

South Dakota Organization of Nurse Executives



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

Newsletter

AUGUST 2011

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President's Message

Nancy Nelson, RN, MS

Welcome to summer in South Dakota. Wind, rain, hail and sunshine all in one day!

Summer is such an exciting time in hospitals and long term care facilities as we begin to get acquainted with the new graduates. Don't you just love the enthusiasm and eager faces they bring each day as they begin their careers! I think this

must be what farmers feel when they view their new farm "babies" each spring. Such a joy to behold as our future is in their hands and hearts.

SDONE continues to grow in numbers and networking capabilities. AONE is seeking abstracts for the 45th Annual Meeting and Exposition. If you are interested in submitting your project please note the following information: AONE is now accepting online abstract submissions for the AONE 45th Annual Meeting and Exposition, scheduled for March 21-24, 2012 in Boston, MA. Specific instructions for submitting an abstract, as well as the online submission site link, are available on the [AONE website](#). **Submission deadline is Wednesday, August 3.**

As a reminder, effective July 1, 2011, South Dakota law requires individuals in the medical and mental health professions and employees or entities that have ongoing contact with and exposure to elders and adults with disabilities to report knowledge or reasonable suspicion of abuse or neglect of elders and adults with disabilities.

Please save the dates of September 21-23, 2011 for our annual meeting at SDAHO. This year it will be in Rapid City. The SDONE planning committee has selected an outstanding program for all of us so I look forward to seeing you there.

Nancy Nelson

2011:Defining Opportunities

SDONE Annual Meeting

SDAHO 85th Annual Convention

September 21 - 23, 2011 - Rushmore Plaza Civic Center
Rapid City, South Dakota

Register under the Nurse Executive Track

Update on Federal Health Care Reform: the Affordable Care Act; July 2011

South Dakota Organization of Nurse Executives

Deb Fischer Clemens

Delivery System Reforms: Released Rules & Regulations

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.

Accountable Care Organizations

Section 3022 of the Affordable Care Act requires the establishment of the Medicare Shared Savings Program by January 1, 2012. This program is intended to encourage providers of services and supplies to create a new type of health care entity called an "Accountable Care Organization (ACO)" that agrees to be held accountable for improving the health and experience of care for individuals and improving the health of populations while reducing the rate of growth in health care spending. Studies have shown that better care often costs less, because coordinated care helps to ensure that the patient receives the right care at the right time, with the goal of avoiding unnecessary duplication of services and preventing medical errors.

Community-Based Alternatives

The Department of Health and Human Services (HHS) recently announced \$4.3 billion in new funds authorized by the ACA to help establish and expand community-based alternatives to institutional long-term care through the Money Follows the Person (MFP) demonstration and the Community First Choice option program. HHS published a proposed rule seeking to implement the Community First Choice Option and allow all states to access a potential \$3.7 billion in increased federal funding to provide long-term services and supports through the program. Starting in October 2011, the three-year program will

allow states to receive a six-percent increase in federal matching funds for providing qualifying services and supports to Medicaid eligible individuals in a community setting, in accordance with a person-centered plan. The comment period for these proposed rules has closed, however the final rule can be expected within a few weeks.

Healthcare Acquired Conditions

The ACA prohibits federal Medicaid payments to states for providing medical assistance for health care acquired conditions, effective July 1, 2011. It also authorizes states to identify other provider-preventable conditions for which Medicaid payment would be prohibited. The comment period for the proposed rule closed March 18, 2011. The final rule can be expected within a few weeks.

State Innovation Waivers

HHS recently announced proposed rules to allow states to apply for “Innovation Waivers”, which would give states the power and flexibility to opt out of the Affordable Care Act’s requirements, while innovating and implementing health care solutions that work best for them. To qualify for a waiver, the state must ensure that its policies will provide coverage that is at least as comprehensive as coverage offered through Health Insurance Exchanges created by the law, and that coverage must be at least as affordable as it would have been through the exchanges.

Value-Based Purchasing

In April, HHS launched a new initiative which will reward hospitals for the quality of care they provide to people with Medicare and help reduce health care costs. Authorized by the Affordable Care Act, the Hospital Value-Based Purchasing program marks the beginning of an historic change in how Medicare pays health care providers and facilities - for the first time, 3,500 hospitals across the country will be paid for inpatient acute care services based on care quality, not just the quantity of the services they provide.

In FY 2013, an estimated \$850 million will be allocated to hospitals based on their overall performance on a set of quality measures that have been shown to improve clinical processes of care and patient satisfaction. The better a hospital does on its quality measures, the greater the reward it will receive from Medicare.

Health Insurance Exchanges

The cornerstone and undoubtedly most controversial aspect of the Affordable Care Act (ACA) is an individual mandate to purchase health insurance coverage, which becomes effective in January 2014. This expansion of health care insurance is estimated to cover an additional 32 million Americans. The particular mechanism to enable Americans, individuals and small businesses to purchase private insurance coverage, determine eligibility for health insurance subsidies and to enroll in Medicaid is an online marketplace, known as a health insurance exchange or health benefit exchange.

Despite the uncertainty of federal health reform, state-based health insurance exchanges are largely considered to be bipartisan and therefore likely to be implemented with the ACA or subsequent

attempts at health reform. In fact, during the nearly two years of health reform debates, Congressman Paul Ryan (R-WI) included in his own reform plan (H.R. 2520) the establishment of state-based health insurance exchanges to allow for the purchase of health insurance coverage. Due to the bipartisan nature of exchanges, even the most ACA-resistant state governors and legislatures have moved forward with the planning of health insurance exchanges. It is also important to note that should a state not establish an insurance exchange by January 2014, the federal government will implement an exchange on the state's behalf.

South Dakota Governor Dennis Daugaard recently appointed stakeholders to a Health Insurance Exchange Workgroup, of which Avera is a member. The workgroup is chaired by Lt. Governor Matt Michels and will recommend to the governor and legislature by September to move forward with the implementation of a state-based exchange, in order to implement an exchange tailored to the specific needs of South Dakota, rather than the federal government directing South Dakota's exchange. The workgroup will also provide recommendations as to how the exchange will be organized. The state has also contracted with a vendor to conduct background research. More information regarding the workgroup's progress and other activities of South Dakota's planning grant can be viewed at <http://healthreform.sd.gov>.

SIM-SD



An innovative way to provide EMTs, paramedics, nurses and doctors in rural South Dakota the opportunities for accessible, hands-on training in their own communities is now here, thanks to a new mobile training program featuring human patient simulators.

Partners in this effort are the South Dakota Department of Health, the South Dakota Office of Emergency Medical Services, the South Dakota Emergency Medical Technicians' Association, Avera Health, Mobridge Regional Hospital, Regional Health, St. Mary's Healthcare Center and Sanford Health. The statewide effort is lead by the South Dakota Department of Health.

SIM-SD offers three 44-foot long, custom built mobile learning units, fully equipped for training, along with two smaller outreach models. All five units have human patient simulators and a uniform educational curriculum to ensure a quality training experience for all participants. The Leona M. and Harry B. Helmsley Charitable Trust funded grants for the mobile units.



The human patient simulators, which blink, breathe, cry and more, are able to replicate many realistic patient illnesses and injuries. These true-to-life scenarios provide medical practitioners with an interactive “patient” who will react according to the providers’ actions.

“SIM-SD allows providers who may only encounter a critically ill or injured patient once or twice a year the opportunity to encounter a similar ‘patient’ multiple times with focused feedback in a managed stress environment,” said Doneen Hollingsworth, Secretary, SD Department of Health. “SIM-SD lets medical personnel test and practice their skills and critical thinking, which leads to a high degree of familiarity and confidence.”

“Because patients in rural South Dakota are farther from specialized care, it’s especially important for first responders and primary care providers to be competent and experienced in critical care. However, these same providers often encounter significant challenges in obtaining continuing education,” said Trevor Jones, Secretary, SD Department of Public Safety. “SIM-SD brings that education closer to those who need it.”

The Rural Healthcare Program of The Leona M. and Harry B. Helmsley Charitable Trust began awarding grants in 2009. In the last two years, the Trust has awarded more than \$104 million in grants to nonprofit organizations in the region. The Trust, established in 1999, supports a diverse range of organizations, with a major focus on health and medical research, human services, education and conservation. To date, The Trust has announced more than \$104 million in the region and \$440 million in grants to charitable organizations.



> ADNE Foundation Issues Call for 2012 Seed Grant Proposals

The ADNE Foundation for Nursing Leadership Research & Education will begin accepting proposals for its 2012 Research Seed Grant Program on August 1, 2011. Grants of \$3,000 to \$8,000 will support research projects related to nursing administration practice, in the areas of workforce, work environment, leadership development, patient safety and evidence-based management practices. The proposal submission deadline is November 1, 2011. Both ADNE members and nonmembers are eligible to apply. All award recipients will be notified by January 6, 2012 and will then be honored at the 2012 ADNE Annual Meeting and Exposition, March 21-24, in Boston, MA. For more information and to download an application, go to www.aone.org/foundation, or email Sara Neuner at sneuner@aha.org.



The logo for the ADNE Foundation. It consists of the letters 'A', 'D', 'N', and 'E' in a stylized font, each inside a small circle. Below this, the word 'FOUNDATION' is written in a larger, bold, serif font. Underneath 'FOUNDATION', the full name 'for Nursing Leadership Research and Education' is written in a smaller, sans-serif font.

Pass It On!

Help us enroll a new generation of
100,000+ nurses in **Nurses' Health Study 3.**

Please ask any female RNs or LPNs
between the ages of 22 and 45 to join the
new **Nurses' Health Study 3.**

They can join at:

☞ www.NHS3.org ☞

The Nurses' Health Study is growing and we need your help to spread the word!

We are enrolling a new cohort of over 100,000 nurses to learn more about how women's lifestyles in their 20s, 30s, and 40s can influence their health later in life. Much like the first two Nurses' Health Studies, which began in 1976 and 1989, this new study will follow a large group of women over many years. To make it more convenient, NHS3 will be conducted entirely over the Internet via online questionnaires.

Please encourage any female RNs or LPNs between the ages of 22 and 45 to join the new Nurses' Health Study 3. You could even just hand them this flyer!

To join or for more information, go to www.nhs3.org

Thank you!

AONE News

AONE offers new *CENP Study Guide* for the CENP certification exam

This week, AONE introduced a new study guide available to nurse leaders to assist them in preparing for the Certified in Executive Nursing Practice (CENP) certification exam. The *CENP Study Guide* provides scenarios and questions

to help AONE members prepare for the exam while provoking critical thinking about nurse executive practice. Download the study guide on the [AONE website](#) (please note: this is a members-only resource and requires special log-in). For questions about preparing for the exam, please call Lundy Beard, AONE senior education and professional development specialist at (202) 626-2274. For additional information visit the AONE Credentialing Center at www.aone.org/CNML.

Submit your application for 2012 Nurse Manager Fellowship program

AONE is accepting applications for the 2012 Nurse Manager Fellowship program. The year-long course focuses on the education and development of nurse managers and is designed to prepare the next generation of executive level nurse leaders to meet practice needs. The fellowship uses the nurse manager's Learning Domain Framework as the foundation for the curriculum. Applications are available on the [AONE website](#). Fellows will be announced on September 30 and begin the program in January 2012. For additional information, contact M.T. Meadows, AONE director of professional practice, at 312-422-2807. The deadline for submission is September 1.

Did you know?

By enrolling your staff in AONE's group membership program, your organization can save five to 20 percent on membership dues. Group memberships are available for five or more employees from the same organization. [Learn more](#) about group membership and how your organization can benefit! Questions? Contact Alyse Kittner, AONE membership manager, at (312) 422-2803.



New IOM report recommends additional preventive health services for women

A new [report](#) from the Institute of Medicine (IOM) recommends that eight preventive health services for women be added to the services that health plans cover at no cost to patients under the Patient Protection and Affordable Care Act of 2010 (ACA). The ACA requires plans to cover the services listed in the U.S. Department of Health and Human Services' (HHS) comprehensive list of preventive services. The recommendations are based on a review of existing guidelines and an assessment of the evidence on the effectiveness of different preventive services. The committee identified diseases and conditions that are more common or more serious in women than in men or for which women experience different outcomes or benefit from different interventions. Among the additional services are screening for gestational diabetes, human papillomavirus (HPV) testing as part of cervical cancer screening for women over 30, and yearly well-woman preventive care visits to obtain recommended preventive services. The report addresses concerns that the current guidelines on preventive services contain gaps when it comes to women's needs. (National Academies, [news release](#), 7/19/11)

2011 Medication Safety Self Assessment for Hospitals

The Institute for Safe Medication Practices (ISMP) is again partnering with the Health Research and Educational Trust (HRET) and the American Hospital Association (AHA) to assess U.S. hospitals regarding their medication safety practices. The 2011 ISMP Medication Safety Self-Assessment® will document progress and identify the impact of emerging challenges, such as staffing shortages, shrinking reimbursement and new technology. The self assessments provide hospitals with a way to evaluate their medication safety practices, identify opportunities for improvement and compare their experiences over time with the aggregate experience of demographically similar organizations. [Click here](#) for the 2011 medication safety self assessment. Hospitals may participate anonymously via a secure, password protected website, and will have unlimited opportunity to view and download their scores during the data collection period. For more information, email selfassess@ismp.org, or call (215)947-7797.

NLN Expands ACES: Advancing Care Excellence for Seniors

The National League for Nursing (NLN) recently developed a new website? [Advancing Care Excellence for Seniors \(ACES\)](#)—that features case simulations and teaching strategies aimed at better preparing students and faculty for gerontology nursing practice. Students are presented with a series of realistic encounters with simulated patients in varied health care settings. The simulation templates offer faculty tools to implement the scenarios, and instructor

toolkits offer suggestions on how to use the various tools and incorporate them into the curriculum. ACES teaching strategies were developed by a panel of experts on geriatric nursing education and are designed to be used throughout the curriculum. The ACES resource is available free of charge and was developed through a partnership of the NLN and the Community College of Philadelphia, with funding from the John A. Hartford Foundation, Laerdal Medical and the Independence Foundation. (NLN, [news release](#), 6/28/11)

New clinical trial shows copper reduces risk of infections by more than 40 percent

Results from a comprehensive, multi-site U.S. clinical trial has shown that the use of antimicrobial copper surfaces in intensive care unit rooms resulted in a 40 percent reduction in the risk of acquiring a hospital infection. Initial study results were presented at the World Health Organization's (WHO) [1st International Conference on Prevention and Infection Control \(ICPIC\)](#) in Geneva, Switzerland earlier this month. The study, funded by the U. S. Department of Defense, was designed to determine the efficacy of antimicrobial copper in reducing the level of pathogens in hospital rooms, and whether such a reduction would translate into a lower rate of infection. Working with three hospitals, researchers replaced commonly-touched items, such as bed rails and nurse call buttons with antimicrobial copper versions. Study results indicated that rooms with copper surfaces demonstrated a 97 percent reduction in surface pathogens. WHO reports that 7 million infections occur in at health care facilities around the world, costing more than \$80 billion globally. (Copper Development Association, [news release](#), 7/1/11)

Rep. Schakowsky introduces Federal Nurse Staffing Bill

Representative Jan Schakowsky (D-IL) has introduced legislation to address increasing hospital mortality rates and hospital nurse staffing issues. The [Nurse Staffing Standards for Patient Safety and Quality Care Act of 2011](#) would establish a federal minimum standard in all hospitals for direct care registered nurse-to-patient staffing ratios and would require that hospitals work with their direct care nurses to develop safe staffing plans that meet but can exceed minimum nurse-to-patient staffing ratios. The bill would also require the Department of Health and Human Services (HHS) to consider staffing requirements for licensed practical nurses and the Medicare Payment Advisory Commission to recommend any changes in additional reimbursement needed due to the requirements of the bill. (Schakowsky.house.gov, [press release](#), 6/15/11)

IOM report calls for cultural transformation of attitudes toward pain

A new [report](#) from the Institute of Medicine (IOM) explains that every year at least 116 million adult Americans experience chronic pain. A new analysis undertaken as part of the report finds that the medical costs of pain care and the economic costs related to disability days and lost wages and productivity conservatively amount to at least \$560 billion to \$635 billion annually. Much of this pain is preventable or could be better managed, added the committee that wrote the report. The committee called for coordinated, national efforts of public and private organizations to create a cultural transformation in how the nation understands and approaches pain management and prevention. The report also recommends that the majority of care and management should take place through primary care providers and patient self-management with specialty care services reserved for more complex cases. The report also calls on Medicare, Medicaid, workers' compensation programs and private health plans to find ways to cover interdisciplinary pain care. The study was mandated by Congress and sponsored by the National Institutes of Health. (The National Academies, [news release](#), 6/29/11)

RWJF launches website to help patients compare local hospitals and physicians

The Robert Wood Johnson Foundation (RWJF) this week launched a new, nationwide online directory for patients to find reliable information on the quality of health care provided by physicians and hospitals in their communities. *Comparing Health Care Quality: A National Directory* is a map-based listing of health care performance measurement resources available across the country. The directory links to 197 free and publicly available reports in 46 states, as well as 27 reports with information on the performance of physicians and hospitals nationwide. Medical patients can scroll over a U.S. map and find web-based resources to help them choose a doctor or hospital in their town based on whether patients received recommended tests and treatment, the outcomes of their care, their experience with providers or the overall cost of care. Performance data also enables hospitals, physicians and other health care providers to examine their own performance, compare it with others and identify areas for improvement. (RWJF, [news release](#), 6/28/11)

New HAI prevention reference tool released

The Association of periOperative Registered Nurses (AORN) reports on the release of a new algorithmic quick-reference card that provides best practice recommendations for prevention and management of health care-associated infections (HAIs). The tool was released in collaboration between the American Hospital Association, Infectious Diseases Society of America, The Joint Commission, Society for Healthcare Epidemiology of America, and the Association for Professionals in Infection Control and Epidemiology. The *2011 Prevention of Healthcare Associated Infections Guidelines Pocketcard™* is available in five quick-reference formats including a digital version for mobile devices. [Click here](#) for additional information. (AORN, [news release](#), 6/24/11)

District News

DISTRICT III Paula Hamann

District 3 June 3, 2011 Meeting Highlights:

❖ **Welcome to SDONE District 3 New Members:**

- **Marie Rogers**, Clinical Nurse Specialist, Sanford USD Medical Center
- **Deb Paauw**, Director, Avera McKennan Hospital & Univ Hlth Cntr
- **Quin Zediker-Olander**, Nurse Manager, Avera McKennan Hospital & Univ Hlth Cntr
- **Jeff Berens**, Chief Nursing Officer, Sanford Vermillion Medical Center
- **Barbara Teal**, Associate Director, VA Hospital, Sioux Falls, SD
- **Jill Mutziger**, ADON, Brookings Health System

❖ **Report on the AONE Small and Rural Hospital Task Force**—Mona Hohman, MS, RN, VP, Sanford Health Network Patient Services

❖ **Program**—Cindy Morrison, Vice President, Health Policy, Sanford Health

- **Accountable Care Organizations and Medical Homes**

❖ **Next District 3 Meeting** --November 4, 2011

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 SDAH0 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, SDAH0 and other associated professional links
- ✓ Include association highlights in the newsletter and on the website, including district minutes and Board information

Did you know?

***SDONE membership
for the year is 107 members.***



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

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

See the attached membership form.

2011 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.*

Denise Muntefering, SDONE Treasurer
Avera St. Benedict Health Center
401 West Glynn Drive
Parkston, SD 57366
e-mail: denise.muntefering@avera.org

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