- PAY BY CREDIT CARD**
 _____ Full annual payment—automatic annual credit card payment (automatic renewal)
 _____ Monthly payment from credit card
 _____ Full annual payment—one year only

_____ Visa/MasterCard _____ Expiration date