Protecting the Public and Guarding the Nursing Profession: The Legacy of Barbara Morvant, MN, RN

Demetrius J. Porche, DNS, PhD, APRN, FAANP, FAAN
President, Louisiana State Board of Nursing
Dean, LSUHSC School of Nursing

For over 25 years, Barbara Morvant has served as Executive Director of the Louisiana State Board of Nursing (LSBN) upholding the values of the nursing profession while remaining mission focused. She has “safeguarded the life and health of the citizens of Louisiana by assuring persons practicing as registered nurses (RNs) and advanced practice registered nurses (APRNs) are competent and safe. This was achieved through the strategic objectives of promoting regulatory effectiveness and excellence, assuring efficient and timely responses to nursing issues affecting patient safety, enhancing the image and visibility of the LSBN, identifying and regulating the evolving role of the RN and APRN as professionals while protecting the public, and promoting and facilitating the development of LSBN gubernatorial appointed board members and LSBN agency staff.

Governor Bobby Jindal, on behalf of and together with the people of Louisiana acknowledged Ms. Morvant’s retirement with over 25 years of dedicated service to the LSBN. Her retirement and service has been duly recognized by the Louisiana House of Representatives and US Senate. Gubernatorial and Legislative Recognition

Governor Bobby Jindal on behalf of and together with the people of Louisiana acknowledged Ms. Morvant’s retirement with over 25 years of dedicated service to the LSBN. Her retirement and service has been duly recognized by the Louisiana House of Representatives and US Senate.

Barbara L. Morvant, M.N., R.N. is a nationally recognized leader in the field of nursing regulation, who specializes in the improvement of nursing regulation by continually providing leadership in the refinement of rules, regulations, and processes in the state of Louisiana and through national activities. She has held the Executive Director position from November 1988 to December 2013.

Her educational preparation includes graduating from the Touro Infirmary School of Nursing in December 2013. Her retirement and service has been duly recognized by the Louisiana House of Representatives and US Senate.

Biographical Summary

Barbara L. Morvant, M.N., R.N. is a nationally recognized leader in the field of nursing regulation, who specializes in the improvement of nursing regulation by continually providing leadership in the refinement of rules, regulations, and processes in the state of Louisiana and through national activities. She has held the Executive Director position from November 1988 to December 2013. Her educational preparation includes graduating from the Touro Infirmary School of Nursing in December 2013. Her retirement and service has been duly recognized by the Louisiana House of Representatives and US Senate.

Barbara Morvant continued on page 4

Barbara Morvant continued on page 4
In Memoriam: Ernest Scott Woodard, Sr.
Nursing Benefactor Extraordinaire

by Cynthia Prestholdt, RN, PhD, Chair,
LNF Scholarship & Awards Committee

Members of the Louisiana State Nurses Association & Louisiana Nurses Foundation were saddened to learn of the recent loss on September 02, 2013 of a major benefactor to nursing education in Louisiana. Mr. E. Scott Woodard, Sr. of Ringgold, LA. Mr. Woodard was born on August 09, 1921 and was a life-long resident of Bienville Parish, attended John Brown University in Silsoo Springs, AR and served in the United States Army. He was very active in the farming community and later became involved with forestry, and gas and oil production. Services in his memory were held on September 05, 2013 at Ringgold First United Methodist Church with interment in Providence Cemetery. Left to cherish his memory are his wife, a daughter, a son and daughter-in-law, eight grandchildren and nine great-grandchildren. A significant cadre of Woodard Nursing Scholars are indebted to Mr. Woodard for his generous contributions to their educational preparation as professional nurses.

Mr. E Scott Woodard, Sr. understood how the rigors of nursing education, especially during the period of clinical assignments, made it difficult for students to work and to adequately devote appropriate time to their necessary studies. Beginning in 2009, Mr. Woodard began annual contributions to provide scholarships for Louisiana undergraduate nursing students endeavoring to complete the clinical component of their nursing programs.

These funds are administered through the Louisiana Nurses Foundation (LNF). He chose to name this new scholarship award in memory of his deceased wife, Mollie C. Woodard, and in honor of his wife, Larene B. Woodard. Dr. Jennifer Clark, then LSNA Executive Director, worked with Mr. Woodard’s designee, Mr. Lee Gray, CPA, during the development of the initial scholarship award criteria. Rita Finn, the current Executive Director, has continued to conscientiously maintain a positive working relationship with Mr. Gray to carry out Mr. Woodard’s directions for the Mollie C. and Larene B. Woodard Nursing Scholarship Fund.

The LSNA Board of Directors appointed a task force in 2009 to develop the scholarship award process, with Dr. Cynthia Prestholdt serving as Chair of the Woodard Nursing Scholarship Selection Committee (later termed the LNF Scholarship & Awards Committee when additional awards were added to the committee’s responsibilities). Initial committee members included Deborah Ford, Maxine Johnson, Barbara Moflett, Ann Warner, and the Chair. Soon additional members were appointed to expedite the review process, including Catherine Cormier and Carol Gordon. In 2013, Deborah Ford resigned from the committee and Jennifer Barrow was added. Ex officio members have included the LSNA President-elect (LNF President) and Treasurer. Other committee members are expected to be replaced as the initial members rotate off the committee.

Although funding was expected to be one time only, Mr. Woodard continued annual contributions which have been paid to date $470,000. His generosity has provided a remarkable legacy enabling 65 undergraduate nursing students to complete their education to become Registered Nurses. Noryln Hyde, representing The Louisiana Nurses Foundation, along with a scholarship recipient, Janey Gaston, visited Mr. Woodard and his wife on January 11, 2011 to present a plaque in appreciation for his continued generosity (Pelican News, March 2011, vol 67 #1; p. 2). Scholarship recipients have sent notes of appreciation over the years, and more recently, notes of condolence to his family, attributing to some his financial support enabled them to complete their career goals. Their dedication to the practice of professional nursing will always be a reflection of the kindness and benevolence of Mr. Woodard. The Louisiana Nurses Foundation will be forever grateful for his patronage of the nursing profession.

The Woodards also provided two $100,000 gifts to the LSU Health Sciences Foundation to establish the Scotty and Lorene Woodard Professorship in the Department of Neurosurgery at LSU Health Sciences Center – Shreveport. Mr. Woodard’s record of generosity will continue far beyond his lifetime, and will be appreciated by all recipients of care provided through his legacy of health care professionals. We again laud Mr. Woodard for providing resources for medical and nursing education - and especially for supporting our next generation of Professional Nurses!

www.lsna.org

Published by: Arthur L. Davis Publishing Agency, Inc.
Meet the 2013 LNF Woodard Nursing Scholars!

by Cynthia Prestholdt, RN, PhD, Chair, LNF Scholarship & Awards Committee

The FIFTH annual round of Mollie C. and Laurene B. Woodard Nursing Scholarships for Louisiana undergraduate nursing students was completed during this past August. Heartfelt congratulations to these latest 2013 Woodard Nursing Scholars and to the schools of nursing they represent:

Delgado/Charity School of Nursing:
  Marci Combs & Courtney Lehman.

LSU Health Science Center:
  Jessica Lynn Carter, Jennifer Leah Harding, Samantha Jean Howard, Adriana Levine Lee, Ariana Miller, Carolyn Smith, Alexander Wong

Louisiana Tech University:
  Jacqueline Loche

McNeese State University:
  Hanna Rose Babineaux & Megan Alyssa Corbello

Our Lady of Holy Cross College:
  Brittany Gravios, Toni McCallister, & Eboni Payton

Mr. E. Scott Woodard generously donated $120,000 to the Louisiana Nurses Foundation for 2013 scholarship awards. Announcement and scholarship application information was again made available on the LSNA website in Spring 2013, with an application deadline of June 14, 2013. There were 39 applicants this year, with fifteen nursing students from around Louisiana receiving awards. These scholarships provide $5,000 per year for academic expenses during each student’s remaining enrollment in clinical nursing courses. Continued academic eligibility is verified at the completion of each term until graduation. All members of this 2013 group are expected to graduate by Spring, 2015.

The following summarizes the success of preceding Scholarship groups:

- **2009**: All 15 students of this initial group graduated by Spring, 2012.
- **2010**: All 12 students in this group graduated by December, 2012.
- **2011**: All 8 students in this group graduated by Spring, 2013.
- **2012**: Among the 11 students in this group, the last 5 students are projected to graduate in Spring, 2014.

This Fall, a previously designated 2012 recipient declined a scholarship this year due to alternative funding so a new 2012 replacement student was awarded: Allison R. Scaccia of Our Lady of Holy Cross College.

This noteworthy scholarship program would not be possible without the expertise, tireless hours, conscientious and objective evaluation efforts of the current all-volunteer LNF Scholarship & Awards Committee: Catherine Cormier, Carol Gordon, Maxine Johnson, Barbara Moffett, and Ann Warner, along with additional new members this year: Jennifer Barrow & Stephanie Pierce (ex-officio as new Education Council Chair), Noelyn Hyde (LNF President) & Debra Shelton (LNSA Treasurer) also serve ex-officio. LSNA staff members, Rita Finn, Carol Cairo, and Enchantra Anderson have contributed much to the efficient processing of all these scholarships.

We invite you to join the next generation of leaders in healthcare. University Health is seeking qualified nursing candidates to fill positions at our acute care hospitals in Shreveport and Monroe.

University Health System (formerly LSU Health Sciences Center) is the proud clinical partner of the distinguished LSU Health Shreveport School of Medicine. With acute care hospitals in Shreveport and Monroe, University Health offers the latest developments in medical care in North Louisiana through our partnership with LSU Health Shreveport School of Medicine. As an academic hospital, University Health upholds a strong commitment to state-of-the-art treatment, clinical research, community education and prevention programs.

**Shreveport Campus**
- Perinatal Unit
- Labor Unit
- Renal Unit
- Surgery Unit B
- CC Stepdown
- Psychiatric Inpatient Unit Manager
- Surgery ICU
- Neuro ICU

**Monroe Campus**
- Manager of Case Management
- Operating Room Manager
- Critical Care
- Post Partum

Please visit our website at [https://careers.uhsystem.com/](https://careers.uhsystem.com/) to apply for the above listed positions for which you qualify. We provide outstanding benefits and competitive compensation.

For more information regarding University Health, please visit [uhsystem.com](http://uhsystem.com).

University Health is an Equal Opportunity/Affirmative Action Employer.

by Lisa Deaton, BSN, RN and Frances Finley, MSB, BSN, RN

Discussions about nurse staffing ratios and safe patient handling have become more prevalent nationwide, including at meetings of both the Louisiana State Nurses Association (LSNA) Board of Directors and at the 14th annual ANA/CSNA Lobbyists meeting in September. LSNA Health Policy and Workplace Advocacy chairs, therefore decided to bring the discussion of these significant issues to registered nurses across the state.

The role of LSNA is to support and serve all levels of registered nurses in Louisiana through ethical leadership, professional growth, and effective advocacy to promote excellence in health care. The Health Policy Committee’s primary responsibilities are to keep membership informed about important legislation pertinent to nursing, to recommend a position on legislation related to nursing and healthcare issues, and to initiate legislative action to promote nursing or improve healthcare for the citizens of Louisiana. The Workplace Advocacy Committee’s primary responsibilities are to respond to problems in the workplace, congregate with the LSNA’s policies and procedures, and to advise the Board of Directors on issues relating to problems in the workplace.

Safe patient handling is a vitally important issue to nursing and to quality patient care. ANA has led a fight related to problems in the workplace.

Healthcare costs and improving the safety of patient care delivery.

Another issue of importance is how staffing impacts patient safety and quality of care. There is research identifying a relationship between adverse outcomes and the number of RN’s in the mix on an inpatient unit. There are also a number of studies showing the use of mandatory nurse-patient ratios does not improve patient outcomes. However, studies have reported implementation of nurse patient ratios having a positive effect on nurse satisfaction. Nurse staffing is a complex issue which does not appear to have a definitive solution. Therefore, more discussion about nurse staffing and the impact on quality of care is needed.

LSNA’s current chairs for Health Policy, Lisa Deaton, and Workplace Advocacy, Frances Finley, invite staff nurses to open a dialogue on these two issues. As Registered Nurses, we need to step up and take responsibility for being the change agents to ensure quality nursing and patient care. We need to understand more about what is impacting safe staffing and safe patient handling. The following questions are suggested to prompt further constructive dialogue:

- What can nurses do to improve our workplace environment?
- Do nurses have adequate safe handling equipment available?
- Do nurses have adequate education on how to use available equipment?
- Are staff using safe handling assistive equipment available and following proper protocols?
- Who is responsible for determining adequate nurse staffing?
- Are staff registered nurses involved in the staffing policies/plans/committees?

Please contact either of the following LSNA board members to share your responses regarding these significant nursing issues:

Health Policy Chair – Lisa Deaton, larmaz1@aol.com
Phone: 225-933-3242 OR
Workplace Advocacy Chair – Frances Finley, ranecmasdon@yahoo.com, Phone: 318-794-5794

When disasters strike, emergencies overpower your community, and first responders are overwhelmed...

Who is next in the line of defense?

Volunteers:
Please register today, Louisiana may need you.

www.lava.dhh.louisiana.gov

NURSING FACULTY – The University of Louisiana at Lafayette operates Department of Nursing, invites applications for nine-month faculty positions in CONE accredited BSN and MSN programs. Successful candidates will be responsible for clinical and classroom instruction of students in a competitive, technology-based learning environment. Faculty expectations include active participation in scholarly activities such as research and publication. Qualifications include a minimum of a master’s degree in clinical nursing, two years of nursing practice, and eligibility for licensure as an RN in Louisiana. An earned doctorate and previous experience teaching at the BSN and/or MSN level is preferred.

Contact: Dr. Gail Poirier, Dean, College of Nursing and Allied Health Professions, University of Louisiana at Lafayette, P.O. Box 42490, Lafayette, LA 70504. Phone (337) 482-6408, Website: http://www.nursing.louisiana.edu/EOA/A
http://agd.louisiana.edu/publications/faculty-handbook,
Faculty-Handbook.pdf

Nursing and to quality patient care. ANA has led a fight relating to problems in the workplace.

Procedures, and to advise the Board of Directors on issues of Louisiana. The role of LSNA is to support and serve all levels of registered nurses in Louisiana through ethical leadership, professional growth, and effective advocacy to promote excellence in health care. The Health Policy Committee’s primary responsibilities are to keep membership informed about important legislation pertinent to nursing, to recommend a position on legislation related to nursing and healthcare issues, and to initiate legislative action to promote nursing or improve healthcare for the citizens of Louisiana. The Workplace Advocacy Committee’s primary responsibilities are to respond to problems in the workplace, congregate with the LSNA’s policies and procedures, and to advise the Board of Directors on issues relating to problems in the workplace.

Safe patient handling is a vitally important issue to nursing and to quality patient care. ANA has led a fight related to problems in the workplace.

Healthcare costs and improving the safety of patient care delivery.

Another issue of importance is how staffing impacts patient safety and quality of care. There is research identifying a relationship between adverse outcomes and the number of RN’s in the mix on an inpatient unit. There are also a number of studies showing the use of mandatory nurse-patient ratios does not improve patient outcomes. However, studies have reported implementation of nurse patient ratios having a positive effect on nurse satisfaction. Nurse staffing is a complex issue which does not appear to have a definitive solution. Therefore, more discussion about nurse staffing and the impact on quality of care is needed.

LSNA’s current chairs for Health Policy, Lisa Deaton, and Workplace Advocacy, Frances Finley, invite staff nurses to open a dialogue on these two issues. As Registered Nurses, we need to step up and take responsibility for being the change agents to ensure quality nursing and patient care. We need to understand more about what is impacting safe staffing and safe patient handling. The following questions are suggested to prompt further constructive dialogue:

- What can nurses do to improve our workplace environment?
- Do nurses have adequate safe handling equipment available?
- Do nurses have adequate education on how to use available equipment?
- Are staff using safe handling assistive equipment available and following proper protocols?
- Who is responsible for determining adequate nurse staffing?
- Are staff registered nurses involved in the staffing policies/plans/committees?

Please contact either of the following LSNA board members to share your responses regarding these significant nursing issues:

Health Policy Chair – Lisa Deaton, larmaz1@aol.com
Phone: 225-933-3242 OR
Workplace Advocacy Chair – Frances Finley, ranecmasdon@yahoo.com, Phone: 318-794-5794

December 2013, January, February 2014

Barbara Morvant continued from page 1

honorary membership, Louisiana State Nurses Association Hall of Fame, Louisiana State Nurses Association Special Recognition for Legislative Efforts for Revising the Nurse Practice Act, NCSBN Outstanding Leadership Award, and NCSBN Leading in Nursing Regulatory Executive Officer Recognition award. Ms. Morvant has served as Chair of the Nursing Supply and Demand Council from 2011 to 2013 and as a member of the Louisiana Health Work Executive Committee from 2011 to 2013. She actively engaged with nursing education administrators throughout Louisiana on the Louisiana Council of Administrators in Nursing Education (LaCAN). Her research and scholarly endeavors included editorials in the Pelican News and Examiner. She serves on the editorial board of the Journal of Nursing Regulation. She conducted research analyzing selected variables as related to the performance on cognitive tests. Ms. Morvant has engaged in local, state, and national presentations on a variety of topics to include “Power and Politics;” “Legislative Issues Facing Nursing Today;” “Role of Professional Organization in Developing the Profession;” and numerous presentations to faculty, students and nurses on the Nurse Practice Act and Rules and Regulations governing the practice of nursing.

During her tenure as Executive Director, Ms. Morvant worked with LSBN members to achieve several milestones to enhance but not limited to:

- Establishing the Recovering Nurse Program;
- Establishing the Louisiana Center for Nursing;
- Initiating criminal background analyses for all licensees and nursing students;
- Reenactment of the Nurse Practice Act to include licensure of Advanced Practice Registered Nurses including prescriptive authority;
- Reestablishment and purchase of the LSBN office in Baton Rouge, Louisiana following the aftermath of Hurricane Katrina;
- Development of a partnership with American Association of Retired Persons (AARP) to establish the Louisiana Action Coalition for the Future of Nursing; and
- Implementation of computer adaptive testing NCLEX-RN exam in Louisiana.

Ms. Morvant’s legacy is framed by vision, leadership, regulatory excellence, relationship building among the nursing community constituents, guidance and support to LSBN Board members, and the advancement of nursing practice for Registered Nurses and Advanced Practice Registered Nurses. We are pleased that Ms. Morvant will remain available to the nursing community to provide her guidance and wisdom during the LSBN Executive Director’s transition period and to consult on state and national level nursing regulatory and practice issues. She plans to spend time with her family but remain available to support the advancement of nursing nationally and especially in Louisiana.

LSUE EUNICE

Barbara Morvant continued from page 1

Program Director
ASN Program

This is a 12-month administrative position with academic rank. Requirements:
- Minimum of a Baccalaureate and Masters Degree in Nursing
- Three years experience in clinical practice.
- Three years experience in nursing education.
- Previous management/administrative experience preferred. Experience with ACAE accreditation.

Submit letter of application, resume, unofficial transcripts, and names, titles, addresses, and phone numbers of three references.

Contact: Dotty McDonald, Chair, Search Committee, LSUE PO Box 1129, Eunice, La 70535 337-550-1357 dmcdonal@lsue.edu
Providers of continuing nursing education frequently have questions related to co-providing or sponsoring individual education activities. ANCC/LSNA standards state that approved providers of continuing nursing education may provide, but may not approve individual education activities. In order to become an approved provider of continuing nursing education, a provider application must be submitted to an ANCC accredited approved provider unit such as LSNA. Once that process is completed, LSNA approved CNE providers may provide as many CNE activities as they wish during the three year approval period. At least four months prior to the expiration of the approval period, the provider should submit another provider application. Providers may also submit an application directly to ANCC to become an accredited provider of CNE. Individuals or organizations may also submit an individual education activity application to an accredited approved unit such as LSNA at least sixty days in advance of the event date. Once that process is completed, contact hours for continuing nursing education may be awarded for that activity. Sometimes various organizations approach approved providers requesting that contact hours be provided for an educational activity. Approved providers of CNE may not approve (or provide contact hours) for an educational activity that has been planned or developed independently by an individual, group or organization. Confusion may exist related to careless or inappropriate use of terminology. While approved providers may not “approve” individual education activities, activities may be co-provided or sponsored. In that situation, a nurse planner from the approved provider unit must serve on the planning committee with representatives from the group co-providing or sponsoring the activity. Objectives and content for the activity must be developed by the planning committee to fit the identified gap in knowledge, skills or practice. The primary nurse planner for the provider unit should perform a “quality check,” but may not “approve” a CNE activity.

Co-providing or co-providership is defined as two or more organizations working together to plan an educational activity. The provider of the activity is the organization that awards ANCC contact hours. The co-provider(s) are the other organizations working with the provider. A commercial interest organization may not be a co-provider or co-provder of an educational activity. The provider of the educational activity retains overall accountability for:

• Determining educational objectives and content
• Selecting planners, presenters, speakers, faculty, authors, and/or content reviewers
• Awarding contact hours
• Recordkeeping procedures
• Evaluation methods
• Management of commercial support or sponsorship

Details related to the collaboration are documented in co-provider agreement. Both groups must complete and sign either a co-provider or co-sponsor form as is appropriate. The approved provider unit maintains responsibility for adhering to the ANCC/LSNA CNE criteria. Learners must be informed if the educational activity was co-provided (required disclosure).

Complete accreditation criteria, definitions, and application information are available in the ANCC Primary Accreditation Application Manual. Sample co-provider and sponsorship agreements are available at http://www.lsona.org/provide-ecourse.html.

As ANCC accredited organizations view the future landscape of continuing education, there is much discussion about interprofessional continuing education (IPE). Defined by the World Health Organization in 2010, IPE is “when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.” The goal of IPE is to improve collaborative practice in the health care setting, and positively impact health outcomes. As ANCC accredited organizations view the future landscape of continuing education, there is much discussion about interprofessional continuing education (IPE). Defined by the World Health Organization in 2010, IPE is “when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.” The goal of IPE is to improve collaborative practice in the health care setting, and positively impact health outcomes.
for content provided through orientation, skills training, BLS, ACLS, PALS, NRP or similar courses if the content addresses a gap in knowledge, skills, and/or practices for the target audience.

**CONFLICT OF INTEREST OR NOT? OPPORTUNITY TO TEST YOURSELF:**

The issue of whether or not a planning committee member or speaker has a conflict of interest, continues to be an area that is often questioned by individuals and providers alike. The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity and has a financial relationship with a commercial interest, the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

*Commercial interest, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

- **Employees of commercial interest organizations** are not permitted to serve as planners, speakers, presenters, authors and/or content reviewers if the content of the educational activity is related to the products or services of the commercial interest organization.
- **Employees of commercial interest organizations** are permitted to serve as planners, speakers, presenters, authors and/or content reviewers if the content of the educational activity is NOT related to the products of the commercial interest organization.
- **Individuals who have non-employee relationships with commercial interest organizations** (see bullet 2 below) are permitted to serve as planners, speakers, presenters, authors and/or content reviewers as long as the Provider has implemented a mechanism to identify, resolve and disclose the relationship as outlined in these standards.

**Avoiding利益 Conflicts**

If the Nurse Planner/planning committee has identified a conflict prior to the start of the educational activity, the Nurse Planner/planning committee must carefully evaluate the education activity. To be sure, the Nurse Planner/planning committee must clearly evaluate the speaker’s Biographical/Conflict of Interest disclosure form.

**ANSWERS!**

**a. PLANNING COMMITTEE CONTENT EXPERT ON SPEAKER’S BUREAU FOR A COMMERCIAL INTEREST ORGANIZATION:**

According to accreditation criteria, “financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.”

Based on this definition, Jane Smith has a conflict of interest because she is a member of a speaker’s bureau for a company that produces drugs for diabetes and the content of the educational activity is relevant to the products or services of the commercial interest organization (management of diabetes).

**b. PLANNING COMMITTEE MEMBER WITH SPOUSE EMPLOYED BY A COMMERCIAL INTEREST ENTITY:**

The topic for this conference is not related to pacemakers therefore, Lisa would not have a conflict of interest. (Note: Lisa would have a COI if the topic was related to pacemakers, such as treatment of cardiac dysrhythmias.)

**c. SALES REPRESENTATIVE ON PLANNING COMMITTEE:**

There is insufficient information to make a decision about whether Jack has an actual or potential conflict of interest. Questions to consider include: What is the topic of the CE activity? What is the purpose of including Jack on the planning committee?

**d. KEYNOTE SPEAKER WITH BOOK:**

This speaker can influence learners but does not appear to have a financial relationship with a commercial interest organization related to the content of this educational activity. To be sure, the Nurse Planner/planning committee should closely evaluate the speaker’s Biographical/Conflict of Interest disclosure form.

**e. AUTHOR AND RELATIONSHIP WITH A COMMERCIAL INTEREST ORGANIZATION:**

It appears this author does have an actual conflict of interest. The Nurse Planner/planning committee must evaluate the discrepancy between the conflict of interest declaration by the author and the materials forwarded from the assistant. If an actual conflict of interest exists, it is the responsibility of the Nurse Planner to resolve the identified conflict prior to the start of the educational activity.

**How did you do? If you have any questions, please contact us. We welcome questions on any aspect of the continuing education.**

Please continue to check the LSNA website for updated provider and individual educational activity application forms, criteria, instructions and review forms. LSNA also has several copies of 2013 ANCC Mini-Manuals for Educational Design Process, Approved Providers and Individual Activity Applicants for sale for $20 each or two for $35. Please call 225-351-0993 to order a copy.

**References**

Chappell, K. ANCC Accreditation Program Newsletter, September & October, 2013

2013 ANCC Primary Accreditation Application Manual

**Now test yourself!**

a. Jane Smith is being considered to serve as a content expert on your planning committee. She is also on the speaker’s bureau with a commercial entity, which produces drugs for diabetes. The conference is about the latest research in diabetes management.

b. Lisa Taylor is being considered to serve as a content expert on your planning committee. Her husband is vice president of a company that produces pacemakers. The topic for the conference is horizontal violence.

c. Jack Williams is a sales representative with a pharmaceutical entity and is being considered to serve on your planning committee.

d. The individual being considered as the keynote speaker is an expert in the topic of women’s health and wrote a best-selling book on the topic. The conference is about implementing the latest research findings on women’s health.

e. The author of a web-based learning activity on special considerations for people with arthritis has declared no conflict of interest on his biographical data form. When his assistant sends you a copy of the author’s publicity statement, you discover he wrote multiple books on arthritis and produced a topical ointment for patients with arthritis.

**LSU Alexandria Nursing Programs**

**Seeking FACULTY POSITION for Department of Nursing**

The LSU Nursing Programs ASN and RN-BSN are accredited by ACEN (formerly NLNAC) and includes 11 faculty members.

**FACULTY POSITION Full-Time-Tenure Track**

Responsibilities include teaching theory and clinical instruction in both ASN and RN-BSN programs, academic advising, scholarly activity, and community service.

**Qualifications:** Applicants should have an earned doctorate in nursing or related field, Master’s degree in Nursing, excellence in teaching in the academic or service setting, licensed to practice nursing in LA, and at least 5 years of full-time clinical nursing experience.

Interested applicants should submit a letter of application, a current curriculum vitae, letters of recommendation, and official copies of all transcripts to:

Dr. Elizabeth A. Battalora
Department of Nursing
Louisiana State University at Alexandria
3180 Hwy 71 South
Alexandria, LA 71302

The position will be open until filled

LSUA is an Affirmative Action/Equal Opportunity Employer

www.dubuis.org/  
Come join our team!  
Dubuis Hospital of Lake Charles is faith-based Long Term Acute Care (LTAC) hospital. We specialize in medically complex patients with an average stay of 25 days.

Current Opportunities Include:

Registered Nurse  
FT & PRN / Day and Night

Competitive Salaries, Comprehensive Benefits, Team Environment, and 12 hr. Shifts.

Apply Online @ www.dubuis.org  
Call: Ashley Haskins at: 469-282-2382 or email: ashley.haskins@christushealth.org  
EOE

December 2013, January, February 2014

**Current Opportunities Include:**

- **Registered Nurse**
  - FT & PRN / Day and Night
  - Competitive Salaries, Comprehensive Benefits, Team Environment, and 12 hr. Shifts.

  **Come join our team!**

  Dubuis Hospital of Lake Charles is faith-based Long Term Acute Care (LTAC) hospital. We specialize in medically complex patients with an average stay of 25 days.

  Current Opportunities Include:

  - **Registered Nurse**
    - FT & PRN / Day and Night
    - Competitive Salaries, Comprehensive Benefits, Team Environment, and 12 hr. Shifts.

  Apply Online @ www.dubuis.org

  Call: Ashley Haskins at: 469-282-2382 or email: ashley.haskins@christushealth.org  

  EOEO
Braving the balmy breezes of Tropical Storm Karen, members of the Louisiana Council of AORN Chapters met with student nurses at their 59th annual LASN (Louisiana Association of Student Nurses) State Convention October 4th–5th, 2013, at the Crowne Plaza Hotel in Baton Rouge. Creating a mock “OR,” the Association of periOperative Registered Nurses representatives Ramie Miller (New Orleans President/LA State Treasurer), Shana Bounds (Baton Rouge President), Nathalie Walker (New Orleans VP/State Legislative Chair), and Carrie Thomson (New Orleans BoD) engaged students in exciting educational discussions on the use of the various surgical instruments on the Surgical “back table,” nursing functions during many important surgical procedures, and an opportunity to see behind the double doors, with two Q&A focus session presentations entitled, “A Day in the Life of a Perioperative Nurse.”

Word spread quickly, and soon students were stopping by to learn about complications in Laparoscopic Surgery, ask about sterile technique, or, just take a look at the long “femur” on the back table. LASN President, Kelsea Bicce, a current student member of AORN, stopped by, with Baton Rouge members Lindsey Gueho, Julie Allen, and Past AORN President, Sheila Allen, also engaging in numerous dialogues with new students about expanding education, and perioperative career opportunities with some of the senior nursing students.
Future of Nursing News

Louisiana’s Multi-Regional Statewide Nursing Workforce Forecasting Model

Submitted by Cynthia Bienemy, RN, PhD
Director, Louisiana Center for Nursing

In 2012, the Louisiana Center for Nursing (LCN), a division of the Louisiana State Board of Nursing (LSBN), received funding from the Louisiana Health Works Commission (LHWC) and LSBN to develop a nursing workforce forecasting model that can be used to predict supply and demand for Registered Nurses (RNs), Advanced Practice Registered Nurse (APRNs), and Licensed Practical Nurse (LPNs) through 2020 at both the regional and statewide level. Consultants from The Center for Health Affairs in Ohio that were responsible for developing the Northeast Ohio Nursing Initiative Nursing Workforce Forecaster were asked to work with LCN to develop a forecasting model for Louisiana.

An initial forecasting model design meeting was held with stakeholder groups which included, but was not limited to, members of the Louisiana State Board of Nursing, the Louisiana State Board of Practical Nurse Examiners, the Nursing Supply and Demand Commission, the Louisiana Health Works Commission, the Louisiana State Nurses Association, and the Louisiana Hospital Association to help the team of experts that would be developing the model understand what they wanted in a forecasting model, what they wanted the forecasting model to be able to do, to describe the uniqueness of Louisiana’s health care system, regional demarcations, workforce and politics. The stakeholders were instrumental in providing Louisiana specific data related to the nursing workforce, politics. The stakeholders were instrumental in providing Louisiana specific data related to the nursing workforce, region by region, and nurse staff ratios in various health care settings. It was important to understand the landscape of Louisiana, as well as to engage the stakeholders in the process from the beginning to the end of development of the forecasting model. It was important to understand the information needed by policymakers in order to make informed decisions about Louisiana’s nurse workforce (McEllistrem-Evenson, 2009).

The Louisiana Multi-Regional Statewide Nursing Workforce Forecasting Model offers a unique and powerful tool to both monitor and forecast changes in the supply of and demand for nursing, region by region and healthcare setting by setting, across the state. It provides a mechanism for employing the annual nurse registration data in the state and, over time, will establish trends in nurse utilization, career development, and nurse education. The Health Resources and Services Administration (HRSA) supply and demand structure that it uses is well established and applied in many states. But, unlike HRSA, that projects national figures and then allocates a share to each state, the Louisiana model begins with eight regional models, representing the eight regional labor market areas (RLMA) in Louisiana, for each type of nurse, and aggregates them to a statewide model. This bottom up approach is both more accurate and allows each region to have an independent model for its nurse workforce analysis. Louisiana’s Multi-Regional Statewide Nursing Workforce Forecasting Model may be the only nursing workforce forecasting model that has the ability to predict the supply and demand for RNs, APRNs, and LPNs at both the regional and statewide level, and identify gaps (shortages or surpluses) at each level. Because of the flexibility in the design, the model can be updated with new data at any time. Assumptions in the model can also be adjusted based on additional data that becomes available such as an increase or decrease in nurse patient ratios, staffing patterns, changes in the regional or statewide healthcare delivery systems, advancements in medical technology, and importation or exportation of health care in and out of the region or state.

Unlike many workforce models that are actually just forecasts of the demand and supply of nursing, the Louisiana model allows the user to manipulate the basic assumptions in each regional model with regard to utilization of nurses in each healthcare setting and the expected change in that utilization going forward. It allows for “what if” analysis that can be a powerful policy tool when discussing different approaches to meeting the nursing needs of each region and for the state as a whole. It has the capacity to include export sales of healthcare resulting from serving out of state patients. And, it allows the user to look at various changes in demand due to migration of the population.

The Model

Although referred to as a ‘Model’, the Louisiana Multi-Regional Statewide Nursing Workforce Forecasting Model is actually a tool, not a forecast, which is designed to allow for adjustments of the assumptions within the model which reflect nursing supply and demand.

The Demand Model

The demand side of the model marries three general pieces of information:
- Population demographics, in particular the size, age, gender, and degree of urbanization of the population;
- The amount of healthcare (by setting) required by the population;
- The number of nurses required to provide each ‘unit’ of healthcare.

The Supply Model

The supply side of the model is based on the number of nurses working in each region by their age. It marries three pieces of information in each region:
- The number of newly licensed nurses (RNs, APRNs, and LPNs);
- The demographics of the nurse workforce (in particular, age); and
- The work patterns of the nurse workforce (in particular, the number of hours worked).

Policy Implications for the Forecasting Models

A number of key assumptions regarding the future of healthcare and changes in the nursing workforce can be easily changed in each model to provide a range of future forecasts. Used in this way, the models become policy tools that can help identify the most effective way to manage any anticipated shortages in the availability of nurses.

The Louisiana Multi-Regional Statewide Nursing Workforce Forecasting Model was thoroughly commented, documented, debugged, tested, and verified, throughout the development process and a thorough quality control check was performed by a team of researchers post-development. Throughout the development phase, model performance was continually compared to the time study data and was reviewed with the quality control team who gave feedback on the accuracy of the results. This iterative development process, although time-consuming, helped establish credibility with the stakeholders and trust in computer-generated analyses.

For more information about the Louisiana Multi-Regional Statewide Nursing Workforce Forecasting Model contact Dr. Cynthia Bienemy at cbi@lsbn.state.la.us.
Media, politics, and skepticism aside, if there is one 'environmental health' issue that has gained exponential momentum since I began working with Health Care Without Harm in November 2011, it is the global consensus that humans are significantly contributing to the changing climate of our planet, and the health of our population is suffering as a result. Within the scientific community there is little doubt that the rapid pace of our Earth's warming is anthropogenic, directly correlated to the buildup of greenhouse gases resulting from human activity (IPCC, 2007).

The Science of Climate Change

Carbon is the building block of all living organisms on our planet. The combustion of fossil fuels (primarily coal, petroleum, and natural gas) releases carbon into the air as carbon dioxide (CO2). Water vapor, CO2, methane, nitrous oxide, and ozone are the primary components that make up our Earth's greenhouse gases (GHG), which absorb and emit radiation and impact our planet's temperature (CO2 accounts for 84% of GHG from human activity in the U.S.). Carbon dioxide is constantly exchanged between the atmosphere and earth's oceans and ecosystems, yet CO2 emissions and removal tend to balance naturally. The burning of fossil fuels since the beginning of the Industrial Revolution has contributed an estimated 40% of GHG from human activity (IPCC, 2007). Carbon dioxide is constantly exchanged between the atmosphere and earth's oceans and ecosystems, yet CO2 emissions and removal tend to balance naturally.

Carbon dioxide is the primary greenhouse gas in our atmosphere, responsible for trapping heat and warming the planet. The Industrial Revolution began in the late 18th century and since then humans have released CO2 emissions into the atmosphere at an accelerating rate. The burning of fossil fuels such as coal, oil, and gas has been the primary contributor to these emissions, which have increased by 40% since 1850 (IPCC, 2007).

Increased atmospheric CO2 from human impact such as automobile emissions and industrial/hospital air pollution may be more apparent than other known causes: deforestation, anesthesia gas emissions, and the livestock industry (Anderko, 2012). A 2010 study by Andersen et al. evaluated the climate impact of widely used inhalation anesthetic gas emissions. Researchers quantitatively assessed the impact of sevolurane, desflurane, and sevoflurane, measuring detailed properties of their infrared heat, absorption and atmospheric lifetimes to estimate global warming potential. Research findings estimate that annual U.S. surgery related emissions of these halogenated compounds heat our climate as much as one coal-fired power plant or 1 million cars. Desflurane was found to be the most harmful anesthesia gas with 1.620 times the global warming impact of an equal amount of CO2 (Andersen et al., 2010).

The September 2013 report “Tackling climate change through livestock” offers a detailed assessment of the magnitude and opportunities for GHG emission reduction through livestock products. The livestock industry represents an estimated 14.5 percent of all human-induced emissions and is projected to grow 70 percent by the year 2050 (United Nations Food and Agriculture Organization, 2013). The Health Care Without Harm Balanced Menus program offers hospitals a free roadmap and tracking system to serve healthy food, mitigate climate change, and reduce purchasing costs. For more information, please visit www.healthyfoodinhealthcare.org.

Weart, S., 2013). The earth's parts-per-million (ppm) to currently approximately 400 ppm threshold for the first time in an estimated three million years. The increase in atmospheric CO2 has been measured here since 1958, increasing by approximately 2ppm per year since then (Keeling Curve, 2013). This number has been widely recognized by the U.N. as the level at which our climate could drastically worsen the viability of our planet. To put 400 ppm into perspective, consider reading insight from NASA climate scientists here: http://climate.nasa.gov/400ppmquotes/.

CO2 Emissions from Human Activity

Increased atmospheric CO2 from human impact such as automobile emissions and industrial/hospital air pollution may be more apparent than other known causes: deforestation, anesthesia gas emissions, and the livestock industry (Anderko, 2012).

Unnerving Evidence

On May 10, 2013, atmospheric carbon measured at the Mauna Loa Observatory in Hawaii surpassed the dreaded 400 ppm threshold for the first time in an estimated three million years. The increase in atmospheric CO2 has been measured here since 1958, increasing by approximately 2ppm per year since then (Keeling Curve, 2013). This number has been widely recognized by the U.N. as the level at which our climate could drastically worsen the viability of our planet. To put 400 ppm into perspective, consider reading insight from NASA climate scientists here: http://climate.nasa.gov/400ppmquotes/.

Increased atmospheric CO2 from human impact such as automobile emissions and industrial/hospital air pollution may be more apparent than other known causes: deforestation, anesthesia gas emissions, and the livestock industry (Anderko, 2012). A 2010 study by Andersen et al. evaluated the climate impact of widely used inhalation anesthetic gas emissions. Researchers quantitatively assessed the impact of sevolurane, desflurane, and sevoflurane, measuring detailed properties of their infrared heat, absorption and atmospheric lifetimes to estimate global warming potential. Research findings estimate that annual U.S. surgery related emissions of these halogenated compounds heat our climate as much as one coal-fired power plant or 1 million cars. Desflurane was found to be the most harmful anesthesia gas with 1.620 times the global warming impact of an equal amount of CO2 (Andersen et al., 2010).

The September 2013 report “Tackling climate change through livestock” offers a detailed assessment of the magnitude and opportunities for GHG emission reduction through livestock products. The livestock industry represents an estimated 14.5 percent of all human-induced emissions and is projected to grow 70 percent by the year 2050 (United Nations Food and Agriculture Organization, 2013). The Health Care Without Harm Balanced Menus program offers hospitals a free roadmap and tracking system to serve healthy food, mitigate climate change, and reduce purchasing costs. For more information, please visit www.healthyfoodinhealthcare.org.

Public Health Impacts of Rising Temperatures and Deteriorating Air Quality

Climate change health impacts can result from direct exposure to increased extreme weather events (e.g. heat waves, flooding) and changes in vector-borne diseases such as malaria (mosquitoes reproduce more rapidly in higher temperatures). They also occur indirectly via changes in water availability, temperature, and air quality-disrupting agricultural patterns, increasing allergies, respiratory, and diarrhea disease. Significant public health concerns also include well as mental health manifestations from all of the above (Knowlton et al., 2011).

The European heat wave of 2003 resulted in almost 70,000 deaths (Costello, et al., 2009). It is anticipated that those summer temperatures experienced in Europe will become the norm by the middle of the 21st century (World Health Organization, 2009). I lived in England the summer of 2003 in a seventh floor flat with no air conditioning. I remember dogs dying of heat exhaustion on the metro and elderly regularly collapsing on the sidewalks; I cannot imagine this becoming the norm.

This summer I hosted Dr. Wendy Ring, family practitioner and founder of “Climate 911.” Dr. Ring and other providers spent July until October riding their bicycles across the U.S. giving presentations on the health impacts of climate change in 25 cities along the way. The medical case studies and statistical correlations presented in Dr. Ring’s slides are thorough and free for public use: http://www.climate911.org/slideshows.html.

The remainder of this article will be published in the March 2014 issue.
Franciscan Missionaries of Our Lady Health System: Moving Elder Care Forward

by Alexis Wilkinson
Senior Services Strategy Coordinator - FMOLHS

The U.S. Department of Health and Human Services reports the fastest growing segment of the population is 85 years and older. In the next 30 years, this elder population will double in number to 8.5 million. These older adults are the core consumers of hospital services and have longer lengths of stay by almost two days when compared to their younger counterparts. They have higher rates of functional decline and medical errors. Optimal elder care requires evidence-based, age-appropriate skills and processes. Currently, healthcare has a skill gap largely due to an untrained workforce (IOM, 2008). Without proper training and inaction, costs of healthcare will continue to rise and elder adults will receive less than optimal care.

Our Lady of the Lake Regional Medical Center as well as the other Franciscan Missionaries of Our Lady Health System entities (St. Elizabeth’s Hospital, Gonzales, LA; Our Lady of Lourdes, Lafayette, LA; St. Francis Medical Center, Monroe, LA; and Senior Services Division) have been re-designated as Nurses Improving Care for Healthsystem Elders (NICHE). NICHE is a hospital-based, comprehensive program used to foster system-wide improvement in the care of older patients. Established in 1992 by Hartford Institute for Geriatric Nursing New York University College of Nursing, the NICHE network encompasses 450 facilities throughout North America. The accredited facilities are granted access and training to evidence-based clinical protocol which address Joint Commission “never events” as well as other geriatric initiatives. The goal of the NICHE program is to achieve systematic nursing change that will benefit the hospitalized older adult. Nurses as healthcare professionals have a responsibility to be knowledgeable concerning the aging process to be able to impact the care and health of the aging adult or older adult. NICHE provides tools and education to stimulate change in the culture of healthcare facilities to achieve optimal patient-centered care for older adults. NICHE focuses on programs and protocols that are predominantly under the control of nursing practice. In other words, nursing interventions have a positive impact on patient care for the older adult.

In addition to the valuable tools and training offered by NICHE, they also offer a Geriatric Nurses Certification (GRN). The GRN Core Curriculum is based on the book Evidence-Based Geriatric Nursing Protocols for Best Practice. It is a 20 hour online training course to further develop and enhance a nurse’s understanding of how to care for health system elders. To date, 22 nurses across the health system have been certified by NICHE with 7 nurses currently in training. NICHE and training to evidence-based clinical protocol which address Joint Commission “never events” as well as other geriatric initiatives. The goal of the NICHE program is to achieve systematic nursing change that will benefit the hospitalized older adult. Nurses as healthcare professionals have a responsibility to be knowledgeable concerning the aging process to be able to impact the care and health of the aging adult or older adult. NICHE provides tools and education to stimulate change in the culture of healthcare facilities to achieve optimal patient-centered care for older adults. NICHE focuses on programs and protocols that are predominantly under the control of nursing practice. In other words, nursing interventions have a positive impact on patient care for the older adult.

Our Lady of the Lake RMC: Heather Rannels, RN, BSN, CCRN, Lauri Allen, RN, CRNR, Diane Thomas, RN, CCRN, Lillian Tate, MSN, RNC, Loretta Craighton-Davis, BSN, RN, Rosalind Albarrado, RN, MN, CMSRN, Katherine Bullis, RN-BC, Leisa Kelly, MS, APRN-CNS, CEN and Jennifer Riley, RN, CRNN

Our Lady of Lourdes: Tracy Vincent, RN, CRNN, MSN, FNP-BC, Pauline Breaux, RN, Malana Badeaux, LPN, Dayna Umphries, LPN

St. Elizabeth’s Hospital: Pamela Kelly, RN, Rachel Wheeler, RN, Iris Wall, RN

St. Francis Medical Center: Kathy Roberts, MSN, BSN, CRNN, Kay Downey, RN, BSN, Doug Armstrong, BSN, RN, Sharon Hubanks, RN, BSN, Jennifer Brantley, RN, MSN, CRNA, Amy Owens, RN, BSN

Each FMOLHS facility also had representation at the National NICHE conference in Philadelphia PA April 10-12, 2013. Dr. Lindsay Bratton-Mullins, Assistant Professor at Our Lady of the Lake College had a poster presentation titled “Student Mentorship in Gerontology and Healthy Aging.” The Healthy Aging Mentor-Mentee program is designed for students interested in geriatric and healthy aging. This program provides students an opportunity to be mentored by a faculty member and a clinician or a researcher who has expertise in the area of gerontology/healthy aging. Leisa Kelly, MS, APRN-CNS, CEN also had a poster presentation titled Warmth Initiative for Senior Excellence (WISE). The WISE project was to test the effect of the application of a warm garment on body temperature, fall rates and patient satisfaction.


NLN Academy of Nursing Education Inductees

Left to Right are Dr. Marsha Adams, President of NLN, Dr. Debra Shelton and Dr. Beverly Malone, CEO of NLN.

Dr. Debra P. Shelton, EdD, APRN-CS, CNE, ANEF

On September 20, the NLN Academy of Nursing Education inducted two Louisiana nurse educators. The NLN Academy of Nursing Education fosters excellence in nursing education by recognizing and capitalizing on the wisdom of outstanding individuals in and outside the profession who have contributed to nursing education in sustained and significant ways. Fellows are expected to provide visionary leadership in nursing education and in the Academy, and to support the vision of the National League for Nursing. Inducted as Fellows were Dr. Debra Shelton and Dr. Jane Summer. Dr. Shelton is an Associate Professor at Northwestern State University and Dr. Jane Summer is a Professor at LSUHSC School of Nursing in New Orleans. Other Fellows of the Academy that hail from Louisiana are Dr. Sandra Brown from Southern University and A&M College.
Holiday Greetings from the Board & Staff of the Louisiana State Nurses Association

nursingALD.com
Access Pelican News as well as over 5 years of 39 State Nurses Association and Board of Nursing Publications.
Contact us at (800) 626-4081 for advertising information.

Fuel Up to Play 60
Calling All School Nurses!

Fuel Up to Play 60, the in-school nutrition and physical activity program from National Dairy Council, local Dairy Councils and National Football League, in collaboration with United States Department of Agriculture (USDA), is helping to make wellness part of the game plan in nearly 73,000 schools across the country.

School Nurses Make It Happen!
As School Nurses, you’re the program champion. You engage and empower students as they help implement Fuel Up to Play 60, and you encourage other adults to get involved, too.

You’ll have access to tools and resources, plus opportunities for funding, rewards and recognition for you and your school.

Every school needs one — or more!

Become a Program Advisor today! Join the movement at FuelUpToPlay60.com!