President’s Farewell Message

Philip Boettcher, MSN, RN, NE-BC

Final Note:

Dear Colleagues,

Life has a sense of humor. We plan and live our days in the present without often knowing what life had in store for us. I guess I would call this my swan song. 😊 I will be transitioning from the SDONE President office due to relocating to Texas. I have been exceptionally blessed to be part of SDONE and will take many experiences and fond memories with me. I will always have a special place for South Dakota nursing. My last advice is to reach for the ingenuity in each of you to support healthcare in South Dakota as collaborative nurses. You are a special professional group that together can accomplish exceptional care.

Warm Regards,

Phil Boettcher, RN, MSN, NE-BC
SDONE President

Handing over the gavel:
Todd Salfrank, President and Phil Boettcher, Outgoing President
President’s Message

Todd Salfrank, MBA, RN, NREMTP

Hello Colleagues,

As the seasons change so must SDONE, so as an organization SDONE must say good bye to an exceptional colleague, Phil Boettcher. Phil will be missed by many as he steps into his next chapter of life. Enjoy the warm weather in Texas as you think of us in the cold plains of South Dakota. Good luck and best wishes.

I would like to introduce myself as the new President of SDONE: Todd Salfrank MBA, RN, NREMTP

Since September 2013 I have worked as a Nurse Manager for the Medical/Surgical/Pediatric unit for Avera St. Lukes after resigning from the Aberdeen Fire Department after 20 yrs of service. I held the position of Battalion Chief since 2006 before resigning. I hold a Masters of Business Administration with an emphasis in Health Care Management. Currently I have 18 yrs of continuous employment with Avera St Lukes holding positions as Flight Medic, Flight Nurse, Nursing Supervisor and currently Nurse Manager.

I started my career by joining the Army reserves my junior year in high school in 1988. I participated in three, 1 year deployments overseas that included the Persian Gulf War 1990-1991, Bosnia/Croatia/Hungry 1997-1998 and Iraq 2007-2008. I retired from the Army Reserves in 2008 with 21 yrs of service after achieving a Bronze Star for leadership, 2 Army Commendation Medals, 8 Army Achievement Medals and numerous other awards, decorations and campaign medals. I began my civilian career at the Aberdeen Fire Department as a Paramedic/Firefighter. I decided that only having two jobs wasn’t enough so I began working part-time at St. Lukes in 1995 as a Flight medic. In 2002, I became a Flight RN progressing up to Nursing Supervisor, and now my current position as Nurse Manager as of September of 2013.


As the new incoming President, I am excited to accept this position and look forward to working with many of you in the upcoming months and years in building SDONE to its fullest potential. I would like to continue to build upon the organization’s philosophy “To Provide leadership for the profession of nursing across diverse settings”. In doing so I believe as an organization SDONE has to engage and recruit a more diversified group of nurses in all areas of cares from long term care to acute care. Secondly, as an organization SDONE must find new ways to provide support through meetings, education, or through an improved organization web site. So the first question I must ask, how can I help?

Finding our way will be the journey we take together as leaders, in these changing times.

Thanks

Todd Salfrank
SDONE Convention Highlights
September 23-25, 2015
Sioux Falls, SD

SDONE 2015 Leadership Award Recipient

Congratulations
Rochelle Reider, MSN, RN, NE-BC, FACHE
Vice President of Patient Services
Avera Queen of Peace Hospital, Mitchell, SD
SDONE Past President
Congratulations Barb Hespen and Angie McCain
2015 SDONE Scholarship Recipients:

Barb Hespen, DNP, RN
Barb just completed her DNP at American Sentinel University! Barb has been an active member of SDONE for many years, including serving as District I Chair at one time. Barb currently serves as the Vice President of Patient Care Services at Avera St. Mary’s in Pierre.

Angie McCain, RN
Angie McCain is enrolled in Grand Canyon University’s Master of Science in Nursing – Nurse Leader Track (MSN-L) with an anticipated graduation date of December 2015. Angie works full-time as the Director of Maternal Care and Service Excellence for Avera Queen of Peace Hospital and has been an active member of SDONE District IV for over 10 years.

CONGRATULATIONS
To the SDONE Membership Meeting Door Prize Recipients: Laurie McKee, Barb Hespen, and Sheri Fischer

I would just like to thank the board and the SDONE organization for the wonderful basket full of surprises that I won through the drawing at the annual meeting. I did not realize how much stuff was included until I got home and just kept finding more and more as I opened it. It was very generous and I just wanted to thank you for the generosity. I also felt the meeting was very organized and informative. Thanks for all you do to serve for such a great organization.

Laurie McKee, Vice President of Patient Care Services, Avera Sacred Heart Hospital
Thank-you to the SDO NE Outgoing Board Members for your service to SDO NE:

- Philip Boettcher, President
- Teri Kinghorn, Treasurer
- Connie Schmidt—Program Chair East River
- District Chair 2—Kirby Kleffman
- District Chair 4—Chris Lippert

Welcome to the SDO NE 2015-2016 Incoming Board Members:

- President Elect -- Todd Salfrank, NREMTP, RN, MBA, Nurse Manager for Med/Surg/Peds Avera St. Lukes in Aberdeen
- Treasurer -- Suzanne Campbell, RN, Director of CIU, Rapid City Regional Hospital
- Program Chair – East River- Lori Popkes, MBA, RN, NE-BC, Associate Chief Nursing Officer, Avera McKennan in Sioux Falls
- Aging Services-- Amy Thiesse, RN (2nd term), Director of LTC Services, Sanford Health Network
- District Chair 2--Kelli Fischer from Aberdeen
- District Chair 4--Julie Hoffman from LTC Mitchell

The Center for Nursing Workforce is pleased to partner with EmBe to offer a comprehensive nursing leadership program for nurses interested in expanding their leadership potential.

The program will begin January 2016. Space is limited! More information is available on the application at www.embe.org/leadership.

If you have questions or need more information, please contact Erin Bosch at Embe, tel (605) 336-3660.
### November Nursing History Facts

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>November 1</td>
<td>1858 Adelaide Nutting born in Frost Village, QUE</td>
</tr>
<tr>
<td>November 4</td>
<td>1854 Florence Nightingale arrives in Scutari</td>
</tr>
<tr>
<td>March 5</td>
<td>1871 Mary Gardner born in Newton MA</td>
</tr>
<tr>
<td>November 8</td>
<td>1938 Spirit of Nursing monument dedicated in Arlington Nat. Cemetery</td>
</tr>
<tr>
<td>November 10</td>
<td>1962 Alice Louise Florence Fitzgerald died</td>
</tr>
<tr>
<td>November 11</td>
<td>1993 Womens Vietnam Memorial dedicated Washington DC</td>
</tr>
<tr>
<td>November 25</td>
<td>1999 Lucile Petry Leone died</td>
</tr>
<tr>
<td>November 29</td>
<td>1832 Louisa May Alcott born in Germantown, PA</td>
</tr>
<tr>
<td>November 30</td>
<td>1897 Virginia Henderson born Kansas City, MO</td>
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<tr>
<td></td>
<td>1907 Florence Blake - born Stevens Point WI</td>
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</table>

### December Nursing History Facts

<table>
<thead>
<tr>
<th>Date</th>
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<tr>
<td>December 1</td>
<td>1982 Ruth Freeman died</td>
</tr>
<tr>
<td>December 4</td>
<td>2004 Josephine Dolan died</td>
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<tr>
<td>December 5</td>
<td>1906 Ruth Freeman born Methuen MA</td>
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<tr>
<td>December 7</td>
<td>1890 Katharine Densford Dreves born Crothersville IN</td>
</tr>
<tr>
<td>December 14</td>
<td>1934 Bertha Harmer died</td>
</tr>
<tr>
<td>December 21</td>
<td>1863 Sophie Mannerheim, ICN president 1922-1925, born</td>
</tr>
<tr>
<td>December 25</td>
<td>1821 Clara Barton born Oxford MA</td>
</tr>
<tr>
<td>December 31</td>
<td>1954 Annie Goodrich died</td>
</tr>
</tbody>
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**History of SDONE**

Past SDONE Presidents and members--do you know interesting facts about the history of SDONE? Please submit any information you have to Paula Hamann:

paula.hamann@sanfordhealth.org

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**Calendar of Nursing History obtained from the American Association for the History of Nursing:**

http://www.aahn.org/nursinghistorycalendar.html
## 2015 – 2016 SDONE Board Officers and Members

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Affiliation</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Todd Salfrank, Nurse Manager for Med/Surg/Peds</td>
<td>Avera St. Luke’s Hospital</td>
<td><a href="mailto:todd.salfrank@avera.org">todd.salfrank@avera.org</a></td>
</tr>
<tr>
<td>Past President</td>
<td>Rochelle Reider, Vice President of Patient Services</td>
<td>Avera Queen of Peace Hospital</td>
<td><a href="mailto:rochelle.reider@avera.org">rochelle.reider@avera.org</a></td>
</tr>
<tr>
<td>Secretary</td>
<td>Tamara Larsen-Engelkes, Director of Ortho/Brain &amp; Spine/Rehab/Short Stay Unit</td>
<td>Avera McKennan Hospital</td>
<td>tamara.larsen-avera.org</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Suzanne Campbell, Director of CIU</td>
<td>Rapid City Regional Hospital</td>
<td><a href="mailto:scampbell2@regionalhealth.com">scampbell2@regionalhealth.com</a></td>
</tr>
<tr>
<td>Public Relations</td>
<td>Paula Hamann, Director Special Projects &amp; Patient Experience</td>
<td>Sanford USD Medical Center</td>
<td><a href="mailto:paula.hamann@sanfordhealth.org">paula.hamann@sanfordhealth.org</a></td>
</tr>
<tr>
<td>Bylaws</td>
<td>Debra Leners, VP Women’s, Children’s and Respiratory Services</td>
<td>Sanford USD Medical Center</td>
<td><a href="mailto:debra.leners@sanfordhealth.org">debra.leners@sanfordhealth.org</a></td>
</tr>
<tr>
<td>Public Policy</td>
<td>Deb Fischer Clemens, VP Avera Center for Public Policy</td>
<td>Avera Health</td>
<td><a href="mailto:deb.fischerclemens@avera.org">deb.fischerclemens@avera.org</a></td>
</tr>
<tr>
<td>Program Co-Chairs</td>
<td>East River – Lori Popkes, Associate Chief Nursing Officer</td>
<td>Avera McKennan Hospital</td>
<td><a href="mailto:lori.popkes@avera.org">lori.popkes@avera.org</a></td>
</tr>
<tr>
<td></td>
<td>West River – Angie Mills, Director Adult Intensive Care Units</td>
<td>Rapid City Regional Hospital</td>
<td><a href="mailto:amills@regionalhealth.com">amills@regionalhealth.com</a></td>
</tr>
<tr>
<td>Aging Services</td>
<td>Amy Thiesse, Director of Patient Services</td>
<td>Sanford Health Network</td>
<td><a href="mailto:amy.thiesse@sanfordhealth.org">amy.thiesse@sanfordhealth.org</a></td>
</tr>
<tr>
<td>Website Manager</td>
<td>Joni Vaughn, Coordinator Special Projects, Magnet Program Director</td>
<td>Sanford USD Medical Center</td>
<td><a href="mailto:Joni.Vaughn@SanfordHealth.org">Joni.Vaughn@SanfordHealth.org</a></td>
</tr>
<tr>
<td>Council on Acute Care</td>
<td>Deb Colson, Administrative Director of Patient Care</td>
<td>Rapid City Regional Hospital</td>
<td><a href="mailto:dcolson@regionalhealth.com">dcolson@regionalhealth.com</a></td>
</tr>
<tr>
<td>Nursing Workforce Center</td>
<td>Lynn Simons, Nursing Director</td>
<td>Sturgis Regional Hospital</td>
<td><a href="mailto:LSimons@regionalhealth.com">LSimons@regionalhealth.com</a></td>
</tr>
<tr>
<td>District 1:</td>
<td>Suzanne Campbell, Director of CIU</td>
<td>Rapid City Regional Hospital</td>
<td><a href="mailto:scampbell2@regionalhealth.com">scampbell2@regionalhealth.com</a></td>
</tr>
<tr>
<td>District 2:</td>
<td>Kelli Fischer, Nurse Manager of Behavioral Health Services/Rehab/Swingbed</td>
<td>Avera St. Luke’s Hospital</td>
<td><a href="mailto:kelli.fischer@avera.org">kelli.fischer@avera.org</a></td>
</tr>
<tr>
<td>District 3:</td>
<td>Sheri Fischer, Director Newborn Nursery and NICU Services</td>
<td>Sanford USD Medical Center</td>
<td><a href="mailto:sherifischer@sanfordhealth.org">sherifischer@sanfordhealth.org</a></td>
</tr>
<tr>
<td>District 4:</td>
<td>Julie Hoffmann, Administrator of LTC and Assisted Living</td>
<td>Avera Brady Health &amp; Rehab</td>
<td><a href="mailto:julie.hoffmann@avera.org">julie.hoffmann@avera.org</a></td>
</tr>
</tbody>
</table>
Federal Update

Upheaval in the House
The Republican train went off the tracks this week in Congress with news that the heir apparent to replace John Boehner (R-OH) as House Speaker, Kevin McCarthy (R-CA), was withdrawing from the race. Speculation has ensued over who would take McCarthy’s place as front-runner. The power vacuum creates uncertainty around how Congress will proceed with its unfinished business, including funding the government beyond the Continuing Resolution’s December 11 extension:

- Lifting the government’s debt limit within the next 25 days
- Authorizing highway funding
- Increasing defense and domestic spending
- Advancing a budget reconciliation bill and potentially a two-year budget deal

We expect that the Republicans will avoid a government shutdown for the balance of the year. Boehner has indicated that he would stay on longer than the end of October if necessary. Republicans know that this chaos looks terrible for the Party, which means it is likely that a successor will be selected sooner rather than later. In the meantime, Boehner will continue to push to clear the deck for whomever takes over, increasing the likelihood of a 2-year budget deal.

In the midst of the leadership turmoil, committee chairs continue to seek out “pay-fors” to cover the costs of the aforementioned spending priorities. Lawmakers are still eying site-neutral payments and possibly other hospital provisions for potential inclusion, although all of this is fluid and there is no concrete timeline for the package’s consideration. AHA/SDAHO warns against additional cuts to hospitals that could undermine quality hospital patient care or slow progress in transforming care delivery. We continue to be concerned about the potential for healthcare funding cuts in the end-of-the-year omnibus appropriations bill.

Along party lines, the House Budget Committee approved the budget reconciliation measure advanced by 3 committees. Remember that reconciliation is the budget process that allows a bill to pass the Senate without having to get a super majority of 60 votes, which has stymied Republican efforts to repeal ACA provisions. The bill would:

- Defund Planned Parenthood for one year
- ACA repeals of the individual and employer mandates, the Cadillac and medical device taxes, IPAB, the auto-enrollment requirement for large companies and funding for the Prevention and Public Health Fund, all of which have garnered bipartisan support

A full House vote is expected the week of Oct. 19. This reconciliation process offers the greatest hope for the Republicans to get a bill on the President’s desk that repeals significant parts of the ACA, forcing the President’s and Democrats’ hand on the more controversial issues. While the bill will ultimately fail to pass given the President’s certain veto and the Republicans inability to garner the 2/3 override vote, politically it will enable Republicans to say they put a repeal bill on the President’s desk. They will also have cornered some Democrats who have declared support for repeal of the Cadillac or device taxes, for instance, only to ultimately support the provisions when they vote against reconciliation.

Rural Hospital Access Challenges
MedPAC also has wrestled with ways to maintain emergency care in rural communities where low inpatient volumes are threatening the survival of some hospitals. Two models examined would allow hospitals to receive Medicare payments
for providing only emergency department services or primary care with ambulance service to other facilities. Commissioners, however, expressed concerns with these models and asked for further examination.

**Small Employer Group Flexibility Becomes Law**
President Obama signed into law legislation (PACE Act) allowing states the flexibility to decide whether to expand the small group market mandate from 50 – 100 employees. This is the third technical change to the ACA law. The ease of passing these changes underscores that:

- Reforms are possible to the ACA, albeit technical in nature
- The most likely areas of reform relate to the expansion of insurance coverage rather than the provider payment reforms, which remain bipartisan

**State Update**

**South Dakota Summer Work of Legislators with Potential Recommendations for Statutory Changes that will be Important to Nurses**

1. Jolene’s Law
2. Elder Abuse Task Force
3. Blue Ribbon Task Force (education funding)
4. South Dakota Healthcare Solutions Coalition (Medicaid Expansion)

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**Click below to access this edition:**

**SDAHO Unified Voice October 28, 2015**
AONE NEWS HIGHLIGHTS

AONE president, awardee elected to National Academy of Medicine
AONE President Linda Burnes Bolton, DrPH, RN, FAAN, has been elected to the National Academy of Medicine, formerly the Institute of Medicine. Bolton, vice president and chief nurse executive of Cedars-Sinai Medical Center, provided leadership as chair of the National Advisory Committee of Transforming Care at the Bedside and as vice chair of the Robert Wood Johnson Foundation Initiative on the Future of Nursing at the Institute of Medicine. AONE National Research Awardee Marita G. Titler, PhD, RN, FAAN, also was elected to the National Academy of Medicine. Titler is a professor and chair of the department of systems, populations and leadership at the University of Michigan Health System. Titler's research focuses on outcomes effectiveness and implementation science, studying and improving care for older adults in areas such as pain management, cancer care, heart failure and fall prevention. Her work in outcomes effectiveness research has demonstrated the cost and unique contributions of nursing care to outcomes of hospitalized older adults.

AACN announces nursing education as part of national response to prescription drug abuse
As part of a White House-directed effort to combat opioid abuse, the American Association of Colleges of Nursing (AACN) is launching a national nursing education initiative and public awareness campaign. President Barack Obama this week announced several measures that the federal government would take on the issue, such as requiring federal departments and agencies to provide training to federal health care professionals on prescribing opioids. A presidential memorandum on the topic also directs federal departments and agencies involved with health benefits to identify barriers to medication-assisted treatment for opioid use disorders and develop action plans to address them. AACN joined the White House and more than 40 other health care provider groups in announcing new efforts to address prescription drug abuse and heroin use, and said it planned to take a leadership role in the academic nursing community. Specifically, AACN identified two aspirational goals for the next two years: educating 15,000 nursing students and faculty on opioid prescribing practices and medication-assisted treatment through webinars and conference presentations, and engaging AACN's communications network and social media channels to reach 60,000 students, faculty and stakeholders with information about the provider awareness campaign. (AACN news release, 10/21/15)

Nominations open for the annual AONE awards programs
AONE is accepting 2016 award nominations for the following recognition awards: the AONE Mentor Award, which recognizes a nurse in executive practice who has served as a mentor or advisor to his or her colleagues; the AONE Prism Diversity Award, which recognizes an individual who has advanced diversity efforts within the nursing profession, the community or his or her organization; and the AONE Affiliate Achievement Award, which recognizes an AONE affiliate that promotes nursing leadership. For more information and to apply visit the AONE website. Submission deadline is Nov. 14.

Antibiotic efficacy crucial to preventing surgical infections, study finds
A meta-analysis of trials on antibiotic use before chemotherapy and surgery found that 120,000 more patients would get infections and 6,300 more would die from those infections if their antibiotics became 30 percent less effective. The research, published online in The Lancet Infectious Diseases, estimated that between 39 percent and 51 percent of pathogens causing surgical site infections are resistant to standard prophylactic antibiotics in the U.S. "Increasing antibiotic resistance potentially threatens the safety and efficacy of surgical procedures and immunosuppressing chemotherapy," the authors wrote. In a Lancet news release, study co-author Ramanan Laxminarayan, director of the Center for Disease Dynamics,
Economics & Policy in Washington, D.C., said this was the first study to estimate the impact of antibiotic resistance on broader medical care in the U.S. "A lot of common surgical procedures and cancer chemotherapy will be virtually impossible if antibiotic resistance is not tackled urgently," he said. (The Lancet news release, 10/15/15)

**Huddle for Care webinar repeats Oct. 30**
The Huddle for Care initiative, which focuses on improving care transitions for hospitalized patients, will host a second webinar explaining the initiative and its online platform on Friday, Oct. 30 from 11 a.m. to 11:45 a.m. CT. The initiative is sponsored by the Health Research and Educational Trust, which has developed a website where transitional care teams across the country can share stories and ideas about improving care transitions. An initial webinar was held Oct. 15 and the recording is archived. Participants in the Oct. 30 webinar should register online. The website grew out of a collaboration of hospitals in the San Francisco Bay area, seeking to implement evidence-based transitional care programs and reduce readmissions rates. Huddle for Care is supported by the Gordon and Betty Moore Foundation.

**Hypertension patients should have blood pressure confirmed outside health care settings**
The U.S. Preventive Services Task Force highly recommends that people ages 18 and older be screened for high blood pressure. However, the task force notes that some patients who show high levels of blood pressure in a clinical setting may be responding to the "white coat" effect or experiencing a temporary elevation because of stress, physical activity, caffeine or nicotine or other factors. For those reasons, high blood pressure should be confirmed outside the clinical settings with ambulatory blood pressure monitoring, the task force said. This could include wearing a cuff with a portable machine for 12 to 48 hours, or using a home blood pressure monitoring device. However, treatment for patients with a very high blood pressure at screening or a related health condition should not wait for home confirmation, the statement says. (USPSTF bulletin, 10/13/15)

**American Cancer Society adjusts breast cancer screening guidelines**
The American Cancer Society (ASC) recommends women at average risk for breast cancer receive screening mammograms annually starting at age 45, transitioning to every two years starting at age 55. According to the new guidelines, published in the Journal of the American Medical Association, women also should have the option to begin screening between ages 40 and 44 and to continue screening annually at age 55 if they choose. The guidelines recommend women continue screening mammography as long as their overall health is good and their life expectancy is at least 10 years. Based on a review of the evidence, the ASC Guideline Development Group found benefit from screening women in their early 40s, but lower risk and greater potential for harm, primarily from false positives. The breast cancer screening guidelines were last updated in 2003. (American Cancer Society news release, 10/20/15)

**Antibiotic-resistant E. coli infections increasing in community hospitals**
The number of antibiotic-resistant E. coli infections in community hospitals is increasing, according to research published online in Infection Control and Hospital Epidemiology. In a news release from the Society for Healthcare Epidemiology of America, lead author Joshua Thaden, MD, PhD, warned about patients who may be colonized by the extended-spectrum beta-lactamase (ESBL)-producing E. coli bacteria. "The lack of active screening for ESBL-producing bacteria in the majority of American hospitals means that infection prevention measures, such as contact isolation and patient cohorting, are not applied to patients who do not have symptoms, but who may be colonized with the bacteria," Thaden said. "These 'silently' colonized patients increase the risk of transmission to vulnerable patients via health care workers or environmental contamination, compromising safety and quality of care." The study examined health records at 26 community hospitals in the southeastern U.S. between 2009 and 2014 and found the incidence of ESBL-E. coli increased from 5.28 to 10.5 infections per 100,000 patients, and that the number of hospitals reporting the infections increased from 17 to 20.
National Quality Forum launches initiative on appropriate antibiotic use
The National Quality Forum (NQF) is launching an initiative to promote appropriate antibiotic use. NQF will bring together public and private sector leaders and experts over the next year to develop a common agenda and strategies to improve antibiotic practices among providers, health care organizations and local communities. NQF expects to use quality measures and accountability levers to impact prescribing patterns, the organization said. NQF's National Quality Partners (NQP) will host a TweetChat on Nov. 19 from noon to 1:00 p.m. ET to discuss the initiative. Follow @NatQualityForum and use the hashtag #ABXatNQF to participate. NQP's antibiotic stewardship action team will convene in early December to discuss the issue further. (NQF news release, 10/16/15)

AONE seeks volunteers for 2016 committees, task forces
AONE this week opened its 2016 call for volunteers to serve on committees for strategic planning, bylaws, publications, political action, system chief nursing executive, education, abstract review and annual meeting. Volunteers also are sought for the following task forces: AONE 50th anniversary, website and resource review, archives development and AONE awards review. Members interested in serving on a committee or task force should complete the volunteer survey by Nov. 13. Visit AONE's website for details.

CMS issues proposed discharge planning rule for hospitals, certain post-acute providers
The Centers for Medicare & Medicaid Services (CMS) this week issued a proposed rule revising discharge planning requirements for hospitals (including long-term care hospitals and inpatient rehabilitation facilities), critical access hospitals (CAHs) and home health agencies that participate in the Medicare and Medicaid programs. In the proposed rule, hospitals and CAHs would be required to create discharge plans for all inpatients as well as some outpatients, including observation patients, same-day patients receiving anesthesia or moderate sedation, and emergency department patients whom a practitioner identifies as needing a discharge plan. Among other provisions, the rule would require the discharge planning process to take into account the patient's goals and preferences, as well as certain quality, resource use and other measures, as required by the Improving Medicare Post-Acute Care Transformation Act of 2014. However, the rule does not propose specific quality measures. Hospitals and CAHs would need to establish a post-discharge follow-up process for at least some patients discharged to home, although CMS does not specify the mechanism, timing, or scope of follow-up programs. The proposed rule will be published in the Nov. 3 Federal Register with a 60-day comment period. (AHA News Now story, 10/29/15)

NCSBN receives new support for allowing nurses mobility across state borders
The National Council of State Boards of Nursing (NCSBN) has received support from a two key organizations for its enhanced Nurse Licensure Compact (NCL) and Advanced Practice Registered Nurse (APRN) compact. These allow nurses to provide telehealth nursing services to patients across the country without having to obtain additional licenses. The compacts received letters of support from the American Telemedicine Association and National Patient Safety Foundation, which join more than 25 other organizations that support the idea of allowing nursing care to be dynamic and fluid across state boundaries, the council said. "Passage of the NLC and APRN Compacts will empower nurses to participate in and benefit from a variety of innovative service delivery models featuring a multidisciplinary team approach to provide and coordinate a patient's care," said Jonathan D. Linkous, chief executive officer, American Telemedicine Association. "Patients will reap the ultimate rewards of these efforts." The enhanced NLC, which is an updated version of the current NLC, allows for registered nurses (RN) and licensed practical/vocational nurses (LPN/VN) to have one multistate license, with the ability to practice in both their home state and other NLC states. Currently, 25 states are in the NLC. The APRN Compact allows an advanced practice registered nurse to hold one multistate license with a privilege to practice in other APRN compact states. (NCSBN news release, 10/27/15)
Sherman selected as editor-in-chief of Nurse Leader
As of Jan. 1, 2016, Rose O. Sherman, EdD, RN, FAAN, will be the new editor-in-chief of Nurse Leader, the official journal of AONE. Sherman is the Ronald & Elizabeth Blake distinguished professor of nursing in the Christine E. Lynn College of Nursing at Florida Atlantic University (FAU), where she coordinates the Nursing Administration and Financial Leadership Master's Program. She is a widely published nursing leadership author and researcher. Prior to joining the faculty at FAU, Sherman had a 25-year nursing leadership career with the Department of Veterans Affairs. She is an alumnus of the Robert Wood Johnson Executive Nurse Fellowship Program. Sherman succeeds Roxane Spitzer, PhD, RN, FAAN, the founding editor of Nurse Leader. Spitzer will remain with the journal as a regular columnist and emeritus editor.

Jonas Center to meet goal of preparing 1,000 nurse faculty, clinical leaders by 2016
The Jonas Center for Nursing and Veterans Healthcare will achieve its goal to prepare 1,000 nurse faculty and clinical leaders throughout the country by 2016, well ahead of its original goal of 2020. The Jonas Center announced two years ago that it would commit $25 million in grants to nurses pursuing PhDs and DNPs with an end goal of producing more nursing faculty. The grants are provided through the Jonas Nurse Leaders Scholars program and the Jonas Veterans Healthcare Program, which grew to 604 scholars across the country last year. Another 425 scholars will participate in 2016. The Jonas Scholar Program has produced 263 alumni now working in education and practice settings around the country; about 95 of them are filling faculty teaching positions, according to the center. "Highly educated nurses are the key to improving the ailing U.S. health care system," said Darlene Curley, executive director of the Jonas Center. "The 1,000 doctorally prepared Jonas Scholars are dedicated to increasing access to care, improving quality of services and lowering costs nationwide." (Jonas Center news release, 10/26/15)

Campaign for Action marks five years, plans December meeting
The Campaign for Action has marked five years since its creation following the Institute of Medicine (IOM) report, The Future of Nursing: Leading Change, Advancing Health. The organization will mark the anniversary at a national summit in Washington, D.C. in December. The summit will include a review of new findings from an IOM committee that is evaluating the impact of the 2010 report, according to the Campaign for Action's website. Findings from that committee are expected in late November. Public comments taken as part of that process are available for review on the IOM website. Meanwhile, the Campaign for Action's website includes a page of resources that are regularly updated; the resources now include dozens of evidence briefs, summaries of rigorous studies that establish the link between nursing and high-quality care. (Campaign for Action story, 10/21/15)

AACN launches new initiatives to maximize academic nursing's role in shaping health policy
The American Association of Colleges of Nursing (AACN) has launched three initiatives meant to promote greater engagement of nurses in health policy. The organization has named 10 members to a new Health Policy Advisory Council, which was created to provide contextual guidance to the association on issues that require insight from nursing academia. The second initiative is the creation of a Faculty Policy Think Tank to provide insights into the state of policy education in undergraduate and graduate nursing programs. Finally, AACN will hold an Invitational Policy Faculty Symposium and a conduct a survey to inform the work of the Faculty Policy Think Tank. (AACN news release, 10/23/15)

Patient experience models must be customized by setting, study says
Researchers at a Delaware health system, writing this month in the American Journal of Medical Quality, found that patient satisfaction efforts must be customized to the specific health care setting to be most effective. This is because patients value different factors in various parts of the system. For instance, patients value nursing care the most in an inpatient setting, but personal safety and continuity of care are most important in the emergency department, according to HealthLeaders Media. Researchers found that for each one-hour increase in total time in the emergency department, satisfaction decreased by nearly three percentage points. However, patients who received a follow-up call after discharge from the emergency department were more satisfied. (HealthLeaders Media story, 10/26/15)
Nurses play key role in integrating palliative care into critical care

Critical care nurses can play an important role in overcoming the barriers to patients and families obtaining palliative care, according to an article published in the October issue of Critical Care Nurse (CCN). A common barrier to palliative care can be misunderstandings about who should receive palliative care, and when, the article said. Another is a lack of agreed-upon criteria for referral to palliative care. Among the benefits of palliative care it cites are early initiation of comfort-focused treatment goals, decreased length of stay, reduction in cost of care without an increase in mortality, and continuity of care. Critical care nurses can help overcome these barriers by ensuring that patients, families and other providers understand what palliative care can achieve. Nurses can also advocate for the development and use of criteria or triggers for palliative care consultations. Critical care nurses need to be champions for palliative care, said lead author Kathleen Ouimet Perrin, RN, PhD, CCRN. The American Association of Critical-Care Nurses, which publishes CCN, maintains resources and tools about palliative care on its website, including an e-learning course and a free online self-assessment tool.

U.S. Preventive Services Task Force recommends screening adults at risk for diabetes

The U.S. Preventive Services Task Force (USPSTF) has approved a recommendation that adults ages 40 to 70 who are overweight or obese should be screened for abnormal blood glucose. Those who screen positive for abnormal blood glucose should be offered or referred to intensive behavioral counseling interventions to promote a healthful diet and physical activity, the task force said. The final recommendation was published online in Annals of Internal Medicine. "Losing weight reduces the chances of developing diabetes, which is why our recommendation focuses on diet and exercise," said task force member William Phillips, MD, MPH. "Patients who have abnormal blood sugar levels can be referred to programs that help them eat a more healthful diet and exercise more often." (USPSTF news release, 10/27/15)

AONE NEWS AND RESOURCES

Bring innovation to your organization

_Fellowship Application deadline: December 11_

The [Interprofessional Fellowship in Innovative Health Leadership](#) is designed for professionals who have executive leadership responsibilities in their organization to implement large-scale change through innovation. You’ll be immersed in a collaborative learning environment with a diversity of experiences brought to the program by peers from around the country. [Click here](#) to learn more.

AONE’s System CNE survey

_Survey deadline: November 15_

AONE is surveying system chief nurse executives. The results of the [survey](#) provide up-to-date information on the system CNE role and assist in meeting the professional and educational needs of this group of nurse leaders. The [survey](#) should take approximately ten minutes to complete. Please respond by November 15, 2015.

AONE seeks volunteers for 2016 committees, task forces

AONE this week opened its 2016 call for volunteers to serve on committees for strategic planning, bylaws, publications, political action, system chief nursing executive, education, abstract review and annual meeting. Volunteers also are sought for the following task forces: AONE 50th anniversary, website and resource review, archives development and AONE awards review. Members interested in serving on a committee or task force should complete the [volunteer survey](#) by Nov. 13. Visit [AONE’s website](#) for details.
How Can You Transform Care at the Bedside?
November 2-4, 2015 | New Orleans
Learn how to transform care at the bedside from nursing’s premier thought leaders at the first AONE Transforming Care Conference. Hear first hand from the nurse leaders who have successfully transformed care. Register today!

“...program puts your shared governance on steroids—it’s shared governance at its best.”
— Rob Davis, GNP, MBA, RN
Senior Vice President and Chief Operating Officer
Midland Memorial Hospital
Midland, Texas

Learn to Improve Outcomes with AONE’s Care Innovation & Transformation Program
Application deadline: November 2
“We believe these outcome data have a lot to do with the culture change experienced as a result of the CIT program,” said Cindy Brown, MSN, MHA, RN, vice president, HealthPark Medical Center & Heart and Vascular Institute, Fort Myers, Fla. Acquire the skills and knowledge you need to transform care and improve outcomes with CIT’s unique program. Apply now to the next Care Innovation and Transformation cohort.

RESEARCH PARTICIPATION OPPORTUNITIES

AONE’s Advanced Practice Registered Nurses (APRNs) survey
Survey deadline: November 1
AONE is looking for ways to improve our educational programs and services to meet the needs of members and all nurse leaders in our workforce, including providing leadership development resources for APRNs as they serve in various leadership capacities. We need your input, please complete this survey to help us truly get a picture of where the educational gaps are in your leadership practice so we can consider developing programs designed for you. If you have APRNs reporting to you, please invite them to complete this survey.

Needed: Magnet Nursing Researchers for Survey on Hospital Nursing Research
We invite you to participate in a survey funded by ANF and conducted by Washington (DC) Regional Nursing Research Consortium nurse researchers to demonstrate the value of research generated from Magnet® hospitals. Please respond to this survey ONLY if your hospital has Magnet designation. If you are not the most appropriate person to complete this survey, please forward this entire message to the individual who could best respond. You will have the opportunity to request the survey results. Send questions to Christine Pintz (PI). To participate, click here. Thank you for your participation!

Project ACHIEVE Invites AONE Members to Take Transitional Care Survey
AONE invites you to participate in a research study on the effectiveness of transitional care. The authors of the study are looking for 300 more survey respondents, available here. Hospital staff that work in case management, quality improvement or administration should take the survey with help from nurses and other clinicians. If you have any questions, please contact Marie Cleary-Fishman at mfishman@aha.org. For more information about the project, visit Project ACHIEVE.

Post your research!
For a nominal fee, AONE assists nurse leaders in accessing participants for research studies. In order to qualify for access to AONE membership, all research must be consistent with the AONE mission and vision and reviewed by AONE. In addition to the option of purchasing a mailing list rental, AONE now offers the opportunity to announce approved research studies in our weekly e-newsletters: AONE Working for You and AONE eNews Update. For more information on this service, contact M.T. Meadows, AONE director of professional practice, at (312) 422-2807.
SDONE Website Updates

Check out the new and improved SDONE website!

The format has been updated with the menu across the top and more interactive menus. Not only is there a new updated look, but information is updated as well. We encourage all members to get on, view the site and give feedback.

http://www.sdone.org/

Unsure of your SDONE district?
See the map below

District Updates

District 3
June 5, 2015 Meeting Summary:

- Shared SDONE leadership positions that are open for nominations
- The article “So You Want to Be a Chief Nursing Officer” by Laura Stokowski, RN, MS. Medscape. March 26, 2015, was shared with the members.
- Diana Berkland, PhD, RN, Chief Nurse Executive of Sanford USD Medical Center presented “Population Health.”
The SDONE Newsletter is sent electronically four times a year. Please submit articles or information to Paula Hamann, paula.hamann@sanfordhealth.org.

SDONE 2015-2016 Goals/Strategic Priorities

Education
✓ Expand member knowledge of public policy issues
✓ Participate in the annual Nurses Day at the Legislature
✓ Support educational scholarships
✓ Participate in task forces/committees/design teams that impact nurses in SD
✓ Create a resource list of suggested topics/speakers who can be referenced for District meeting presentations

Membership
✓ Continue membership drives at the State and District levels
✓ Implement a reduced rate of only $25 for first time SDONE members and student
✓ Investigate the bank/card payment method functionality of the new website vendor
✓ Reach out to nurses pursuing advanced degrees in Nursing Administration, Leadership and Education to invite them to join SDONE
✓ Continue renewal notices sent by Treasurer
✓ Initiate the application process of the new AONE Chapter Affiliate Agreement

Web Site Enhancement and Membership Communication
✓ Maintain the SDONE website to remain current
✓ Finish the update and enhancement to the SDONE website
✓ Include SDONE highlights in the newsletter and on the website, including District and Board information

Encourage your colleagues to join SDONE

Membership in SDONE is a great value – dues are only $50 annually. See the last page of this newsletter for a membership form.

SDONE Membership year is October 1st to September 30th of the next year.
2016 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________________________________________ Phone____________________
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 for annual dues or $25.00 for new members and students for one year.

SDONE Membership year is October 1st to September 30th of the next year.

Suzanne Campbell, SDONE Treasurer
Rapid City Regional Hospital- CIU
353 Fairmont Boulevard
Rapid City, SD  57701

FOR OFFICE USE ONLY – District: _______ Membership #:_______ Check #: _______ Date:__________