

South Dakota Organization of Nurse Executives



To provide leadership for the profession of nursing across diverse settings.

Newsletter

DECEMBER 2011

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President's Message

Nancy Nelson, RN, MS

Happy Holidays
and best wishes for a
Healthy New Year!



I hope each of you is able to take time to enjoy your family and friends during this holiday season. It seems to arrive earlier each year and rushes by in a flurry.

As we approach the New Year with changes in reimbursement and associated issues, workforce staffing concerns and our legislation and politics in full swing, we need to be rejuvenated to meet our new opportunities with energy and wisdom.

Please renew your SDONE memberships and contact me if I can be of any assistance to you or your district.

The AONE 45th Annual Meeting and Exposition is early this year, March 21-24, 2012, in Boston, MA. I hope some of you can join me in representing South Dakota and enjoy the education and networking opportunities as well as adventure in the historic city of Boston. Education tracks will include:

- ❖ Clinical Excellence and Quality
- ❖ Future of Nursing Practice
- ❖ Courageous and Strategic Leadership
- ❖ Innovative Technology for Practice and Communication
- ❖ Relationship Strategies

To download the brochure, register and secure housing, visit the AONE 2012 Annual Meeting website at www.aone.org/annualmeeting.

AONE has also re-designed its website—www.aone.org—which features commonly accessed items such as the *AONE Guiding Principles and Toolkits*, *AONE Nurse Executive Competencies*, *Nurse Manager Inventory Tool*, and various position and policy statements.

Best wishes for a safe and happy holiday season!

Nancy Nelson

Congratulations! Congratulations!



Deb Fischer Clemens and Nancy Nelson

SDONE Leadership Award

Deb Fischer Clemens received the 2012 SDONE Leadership Award which recognizes excellence in nursing administration with emphasis on the concepts of leadership, nursing practice and strategic planning.

In order to be an effective leader, one must be a visionary, passionate, and most importantly possess the desire and ability to understand complex health care issues and the ambition to influence these issues. For more than 30 years,

Deb Fischer-Clemens has exemplified all of these critical leadership traits as a nurse executive. She has become the model for aspirational nurse leaders for generations to come. Deb has yet to shy away from a difficult challenge and she is known for her passion to help disadvantaged women and children. Deb works tirelessly to ensure that everyone regardless of gender, race, and socioeconomic status are able to attain the highest quality of healthcare.

One of Deb's main focuses in health care advocacy is access. Deb fights for health care access to those without means and for those in rural areas. Deb believes that everyone has a right to access of basic health care. One way she supports access is through her service on the Southeast Technical Institute Advisory Council; she also serves on the Health Sciences Advisory Board for the University of South Dakota.

Her experience as a nurse allows her assessment of legislation and regulations to be through the lens of a provider who has seen patients struggle with all the issues that affect health care.

Deb is a past SDONE President and currently serves as Public Policy Chair.



SDONE Scholarship Recipients

Rita Haxton, Vice President of Patient Care & CNO, Rapid City Regional Hospital
Rita is enrolled in the Doctorate in Nursing Practice, Executive Management program at American Sentinel University, Denver, with an anticipated completion date of April 2013.

Carol Stewart, Nursing Instructor, Mount Marty College, Yankton
Carol is enrolled in the MSN program at Mount Marty College with an anticipated completion date of December 2013.





Thank You Outgoing Board Members

Mary Ryan, Program East River; Barbara
Larson, Past President; Denise
Muntefering, Treasurer



Federal and State Update

Deb Fischer Clemens, Public Policy

Federal Update

Delivery System Reforms

Beyond the political rhetoric surrounding the Affordable Care Act (ACA), exists a substantial portion of the bill that fails to receive much public attention. Yet, these provisions will have a tremendous effect on all health care consumers and providers. The delivery system reforms included in the ACA begin to facilitate the health care industry's shift from the fee-for-service payment methodology to payments based upon quality indicators and patient outcomes. This paradigm shift is precipitated by the release of proposed and final rules in a government database known as the *Federal Register*. The rulemaking process is intended to allow for public participation in delivery system reform and all other provisions implemented through rules and regulations. The four main delivery system reforms in ACA are:

- Accountable Care Organizations, beginning in January 2012
- Bundled Medicare Payments, pilot project beginning January 2013
- Penalties for Readmissions, beginning January 2013
- Hospital Value-Based Purchasing Program, beginning January 2013

Hospital Value-Based Purchasing

Hospital Value-Based Purchasing (VBP) is a program which will reimburse health care providers for services based on their performance or the potential outcomes of those services. Providers who can lower costs and deliver quality will be measured as value-based providers.

VBP will accomplish its goals by:

- Tying hospital reimbursement to performance on quality measures related to common and high-cost conditions, such as cardiac, surgical and pneumonia care services
- Including readmissions, as well as other quality measures yet to be developed for Medicare beneficiaries
- Offering a demonstration project for critical access hospitals

Center for Medicare and Medicaid Innovation Center

On November 14, 2011, HHS announced the Health Care Innovation Challenge which would fund applicants who propose the most compelling new service delivery and payment models that will drive system transformation and delivery better outcomes for Medicare, Medicaid and CHIP beneficiaries. This is an open invitation for applicants to obtain funding and support for innovations that they believe will most effectively achieve the three-part aim of better care, better health and reduced cost through improvement. The objectives are:

- Engage innovation partners to identify and test new care delivery and payment models
- Identify new workforce development and deployment models and related training and education
- Support innovators who can rapidly deploy care improvement models (within six months of award) through new ventures or expansion of existing efforts to new patient populations with other public and private sector partners

Challenges to the Affordable Care Act

The Supreme Court of the United States has decided that it will hear the challenge submitted by the State of Florida, joined by 25 other states (including South Dakota), the National Federation of Independent Business and two individuals. The expected timeframe is that the Supreme Court will deliberate in March, and decide by June. The Supreme Court will be reviewing several issues, including:

- **The Individual Mandate:** This provision of the health law requires people not covered by group plans to buy government-approved health insurance by 2014 or pay a penalty
- **Anti-Injunction Act:** A statute that bars federal courts from striking down tax provisions until they have been taken into effect, and thus would require delaying any decision on the individual mandate until 2015 if its penalty is deemed a "tax."
- **Medicaid Expansion:** A provision requiring states to extend Medicaid coverage to people with incomes up to 133 percent of the federal poverty level in order for the states to keep their federal matching Medicaid funds. Some states say this will compel them to spend too much on their share of the match.
- **Severability:** If the court strikes down the individual mandate or the Medicaid provision, it will then decide whether the voided provision or provisions can be separated from the rest of the law. If some cannot be separated, the non-severable ones would be dead.

The Court has appointed two lawyers to argue positions:

- H. Bartow Farr will argue that the law can stand if the individual mandate is struck (the individual mandate is severable from the rest of the ACA).
- Robert Long will argue that the individual mandate cannot be challenged before it goes into effect because it is a tax (the Anti-Injunction Act).

The Super Committee

On Monday, Nov. 21, 2011, the Joint Select Committee on Deficit Reduction, or the "Super Committee," announced the group of 12 delegates, six republicans and six democrats, evenly split between the two houses, was unable to reach an agreement on reducing the Federal deficit by at least \$1.2 trillion over the next 10 years. With this failure, sequestration has been set in motion. The Office of Management and Budget (OMB) will now calculate the sequestered amounts that are needed to ensure savings of \$1.2 trillion for Federal Fiscal Year (FFY) 2013 to FFY 2021. The sequestered amounts will be divided equally among each year, with half of the amount drawn from defense functions and the other half from non-defense functions. The law limits the amount of savings achieved through Medicare, capping

reductions at 2 percent of payments to providers and plans per year of sequestration. These reductions would apply to Medicare payments to Medicare Advantage plans, Part D (prescription drug) plans and providers, including but not limited to hospitals and physicians.

State Initiatives

Long-Term Medicaid Solutions Task Force

The task force, made up of stakeholders from around the state, met throughout the summer, with a draft report shared with the Appropriations Committee in October. The providers involved with the process are awaiting a Request for Information (RFI) from the S.D. Department of Social Services to submit projects that are intended to continue high-quality care for all patients while saving the Medicaid program.

Governor's Infant Mortality Task Force

This task force also met throughout the summer. The final discussion on recommendations to the Governor is scheduled for Dec. 5, 2011.

Health Insurance Exchange

The task force met throughout the summer. Lt. Gov. Michels gave recommendations to Gov. Daugaard. The recommendations included not pursuing legislation to move the health insurance exchange forward during the 2012 South Dakota Legislative Session.



MOVING SOUTH DAKOTA FORWARD SUBMITS OVER 33,850 PETITION SIGNATURES

Overwhelming Response from South Dakotans Interested in Properly Funding Education and Health Care

Sioux Falls – Moving South Dakota Forward submitted to the Secretary of State over 33,850 petition signatures, more than twice the number of signatures necessary, in order to place a measure to fund K-12 public education and Medicaid on the ballot for the November 2012 general election. Moving South Dakota Forward is a broad-based coalition concerned about the level of support for education and health care funding in South Dakota

The measure would create an additional dedicated funding source for K-12 public education and Medicaid by adding one penny to the state sales tax. "The overwhelming response from across the state shows that South Dakotans want to have a voice in the future of education and health care funding. We expected the initiated measure to be well-received, but even we did not expect over 33,850 signers. Doubling the necessary signatures in less than two months' time is truly historic," said Dave Hewett, president and CEO of the South Dakota Association of Healthcare Organizations.

"The sheer number of signatures we were able to collect illustrates how concerned South Dakotans are about the level of funding for education and health care in our state. We had a large network of

individuals engaged in this effort and the response they encountered was just incredible. Nearly 500 South Dakotans circulated petitions in this effort and we collected signatures from every county," added Bryce Healy, Executive Director of the South Dakota Education Association.

"The petition process was just the first step to ensuring quality educational opportunities and health care service in South Dakota," said Hewett. "We look forward to having a serious conversation about the funding of these essential programs over the next year. We built an organization during the last two months that puts us in a strong position for the educational campaign ahead and sends a message that these two critical programs that provide basic, essential services are important to the citizens of South Dakota. We look forward to engaging everyone—whether or not they signed the petition—in the conversation moving forward."

Over the coming weeks, the Secretary of State's office will confirm that Moving South Dakota Forward submitted the 15,855 valid signatures necessary to place the initiated measure on the November 2012 ballot.

Paid for by Moving South Dakota Forward



The Nightingale Lamp Pin

In
Original Black Hills Gold

Order From:
Ms. Sharon Rex
39609 206th St.
Huron SD 57350-5054

**NURSES DAY AT THE
LEGISLATURE 2012
February 6- 7, 2012**

**Ramkota Inn River Centre
920 W. Sioux Avenue
Pierre, South Dakota
605-224-6877**

**Mark Your
Calendar**



Register now for the 37th Annual Nurses Day at the Legislature (NDL)! Nurses Day at the Legislature provides a valuable opportunity to talk with legislators from your community about the issues important to you. During NDL you will be able to attend committee hearings at the Capitol and network with colleagues and your legislators. NDL offers continuing education sessions as well. Guest speakers this year include the Executive Secretaries of the South Dakota Department of Social Services and South Dakota Department of Health.

For more information and registration form:

<http://www.sdnursesassociation.org/Main-Menu-Category/News-Events/NDL>



The **AONE Center for Care Innovation and Transformation (CCIT)** is now accepting applications for the next two-year cohort of the Care Innovation and Transformation (CIT) initiative beginning in 2012 and continuing through 2013. The application process will be open from November 1 to December 15 at 5:00 p.m. CT. Both AONE members and non-members are encouraged to apply. Hospital units invited to participate in the next CIT initiative cohort will be notified shortly after December 15.

How to Apply

To apply for the 2012-2013 CIT initiative, download the [CIT application](#). If you have any questions about the application process, contact Amanda Stefancyk at astefancyk@aha.org or (312) 422-2813.

[FAQ's including cost and deadlines](#)

[CIT initiative application](#)

(submission deadline December 15)

Become certified this year with AONE. We have the tools to help you.

AONE encourages you to consider becoming certified as a Certified Nurse Manager and Leader (CNML) or Certified in Executive Nursing Practice (CENP). To aid in preparation for the CNML exam, AONE and the American Association of Critical-Care Nurses (AACN) have developed the [Essentials of Nurse Manager Orientation \(ENMO\)](#), an eight-module online course based on the Nurse Manager Leadership Collaborative Learning Domain Framework. ENMO is available for frontline managers, charge nurses, aspiring managers and staff leaders. Group discounts are also available. To learn more and to register for ENMO, visit the AONE website at www.aone.org/certification.

AONE publishes white paper on TCAB initiative

AONE [published](#) a white paper detailing the AONE Transforming Care at the Bedside (TCAB) initiative, which began in August 2009 and finished August 2011. Units at 50 hospitals participated in the two-year initiative, in which they used TCAB processes to introduce care improvements. The white paper includes case studies from three participating hospitals and gives additional information regarding the initiative.

CDC launches new program to protect cancer patients from infections

The U.S. Centers for Disease Control and Prevention (CDC) [launched](#) a new program featuring tools to help both clinicians and cancer patients prevent infections. CDC's new Preventing Infections in Cancer Patients program is a comprehensive initiative focusing on providing information, action steps and tools for patients, their families, and their health care providers to reduce the risk of life-threatening infections during chemotherapy treatment at outpatient facilities. These resources include an interactive website for cancer patients and caregivers, as well as a basic infection control and prevention plan for use by outpatient oncology settings. For health care providers and facility administrators, *The Basic Infection Control and Prevention Plan for Outpatient Oncology Settings* includes key policies and procedures to ensure the facility meets or exceeds minimal expectations for patient safety, as described in the newly released *CDC Guide to Infection Prevention in Outpatient Settings*. [Click here](#) for to download the complete roster of CDC tools and resources. (CDC, [press release](#), 10/25/11)

RWJF research initiative aims to develop national nursing research agenda

The Robert Wood Johnson Foundation (RWJF) [reports](#) that it is drawing national attention to a common research agenda and coordinating multi-funder support for research projects that advance the goals of the report on the future of nursing released last year by the Institute of Medicine (IOM): *The Future of Nursing: Leading Change, Advancing Health*. The national research agenda, based on the research agenda set forth in the IOM report, will help ensure that "all Americans have access to high-quality, patient-centered care in a health care system where nurses contribute as essential partners in achieving success," says Lori Melichar, PhD, MA, a labor economist and senior program officer in the Foundation's research and evaluation unit. The initiative welcomes proposals from a wide range of academic disciplines that address research priorities keyed to the eight major IOM report recommendations including nurse education, nurse leadership, interprofessional collaboration and data. The project is supported by the research initiative component of the *Future of Nursing: Campaign for Action*, a collaborative effort to implement solutions to the challenges facing the nursing profession, and to build upon nurse-based approaches to improving quality and transforming the way Americans receive health care. Proposals will be accepted until January 3, 2012. Contact Heather Kelley-Thompson, MA, at 215-573-2981 or by email at hkelley@nursing.upenn.edu for additional information.

Institute for Safe Medication Practices releases new medication administration guidelines

The Institute for Safe Medication Practices (ISMP) recently [released](#) their new *Acute Care Guidelines for Timely Administration of Scheduled Medications*. ISMP conducted an extensive survey in late 2010 involving approximately 18,000 nurses regarding the requirement in the Centers for Medicare & Medicaid Services (CMS) *Conditions of Participation Interpretive Guidelines* to administer medications within 30 minutes before or after the scheduled time. ISMP reports that the nurses who responded to the survey said that changes to drug delivery methods and gradual increases in the complexity of care, the number of prescribed medications per patient, and the number of patients assigned to each nurse, have made the long-standing CMS “30-minute rule” error prone. Many nurses reported feeling pressure to comply with the rule, which in some cases led to medication errors. ISMP reports that while delays in administering certain time-sensitive medications can also result in harm, a one-size-fits-all, inflexible requirement to administer all scheduled medications within 30 minutes of the scheduled time is a precarious mandate given that relatively few medications truly require exact timing of doses.

New Medicare rule impacting hospital competition on patient satisfaction

A recent *New York Times* article [reports](#) that Medicare’s new rule, mandated in the Affordable Care Act, pits hospitals against one another in a competition to best satisfy patients; those with the best scores will receive more money. The article says that some hospitals are worried that assessments from patients can be influenced not just by the quality of their care, but also by amenities like single rooms, renovated units and high-quality food. The article also reports that some of the nation’s most prestigious hospitals get lower marks from patients on areas of patient experiences even as they score average or superior in measures of clinical care from the government and accreditation groups according to the government’s [Hospital Compare Website](#). The ratings are based on Medicare-approved surveys, which hospitals hire companies to give to a random selection of patients after they are discharged. The surveys seek information as to whether or not the doctors and nurses communicated well, if pain was well controlled, if the room was clean and the hospital was quiet at night. The Center for Medicare and Medicaid Services (CMS) is going to give hospitals credit only for patients who say their experiences were always good. The surveys also ask patients to rank their stays on a 10-point scale, and Medicare will credit only hospitals that receive a 9 or 10. The agency has decided that patient experience ratings will determine 30 percent of the total bonus payments with the other 70 percent based on how hospitals follow clinical guidelines for care. [Click here](#) to read the entire article.

HHS intends to delay Stage 2 of ‘meaningful use’

The Department of Health and Human Services intends to delay until fiscal year 2014 (October 1, 2013) the proposed start of Stage 2 meaningful use requirements for hospitals under the Medicare electronic health record incentive program, HHS Secretary Kathleen Sebelius [announced](#) this week. Stage 2 was scheduled to begin on October 1, 2012. AHA President and CEO Rich Umbdenstock said that America’s hospitals welcome this announcement, and that “giving hospitals another year to implement these changes before the bar is raised on the meaningful use requirements is good news, especially for small, rural and safety net facilities.” Incentive payments for those hospitals and physicians that qualify under Stage 1 will continue to flow, and hospitals can continue to build out additional capacity beyond Stage 1. For more on the Medicare EHR incentive program, visit www.aha.org/aha/issues/HIT/mu. (AHA News Now, 11/30/11)

New study: nurses’ work environment measures impact on patient care

A new study [released](#) last week indicates that while nurse-to-patient ratios are widely recognized as an important factor in determining the quality of patient care, those ratios are not always easy to change without significant cost and investment of resources. A study published in the current issue of [Health Care Management Review](#) indicates that there are other aspects of registered nurses’ (RNs) work environments that RNs perceive can also have a significant impact on the quality of care they deliver. In order of influence, those factors are: physical work environment, workgroup cohesion, nurse-physician relations, procedural justice and job satisfaction. “There has been a great deal of research into the impact of nurse staffing on patient care, but we know that increasing nurse-to-patient ratios isn’t always possible,” said Maja Djukic, PhD, RN, assistant professor at the college of nursing, New York University. “What we found in our study is that hospital administrators can improve a variety of work environment factors that are also likely to improve the quality of patient care, without having to change nurse-to-patient ratios. Improvements need to be strategic, because our work shows that the value of enhancing work environment varies across different factors.” Nurses’ ratings of patient care quality were also higher in hospitals with Magnet® recognition programs, and lower in work settings with greater organizational constraints such as lack of equipment and supplies.

District News

DISTRICT III Paula Hamann

Meeting Highlights:

SDONE District 3 met on Nov. 4, 2011 at Sanford USD Medical Center. Jan Haugan-Rogers, MA, RN, Chief Clinical Informatics Officer, Sanford Health, Sioux Falls presented: “**Meaningful Use: Why should nurses care?**”

Jan reviewed:

- What is it we are trying to solve?
- What is proposed?
- What is the content of Meaningful Use?
- Why would providers and hospitals want to work toward achieving Meaningful Use?
- Why should nurses care?

SDONE District 3 Meeting Schedule for next year:

- Feb. 3, 2012—Avera McKennan Hospital & University Health, Sioux Falls, SD – Deb Fischer-Clemens, VP Avera Center for Public Policy, Avera McKennan Hospital & University Health—Legislative Update
- June 1, 2012—TBD –volunteers/topics of interest??
- September 19-21, 2012 – SDONE/SDAHO Convention, Sioux Falls, SD



Membership in SDONE is a bargain – dues are only \$50/year! Encourage your colleagues to join also.

See the attached membership form.

SDONE 2011 Goals

Education

- ✓ Expand member knowledge of public policy issues
- ✓ Participate in the annual Nurses Day at the Legislature
- ✓ Continue to collaborate with SDNA and SDAHO for leadership education
- ✓ Support educational scholarships

Membership

- ✓ Continued membership drives at the state and district levels with a goal of 110 members
- ✓ Needs assessment – more emphasis at the district level
- ✓ Renewal notices sent by Treasurer

Web Site Enhancement and Membership

Communication

- ✓ Further enhance the website and maintain currency
- ✓ Include links to the State of South Dakota, congressional offices, SDBON, LRC, AONE, SDAHO and other associated professional links
- ✓ Include association highlights in the newsletter and on the website, including district minutes and Board information



Web Sites:

AONE: www.hospitalconnect.com

SDONE: www.sdone.org

SD Center for Nursing Workforce:

www.sdcenterfornursing.org

SD Board of Nursing:

www.state.sd.us/dcr/nursing

The SDONE Newsletter is sent electronically four times a year. Please submit articles or information to Carla Borchardt, carla.borchardt@avera.org

2012 SDONE Membership Form

New Application
 Renewal
 Cancel Membership
 Address Change

Name _____ Date _____

Work e-mail address: _____

In an effort to reduce mailing expense, you will receive SDONE communication via email (at your workplace).

If you do not have an email address, mailings will be done.

() If no changes from last year check here. (No need to complete rest of application.)

Home Address _____ Phone _____

City/State/Zip _____ Email _____

Employing Institution/Agency _____ Phone _____

Employer's Address _____ Email _____

City/State/Zip _____ FAX _____

Your Title _____ # Years in Position _____

Educational Background Masters
 BS or BSN Certification _____
 Associate Degree
 Diploma Other _____

Are you an AONE member? Yes No

Name of SDONE member that brought you to the organization: _____

*Please send completed application form with **\$50.00 annual dues**. If you are a **new member** and you are joining after June 30, the dues are \$25.00 and will cover the remainder of the calendar year.*

Kathy Dill, SDONE Treasurer
Spearfish Regional Hospital
1440 N Main
Spearfish, SD 57783

Email: cdill@regionalhealth.com

FOR OFFICE USE ONLY – District: _____ Membership #: _____ Check #: _____ Date: _____