



Nebraska Nurse

Volume 45 • No. 2
June, July, August 2012

Sent to all Nebraska Nurses courtesy of the Nebraska Nurses Association
Quarterly circulation approximately 30,500 to all RNs, LPNs, and Student Nurses in Nebraska.

Cuba's Integrated Health Care
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Save the Date!
Nebraska Nursing Safety Colloquium
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Using the Bladder Diary to Evaluate Urinary Incontinence
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2012 NNA Annual Convention and HOD

It's time to look ahead to NNA's annual convention and complete several activities. First, mark your calendars for October 12 and plan on being in Kearney with us at the Holiday Inn Convention Center for our one-day Convention program with excellent professional development opportunities. Second, mark down Saturday, October 13 for the annual House of Delegates. Next, plan on submitting nominations for awards, reference proposals and poster presentations by the requisite deadlines. You'll find information on all these activities within this issue.

NNA Awards

General Guidelines

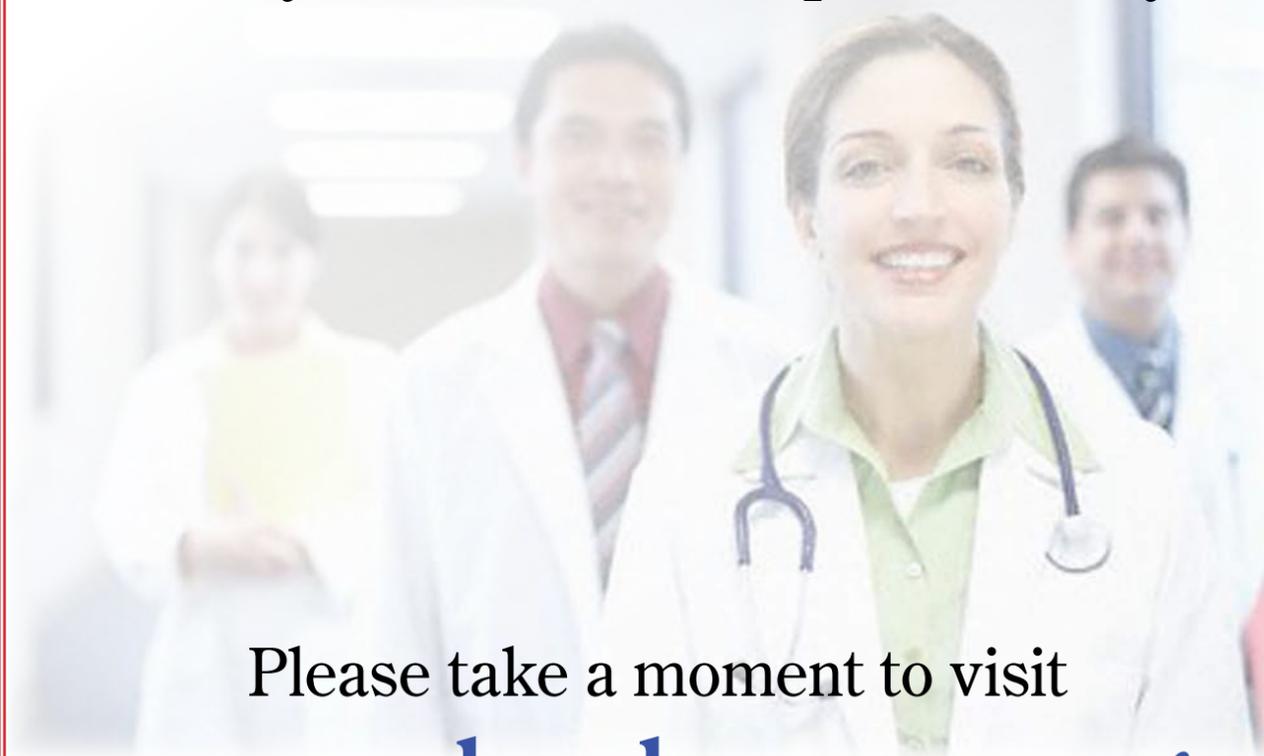
The nominee must be an NNA member. A colleague having personal knowledge of the nominee's abilities and contributions that reflect the focus of the specific award should write the letter of nomination. Additional letters of support are encouraged. Please include the nominees' credentials in the letters of nomination. A CV of the nominee is helpful but not required. Each district is expected to nominate someone for each award category. Districts are limited to one nominee per category. Selections will be made by the Convention Awards Committee. **Deadline for submitting nominations is August 15, 2012.**

NNA Nurse of the Year Award

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

2012 NNA Annual Convention continued on page 4

How can the Nebraska Nurses Association help you to be a better nurse or solve the problems that affect you in the workplace today?



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President's Column

Torri Merten, MSN, RN



Torri Merten

As you are reading this article we will have moved into the Summer season. Although I wonder if we even had a Spring season this year. With record high temperatures in March and a frost expected in April many were planning their planting season very carefully. That reminded me that we all must carefully plan how we execute any project, strategic plan or goal. We must decide where we want to go first. We must create the vision (the seed) then plan how to get from here (seed) to there (blossoming plant). This is very relevant to the future of the Nebraska Nurses Association.

Since our October and November visits with Les Wallace, 21st Century Leadership Speaker, we have started to lay the foundation for the forward movement and growth of our organization. We have brainstormed strategic goals and now we are working out the plan to get us from here to there. We are working diligently to stay relevant in today's changing world.

The Board of Directors along with the American Nurses Association is working with the principles outlined in "The Race for Relevance: 5 Radical Changes for Associations" by Harrison Coerver and Mary Byers (2011). We are evaluating our organization and studying what it will take to stay current in this ever changing culture. The five radical changes ask us to look at overhauling our governance model and committee operations, empowering the CEO and enhancing our

staff expertise, rigorously defining our member market, rationalizing our programs and services and building a robust technology framework.

As we embark on evaluating and assessing our organization we hope that all *Nebraska Nurses* will play a part in building and leading our organization. You will be asked in this edition of the *Nebraska Nurse* to take an important survey on what value our organization offers you and how we can better serve you, our Registered Nurses. I ask that you take the time to complete this survey and give us the vital input that is needed to continue to grow and sustain our membership. We are also working on an interview-based assessment where we will take the time to meet with key stakeholders, both members and non-members to ask key questions about operations and the value of the organization. Please take the time to participate if invited to these key assessment sessions.

As I am wrapping up the last six months of my Presidency for the Nebraska Nurses Association I am excited and hopeful. I am excited that I have helped lay the foundation for this exciting time. I am excited to see our membership take an honest look at our organization and evaluate how we can better serve our members. I am hopeful that through my year as Past President I will get to see this work to its completion and if not I know that I will leave this organization in good hands. Terry Anderson MSN, RNC-OB, NE-BC has done an excellent job in leading the strategic planning initiative and I look forward to transitioning the leadership of our organization over to her.

In our next edition you will be receiving the call to convention and the NNA House of Delegates for 2012. Please mark your calendars for Friday, October 12, 2012 (NNA Convention) and Saturday, October 13, 2012 (NNA House of Delegates). We hope to see you there. As always, I welcome your comments, questions or suggestions to NNAPresident@nebraskanurses.org.

NNA's Mission:

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

NNA's Vision:

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

Critical Success Factors for Vision:

- State and districts set mutual priorities
- Evaluate the success of the restructuring of NNA
- Enhance grass roots activities for membership involvement
- Advocate for statewide quality healthcare (Affirmed 12/04/2004, NNA Board of Directors)

NNA's Core Issues:

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

NNA's Official Publication:

The *Nebraska Nurse* is the official publication of the Nebraska Nurses Association (NNA) (a constituent member of the American Nurses Association), published quarterly every March, June, September and December. The NNA provides education, networking opportunities, publications and other products and services to its members and extends its mission to all nurses in Nebraska.

Phone: (402) 475-3859

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You can leave a message at any time!

Email: Executive@NebraskaNurses.org

Web site: www.NebraskaNurses.org

Mail: PO Box 82086

Lincoln NE 68501-2086

Questions about your nursing license?

Contact the Nebraska Board of Nursing at: (402) 471-4376. The NBNON

is part of the Nebraska Health and Human Services System Regulation and Licensure.

Questions about stories in the *Nebraska Nurse*?

Contact: NNA.

Photo on front page: Scotts Bluff National Monument

Photo by: M. Forsberg, Nebraska DED.

"Scotts Bluff was one of the key geographic landmarks pioneers sought on their journeys westward."

Writer's Guidelines:

Any topic related to nursing will be considered for publication in the *Nebraska Nurse*.

Although authors are not required to be members of NNA, when space is limited, preference will be given to NNA members.

Photos are welcomed, digital is preferred. The NNA assumes no responsibility for lost or damaged photos.

Submitted material is due by the 12th of the month in January, April, July and October of each year.

You may submit your material in the following ways:

Prepare as a Word document and attach it to an e-mail sent to Executive@NebraskaNurses.org.

Provide document on a disc clearly labeled with your name and return address.

Mail hard copy to NNA at PO Box 82086, Lincoln NE 68501-2086 or email to Executive@NebraskaNurses.org. Submissions should be prepared on white paper and double-spaced.

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613, (800) 626-4081, sales@aldpub.com. NNA and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement.

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NNA 2012 Calendar

Holidays office is closed:

Monday, May 28th in observance of Memorial Day



Wednesday, July 4th in observance of Independence Day

Monday, September 2nd in observance of Labor Day

Thursday, November 28th & Friday, November 29th in observance of Thanksgiving

Wednesday, December 25th in observance of Christmas

Wednesday, January 1, 2013 in observance of New Year's Day

October 11th & 12th Nebraska Nurses Association State Convention



www.NebraskaNurses.org



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Editorial: The Future of NNA—Exciting or Extinct?

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

As a “baby-boomer,” I am a joiner—a nurse who invested in advanced education and membership in professional nursing organizations at the beginning of my career and continued that involvement even when, at times, it meant being a “card carrying, dues paying member” only. Over the years, the new knowledge, continuing education, and networking kept me coming back.

Today, the market for information, continuing education, and even networking has changed. I can get all these things at the push of a button from the comfort of my home office. Why should I continue to pay dues to belong to organizations like the Nebraska Nurses Association? What’s in it for me? As the official “voice” of nursing, ANA/NNA speaks for all nurses in this state, be they members or not. I have been a member of ANA and NNA (or another constituent association) for nearly my whole career but never really considered until recently the true mission of ANA/NNA. I see the core business of NNA to be

- Legislative advocacy
- Nursing scope of practice and ethical accountability
- Communication/information brokerage
- Promotion of health for every person and support for an effective work environment
- Recognition of nursing excellence in Nebraska

NNA’s vision is to “**be a proactive voice for nurses and an advocate for improved health for all.**” This advocacy was recently demonstrated by the passage of two important bills to amend the Respiratory Care Act (788) and to allow Nurse Practitioners to sign death certificates (1042) which were the NNA champion causes this year. This work cannot occur without the support of Don Wesely the NNA paid lobbyist and the NNA Committee on Advocacy and Representation!

Nurses today must consider the value of their time, talents, and treasure. With dozens of professional organizations (nursing and non-nursing), and significant social networking venues such as Facebook™, Twitter™, LinkedIn™ and others, the options for information, education, and networking are almost endless and often free or available at a reduced price. With state/district dues of \$167 per year or higher, what makes the Nebraska Nurses Association worth the money? As of 2009, there were 23,569 active registered nurses in Nebraska. For this same period there were approximately 800 active members of the Nebraska Nurses Association; just 84 members voted in NNA elections last fall. It appears that members are losing interest.

To remain relevant to our members (and prospective members), organizations like ANA/NNA must take a hard look at how we currently do business and the value provided to our members for the cost. The NNA must define our value for multiple generations of nurses practicing in the State of Nebraska, and we must radically change our business model, our communication strategies, and our goals if we are to survive.

On the homepage of the Nebraska Nurses website, www.nebraskanurses.org you will find links for NNA member and non-member surveys. Please take a few minutes to tell us what you want from the only nursing organization in the state to be recognized as the official “voice” of nursing, and how we can create value for you.

Executive Director’s Column

**Timoree Klinger
Executive Director
Nebraska Nurses Association**



Timoree Klinger

Hello all, I hope that you are enjoying the beginning of your summer. This season is typically filled with vacations, camping and days at the beach. For us at the Nebraska Nurses Association, this is the time of year where things really seem to start moving in fast forward.

With legislative session seeming like a distant memory and some great Nurses Week celebrations throughout the state in late April and early May time has gone so fast already! I would like to thank all of the wonderful nurses throughout the state who were so welcoming to us. It was wonderful to be able to travel and see the state and meet the nurses who make this association the great one that it is. Seeing firsthand the time and energy put into these celebrations shows how much you value your organization and a state and local level.

As you read this, I’ll be packing my bags to head to the American Nurses Association Constituent Assembly and House of Delegates meetings in Washington, D.C. I’ll be there for seven days which will no doubt be filled with learning and sharing with other individuals who want their organizations to be the best that they can be. The first part of the week will be meetings with other Nursing Association Executive Directors and Presidents from around the country sharing their experiences and learning how to strengthen our associations in these challenging times. Then we wrap up the week with the biennial House of Delegates meetings. We are excited and hopeful to

be bringing back exciting news and big changes for the nursing associations across the country. I’ll be posting a full update in the next issue of the *Nebraska Nurse*.

Planning is in full swing for the next annual NNA convention. This October we’ll again meet in Kearney, Nebraska at the Holiday Inn & Convention Center. In this issue you’ll find the slate of candidates that are running for offices of Vice President, Treasurer, both Commissions and the Nominations Committee. Please take time to read about these candidates and vote online on the NNA website, www.nebraskanurses.org. Your vote counts! We need to hear from you who you would like to lead our organization. You’ll also find the call for poster presentations and exhibitors. We hope to make this year the best convention yet. In the September issue, we will have the registration for convention and more details about the happenings of that weekend. Mark your calendars for Friday, October 12th. Our annual House of Delegates meeting will be held that Saturday morning, October 13th.

For those of you who are reading this who are not members of NNA, I would like you to take a moment to consider joining NNA. Our president-elect, Teresa Anderson has written a wonderful editorial asking you to consider what an association might do for you. Please take time to read this and consider filling out the survey we have linked on our website. We want to know how we can get you to join NNA and become part of this great organization.

Joy Okoruwa, President of District II said something that really resonated with me. She mentioned that no matter what your job is in the nursing profession, that you all share the same last name and that is the name of nurse. Consider joining the one voice for all Nebraska nurses so that we may be heard loud and clear.

Until next time... best wishes.
Timoree

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2012 NNA Annual Convention continued from page 1

directly involved in nursing through clinical practice, education, administration or research and have made a positive impact on the quality of nursing care or the nursing profession.

NNA Outstanding Achievement in Nursing Award

The focus of this award is on achievement in nursing over a cumulative number of years. There must be evidence of distinguished contribution to nursing at the local, state, or national level.

NNA Distinguished Service Award

The focus of this award is on the nominee's service to the NNA at the district or state level.

NNA Outstanding New Nurse Award

The focus of this award is outstanding achievement in nursing by an RN practicing for five years or less since graduation from a basic nursing program.

NNA Outstanding Staff Nurse Award

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

NNA Outstanding Nurse Educator Award

The focus of this award is on achievement by a nurse whose primary role is as an educator. The nominee must

be directly involved in patient education, nursing education, continuing education or staff development. The award recognizes innovation and expertise in the educator role.

Remember... the deadline for submitting award nominations is AUGUST 15, 2012. You may submit your nominations via mail or online at www.NebraskaNurses.org.

Call for Poster Presentations

NNA's Annual Convention
October 12, 2012-5:15 to 6:00 p.m.
Holiday Inn, Kearney, Nebraska

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

ABSTRACT SUBMISSION DEADLINE: July 15

- Limit to one page typed. Include in outline format: title, purpose/objectives, summary and implications for nursing practice in the future.
- Include a cover sheet that lists the following: title of abstract, author(s) name(s), credentials, position/agency, address, email address and home and work telephone numbers. Indicate the primary contact person and his/her email address. Abstracts will be blind reviewed.
- Written notification of acceptance will be sent prior to the convention.
- Submit abstracts to (or for more information contact): Nancy Waltman, c/o Nebraska Nurses Association, P.O. Box 82086, Lincoln, NE 68501 Phone: (402) 475-3859; Email: Executive@NebraskaNurses.org

Or complete your abstract and submit online at <http://www.nebraskanurses.org/displaymailforms.cfm?emailformnbr=68410> (under the Education/Convention tab). This year, one poster presenter will win a FREE registration to the 2012 Convention! Submit your poster abstract today!

Call for Reference Proposals

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

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

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

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

When: The NNA Reference Committee is encouraging the submission of proposals to be considered for presentation to the 2012 House of Delegates.

Deadline: July 1, 2012, for all but emergency proposals. This allows the committee sufficient time to review the proposal and complete its charge of accepting, editing, consolidating, referring or rejection. It also will permit the committee sufficient time to consult with the submitter and/or with other relevant groups, should there be a need. Emergency proposals (whose topics could not have been known by the deadline) are accepted after the deadline date and up to 5:00 p.m. on October 14, 2012.

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

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

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

What happens to the proposal? During the House of Delegates meeting on October 13, the Reference Committee will sponsor hearings on the proposals to provide information on issues and to provide an opportunity for clarification, discussions and perfection of the proposal prior to action by the House of Delegates. Delegates should plan to attend these hearings and work with the committee in order to move the actions of the House forward during its scheduled session.

Remember.... the deadline for submitting proposals is JULY 1, 2012.

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Eastern Nebraska Veterans' Home 12505 South 40th Street Bellevue, NE 68123	Western Nebraska Veterans' Home 1102 West 42nd Scottsbluff, NE 69361



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2012 Election

The 2012 Nominating Committee is proposing the following slate of candidates for the Nebraska Nurses Association 2012 election. This year's election includes officer positions of Vice President and Treasurer, Commission positions and Nominations Committee positions. Each nominee has completed a "Leadership Profile" in order to have their name on the ballot, and has indicated a level of commitment to the organization. Their Profile and Goals for the position are printed below. This year balloting will be available electronically via the NNA web site. You will need your NNA member username and password to vote. Detailed instructions will be mailed to each member in early August along with the "Call to Convention."

Officer Positions:

Vice President Functions:

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

Nominees for Vice President:

Winnie Dolph
Terrie Spohn
Nancy Waltman

Nominee Profiles:

Name: Winnie Dolph
Email: win@nque.com
Position Sought: Vice President
Credentials/Degrees: RN, BSN, MSN
NNA District: 7
Congressional District: 3
County of Residence: Lincoln

List Work Positions held/dates held. List present position first; up to past 10 years only: 1996-2008 Nurse Educator for ADN program 2008-present LPN Coordinator

List educational degrees. Include type of degree, date awarded and granting institution: 1980 ADN Umpqua Community College Roseburg, Ore. 1982 BSN Southern Oregon State College Ashland, Ore. 2001 MSN Clarkson College Omaha, Ne.

List dates of membership/experience and any office held: 1998-2000 President NNA District 7 2000-2002 Vice President NNA 2002-2004 President NNA District 7 2004-2006 Treasurer District 7 NNA 2006=2008 Vice President NNA 2008=2010 /treasurer NNA District 7 2009-2010 Vice President NNA

Please list your goals for this leadership role: To inform nurses of the importance of being a member of NNA. To be a mentor to student nurses as they transition

from NSNA to NNA. To let nurses know the importance of keeping up with legislation that affects nurses in the state of Nebraska.

Name: Terrie Spohn
Email: spohn143@gmail.com
Position Sought: Vice President
Credentials/Degrees: MSN, APRN-NP, FNP-BC
NNA District: 3
Congressional District: 1
County of Residence: Gage

List Work Positions held/dates held. List present position first; up to past 10 years only: West Lincoln Family Medicine and Express Care Clinic, Lincoln, NE, Family Nurse Practitioner, Jan 2011-present. Johnson County Medical Center, Tecumseh, NE, Family Nurse Practitioner, August 2011-Dec 2011. People's City Mission Free Medical Clinic, Registered Nurse and Family Nurse Practitioner student volunteer, Aug 2009-May 2010. Four Plus More, LLC, Owner and President, March 2006-present. Nebraska Heart Hospital, Lincoln, NE, Registered Nurse, June 2003-March 2007. Advanced Renal Services, Hemodialysis Registered Nurse, February 2003-May 2003. Heartland Health Resources, Bryan LGH East, Lincoln, NE, Traveler Registered Nurse, Dec 2000-February 2003. US Army, Registered Nurse and Medical Technologist, multiple locations and positions, 1988 - 2000. Nebraska Heart Hospital, 2003-2007.

List educational degrees. Include type of degree, date awarded and granting institution: Creighton University, Doctor of Nursing Practice student, anticipated graduation May 2013. Creighton University School of Law, Werner Institute, Master of Science in Negotiation and Dispute Resolution student, anticipated graduation May 2013. University of Nebraska Medical Center, Post Master's Certificate in Nurse Educator Track, awarded May 2011. University of Nebraska Medical Center, Master of Science in Nursing in the Family Nurse Practitioner program, awarded May 2010. Hawaii Pacific University, Bachelor of Science in Nursing, awarded December 1997. Chaminade University, Pre-med and Associate in Liberal Arts, awarded 1995.

List dates of membership/experience and any office held: American Academy of Nurse Practitioners: member American College of Nurse Practitioners: member American Nurses Association (ANA): member APRN Lincoln Journal Club: member Cedar Lake Homeowners Association: President (2005 to present), Vice President (2002-2005), Secretary (2001-2002) Four Plus More LLC: Owner, Co-President, since 03/2006 Nebraska Center for Nursing: board member, governor appointed position (2007-2010, 2010-2013). Nebraska Health Care Alliance: Steering Committee, 2011-present Nebraska Nurses Association (NNA): member; past held positions: AMC Search Committee; Political Action Committee, NNA District 3 Legislative Co-Chair. Nebraska Nurse

Practitioner's Association: Legislative Committee, student representative 2008-2010. Sigma Theta Tau, inducted 1997 Women's Fund, Ready to Run: member

Please list your goals for this leadership role: My goals for serving on the NNA Board in this leadership role is to provide guidance to the membership through a shared leadership approach. I believe it is essential to work collectively in accomplishing the goals of our organization, which include furthering our profession and above all providing opportunities to care effectively for our patients and families. It is essential that we continue to move forward, leading the way to a more transformative approach to addressing the pressing issues that affect all nurses. Removing barriers to practice, ensuring safe work environments, recruiting and retaining nurses, and empowering nurses are all key components to what I believe is pertinent to this leadership role. In addition, I have a strong commitment to nurses and believe anything is possible if we work together, enhance communication, support team members, and remain humble servants of the greater whole.

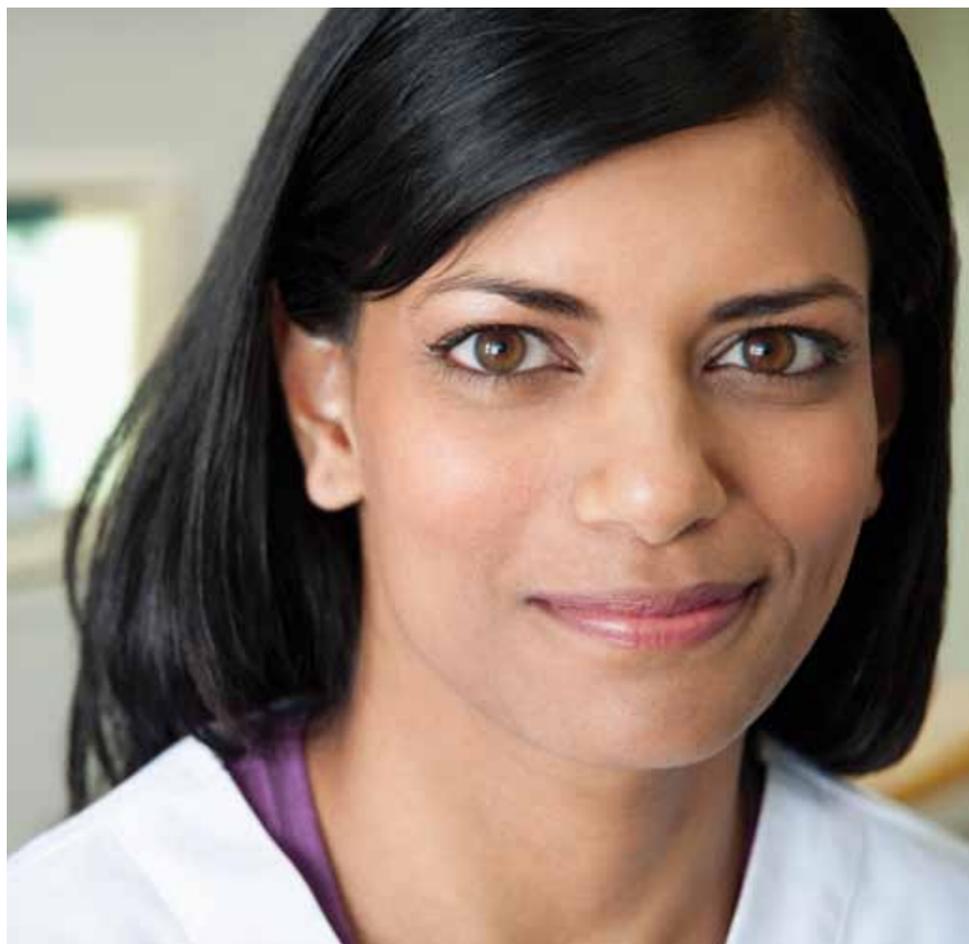
Name: Nancy Waltman
Email: nwaltman@unmc.edu
Position Sought: Vice President
Credentials/Degrees: PhD, APRN-NP
NNA District: 3
Congressional District: 2
County of Residence: Lancaster

List Work Positions held/dates held. List present position first; up to past 10 years only: 2009 to present, full professor at UNMC College of Nursing. 2006-2009 tenured faculty member at UNMC College of Nursing, Omaha, NE. 1999 to present, graduate faculty fellow, UNMC College of Nursing, Omaha, NE. 1997-2009 Associate Professor, UNMC College of Nursing, Omaha, NE. 2007 to present Advanced Practice Registered Nurse (APRN) at Bryan/LGH Employee Health, Lincoln, NE. 7/96-2006 Advanced Practice Registered Nurse (APRN) at Planned Parenthood, Lincoln, NE.

List educational degrees. Include type of degree, date awarded and granting institution: 1988 University Nebraska-Lincoln, PhD in Education. 1978 UNMC College of Nursing, Omaha, NE.-MSN in Med/Surg CNS. 1967 UNMC College of Nursing, Omaha, NE.-BSN in Nursing. 1995 UNMC College of Nursing, Omaha, NE.-Post Masters Certificate in Adult Nurse Practitioner.

List dates of membership/experience and any office held: 2010-2012 Vice President, NNA. 2004-2009 member of Nebraska C.A.R.E.S. 2004-2009 member of Nebraska Hospice/Palliative Care Partnership. 2004 to present member of Nebraska Nurse Practitioners. 1990 to present member of Nebraska Nurses Association and American Nurses Association. Alternate delegate NNA state conference 1994-1995, 2005-2006. 1987-2010 member of Midwest Nursing Research Society. 1987 to

2012 Election continued on page 6



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2012 Election continued from page 5

present member of Oncology Nursing Society. 1978-2006 Member Sigma Theta Tau, Gamma Pi Chapter (co-chair Program Committee 1992, 2nd Vice President Gamma Pi Chapter, 1992, Counselor Gamma Pi Chapter, 1997-1999.

Please list your goals for this leadership role: Fulfill all requirements of my elected position. Serve as an advocate for nurses locally, statewide, and nationally. Assist organization as needed in preparing nurses for an active role and to be an active voice in Health Care Reform.

Treasurer Functions:

- Be responsible for monitoring the fiscal affairs of the association and shall provide reports and interpretation of NNA's financial condition to the NNA House of Delegates, the Board of Directors, and the membership.
- Assume other duties as assigned by the Board of Directors.

Nominees for Treasurer:

Mary Jean Petersen

Nominee Profiles:

Name: Mary Jean Petersen

Email: mjpetersen@csm.edu

Position Sought: Treasurer

Credentials/Degrees: EdD

NNA District: 2

Congressional District:

County of Residence: Douglas

List Work Positions held/dates held. List present position first; up to past 10 years only: 2002-2012, Associate Professor, College of Saint Mary 1996-2002, Clinical Informations Specialist, Alegent Health

List educational degrees. Include type of degree, date awarded and granting institution: EdD, 2008, College of Saint Mary Post Masters Certificate, 1999, Duke University MSN, 1985, University of Nebraska Medical Center BSN, 1982, Creighton University

List dates of membership/experience and any office held: Sigma Theta Tau-Gamma Pi Member of Gamma Pi Board and faculty counselor for CSM, 2008-2010—Theta Omega Chapter—Recipient of Excellence in Nursing Leadership Award (1994)—Past President—Theta Omega Chapter (1992-1994)—Past Faculty Counselor (1988-1990)—Newsletter Editor (1991-1997)

Please list your goals for this leadership role: Maintain fiduciary responsibilities of the treasurer's position.

Commission Positions:

Commissions are elected structural units that plan and implement activities related to the NNA mission at the direction of the NNA Board of Directors. There are two commissions, each consisting of ten members; two members from 1st Congressional district, two members from 2nd Congressional district, two members from 3rd Congressional district, and four members at-large. (Half to be elected in even years and half to be elected in odd years).

COMMISSION ON NURSING PRACTICE & PROFESSIONAL DEVELOPMENT
Commission on Nursing Practice and Professional Development Functions:

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

Nominees for Commission on Nursing Practice and Professional Development**Congressional District 1: (one to be elected)**

Christina Severson

Faye Weckle

Congressional District 2: (one to be elected)

Sheila Lawton-Peters

Jessica Zoerb

Congressional District 3: (one to be elected)

Dina Robinson

1st Congressional District Nominee Profiles:

Name: Christina Severson

Email: chriss@holyspiritretirementhome.com

Position Sought: Commission on Practice and Professional Development

Credentials/Degrees: BSN

NNA District: 6

Congressional District: 1

County of Residence: Thurston

List Work Positions held/dates held. List present position first; up to past 10 years only: 6/2009 to current; Assistant Administrator of multilevel senior complex; 6/2007-6/2009; D.O.N. long term care; 2/2000-6/2007; Corporate Nurse Consultant

List educational degrees. Include type of degree, date awarded and granting institution: L.P.N. Western Iowa Tech 1979; R.N. St. Joseph School of Nursing; 1986; B.S.N. Briar Cliff University; 2011;

List dates of membership/experience and any office held: A.A.N.A.C. 2009 to current; A.A.N.E.X. 2007 to current; A.N.A./N.N.A. 12/11 to current;

Please list your goals for this leadership role: This will be the first leadership role and I would like to bring my 30 plus years of nursing experience and knowledge to the team. I hope to gain experience to assist me to excel into other future leadership roles to help lead Nebraska nurses current and future.

Name: Faye Weckle

Email: faweckle@aol.com

Position Sought: Commission on Practice and Professional Development

Credentials/Degrees: RN, BC, CRRN

NNA District: 3

Congressional District: 1

County of Residence: Lancaster

List Work Positions held/dates held. List present position first; up to past 10 years only: Staff nurse, Madonna Rehabilitation Hospital, all units, 2004-present. Charge nurse, Madonna Rehabilitation Hospital, long term care, 2002-2004

List educational degrees. Include type of degree, date awarded and granting institution: Diploma, 1977, Bryan Memorial Hospital School of Nursing

List dates of membership/experience and any office held: ANA/NNA 1983 to present Dist. 3 NNA Co-Chair Publications and Public Relations Committee 2009-2011 NNA Cabinet on Nursing Practice, Chair, 1984-1988

Please list your goals for this leadership role: Representing the average staff nurse, and the Boomer generation. I'm passionate about nursing and want to pay back for all it has done for me personally and professionally by serving this organization at the state level. I hope to use the experience and knowledge I gain from this position to get other staff nurses actively involved in ANA and NNA. I'm eager to help us as an organization to figure out how to get our peers more involved and active.

2nd Congressional District Nominee Profiles:

Name: Sheila Lawton-Peters

Email: lawtonnp@hotmail.com

Position Sought: Commission on Practice and Professional Development

Credentials/Degrees: MSN, ANP-BC, CCRN, ARNP-CNS

NNA District: 2

Congressional District: 2

County of Residence: Douglas

List Work Positions held/dates held. List present position first; up to past 10 years only: Magnet Coordinator Alegent Health Mercy Hospital, Council Bluffs IA: 2006-present NP Provider, Methodist Emergency Dept. Omaha, NE: 2009-present Instructor, College of St. Mary, Omaha, NE: 2003-2006

List educational degrees. Include type of degree, date awarded and granting institution: Post MSN Certificate, Adult: UNMC CON, Omaha, NE: 1998 MSN, Adult & Critical Care CNS: UNMC CON, Omaha, NE: 1993 BSN: Clarkson College Omaha, NE: 1985 ASN: College of St. Mary, Omaha, NE: 1976

List dates of membership/experience and any office held: AACN: 1993-present: member, Education Consultant for region, Thunder Project site coordinator, Online CEU program evaluator, abstract reviewer: NTI. ANA: 1998, member. (American Nurses Credentialing Center/ANCC: Magnet conference abstract reviewer x 2 years) NNA 2011-present: member AANP: 2003-present: member, Online CEU Program evaluator. Nebraska Nurse Practitioner: 2003-present: member

Please list your goals for this leadership role:

1. Promote the ethical and practice standards related to nursing as a profession 2. Evaluate educational programming to promote continued competence in nursing practice 3. Promote the inclusion of ethical, value based research practices into professional nursing

Name: Jessica Zoerb

Email: jessicazoerb@gmail.com

Position Sought: Commission on Practice and Professional Development

Credentials/Degrees: RN, BSN

NNA District: 2

Congressional District: 2

County of Residence: Sarpy

List Work Positions held/dates held. List present position first; up to past 10 years only: Registered Nurse, February 2011-Present The Nebraska Medical Center, Omaha, Nebraska Certified Nursing Assistant, March 2008-Present The Nebraska Medical Center, Omaha, Nebraska Certified Nursing Assistant, September 2006-November 2007 Parkview Center, Beatrice, Nebraska

List educational degrees. Include type of degree, date awarded and granting institution: Currently enrolled to start the Master's LEAD Program at UNMC in Omaha, NE in August of 2011 Bachelor of Science in Nursing, Graduation December 2010 with RN, BSN, Clarkson College, Omaha, Nebraska General Education and Pre-requisites Central Community College, Columbus, Nebraska January 2005-May 2006 Southeast Community College, Beatrice, Nebraska July 2006-December 2007

List dates of membership/experience and any office held:

- Member of the PEP (Promoting Evidence Based Practice) Program from September 2011-September 2012
- Completed the Nurse Residency Program Feb. 2012
- Completed a Cardiac Fellowship Program Feb. 2012

Please list your goals for this leadership role: I would like to take on this leadership role because I think that in order for us to become better professionals in the work environment we need to make sure we have the proper training and resources available to use when we are done with our training. My goal is to review policy and procedures that are currently in place and see if there needs to be any revisions to make us better professionals. Review current/common practices and make sure that we are doing what evidence shows most efficient. Listen to fellow professionals and their concerns for what they feel needs to be addressed and look into getting it reviewed and addressed to make us better at what we do.

3rd Congressional District Nominee Profiles:

Name: Dina Robinson

Email: dinarobinson@charter.net

Position Sought: Commission on Practice and Professional Development

Credentials/Degrees: MSN, RN

NNA District: 4

Congressional District: 3

County of Residence: Buffalo

List Work Positions held/dates held. List present position first; up to past 10 years only: Nursing Faculty and Nurse Entrepreneur (Developer of Emergency Medical Tool Kit) Nurse Informatist RN-Staff Nurse

List educational degrees. Include type of degree, date awarded and granting institution: EdD, 2014 College of Saint Mary, Omaha, NE (Work in Progress); MSN, 2009—Nebraska Methodist, Omaha, NE; BS, 2006—Bellevue University—Health Care Management; ADN, 2006—Mid Plains Community College, North Platte, NE; PN, 2000—Central Community College, Grand Island, NE

List dates of membership/experience and any office held: Tau Tau Omaha Chapter of Sigma Theta Tau: 2007-current NCLEX Item Development Member: 2008-current

Please list your goals for this leadership role: Goals: 1. To advocate for changes in nursing practice supported by evidence-based practice and research. 2. To listen and act the ethical concerns of Nebraska nurses.

COMMISSION ON ADVOCACY AND REPRESENTATION
Commission on Advocacy and Representation Functions:

- Receive and disseminate information about workplace issues to the districts and individual members.

2012 Election continued from page 6

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

Nominees for Commission on Advocacy and Representation:

Congressional District 1: (one to be elected)

Lisa Lerdahl
Donna McElvain
Julie Sundermeier

Congressional District 2: (one to be elected)

Jean Phelan

Congressional District 3: (one to be elected)

Douglass Haas
Terri Mitchell
Stacy Werner

1st Congressional District Profiles:

Name: Lisa Lerdahl
Email: l_erdahl@yahoo.com
Position Sought: Commission on Advocacy and Representation
Credentials/Degrees: RN,BSN UNMC May 2009
NNA District: 3
Congressional District: 1
County of Residence: Lancaster

List Work Positions held/dates held. List present position first; up to past 10 years only: 2011-Present Staff RN on Cardiac ICU at Bryan Heart Institute, Bryan Health Care Systems, Lincoln NE 2010-2011 Staff RN on PCU at GSH, Kearney, NE 2009-2010 Staff RN on Orthopedic/Neuro Unit at GSH, Kearney, NE

List educational degrees. Include type of degree, date awarded and granting institution: RN, BSN UNMC May 2009

List dates of membership/experience and any office held: NNA, ANA; 2009, 2011-present

Please list your goals for this leadership role: To bring awareness to the dynamic and ever changing needs of nurses. Helping to ensure that legislation that is passed correlates with NNA's position on practice and promotes the growth of the field of nursing. Identifying and aiding in decreasing current and relevant issues nurses are facing. To give voice to fellow nurses concerns with issues that affect our daily work, our patients and the outcomes we strive to achieve for them in their care.

Name: Donna McElvain
Email: dmcelvain@unmc.edu
Position Sought: Commission on Advocacy and Representation
Credentials/Degrees: RN, MSN
NNA District: 3
Congressional District: 1
County of Residence: Lancaster

List Work Positions held/dates held. List present position first; up to past 10 years only: University of Nebraska Medical Center College of Nursing, Instructor

List educational degrees. Include type of degree, date awarded and granting institution: -Master of Science in Nursing, 1993, University of Nebraska Medical Center College of Nursing -Bachelor of Science in Nursing, 1975, University of Nebraska Medical Center, College of Nursing

List dates of membership/experience and any office held: Nebraska Nurses Association, 2004-present -Commission on advocacy and Representation, current American Nurses Association, 2004-present Nebraska Nurses Association, District 3, 2004-present -Secretary, current Sigma Theta Tau, Gamma Pi at Large, 1993-current -Vice President, 2008-2010 Nebraska Society of Healthcare Educators, 1989-current -Board of Directors, current

Please list your goals for this leadership role: Accurately represent the nurses of Nebraska. Participate in

communicating the views of Nebraska nurses to Nebraska legislators.

Name: Julie Sundermeier
Email: juliesundermeier@gmail.com
Position Sought: Commission on Advocacy and Representation
Credentials/Degrees: APRN, NNP-BC
NNA District: 2
Congressional District: 1
County of Residence: Washington

List Work Positions held/dates held. List present position first; up to past 10 years only: I have been the Lead Neonatal Nurse Practitioner in the Newborn Intensive Care Unit at The Nebraska Medical Center for the past 10 years.

List educational degrees. Include type of degree, date awarded and granting institution: BSN 1984 Creighton University MS 1998 Creighton University Pending DNP summer 2012 Creighton University

List dates of membership/experience and any office held: Nebraska Nurses Association, American Nurses Association, Nebraska Neonatal Advanced Practice Association (previous secretary), Nebraska Nurse Practitioners, American Academy of Pediatrics-Perinatal Section, National Association of Neonatal Nurse Practitioners, Academy of Neonatal Nursing.

Please list your goals for this leadership role: I fully support the recommendations in the IOM Report on The Future of Nursing and at least two of the recommendations have applications to this commission. The first recommendation in the IOM report involves removing scope of practice barriers. As a member of this NNA committee I would work to identify barriers and support legislation that removes barriers to practicing to the fullest extent of our training and education. The seventh recommendation in the IOM report is to prepare and enable nurses to lead change to advance health. This committee serves that purpose by developing and disseminating NNA positions on legislation and workplace issues to members and lawmakers. If nurses are educated and aware of issues we can become change agents on a local, State, and even Federal level to provide the best care for our patients, while helping to shape healthcare in Nebraska. And on a personal level, this report states that nurses should take responsibility for their personal and professional growth by continuing their education and seeking opportunities to develop and exercise their leadership skills. I will be completing my DNP this year and my interest in advocacy developed in this program where I pursued legislative change. I had mentors and supporters in NNA and experienced firsthand how important your professional organizations can be. I would like to build on the education and opportunities I had by serving on this commission.

2nd Congressional District Profiles:

Name: Jean Phelan
Email: jdphelan@mccneb.edu
Position Sought: Commission on Advocacy and Representation
Credentials/Degrees: MS, RN
NNA District: 2
Congressional District: 2
County of Residence: Sarpy

List Work Positions held/dates held. List present position first; up to past 10 years only: Nursing Faculty, Metropolitan Community College 3/09 to current Assistant Professor, Nebraska Methodist College 8/89-12/06

List educational degrees. Include type of degree, date awarded and granting institution: MS in Nursing Education, DePaul University, Chicago, IL BSN, Creighton University, Omaha, NE

List dates of membership/experience and any office held: NNA/ANA 1989 to present NNA-CAR 2008-2010 NNA-Nurses Day at the Legislature, Planning Committee 2008-2011 NNA-Nurses Day at the Legislature, Chairperson, Planning Committee 2010-2011

Please list your goals for this leadership role: Participate in decision-making re: legislative bills. Testify as needed in legislative process and specific bills re: healthcare and nursing issues.

3rd Congressional District Profiles:

Name: Douglass Haas
Email: rn2succeed@gmail.com
Position Sought: Commission on Advocacy and Representation
Credentials/Degrees: RN, BSN, CCRN
NNA District: 4
Congressional District: 3
County of Residence: Buffalo

List Work Positions held/dates held. List present

position first; up to past 10 years only: Good Samaritan Health Systems, Kearney, Ne. Emergency Department, RN. November 2011-Present Progressive Care Unit, RN. January 2010-Present Wel-Life Assisted Living, Kearney, Ne. Medication Aide. October 2008-January 2010. Garden County Health Services, Oshkosh, Nebraska. Certified Nursing Assistant. May 2002-August 2007.

List educational degrees. Include type of degree, date awarded and granting institution: University of Nebraska Medical Center, College of Nursing, Kearney, Ne-(Start Fall of 2012) [Master of Science in Nursing, Acute Care Nurse Practitioner] University Of Nebraska Medical Center, College of Nursing, Kearney, Ne-(Fall of 2007-Fall of 2009) [Bachelor Of Science In Nursing] University of Nebraska at Kearney, Kearney, Ne-(Fall of 2005-Spring of 2007) [UNMC RN-BSN Prerequisites] Garden County High School, Oshkosh, Ne-(Fall of 2002-Spring of 2005) [College Prep]-High School Diploma

List dates of membership/experience and any office held: American Nurses Association/Nebraska Nurses Association-February 2010-Present (Commission of Advocacy & Representation January 2011-Present), (Commission for Practice & Professional Development January 2012-Present), (Currently Chairing the Local Committee focused on gaining & retaining members to our chapter with the help of technology & social networks). American Association of Critical Care Nurses-January 2012-Present Student Nurses Association-August 2007-December 2009 Resident Hall Association-August 2005-May 2007 (Secretary for University Of Nebraska at Kearney Campus from August 2006-May 2007) National Honor Society, Garden County High School, Oshkosh, Ne. August 2003-May 2005. (Secretary from August 2004-May 2005).

Please list your goals for this leadership role: My goals for this leadership role are as follows: 1. Become a positive nurse leader and role model for the current professional image of nursing. 2. Work with a team of experts to move the professional image of nursing to a new and higher standard than we are currently allowing ourselves to rest at. 3. Be a representative and voice for nurses who either cannot be professionally involved or choose not to be professionally involved. To help make choices that affect all nurses and to look out for the greater good of all nursing.

Name: Terri Mitchell
Email: mitchellt@westholtmed.org
Position Sought: Commission on Advocacy and Representation
Credentials/Degrees: RN
NNA District: 6
Congressional District: 3
County of Residence: Holt

List Work Positions held/dates held. List present position first; up to past 10 years only: I have worked at West Holt Memorial Hospital in Atkinson, NE since 1983. I worked as a staff nurse part time and then full time. I advanced to nurse supervisor and then to CNO for the last five years.

2012 Election continued on page 8

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2012 Election continued from page 7

List educational degrees. Include type of degree, date awarded and granting institution: I graduated from Bryan Memorial School of Nursing in 1973 with a diploma degree

List dates membership/experience and any office held: Member of NNA, ANA, ENA. No offices held in professional organizations, although I have been on school and church boards. I have had organizational experience working as Nursing Supervisor and Chief Nursing Officer. (CNO)

Please list your goals for this leadership role: Become more involved in NNA and work to increase awareness of nursing issues at the state and local levels.

Name: Stacy Werner

Email: stacywnr@gmail.com

Position Sought: Commission on Advocacy and Representation

Credentials/Degrees: RN, MSN

NNA District: 1

Congressional District: 3

County of Residence: Kearney

List Work Positions held/dates held. List present position first; up to past 10 years only: Central Community College-Nursing Faculty 2008-Present, Dr. Ahmed Kutty's Nurse 2007-2008, St. Francois Medical Center-RN Staff Nurse 2007-2008, North Oaks Health System Nursing Professional Development 2003-2007, Nurse Educator Synergy Health Care-Home Health Administrator/Director of Education

List educational degrees. Include type of degree, date awarded and granting institution: College of Saint Mary, EdD. Graduation Date 2014-In progress University of Phoenix, MSN 2002 Southeastern Louisiana University, BSN 1996

List dates of membership/experience and any office held: ANA-2010-present

Please list your goals for this leadership role: -Work for the advocacy of nurses and patients -Enhance nurses professional development skills and competencies -Be a role model for other nurses in governmental issues related to nursing

Four (4) At Large Members (2 from each commission): The Congressional District representatives receiving the highest votes will be elected to represent that district. The two nominees receiving the next highest votes will be elected as Members at Large.

**NOMINATING COMMITTEE
(Vote for 1 from each NNA District)**

Nominations Committee Functions:

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

Nominees for Nominations Committee:

Open

NNA District 1

Open

NNA District 2

Open

NNA District 3

Open

NNA District 4

Open

NNA District 5

Open

NNA District 6

Open

NNA District 7

Open

NNA District 9

Open

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Phone 308-763-2935- Fax 308-763-2936
Jill.Langemeier@nebraska.gov**

With energy that goes above and beyond, sitting behind a desk wasn't for Molle

Spending just a few minutes with Molle, and you soon get caught up in the excitement she has for helping people and her enthusiasm for nursing. Molle started her college career in a different direction, but it did not take her long to realize sitting behind a desk was not for her.

Even after 9 years of being an RN, Molle still loves getting to care for patients, putting a smile on their face while they are feeling well; and just being with people during both the ups and downs during their stay. But the best part for Molle is working with such wonderful people. "Physicians, co-workers, Managers - they are all wonderful. And having worked for a couple of other medical centers in other cities, I feel that I am able to say that BryanLGH Medical Center has the best group of people to work with."



Molle appreciates everyone's hard work, but most all, knowing that she never has to go through something alone. The closeness of the staff and physicians, working with patients, and all pulling together to do what is best for the patients and families is what makes BryanLGH Medical Center the place Molle wants to be.

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Cuba's Integrated Health Care

Nebraska Nurses Association: Commission on Practice and Professional Development

Karen Wiley, MSN, RN, CEN

Introduction:

Nursing is changing and doors are opening to opportunities to practice beyond the bedside, and beyond the walls of the hospital. Nurses are leading the way in meeting patient's needs and seeking opportunities to practice and gain new knowledge and skills. Some nurses are traveling to other countries on mission trips working where they are needed the most, gaining new skills and knowing that they made a difference in someone's life. Others are questioning how is nursing care provided in other countries? What can we share? What can we learn from others?

As the Chairperson for Nebraska Nurses Association (NNA) Commission on Practice and Professional Development, there was an opportunity to see how nurses in Cuba practice.

Last October members of the Emergency Nurses Association (ENA) visited Cuba for the purpose of researching the emergency nurse's role in the Cuban community based health care system. The ENA delegation met representatives from the leadership of the Cuban Society of Nursing and from the Cuban Ministry of Public Health. The focus area included pre-hospital emergency medical services and emergency care delivery.

Cuba's health care is community based and integrated. Studying pre-hospital and emergency services would not be complete without studying the education programs at the university level that prepare nurses to work within the community based system. To gain a better understanding of the community based health care system, the delegation visited a rehabilitation hospital as well as a women's health care center. These areas had a heavy nursing and provider influence.

History:

Che Guevara revolutionary and Cuban physician developed the idea of a national health system to reduce disparity and to introduce universal health care. Offredy (2008)

The health care system in Cuba is based on the following principles: 1) Health is a human right and right of citizenship 2) Medicine is shaped by the state and social forces 3) Health is the responsibility of both the state and common people 4) Medical practice is based on scientific application and most recent medical advances 5) The health system focus is on health promotion and disease prevention 6) Community participation is critical to the development and maintenance of health services and 7) International cooperation of health services will be pursued. Rojas Ochoa, 2003:161 (as cited in Whiteford & Branch 2008)

Community Based Health System

Cubans are very proud of their health care system and its accomplishments. Despite the embargo, Cuba has been able to eliminate Polio, Malaria, Neonatal Tetanus, Diphtheria, Measles, Whooping Cough and TB. Even though Malaria has been eliminated, the mosquito that carries Dengue Fever is active and you can see men in white protective suits spraying foliage and areas in Havana.

Life expectancy on the island is 77 for men and 80 years old for women. 17.9% of Cuba's population is >60 years old. The suicide rate in Cuba is 13.7%. Several generations of families live in one home and the home is passed down in the family. It is the responsibility of the families to provide care for each other. These families are visited by the physician and nurse from the polyclinics. The physician and nurse live at the clinic with their families and personally know the people they are responsible for. The physician sees 16 patients a day. They have 24/7 responsibility to the community. The physicians at the polyclinics have 1,010 patients per physician office. They are an education center for students of nursing and medical students. Specialists are integrated into the system and include pediatricians, social service and physical therapy. Office hours are 8-5 p.m. except one day a week they are open until 9 p.m.

There are four levels of health care that were identified. These are (1) healthy, (2) at risk, (3) ill (those having diabetes) and (4) disabled.

The number one goal of Cuba's "Healthy People" is mandatory medical exam once a year.

Health care exams are also determined by occupation. Nurses, physicians, and radiologists are provided exams every 6 months. Their exams are focused on prevention. Radiologist exams would focus on the amount of radiation

exposure and early signs and symptoms resulting from that exposure.

Cardiovascular disease is the main cause of death in Cuba. Other causes of death include cancer, infectious diseases, and accidents. They reported that there was no incidence of MRSA or VRE.

Patients with bacterial infections that do not respond to antibiotics are moved from the home to the next level of care. Depending on the level of infection IV antibiotics may be started in the home by the physician or nurse. It is the physician and nurse team who will teach the family to provide the care at home and will follow up with visits.

Medication management for pain is very controlled and the physician will give the medication to the patient every day. Pain medicine is not given as a prescription.

Cuba's public health campaign includes smoking cessation, prevention of obesity and mandatory vaccinations for children. To prevent obesity the children participate in daily physical education classes. All children are immunized.

Social Issues:

A low incidence of HIV was reported. Two cases of HIV per 27,014 people and the treatment was for 3-6 months. Medication is controlled and given by the physician every day.

In the United States we see a high rate of violence. Children are brought in abused, young girls and women sexually assaulted, and the gun violence has been the norm in some neighborhoods. In our cities we have the homeless living in shelters or living on the streets.

Living in the United States we have the freedom to choose where we live and it is not illegal to live on the streets. In Cuba it is illegal to live on the streets and to own a gun. Even though housing is scarce it is expected that the family live together. If an individual has an addiction to alcohol or a psychiatric disorder and cannot be controlled by the family or physician, then Social Service will work with the families. If all attempts fail, the person is institutionalized.

The clinic that we visited said that they had no incidence of child abuse, or sexual assault but girls have sexual relations beginning between the ages of 12 and 13 years old and few get married. Those who do get married the divorce rate is high.

Alternative Medicine

Alternative medicine and traditional medicine are used in combination to provide medical care and treatment in Cuba. Cuban physicians include acupuncture, and herbal medicine among other forms of alternative medicine. Medical "students spend 200 hours in the first 2 years of medical school on Complementary Alternative Medicine rotations." Dresang, Brebrick, Murray, Shallue, and Sullivan-Vedder (2005)

While visiting the local clinic a member of the research delegation asked if Cuba experienced drug shortages. The Cuban nurse leading the tour responded by saying; "Cuba does experience drug shortages in cancer treatment, cardiovascular medication and orthopedic fixations." She said that they can get medicine from India and China but the medicines are twice the cost. As an alternative to medicine or in conjunction with traditional medicine herbal medicine is also used.

Infant Mortality/Women's Health

According to an article by David Freeman (2011) babies born in the U.S. are more likely to die during the first month of life than babies born in Cuba, Poland, and dozens of other countries.

Women's health care in Cuba is very controlled. Women in Cuba receive paid maternity benefits for one year. Women who are high risk or live in rural areas are brought to women health centers until they are ready to deliver. All babies are born in the hospital and Cuba has no nurses trained as midwives. The Women's Health Care Centers have set visiting hours. A physician is assigned and nurses provide 24/7 coverage. The physician and nurses round everyday on the women. Beds are 4 to a room. There was no air conditioning in the rooms that we visited. There was a dentist office that was located in the Women's Center

Multiple questions were asked of the physician and nursing staff regarding availability of HPV vaccinations, average age and number of women seen and cared for at the Women's Health Center. The physician responded by saying "no HPV vaccination was available, and care was provided to 900 women. Forty percent of these pregnancies were women 18 years old or younger. The C-section rate is at 40-50%." After the first c-section the



physicians will allow the mother to deliver vaginally. The Neonatologist determines age of viability. Cuba does have a Neonatal Intensive Care Unit. Women who deliver vaginally will be hospitalized for 48-72 hours. After a C-section the LOS (Length of Stay) is 4-7 days. The average infant weights 7 lbs and the mother will receive free food for 110 days. Breast feeding is the norm. Food is rationed in Cuba. Families have ration cards. A child will be given a number similar to our social security number and that will be his identification and ration card number. The food ration is age specific.

Tubal Ligations are not performed unless a personal request is made. The surgery must be approved by the government and it is determined if the Tubal Ligation is medically necessary.

All medications are free and abortions are permitted and performed at no cost.

Emergency Nursing and the Cuban Health Care System:

To call for an ambulance in Cuba, you would use the number 104 number. The 104 number will connect you to a centralized dispatch unit; a licensed nurse at the center determines level of care. If it is determined that there is no emergency, a van may transport you. A paramedic will respond to all medical calls. A physician will provide direct care in the ambulance when it is determined that the call was a true emergency. Patients are taken to local hospitals that provide treatment. They may be moved to a specialized hospital for additional treatment if the condition requires it. Open heart and advanced surgery are performed at a hospital in Havana. Streptokinase is used for heart attacks. Cuba does not have access to TPA that is used for strokes in the US or TNK used in heart attacks. There are no STEMI (ST Elevated MI) protocols with ER door to balloon times. Neither do they have Stroke Centers. The nurses were asked about DNR (Do Not Resuscitate) orders. The nurses responded that "everyone wants to live." There are no DNR orders.

Rehabilitation Care

The Julito Diaz Rehabilitation Hospital nursing staff was very proud to say that the National Center of Rehabilitation provides rehabilitation services for the world and Cuba. Their main mission is to provide high quality rehabilitation. There are 320 beds with 84 beds designated for children. The specialized services include spinal cord injuries and neurological conditions. The hospital is divided into specialized units that focus on all age groups with the goal to improve quality of life. There are different treatment options that include physical therapy, electrophysiology, and hydrotherapy. Part of the tour of the rehabilitation center included a visit to the new hydrotherapy pools that are scheduled to open in December.

At each site that we visited the participants were informed if pictures were allowed and were limited to specific areas.

The Directors of Nursing at the Julito Diaz Rehabilitation Hospital had a master's level of education with emphasis on medical emergencies. The nurses and therapist were very involved in the overall plan of care and treatment. The patient and family were primary participants in the care. The disabled and their family must adapt to the lifestyle changes. The families work 1:1 with the therapist to learn the exercises in order to continue the care in the home. It is the ultimate responsibility of the family to provide the care so their child or family member can reach their ultimate potential. Children whose mothers are required to be at the Rehabilitation Hospital are paid their regular salary for working with their children. Social workers will arrange for day care for other children in the family.

Life expectancy for a child who is disabled is 40-80 years old. The average LOS for children receiving therapy at the Rehabilitation Center is 2 months. If more time is required, special considerations will be determined by other services, or complications. Additional services would include additional physical therapy, infections,

A Special Thank You Message

I would like to thank the Nebraska Nurses Association for induction into the Nursing Hall of Fame. Special thanks go to Nancy Shirley for the nomination and presenting the award. Staff and managers at the Visiting Nurse Association of Omaha deserve to be recognized for their contributions. DeLanne Simmons had the vision for the Omaha System in the early 1970s. To say that she was ahead of her time is an understatement: she knew that computers were the future of health care, and that interdisciplinary staff at the VNA and all other provider organizations needed a simple, standardized language to improve communication in electronic health records. She obtained the initial federal funding so that Nancy Scheet and her colleagues could begin conducting research in 1975. From that date until the fourth research project was completed in 1993, hundreds of nurses and others in Omaha, Nebraska, and globally were involved. Cathy Aden, Carli Crews, and Ruth Pieken were members of our research team who worked with staff at the VNA branch offices. Marjorie Corrigan was a consultant from UNMC; Linda Ament and staff at Beatrice Home Health Department served as a field test site; and Joan Norris, Gary Leak, and Mary Ruth Stegman were consultants from Creighton University. We recognized these and more colleagues in the 1992 and 2005 Omaha System books.

The strong foundation of practice, documentation, and information management that began at the VNA has now exploded globally and spans the continuum of care from community to long-term care and acute care. As noted on the Omaha System Web site (www.omahasystem.org) and the Photo Gallery, users are located throughout the world. Practice, education, research, and information technology representatives from 18 countries are members of the Listserv. Many attend the Omaha System International Conference every two years. I had the opportunity to share information at the District 2 meeting in March, and look forward to conducting a Basic Workshop hosted by the VNA of Omaha in the future.

Thank you again.

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Cuba's Integrated Health Care continued from page 9

living conditions and location. The discharge will be made to the polyclinic; supervision and coordination of care will be arranged by the polyclinic.

Cuba has physical therapist incorporated into their overall health care system. The link begins with the rehabilitation hospital and includes community based physical therapists and the physician in the neighborhood polyclinic.

If the individual is unable to return to their home because barriers such as stairs or location, they may trade homes.

School of Nursing Havana's Medical University Campus and National School of Public Health

There are 71.5 nurses for 10,000 people and greater than 100,000 nurses on the island. After graduation all nurses are guaranteed a job. An individual can enter nursing school only if there is an opening for a nurse in her community and is less than 25 years old. Retirement age for women was 60 and 65 for men. Education is free in Cuba.



1976 The Cuban School of Nursing was developed and the education was based on science. In 2000 the School of Nursing created the first Masters Degree in Nursing, followed by a Doctoral Degree in 2006. The basic education begins after high school. People who pass an entry exam will be initially trained as nurse technicians and then advance. The first level of education is 3 years and nurses are licensed when they complete the program. An additional 5 years of education and working as a nurse is required to get a degree. Nurses are able to work for what they are trained for prior to graduation. Mandatory courses require 1,120 hours over a 5 year period. The educational and clinical practice is theory based. Clinical sites include all specialized and polyclinics; focus areas include pediatrics as well as mental health. The mental health curriculum is also included in the advanced course of study. The OBGYN rotation is a 10 week rotation.

The last year of professional education requires the nurse to pass a national exam and to demonstrate competence.

The course of study for graduate school includes: Education, Community Nursing, and Health Care Administration.

PhD education incorporates research and theory. The education focuses on evidence based practice and incorporates social problems as well as the languages. Optional courses are offered that focus on specific health care needs. These would include, caring for those with the diagnosis of Dementia and or Alzheimer's and assisting the families. Other areas of practice include palliative care and care of women with advanced breast cancer.

The School of Nursing and the National School of Public Health has formed a cooperative with the University of Manitoba Canada. Professors complete their training in Canada.

After the nurses receive their PhD they are required to train other nurses at the university. The goal of the Cuban Society of Nurses is to have more nurses trained at the Doctoral level.

The Cuban Society of Nursing has different chapters that are focused on specific areas of practice. The 17th Congress of the Cuban Society of Nursing held a Palliative Care Symposium in 2007. "Among the goals of this symposium was to send a message to the world about the human character of nursing as a profession."

Infomed (Cuban National Research Center)

The National Center for Medical Sciences Information, Infomed, was created in 1965 to provide scientific information for all health care professionals in Cuba. The virtual Library of Health is a part of the Virtual Libraries of Health of Latin America and the Caribbean. Infomed is a network of services that provides information to the main areas that include: 1) medical and health specialties, 2) scientific societies, 3) libraries and institutions, 4) municipal and provincial information centers. The center is responsible for providing information as well as being resources for medical information. More than 19,000 Journals can be accessed at no cost.

Twenty four Cuban Journals are published and Infomed has charge of first, second and third sources of information. Access to research and health programs is through the HINARI program established by WHO in collaboration with major publishers. HINARI provides developing countries access to one of the world's largest collections of biomedical and health literature.

To access an article outside of the network the price is \$5.00. Students must show need to access the resources. Undergraduate nurses have access at the libraries and professors must be computer literate. Not all students are literate with the computer system. Students are challenged to access the literature. No one will conduct a literature search for them.

The embargo has restricted the exchange of literature as well as those written by Cuban authors.

Cuba is an island that is surrounded by optic cables and is not allowed access. The Cuban government Infomed is the only source for literature and research. Because of the need for information and the literature Cubans developed Infomed.

Curative vs. Prevention in Health Care

The United States health care system has been focused on curative medicine. It has been extremely costly. The US in 2000 spent over \$1.1 trillion dollars for personal health care. Whitehead and Branch (2008) The US health care system relies on the latest technologies, pharmacology and specialized medical and nursing staff. The health care system and people rely on the financial resources to pay for the care.

In comparison, Cuba's health care system is focused on prevention. However Cuba health care lacks supplies, and relies on outdated technology. How much of this is due to the embargo or the lack of economic resources or both. The author of this article is not able to determine that.

Health care in the US is in crisis. Many people who are unemployed or underemployed lack medical insurance and seek out emergency departments to access medical care. Dental care goes untreated. Medical problems such as hypertension, diabetes, and cardiac disease go untreated because individuals do not have money or insurance to pay for the high cost of medicine.

Health care and medicines are free to all citizens of Cuba and medical care is provided through the Primary Health Care Model. Prevention is the key focus. Fidel Castro was presented with an award by the World Health Organization in recognition of Cuba reaching all of the WHO health goals set for developing countries to achieve by 2000. Offredy (2008)

Even though Cuba has been recognized for its health care model there are many problems facing the country and the people. Beyond food rations, there are soap rations, and a lack of adequate housing, and transportation.

The Cuban health care future will focus on the National Health Plan by 2015 which address the aging population and challenge in providing care in the next decade.

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President, Institute for Staffing Excellence and Innovation

Diane Drake PhD, RN
Nurse Research Scientist,
Connie Gagliardo, RN, MN, NEA-BC
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Mission Hospital, Mission Viejo, CA



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Around the Districts



DISTRICT
1

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Donna Montemayor




DISTRICT
2

President:
Joy Okoruwa
H—
E—

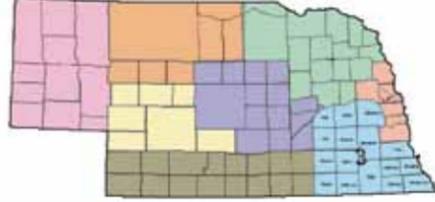
Joy Okoruwa




DISTRICT
3

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**Kelli Anderson,
RN, BSN**



District 2 bylaws defined our purposes as; “to foster high standards of nursing, promote the professional and educational advancement of nurses, and promote the welfare of nurses to the end that all people may have better nursing care.” These purposes are the driving force in planning the following activities for the district:

The first district meeting of the year was on March 22. Karen Martin and Vicki Vinton were the speakers. Karen talked about Omaha System and Vicki gave an update on Nebraska Action Coalition.

District 2 famous Celebrate Nursing Breakfast will be on April 28 0900 to 1130 at Georgetown Club. The breakfast registration and nomination is due on April 20th.

The second district meeting for the year is June 28; all members are encouraged to attend.

The district Legislative reception is scheduled for August 13 with alternative date as August 20. The Mayor will be reading his proclamation on that day. We encouraged everyone to attend because it is the district goal to assume an active role as an advocate for professional nurses with health, community, and governmental groups and with the public at the local level.

We have been working hard to increase members’ involvement and attendance in meetings and social event. Our goal to improve participation is leading us to redesigning our website and making it user friendly and informative for members and visitors.

We are looking forward to full members’ participation in all district events.

There are board vacancies for the position of treasurer and Psych/Mental Health representative. Interested District 2 members are encouraged to apply for these positions.

2012 is a great time to be a nurse. With the many changes occurring in health care, nurses are presented with an opportunity to come together and define their role in health care to help provide better outcomes for our patient.

One way to have an impact is by being an active member in your professional nursing organization. While many procrastinate joining their association and perhaps many search for the benefit to themselves in joining, the association is in the political and public arena standing up for what nurses believe in! As a district board, we are hoping to increase membership in the association as well as increasing participation. Be watching this year for opportunities to meet with the board and share your ideas for enhancing the organization. The state association is considering utilizing electronic surveys to garner feedback to increase the value of the organization to its members. Be watchful for these surveys and share your opinion! For your voice to be heard, you must be an active participant. Nurses have been the most trusted profession by the public for many years. If we unite with one voice through our state and national associations, our impact could be felt by patients everywhere.

I consider it a challenge and an honor to serve as the District III president for 2012. I look forward to working with the board and members to promote and improve our association. I hope many of you will be able to attend our spring “Celebrate Nursing” event Monday, April 30th at Bryan LGH East. I also hope attending events such as this will inspire you to becoming an active member in your district or state nursing association.



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Around the Districts

DISTRICT 4

President: Judy McPhillips, RN



District IV met in February and reviewed the priorities that the state board had set for NNA.

We then discussed the need to get our elections completed which we had not done. This will be completed by the April meeting.

We also discussed a project that Judy Billings, Margaret Morris and myself are working on. We would like to make it known to funeral homes and clergy that there is the Nightingale Tribute available to nurses who have passed away in our district. We have done this for three nurses in our district so far this year and it is a very satisfying and meaningful tribute. The families seem very grateful to have this done for their loved ones. We feel as a District that this is a project we would like to take on.

We will also be celebrating nurses' week in April with Tori Merten, NNA President and Timoree Klingler, Executive Director of NNA at our meeting in Kearney.

to www.BeTheMatch.org. For more information on the bone marrow drive in Mitchell, contact Vicki Bjorling at 308-632-6129.

On May 1st we honored our nurses in the panhandle with the theme, "Celebrating You." We pampered our nurses with chair massages, hand and foot scrubs, chocolate fondue and door prizes. Teresa Anderson, NNA President elect, was the guest speaker and spoke on, "Finding and Supporting Your "Inner" Self." The Mayor of Scottsbluff, Randy Meininger, presented the Nurses Day Proclamation. This event was to show our nurses they are appreciated.

As you are planning your summer events are you focused on yourself? Are you focused on helping others? Or are you thinking about a combination of both. As caregivers we sometimes give so much that we think, "Wow, how can I give any more when I have already given so much?" It is important to take care of yourself and do things for "You," but it is also important to continue to give back to others. When you are at the point when you say, "I am busy now but when my life settles down then I will..." "Guess what? Life will always be busy and we will replace one activity or event with a different one depending on where we are in our lives. It is amazing when you go and volunteer and you are giving your heart, time and effort; you silently are being blessed and growing through that experience even if you do not even realize it at the time. The next time there is something in your community will you be a blessing in someone else's life? Will you be ready to be blessed in return? "It's the oldest story in the world, one day you're 17 and preparing for Sunday, then quietly without you really ever noticing, someday is today and then someday is yesterday, and this is your life. We spend so much time wanting, pursuing, wishing, but ambition is good, chasing things with integrity is good, dreaming is good. You never know where your next miracle is going to come from, the next memory, the next smile, the next wish that will come true, but if you believe its right around the corner, you open your heart and mind to the possibility of it, the certainty of it, you just might get the thing you wished for."- Mark Schwahn. So if you are wishing for a great day, week, year, or life, remember you never know what the next event that could change your life.

Upcoming Events:

- Festival of Hope—June 16th—Mitchell, NE
- Mission of Mercy—July 13th- Alliance, NE
- Oregon Trail Days Parade/Float—July 14th—Gering, NE
- Nebraska Nurses Association State Convention—October 12th-13th—Kearney, NE

Anyone interested on more information on any of these events can contact me at nna@district5@gmail.com or 308-631-5469. "Volunteering is the ultimate exercise in democracy. You vote in elections once a year, but when you volunteer, you vote every day about the kind of community you want to live in." ~Marjorie Moore

Nurses don't wait until October to celebrate Make a Difference Day—they make a difference every day!

~Author Unknown

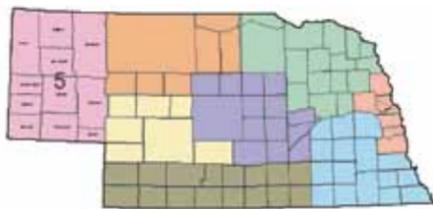
DISTRICT 5



Melissa Snyder, RN, BSN

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Members of District V NNA plan to provide nursing support to a bone marrow drive at a local fundraiser called Festival of Hope. This fundraiser helps provide funds for non-medical needs of area cancer patients and their families, but also provides a great venue for those possibly interested in becoming bone marrow donors. "Thousands of patients with leukemia and other life-threatening diseases depend on the Be The Match Registry®, the largest and most diverse registry in the world, to find a life-saving donor." Be The Match®, which is operated by The National Marrow Donor Program, "offers those interested the unique opportunity to give a life-saving marrow transplant to someone in need." Monies are being raised to help offset the cost request for each donor who signs up at The Festival of Hope. This event is being held Saturday June 16, 2012 from 8:00 a.m. to 2:30 p.m. at the Mitchell Event Center in Mitchell, Ne. For more information on The National Marrow Donor Program go

DISTRICT 6

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Barb Wenz

DISTRICT 7

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Marge Kouba and Winnie Dolph members from our district along with several associate degree student nurses from Mid Plains Community College North Platte Division attended the Nurse Day at the legislature February 2nd. The experience was well worth the early morning drive from North Platte to Lincoln, the students gained some valuable information on the activities of the Nebraska Nurses at the Nebraska Legislature.

As part of Nurses Week activity the District sponsored a Student Nurse lunch for the Mid Plains Community College nursing students with Timoree Klingler executive director of NNA present April 19.

DISTRICT 9

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Nurses from District IX attended the Nurses Day at the Legislature.

This is always a fun and educational day. Our bi monthly meeting was held at the Golden Steer in Ainsworth on March 22nd. Our district plans to host the executive director and president at a luncheon on May 1st. It will be great to touch bases with everyone.



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New NNA Members

February new members:

Sally Bryner
Jami Kennedy
Autumn Nye
Francine Remacle
Kari Wade
Jessica Zoerb

March new members:

Natalie Andreasen
Meg Bonner
Jane Dougherty
Bernadette Hansen
Lisa Jeffers
Lisa Johnson
Margo Minnich
Celeste Montoya
Donna Myers
Amy Prall
Ana Taylor
Jennifer Thiellen

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Jackie, RN MedSurg

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Nebraska Nurses Association Membership Application

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

Date _____

Last Name/First Name/Middle Initial _____ Home Phone Number _____

Credentials _____ Home Fax Number _____ Basic School of Nursing _____

Home Address _____ Work Phone Number _____ Graduation (Month/Year) _____

City/State/Zip Code + 4 _____ Work Fax Number _____ RN License Number/State _____

County _____ Position _____

Email Address _____ Employer _____

Membership Dues Vary By District

Membership Option

- M-ANA/NNA/District Membership** (chart below)
(Includes full membership to NNA and the American Nurses Association (ANA) for 12 months.)
- D-NNA/District Membership** (chart below)
(Full membership only. Includes NNA membership benefits limited to state and district membership.)

Membership Category

- F-Full Membership**
 - Employed full-time
 - Employed part-time
- R-Reduced Membership**
 - Not employed
 - Full-time student (must be a RN)
 - New graduate from basic nursing education program, within six months of graduation (first membership year only)
 - 62 years of age or older and not earning more than Social Security allows
- S-Special Membership**
 - 62 years of age or over and not employed
 - Totally disabled

Select your NNA district from the map at right; choose the correct membership option chart below; and find the appropriate dues for the category you have selected above.

State nurses' association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense.

Under the Omnibus Budget Reconciliation Act of 1993, that portion of your membership dues used by Nebraska for lobbying expenses is not deductible as an ordinary and necessary business expense. NNA reasonably estimates that the non-deductible portion of dues for the 2007 tax year is 31%.

Sponsor name and member # _____

Payment Plan (please check)

- Full Annual Payment**
 - Membership Investment _____
 - ANA-PAC (Optional - \$20.05 suggested) _____
 - Total dues and contributions _____
 - Check (payable to ANA)
 - Visa
 - MasterCard
- Payroll Deduction**
This payment plan is available only where there is an agreement between your employer and NNA to make such deduction.
Payroll Deduction Signature* _____

To be completed by NNA/ANA

Employer code _____
State _____ District _____
Approved by _____ Date _____
Expiration Date _____ Amount Rec'd _____
Check # _____



Payment Plan (please check)

- Epay (Monthly Electronic Payment)**
This is to authorize monthly electronic payments to ANA. By signing on the line, I authorize NNA/ANA to withdraw 1/12 of my annual dues and any additional service fees from my account.
 Checking: Please enclose a check for the first month's payment; the account designated by the enclosed check will be drafted on or after the 15th of each month.
 Credit card: Please complete the credit card information and this credit card will be debited on or after the 1st day of each month.

Epay Authorization Signature* _____

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

Annual Credit Card Authorization Signature* _____

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

Credit Card Information

Bank Card Number and Expiration Date _____
Authorization Signature _____
Printed Name _____
Amount \$ _____

2011 ANA/NNA/District Option Membership Dues by District				2011 NNA/District Option Membership Dues by District			
District	Monthly epay* (\$)		Annual Dues (\$)		District	Monthly epay* (\$)	Annual Dues (\$)
	Full (MF)	Reduced (MR)	Full (MF)	Reduced (MR)		Full (DF)	Full (DF)
1	22.13	11.31	259.50	129.75	1	15.29	177.50
2	23.58	12.04	277.00	138.50	2	16.75	195.00
3	23.34	11.92	274.00	137.00	3	16.50	192.00
4	22.17	11.34	260.00	130.00	4	15.33	178.00
5	21.83	11.17	256.00	128.00	5	15.00	174.00
6	21.25	10.88	249.00	124.50	6	14.42	167.00
7	22.92	11.71	269.00	134.50	7	16.08	187.00
9	21.25	10.88	249.00	124.50	9	14.42	167.00

*50 cent surcharge per month for epay feature

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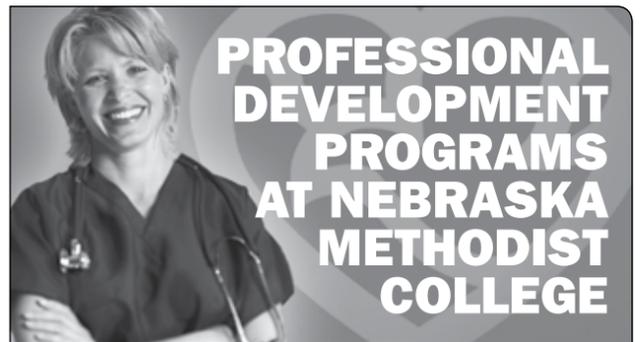
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THE JOSIE HARPER CAMPUS

Using the Bladder Diary to Evaluate Urinary Incontinence

Christine Berke, MSN, APRN-NP,
CWOCN, ANP-BC

The bladder diary, also known as a voiding log or chart, is an assessment tool used when urinary incontinence is present but the etiology has not been determined. It is also used to evaluate a patient's response to a urinary incontinence treatment plan.

The bladder diary is an essential tool in continence care and can be used in nearly every care setting. It is important that the patient and/or caregiver are motivated to complete the tool as accurately as possible. The nurse should explain the necessity for completeness and accuracy of filling out the form in order to direct care for the patient. It is important to stress to the patient and his/her family how the bladder diary will be used to help identify patient behavioral and lifestyle patterns that will assist the nurse with treatment or make referrals for additional exams. By completing the form accurately, the nurse can focus treatments on specific behavioral and lifestyle changes to decrease urinary incontinence and/or bothersome lower urinary tract symptoms. The most important thing is to review the results with the patient and/or the caregiver after the form is completed and evaluated by the nurse. This provides an excellent opportunity for teaching about bladder health, basic lower urinary tract anatomy and physiology, the importance of fluid intake on bladder health and different management techniques for bothersome lower urinary tract symptoms.

The bladder diary is considered part of an initial assessment for reported urinary incontinence. The nurse also completes a detailed history including identification of risk factors for urinary incontinence and a focused physical examination. There are many bladder diary tools available in text books and on-line. Several links for established bladder diaries include:

<http://www.voicesforpfd.org/p/cm/ld/fid=60>

<http://kidney.niddk.nih.gov/kudiseases/pubs/diary/>

<http://www.nafc.org/uploads/pdf/OnlineUroLog.pdf>

The nurse can make his/her own diary to control the amount of information gathered in the diary. If you are concerned about the patient or caregiver's commitment to completing the diary, you might initially have them complete a simple diary that includes only voids and leakages. The more information gathered the better. It is important to know your patient. Most experts and texts recommend completing at least 3 days of the diary to produce the most valuable data.

As stated previously, a bladder diary can be completed in nearly all care settings. The most difficult setting to complete a bladder diary is in acute care. Most patients in acute care are very ill. They are also not in their usual surroundings and may or may not have access to foods/fluids that they are used to consuming in their home setting. Meal times may be more regimented, and fluids may be restricted. Physical and environmental access to the bathroom may be altered for the patient as well. The length of stay in acute care is typically short and there are usually multiple other demands of the nursing staff's time. It can be very challenging to complete the diary in this setting. It might be best to defer the assessment to a post hospital discharge setting for a more accurate picture of the patient's bladder habits. The acute care setting is frequently the first location that urinary incontinence is identified. It is important for all nurses to include questions on the admission assessment about bladder health and control. A leading question during the initial history taking and/or physical exam may include "do you ever have a problem with leaking urine?" This will often open the discussion of incontinence and lead to other questions and information.

In the long term care and the assisted living settings, direct care staff can be shown how to complete the diary or can help prompt patients to complete a diary on their own, if this is appropriate. Staff needs to understand the importance of completing the diary to gather data. The nurse might strengthen the data collected with the help of direct care staff if he/she communicates to the staff how the information will help both the patient and the staff (e.g. decrease moisture associated dermatitis, less time changing soiled briefs) once the data is collected and analyzed.

In the home setting, the bladder diary is completed by the patient or a caregiver. This can be directed by a home health nurse or from an outpatient clinic setting. Make sure that the patient has all of the forms that will be needed ahead of time. Place the forms in a large manila envelope or folder so that it is easily recognized by the patient or caregiver. Encourage them to leave it in a place close to the bathroom so they remember to fill it out. Provide them with a plastic "hat" for the toilet to aid with measuring urine if this is part of the data collection. Schedule a follow up appointment soon after the diary is completed to reinforce the benefits of completing the assessment tool by reviewing results and making treatment recommendations.



The Wound, Ostomy and Continence Nurses (WOCN) society has an excellent booklet titled "Bladder Diary: A best practice document for clinicians." The booklet is slim and easy to read (17 pages). It lists the description and purpose as well as format and critical components of a bladder diary. It also helps with basic interpretation and education tips for the clinician. It has a general glossary of terms related specifically to the bladder diary, reviews common bladder irritants and lists major urinary incontinence resources. Lastly, the appendix lists examples and reviews sample diaries for the different types of urinary incontinence. The booklet can be purchased on the WOCN website in the on-line store under the continence section (www.wocn.org).

Incontinence often has a significant impact on wound healing, the patient's ability to complete self care, patient safety and general feelings of well-being. Persons with untreated incontinence often feel like they are prisoners in their own home. Who better than nurses to identify a treatable chronic health condition that requires compassion, listening, deductive reasoning and teaching skills? The diaries also help to identify those patients who need referral for more detailed examination and evaluation to avoid long term bladder/kidney complications. Many nurses and lay persons feel incontinence is inevitable as you grow older, especially for women. This is not true. Incontinence is not a normal part of the aging process and often can be treated successfully with behavioral changes, pelvic muscle exercises and specific medications. Using a bladder diary as an assessment tool is the easiest way to incorporate continence care into your practice and make a difference in many of your patients' lives.

References:

Bladder Diary: A best practice document for clinicians. Mt. Laurel, NJ: Wound, Ostomy and Continence Nurses Society. 2007.

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Doughty, Dorothy B. Assessment of patients with urinary incontinence. In: *Urinary and Fecal Incontinence: Current Management concepts.* 3rd ed. St. Louis, MO: Mosby; 2006: 363-367.

Milne, Catherine T. Urinary and Fecal Incontinence: A Holistic Approach to Assessment and Management. An IncontinenceSource White Paper. Kestral Continence Ostomy Source web page. <http://www.incontinencesource.com/white-papers> January 2011; Accessed April 1, 2012.

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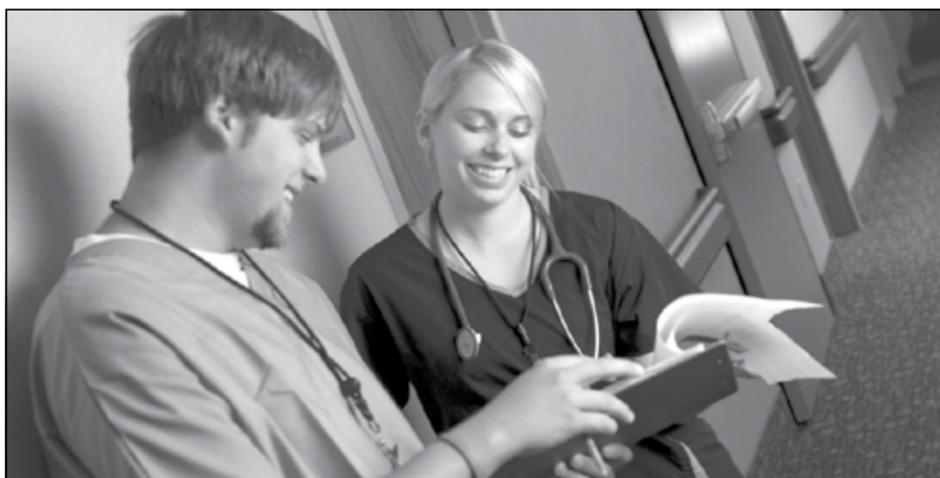
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