President’s Column

“Our Team”

Teresa Anderson, EdD, MSN, RNC-OB, NE-BC  
President, NNA

For many, January brings goals and renewed purpose inspired by the “fresh slate” of the New Year. (For some, it also signals the end of college football until the spring game – How about those Huskers!!?). As fans, we have rallied around our team(s) during the good, the bad, and the ugly. As nurses, should we also be called to join our colleagues as “team” to look ahead to prevent “losses” and “fumbles” for the wonderful nurses who practice this discipline?

There are many challenges facing our profession during these turbulent times of budget crises and healthcare reform. It will take proactive planning and attention to preserve the rights of every nurse to practice to the full scope of their education and licensure. In addition, it will take creativity to prepare our colleagues to practice within this new reality. Preparation not just for the cadre of new nurses launched by our excellent schools of nursing in Nebraska, but also those who are already in the workforce, and who may not know where to turn for guidance. Within the next several years, the focus of healthcare will shift much more to outpatient health promotion and disease prevention.

Recently, I had a lively discussion with Juliann Sebastian, the dean of my alma mater, the University of Nebraska, College of Nursing. We discussed the exciting plans for the new college of nursing building in Lincoln, being built on the UN-L east campus adjacent to the dental school. She shared with me her work to ease the matriculation of nurses educated in community colleges across the state by “preadmitting” them to the BSN program at the end of their first year of nursing education, and giving them “guaranteed placement for up to one year after completion of their associate degree.” As an associate degree graduate, who needed my RN wages to continue my education, I can easily relate to the needs of students in a similar situation or for whom the community college keeps them at home in rural Nebraska supporting their farming and ranching families. It was not long ago that universities were mixed in their acceptance of community college transfer credits. This is a salute to creativity and pre-planning. Programs like these are emerging in other schools across the state, and the Nebraska Assembly of Nursing Deans and Directors (a strong professional association) brings them all together for dialogue and collaboration.

But where does this leave those who are already practicing nursing? It is imperative that nurses in practice have easy access to the latest information on nursing in Nebraska. The Nebraska Nurses Association is working to become that resource. Many of you may have noticed our new website, which will continue to be enhanced in 2014, thanks to expanded platform capabilities and the dedicated time and expertise of Melissa Florell, NNA Director of State Affairs. Soon, our Facebook site and Twitter feeds will keep subscribers “in-the-know” about the latest nursing happenings and challenges, and provide real-time support to nurses encountering ethical dilemmas, practice challenges, and career decisions. By collaborating with other nursing associations and entities in our state and region, we will be in a position to advocate for the goals and needs of nurses across multiple settings and specialties, including long-term care, advanced practice, nursing leadership and education. By using our resources as one of three nursing associations in Nebraska with a paid lobbyist, we hope to create a strong voice for nursing. Projects like the UN-L College of Nursing building, may be supported to move forward sooner, as we make consumers aware of our unique contribution to safe, quality care.

With the support of our members and volunteers, the progress of the NNA will continue this year. We need significant membership growth to achieve these goals to protect and serve nurses across our state. For the cost of little more than one paid work hour per month ($23.75), your membership in NNA assures you the latest information, connects you quickly to colleagues with similar interests, and secures the future of your practice by monitoring legislation and health policy that may affect nursing. Check out www.nebraskanurses.org. Become a member of our “team” and you might just be surprised what a difference it can make to your nursing career.

Our Team

Teresa Anderson
Jill Kliethermes, Midwest Multistate Division Leader

2013 has been a year of opportunities for transformation both within the American Nurses Association (ANA) and the Midwest Multi-State Division (MSD). ANA has given us the opportunity to conduct this two (2) year pilot project on development of Multi-State Divisions. The following states are currently included in the Midwest MSD: Iowa, Kansas, Michigan, Missouri, Nebraska, North Dakota, and Wisconsin.

The Midwest MSD continues to work on implementing a stream-lined business operations model that leverages opportunities for transformation both within the State Nurses Associations (SNA) and ANA to enhance the multi-state operations. Through this joint, collaborative effort the Midwest MSD will be more efficient and profitable, allow for more effective advocacy and membership recruitment, and retention efforts in the SNAs. The overarching goal is for the SNAs to grow and become more vital and visible in the future.

We already have some successes to share; a coordinated phone system has been implemented to connect each of MSD states directly to a coordinated call center. The call center will have a live attendant daily from 8:30 a.m. to 4:30 p.m. A weekly news brief “Lighting the Way: A Professional RN Update, with state specific news” is now available for each MSD state to provide to their members. Our focus on Continuing Education (CE) is moving forward with opportunities for each MSD state to co- provide continuing education activities now and are working with the CE Implementation Taskforce on full development of the accredited provider and approved approver units for the MSD. A free webinar was offered in September to MSD SNA members; MSD states are working together on document development, best practices in membership and human resources. We have held two face to face meetings of SNA leaders in order to be the gold standard for interstate collaboration that affects positive membership growth and financial health for each SNA.

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Full-time assistant professor and instructor positions and temporary summer teaching positions for 2014 now available.

The College of Nursing is seeking fulltime assistant professor and instructor positions and part-time faculty in Sioux Falls and Aberdeen for the summer of 2014. (2013) is a land grant institution and the state’s largest institution of higher education with an enrollment of approximately 20,000 students. The College of Nursing includes CCNE accredited undergraduate standards, accelerated, RN completed and graduate programs with more than 100 students at multiple sites. For a detailed visit our website www.sdsu.edu/nursing/teach.php

For applications to apply to the fulltime positions, visit http://sdsujoblink.sdsu.edu For temporary summer teaching options, please call the number below. Applications will be screened as received and will continue to be accepted until positions are filled.

For additional information contact
Nancy Fahrenwald, PhD, RN, APHN-BC, Dean
Cell: 308-323-2006, Phone: 605-688-6287
Email: Nancy.Fahrenwald@sdsu.edu

SDSU is committed to affirmative action, equal opportunity and the diversity of the staff and student workforce and encourages qualified individuals with disabilities to apply. Arrangements for accommodations necessary for people with disabilities can be made by CD (504) 384-1004.

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Photo on front page: Scotts Bluff National Monument

Photo by: M. Forsberg, Nebraska DED

This newsletter is a service of the Nebraska Nurses Association and your receipt of it does not mean you are automatically a member. Your membership in support of this work is encouraged; please visit www.nebraskingu.org.
Celebrate Nursing! and the Positive Image of Nursing Awards

Featured Speakers
Bonnie and Mark Barnes
Co-Founders of the DAISY Foundation

Saturday, April 26, 2014
9:00 – 11:00 am
Georgetowne Club
2440 South 141st Circle, Omaha, Nebraska

Individual: $25.00
Reserved Table: $200.00 (8 seats)

On-line Registration Opens March 10, 2014
Visit www.nebraskanurses.org for link

Questions? Contact Anna@nebraskanurses.org

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District 1 members attended a joint meeting December 16 with District 4 members. There was informative discussion concerning the actions taken at House of Delegates at the annual convention in October. We are eager to participate in the invigorated Nebraska Nurses Association.

Nurses’ HEALE to Come to Nebraska Nurses in 2014

It has been widely recognized that the Lesbian, Gay, Bisexual, and Transgender (LGBT) population is at risk for increased health disparities and suffers from poorer health outcomes relative to non-LGBT individuals. It is similarly well established that, as a result of historical and continued discrimination in employment, public benefits, and other accommodations, LGBT individuals experience a greater rate of poverty, unemployment, and a lack of access to health care.

Most recently, the Institute of Medicine’s (IOM) report on the health of LGBT people recognized that, as a collective, these individuals and their subgroups experience unique health disparities. Historically, they have lacked access to culturally competent health care for their specific health needs. The Joint Commission has also recognized this health disparity and has encouraged all health institutions to train staff in issues of LGBT cultural competency.

Aging LGBT adults comprise a demographic with multiple barriers to care. In response to this imperative Howard Brown Health Center (HBHC) in Chicago has developed the Nurses’ Health Education About LGBT Elders (HEALE). HBHC received a Comprehensive Geriatric Education Program grant in 2009 from the Health Resources and Services Administration (HRSA). A six (6) hour cultural competency curriculum was developed, targeting nurses and other healthcare providers who deliver direct care to LGBT older adults.

The Nurses’ HEALE curriculum meets multiple national and professional imperatives. Content covers the following six (6) topics:

- An Introduction to LGBT Elders
- Health Disparities and Barriers to Care
- Sex and Sexuality in the Older LGBT Adult
- Legal and Financial Barriers to Care
- Transgender Elders
- HIV and Aging

Direct service providers who have gone through the training report feeling more comfortable and more competent in caring for LGBT older adults. Pre-test and post-test data collected from training session participants show an average knowledge gain of 20-50%. Program evaluations are overwhelming positive; participants generally remark that they wanted more time for discussion and interaction. As of November 2013, the HEALE team presented the curriculum to over 500 nurses and 700 other healthcare providers.

The Nurses’ HEALE curriculum provides a unique opportunity to augment aging LGBT patient-centered care and insures that nursing staff have the opportunity to expand their awareness of cultural competency, receiving best-practice tools to improve health care outcomes.

The Nebraska Nurses Association will sponsor a presentation of the HEALE curriculum on Thursday, April 17, 2014. A “Train the Trainer” session will be conducted on Friday, April 18, 2014. Ms. Cecilia Hardecker, RN, will travel from Chicago to present the curriculum and facilitate discussions for this important educational opportunity.

Ms. Hardecker is a graduate of the University of Nebraska Medical Center, College of Nursing.

Continuing Education Session: Thursday, April 17, 2014; 8:00 am - 4:30 pm
Location: Educational Service Unit (ESU) #3, 3949 S. 110TH Street, Omaha
Cost: $30 NNA members; $50 RN (non-NNA members), LPNs, and other healthcare disciplines

Train-the-Trainer Session: Friday, April 18, 2014; 8:00 am – 12N
Location: Nebraska Wesleyan University – Omaha, 11815 M Street, must attend 4/17/14 HEALE session
Cost: $100, contact Kate Pepin, kopepin@cox.net

Visit ClarksonCollege.edu for program information.
Greetings from District V.

It is my pleasure to introduce Kim Smith, BSN, RN as the New President of District V. She was elected to office in November 2013 and her initial meeting as President was on January 27. Kim is an Interventional Radiology (I/R) staff nurse at Regional West Medical Center in Scottsbluff, NE. Kim and her husband have two girls and one new baby boy. Her mother is newly elected NNA Secretary, Connie Merrill, BSN, RN.

Alicia Kurz, MSN, RN and Tianna Colwell, BSN, RN will remain secretary and treasurer for 2014. Each will work hard to make sure Kim has a successful year as President and the District continues to grow and prosper.

I would like to take this time to thank all members of District V as well as Terry Anderson, NNA President for her leadership and expertise. Without her, NNA would not be a success. All the best in 2014!

Kim Smith, BSN, RN
District V President

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In October several members attended the NNA convention in Kearney, NE. November inclement weather unfortunately caused our meeting to be cancelled. However in December, a meeting was held in Grand Island at the Perkins Restaurant. I want to extend thanks to Margaret Morris for taking time out of her schedule to arrange and re-arrange these meeting. Additionally, an invitation was extended to District 3 to join District 4; we were happy to have several members from District 3 join us. Douglass Haas presented those in attendance about some of the upcoming changes in the Association, the future of NNA, and the how these changes may affect the «Districts." District members present voiced their concerns, but are anxious to be unified. Meetings will continue on a scheduled basis. Our next meeting will be February 20, 2014 at the interstate truck stop. May each and every one have a healthy new year.
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Where is your career taking you?

Winter Safe Driving Tips

Driving in the winter means snow, sleet, and ice that can lead to slower traffic, hazardous road conditions and unforeseen dangers. Drive defensively and be prepared for an emergency. Always have your cell phone and charger with you.

Before the winter season begins, have your car tuned up and have your battery and voltage regulator checked, be sure to switch to a winter-weight oil if you’re not already using an all-season oil and put the these items in the trunk:
- Snow shovel
- Ice scraper and snow brush
- Jumper cables
- A properly inflated spare tire, wheel wrench, and jack
- Sand, cat litter, or another abrasive material for traction
- Tow chain or strap
- Flashlight with fresh batteries
- Flares or reflective triangles
- Candles or matches
- Sleeping bags or blankets
- High-energy foods such as dried fruit and nuts

Here are some points to remember while driving:
- Listen to the weather report before going on the road.
- Bridges and overpasses can be slippery. Drive carefully over these areas.
- When driving in heavy snow, turn your wheels from side to side to push snow out of the way. Remember, starting up on snow and icy roads calls for a gentle touch. Taking it easy on the gas pedal will help provide the traction needed to get moving on slippery surfaces.
- If you get stuck, don’t spin your wheels. You will only dig deeper in the snow.
- Gentle rocking might help get your car loose; however, to avoid transmission damage, check your owner’s manual for its recommended procedure.
- Driving slowly and avoiding abrupt changes in speed or direction will help you move safely on slippery surfaces.
- Ice is twice as slippery at 30 degrees as it is at 0 degrees. If you hit an icy spot and start to slide, don’t hit the brakes. Take your foot off the gas and steer in the direction you want to go.
- Always leave extra room between you and the car in front of you.
- Slow down gradually.
- When braking without anti-lock brakes, pump the brakes by depressing and releasing the pedal a few times. Don’t lock up the brakes because that will cause loss of steering control. Depress and hold anti-lock brakes, don’t pump.
- Don’t drive when you are tired.
- Don’t drink and drive. If you have too much to drink, ask a non-drinking friend to drive or call a cab.

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Where is your future taking you?
Health Education About LGBT Elders (HEALE)

PURPOSE
Promote the cultural competency of nurses and other health care professional gay, bisexual, and transgender elders.

OBJECTIVES and CONTACT HOURS
See posting and conference brochure at www.nebraskanurses.org

TARGET AUDIENCE PRESENTER
· Registered Nurses Cecilia Hardacker, RN
· Licensed Practical Nurses Director
· Social Workers Geriatric Curriculum
· Mental Health Professionals Howard Brown Health Center

AGENDA
0800 - 0830 Registration
0830 - 0840 Welcome and Introduction
0840 - 1040 Introduction to Older LGBT Adults
· Health Disparities and Barriers to Care
1040 - 1050 Break
1050 - 1150 Sex and Sexuality in the Older LGBT Adult
1150 - 1250 Lunch (included)
1250 - 1450 Legal and Financial Barriers to Care
· The Older Transgender Adult
1450 - 1500 Break
1500 - 1600 HIV and Aging
1600 - 1630 Q&A
· Evaluations

COST (includes lunch and break refreshments): $30 NNA Member; $50 Non-NNA Member; $15 Students

BROCHURE available at www.nebraskanurses.org

QUESTIONS? Contact Anna @ anna@nebraskanurses.org or 402.397.3202

TRAIN THE TRAINER SESSION available by reservation only ($100)
Friday, April 18, 2014
8:00 am – 12:00 pm
Nebraska Wesleyan University – Omaha campus
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Fatigued Nurses More Likely to Regret Their Clinical Decisions

A study in American Journal of Critical Care links nurse fatigue to increased decision regret

Fatigued nurses are more likely to express concern that they made a wrong decision about a patient’s care, according to a study in the January issue of American Journal of Critical Care (AJCC). “Association of Sleep and Fatigue With Decision Regret Among Critical Care Nurses” found that nurses impaired by fatigue, loss of sleep, daytime sleepiness, and an inability to recover between shifts are more likely than well-rested nurses to report decision regret. Decision regret is a negative cognitive emotion that occurs when an actual outcome differs from the desired or expected outcome. For nurses, it reflects concerns that the wrong decision may have been made regarding patient care. Although decision regret reflects previous decisions and adverse outcomes, it may also contribute to work-related stress and compromise patient safety in the future. This link between nurse fatigue and decision regret adds to the body of evidence that supports the need for appropriate staffing to ensure the use of fatigue management strategies to promote both patient safety and a healthy work environment.

Lead author Linda D. Scott, RN, PhD, NEA-BC, FAAN, is associate dean for academic affairs and work environment. Registered nurses are increasingly being recognized as leaders in transforming the health care system to meet the burgeoning demand for prevention, wellness and primary care services with a focus on improving quality and managing costs. In addition to their clinical expertise, they are being sought out to serve in a variety of new roles, such as care coordinators and wellness coaches, and in leadership roles.

As millions of Americans are able to access health care coverage through the Affordable Care Act, ANA and its constituent and state nurses associations will continue to advocate for measures that will allow the public to benefit fully from nurses’ skill and expertise. For the past 12 years, the public has voted nurses as the most ethical and honest profession in America in Gallup’s annual survey. This year, 82 percent of Americans rated nurses’ honesty and ethical standards as “very high” or “high,” a full 12 percentage points above any other profession.

Nurses consistently capture patient and public trust by performing in accordance with the Code of Ethics for Nurses that supports the best interests of patients, families and communities.

The public continues to rate nurses as the most trusted profession, according to this year’s Gallup survey that ranks professions based on their honesty and ethical standards. “Nurses are on the front lines of health care. We advocate on patients’ behalf whether we are at the bedside or in the boardroom,” said American Nurses Association President Karen A. Daley, PhD, RN, FAAN. “Patients understand that nurses are committed to improving the quality of their care, and this poll reflects the high regard they have for the profession.”

Registered nurses are increasingly being recognized as leaders in transforming the health care system to meet the burgeoning demand for prevention, wellness and primary care services with a focus on improving quality and managing costs. In addition to their clinical expertise, they are being sought out to serve in a variety of new roles, such as care coordinators and wellness coaches, and in leadership roles.

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Lead author Linda D. Scott, RN, PhD, NEA-BC, FAAN, is associate dean for academic affairs and an associate professor at the University of Illinois at Chicago College of Nursing. Cynthia Arslanian-Engoren, RN, PhD, ACNS-BC, FAHA, FAAN, and Milo C. Engoren, MD, FCCM, from the University of Michigan, Ann Arbor, served as co-authors. “Registered nurses play a pivotal role as members of the healthcare team, but fatigued and sleep-deprived critical care nurses put their patients and themselves at serious risk,” Scott said. “Proactive intervention is required to ensure that critical care nurses are fit for duty and can make decisions that are critical for patients’ safety.”

Critical care nurses and their employers must acknowledge the effect of fatigue, sleep deprivation and excessive daytime sleepiness on clinical performance and patient outcomes and must engage in strategies to mitigate these impairments. Healthcare employers should implement scheduling models that maximize management of fatigue, ensure that support resources for clinical decisions are available, and encourage the use of relief staff to provide completely relieved work breaks and strategically planned nap times. “By working together to manage fatigue, critical care nurses and employers can ensure patients receive care from alert, vigilant, and safe employees,” Scott said.

For the study, more than 600 nurses working full-time in critical care units completed a questionnaire on personal and work-related data, sleep quality, daytime sleepiness, sleep quantity, clinical-decision self-efficacy, and decision regret. Most respondents reported moderately high fatigue, significant sleep deprivation, and daytime sleepiness, all of which affect their ability to be alert, vigilant, and safe. Furthermore, the nurses were not likely to sufficiently recover from their fatigue-related states during non-work periods. Decision regret was most common among nurses who are male, work 12-hour shifts, and have lower levels of satisfaction with their clinical decisions.

The research was supported in part by the Kirkhoff College of Nursing at Grand Valley State University, Grand Rapids, Mich., and the American Association of Critical-Care Nurses (AACN). To access the study abstract and its full-text PDF, visit the AJCC website at http://www.ajcconline.org.
ANA News

Appraisal Aims at Broad View of RNs’ Health, Wellness, Safety on Job

HealthyNurse™ Program Seeks to Position RNs as Role Models

Registered nurses (RNs) constantly evaluate the health and wellness of their patients and provide guidance and educational resources. But how many RNs really know the status of their health, and how to improve their wellness?

Now RNs can compare their health, safety and wellness to the overall U.S. population and other nurses within demographic categories, including nursing specialty, by taking the American Nurses Association’s (ANA) new HealthyNurse™ Health Risk Appraisal, which was developed in collaboration with Pfizer, Inc. This HIPAA-compliant online survey also allows nurses to assess workplace risks such as patient-lifting injuries and workplace violence.

The appraisal is a component of ANA’s HealthyNurse™ program, which encourages nurses to focus on self-care so they can be at their healthiest—physically, mentally, emotionally and spiritually—to provide the highest quality of care and serve as role models, advocates, and educators for their patients.

“When we model the healthiest behaviors ourselves, it becomes easier to help our patients do the best things for their health,” said ANA President Karen A. Daley, PhD, RN, FAAN. “This appraisal will help nurses to optimize their health and serve as an online check-up on the health risks they face in their personal and work lives.”

The data-gathering tool is combined with an interactive ”Web Wellness Portal,” a website for respondents to obtain information and educational resources based on their interests, workplace conditions and results in areas such as fitness, nutrition, stress management, health screenings, sleep and tobacco and alcohol use.

“As within the nursing profession, at Pfizer health and wellness is a priority. We are delighted to be partnering with ANA to enable nurses, our largest health care professional group who are closest to patients, to take a proactive approach to their own health. A healthy nurse promotes a healthy nation,” said Paula R. DeCola, MSc, RN, Pfizer senior director, external medical affairs.

The appraisal, which takes 20 to 30 minutes to complete, will become a continually accumulating database that will enhance the nursing profession’s ability to track trends and set policy and advocacy priorities and strategies. ANA has recognized a lack of current data on nurses’ health and work environment, or demographic comparisons to national health benchmarks. The most applicable data, the Nurses’ Health Study from the Harvard School of Public Health, is more limited in topics and focuses on women’s health issues.

ANA defines a healthy nurse as one who “actively focuses on creating and maintaining a balance and synergy of physical, intellectual, emotional, social, spiritual, personal and professional well-being,” and who “lives life to the fullest capacity, across the wellness/sickness continuum, as they become stronger role models, advocates and educators, personally, for their families, their communities and work environments, and ultimately for their patients.”

ANA’s concept of a healthy nurse includes five aspects that enable nurses to function at their highest potential: 1) Calling to care; 2) Priority to self-care; 3) Encourages nurses to focus on self-care so they can be at their healthiest—physically, mentally, emotionally and spiritually—to provide the highest quality of care and serve as role models, advocates, and educators for their patients.

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“As within the nursing profession, at Pfizer health and wellness is a priority. We are delighted to be partnering with ANA to enable nurses, our largest health care professional group who are closest to patients, to take a proactive approach to their own health. A healthy nurse promotes a healthy nation,” said Paula R. DeCola, MSc, RN, Pfizer senior director, external medical affairs.

The appraisal, which takes 20 to 30 minutes to complete, will become a continually accumulating database that will enhance the nursing profession’s ability to track trends and set policy and advocacy priorities and strategies. ANA has recognized a lack of current data on nurses’ health and work environment, or demographic comparisons to national health benchmarks. The most applicable data, the Nurses’ Health Study from the Harvard School of Public Health, is more limited in topics and focuses on women’s health issues.

ANA defines a healthy nurse as one who “actively focuses on creating and maintaining a balance and synergy of physical, intellectual, emotional, social, spiritual, personal and professional well-being,” and who “lives life to the fullest capacity, across the wellness/sickness continuum, as they become stronger role models, advocates and educators for their families, their communities and work environments, and ultimately for their patients.”

ANA’s concept of a healthy nurse includes five aspects that enable nurses to function at their highest potential: 1) Calling to care; 2) Priority to self-care; 3) Responsibility to educate; and 5) Authority to advocate.

All RNs and RN nursing students are encouraged to take the appraisal for free and access the Web Wellness Portal at: www.ANAHealth.org.

ANA’s New Guide Highlights the Nurse’s Role in the Care Coordination Revolution

Care coordination has long been an integral part of nursing practice. RNs have been leading the way in designing and delivering successful team-based care coordination programs that improve patient care and reduce costs.

ANA’s new guide Care Coordination: The Game Changer—How Nursing is Revolutionizing Quality Care recognizes the nurse’s role in advancing care coordination. It is the first book to show in clear, concise language how care coordination is positioned in the context of health care reform.

Editor Gerri Lamb, PhD, RN, FAAN, and 23 of the brightest minds in care coordination examine care coordination from all sides, including:

• A historical perspective on nursing and quality care
• The role of care coordination in quality and safety
• Models and tools for improving quality and safety
• The role of nurse leaders in advancing care coordination
• The care coordinator’s role in reducing avoidable hospital stays
• Partnering with patients and families for better outcomes
• Community-based care transitions

“Never before have the principles and passion for care coordination come together into a single source. Collectively, these leaders have propelled the field a quantum leap forward,” said Eric A. Coleman, MD, MPH, professor of medicine, University of Colorado, Denver.

Editor Gerri Lamb added, “Care coordination, as you will read in this book, is the glue that makes the health care system a safe and coherent place.

Care Coordination: The Game Changer offers today’s most comprehensive insights, case studies and strategies to advance nursing’s role in care coordination and health care transformation. This guide can be used in the classroom to introduce students to the care coordination model or by clinical nurses, nurse managers and nurse executives in professional practice settings.

Press copies are available upon request by contacting Francine Bennett at francine.bennett@ana.org.
Camp High Hopes, a camp for children, teens and adults with disabilities located in Sioux City, Iowa, is seeking a SUMMER CAMP NURSE RN or LPN (6/14/14-8/16/14). Responsible for maintaining the health of our campers and staff during camp sessions. Experience in caring for both children and adults with chronic illness/injury/physical and developmental disabilities is desired. Weekday, weekend, evening, and overnight/on-call work expected (Sunday 1pm – Friday 1pm). This position will be required to live on site, thus single housing is included. Compensation: $600/week.

For a complete job description, visit www.camphighhopes.com.

To apply, email resume to info@camphighhopes.com, or mail to Camp High Hopes-Human Resources Department, 5804 Correctionville Road, Sioux City, IA 51106, or fax to 712-224-2269.

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AFTER A BUSY DAY, A FATAL ERROR OCCURRED.
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The lawsuit claimed that the nurse—who had worked a 12-hour shift in the ED—failed to document an elevated heart rate in discharges and failed to tell the physician that the patient had had her spleen removed. The jury awarded the plaintiff $1.2 million. The nurse was responsible for 40% of that award: $480,000."

It’s because of cases like this that the American Nurses Association (ANA) offers the Nurses Professional Liability Program. It protects nurses from the potentially devastating impact of malpractice lawsuits.

Get the protection you need — without paying more than you need. To take advantage of special rates for ANA members, visit prolability.com for an instant quote and to fill out an application.

1 Source: Clinical Advisor, November 1, 2015
2 Rates vary. Visit prolability.com for more information.
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