Greetings Nurse Leader Colleagues:

SDONE has a new change in leadership as Todd Salfrank MBA, RN has stepped down from his role as President of SDONE. I wish to extend my gratitude to Todd for his years of service as President for SDONE and wish him well in his future.

I would like to introduce myself as the new President of SDONE. My name is Barb Hespen and I currently work as the Vice President of Operations/CNO at Avera St. Mary’s Hospital in Pierre, South Dakota. I have thirty years of experience in healthcare, starting my career as a staff nurse at a community hospital and working into increasing leadership roles. I obtained a Doctor of Nursing Practice degree in Executive Leadership from American Sentinel University, and am a graduate of the University of South Dakota with a Master’s of Science in Administrative Studies (Healthcare Administration) and South Dakota State University with a Bachelor of Science in Nursing.

I am married to my husband Phil, and have two adult daughters and four grandchildren. In my spare time I enjoy reading, gardening, and boating; but mostly spending time with family.

SDONE and AONE membership has provided me with the resources to learn and advance my professional practice for the past few years. Keeping abreast of the healthcare landscape and being able to adapt those changes in the work setting has been a benefit of the membership with the professional organizations. Nursing is a pivotal group in the care of patients in our communities and it is essential that nursing leaders are poised to adapt to our changing healthcare environment as well as continue to lead nursing to provide high quality and service to our patients. I look forward to working with all of you as nurse leaders to advance our important work in the care of our patients and communities.

Barb
The 91st SDAHO/SDONE Convention in Rapid City, SD was held on Sept 20-22, 2017. This was an awesome opportunity to network with nursing leader colleagues in South Dakota! Plan to attend next year’s convention in Sioux Falls, SD Sept. 19-21, 2018!!

SDONE 2017 Leadership Award Recipient

Congratulations!!
Julie Hoffman, RN,
Avera Brady,
Mitchell, SD
Thank-you to the SDONE Outgoing Board Members for your service to SDONE:

**Treasurer:** Suzanne Campbell

**District 4:** Julie Hoffman

Welcome to the SDONE 2017-2018 New & Returning Board Members:

**Treasurer:** Deanna Rice

**District 2:** Kila Legrand

**Aging Services:** Amy Thiesse

**District 4:** Kristi Riggs

**Program Chair—East River:** Lori Popkes
2017-2018 SDONE Board Officers and Members

PRESIDENT: Barb Hespen, Vice President of Operations/CNO Avera St. Mary’s Hospital  
barb.hesper@avera.org

PAST PRESIDENT: Rochelle Reider, Vice President of Patient Services
Avera Queen of Peace  
rochelle.reider@avera.org

SECRETARY: Tamara Larsen-Engelkes, Director of Ortho/Brain & Spine/IP Rehab/Short Stay Avera McKennan Hospital  
tamara.larsen-engelkes@avera.org

TREASURER: Deanna Rice, Senior Director Professional Practice Development Regional Health  
drice1@regionalhealth.com

PUBLIC RELATIONS: Paula Hamann, Director Magnet Program / Nursing Administrative Services/Faith Community Nursing/Geriatrics/Interpreter Services/Diabetes Center/Health Co-Op Sanford USD Medical Center  
paula.hamann@sanfordhealth.org

BYLAWS: Marie Rogers, CNS Center for Care Management, Sanford USD Medical Center  
marie.rogers@sanfordhealth.org

PUBLIC POLICY: Deb Fischer Clemens, VP Avera Center for Public Policy Avera Health  
deb.fischerclemens@avera.org

PROGRAM CO-CHAIRS: East River – Lori Popkes, Chief Nursing Officer Avera McKennan Hospital  
lori.popkes@avera.org

West River – Leslie Tronnes, DON for the Progressive Care Unit, Rapid City Regional Hospital  
ltronnes@regionalhealth.com

AGING SERVICES: Amy Thiesse, Nursing and Clinical Services Consultant Sanford Health Network  
amy.thiesse@sanfordhealth.org

DISTRICT 1: Jo Brackett, Care Manager Lead-Deadwood Hospital  
jbrackett@regionalhealth.com

DISTRICT 2: Kila LeGrand, CNO Sanford Aberdeen Medical Center  
kila.legrand@sanfordhealth.org

DISTRICT 3: Sheri Fischer, Executive Director of Children’s Services Sanford USD Medical Center  
sherifischer@sanfordhealth.org

DISTRICT 4: Kristi Riggs, Director of Medical/Surgical/Pediatrics Avera Queen of Peace  
kristi.riggs@avera.org

WEBSITE MANAGER: Marie Rogers, CNS Center for Care Management, Sanford USD Medical Center  
marie.rogers@sanfordhealth.org
January Nursing History Facts

January 2 1916 Eleanor Lambertsen born
1929 Anna Maxwell died
January 5 1926 Mary Eliza Mahoney died
January 6 1869 Helen Scott Hay born in Lanark, IL
January 7 1975 ANA held formal ceremonies to honor 1st certified nurses
January 9 1928 Sophie Mannerheim, ICN president 1922-1925, died
January 10 1894 1st meeting of Society of Superintendents of Training Schools in NYC
January 12 1870 Ada Thoms born in Richmond VA
January 14 1878 Isabel Stewart born in Fletcher ONT
January 18 1918 Helen Fairchild died
January 20 1863 Hannah Ropes died
January 21 2004 Mildred Montag died
January 23 1902 Lucile Petry Leone born in Lewisburg, OH
January 27 1955 ANF established

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

February Nursing History Facts

February 2 1901 The Nurse Corps (female) became permanent
February 5 1871 Mary Gardner born in Newton MA
February 6 1866 Annie W Goodrich born in New Brunswick NJ
February 15 1904 Ohio Nurses Assoc. formed
February 16 1881 Mary Breckinridge born in Memphis TN
February 17 1943 First class of Army flight nurses graduated
February 18 1945 Nurse POWs awarded Bronze Star
February 19 1902 Agnes Ohlson born in New Britain CT
February 25 1858 Lavinia Dock born in Harrisburg PA
February 26 1890 Mabel Keaton Staupers born in Barbados
February 27 1857 Clara Weeks Shaw born in Sanborton NH

Calendar of Nursing History obtained from the American Association for the History of Nursing: http://www.aahn.org/nursinghistorycalendar.html
Aging Services Update:

Post-Acute Care Providers Experiencing Unprecedented Alignment Reform
The effects of Post-Acute Care (PAC) reform in terms of the IMPACT ACT of 2014, Quality Reporting Programs, Value-Based Purchasing and the revision in regulatory rules has created stress and undue pressure for skilled/intermediate nursing facilities, home care, and hospice providers. Staying informed, implementing facility policy and procedures, and meeting regulatory-survey compliance are the focus of all providers this past year and into the future.

Reform brought about by the IMPACT ACT of 2014 set into motion strategies for the Centers for Medicare and Medicaid Services (CMS) and stakeholders in public policy, advocacy, and industry for alignment of PAC providers. The alignment allows for CMS to improve the quality and costs of care across patient and resident populations.

Now is the time to ensure you are receiving the best information that is timely, effective, and efficient. While CMS is leading these drastic changes in our industry, CMS is also providing a large number of informational and training opportunities for each provider type. Along with CMS, South Dakota Association of HealthCare Organizations (SDAHO) and the Great Plains Quality Improvement Network (QIN) have educational sessions specific to provider type to enhance, clarify, and support provider education and compliance. The state advocacy groups listed above are ready to assist with your needs, reach out to them as needed.

To receive CMS New Releases containing information and training opportunities, please sign up for MLN Connect listserv at: [https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive.html](https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive.html)
HEALTH CARE REFORM
As you have probably heard, health care reform is currently being discussed and debated in the U.S. Senate in the form of the Better Care Reconciliation Act (BRCA), following passage of the American Health Care Act (AHCA) by the U.S. House of representatives. Given that the Senate legislation has not yet been finalized, I wanted to share some of the effects for South Dakota, based on the proposals that are currently being discussed.

Medicaid
According to several health care focused organizations in South Dakota, the AHCA would severely disadvantage states, such as South Dakota, that did not expand Medicaid. After accounting for a $10 billion safety-net fund and restoration of part of the $31.2 billion in restored Medicaid disproportionate share hospital (DSH) cuts, the AHCA, as passed by the House, would direct an additional $680 billion in additional Medicaid funding to expansion states between 2014 and 2025; in South Dakota, this equates to a loss of $8.81 billion. In part, this loss is due to establishing a “per capita cap” on Federal Medicaid:

- Cause major reductions in benefits and coverage for vulnerable individuals and families
- Sharply reduce federal payments and shift costs onto states, health providers, and beneficiaries
- Shift the risk of all costs above the cap to the states, including:
  - Public health crisis like the opioid epidemic
  - Increased mental and behavioral health services
  - New drugs or medical advances
  - Natural or man-made disasters such as hurricanes, tornadoes or lead poisoning
  - Enrollment increases during a recession (under a block grant)

Additionally, AHCA would cap Medicaid growth to the medical Consumer Price Index (CPI). Although this is a very unpredictable metric, the Congressional Budget Office (CBO) projects that medical CPI will average 3.7 percent between 2020 and 2026; this equates to a loss of $200 million in Federal Medicaid dollars to South Dakota, which means, if South Dakota does include their current match, would mean a total of $400 million less in Medicaid funding for those who need it most.

Although state specific amounts have not yet been determined for the BRCA, the national numbers show an even larger disparity in Federal Medicaid dollars between expansion and nonexpansion states. Whereas BRCA also includes a $10 billion safety net fund for nonexpansion states, it only restores $19 billion in Medicaid DSH funding. This would result in a loss of $737 billion to nonexpansion states between 2014 and 2026 (compared to $608 billion in the House-passed AHCA).
Another cut to Medicaid in BRCA, is the proposal to use the overall CPI, which is expected to be 2.4 percent between 2020 and 2026. For South Dakota, this could mean a loss of $600 million in Federal match dollars for Medicaid, and could equal a total decrease of $1 billion in total Medicaid dollars.

**Health Care Coverage**

Nearly 30,000 South Dakotans chose coverage on healthcare.gov during the open enrollment period for 2017, of whom more than 26,000 qualified for tax credits. In addition, some 17,000 members qualify for cost-share reductions. These numbers are important for health care providers to understand, because if the costs in premiums and cost sharing, including co-pays and deductibles, increase as expected, fewer families will have access to health care because of decreased or loss health care coverage.

Analysis of the BRCA shows that 15,000 South Dakotans who currently have insurance through an employer could lose coverage in addition to 15,000 who currently have individual policies.

**Prevention and Public Health Fund**

This fund was established by the Affordable Care Act (ACA) to expand and sustain national investments in prevention and public health programs; both pieces of legislation, AHCA and BRCA would repeal the Prevention and Public Health Fund. Since 2010, South Dakota has received more than $16 million through this fund, including $3.7 million in FY 2016 alone.

In FY 2016, the South Dakota State Department of Health received more than $2.75 million for support of initiatives including immunization programs, combatting healthcare associated infections, and prevention and control of certain chronic diseases. The Great Plains Tribal Chairmen’s Health Board received nearly $1 million in FY 2016 to assist with prevention and control of certain chronic diseases, tobacco cessation and combatting racial and ethnic disparities in health.

Repealing this fund would cut more than $10 million for South Dakota’s health initiatives over five years.

**Economy**

According to an analysis completed by the Commonwealth Fund, the Senate’s Better Care Reconciliation Act could have a negative effect on the nation’s overall economy, including the loss of 1.45 million U.S. jobs and state business output could be lowered by $265 billion by 2026. In South Dakota, this equates to a loss of 3,900 jobs and a loss of $422 million in gross state product.

Deb Fischer-Clemens, BSN, MHA
SDONE Government Relations
2018 Nurses Day at the Legislature Agenda
February 5-6, 2018
South Dakota State Capitol and Ramkota Hotel
Pierre, South Dakota

Register now for the 42nd 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. At NDL you will be able to attend committee hearings at the Capitol and network with colleagues and legislators. NDL also offers continuing education sessions.

Monday, February 5, 2018
10:00 AM - 11:00 AM Registration
Ramkota Hotel River Centre
11:00 AM - 12:15 PM Luncheon
Ramkota Hotel River Centre

Welcome
Overview of SDNA Political Agenda / Orientation and Advocacy
Carrie Clausen Hansen, SDNA Government Relations Chair
Brittany Novotny, SDNA Lobbyist
Deb Fischer Clemens, SDNA N-STAT Coordinator and GRC member

Federal Legislation and Nurses Strategic Action Team Committee (N-STAT) Update
Deb Fischer-Clemens, SDNA N-STAT Coordinator
12:15 PM - 12:30 PM Break
12:30 PM - 1:45 PM South Dakota Department of Health Update
South Dakota Department of Social Services Update
Ramkota Hotel River Centre
2:00 PM - 4:00 PM House and Senate Floor (all attendees)
South Dakota State Capitol
4:00 PM - 4:45 PM 2018 Legislative Update
Ramkota Hotel River Centre
Carrie Clausen Hansen, SDNA Government Relations Chair
Brittany Novotny, SDNA Lobbyist
4:45 PM - 5:00 PM Evaluations and Wrap-up
5:00 PM - 7:00 PM Chili Supper with South Dakota Legislators
Ramkota Hotel River Centre

Tuesday, February 5, 2018
7:45 AM - 12:00 PM (noon) Committee Hearings South Dakota State Capitol
9:45 AM - 10:00 AM Picture on the Capitol Stairs (all attendees)
South Dakota State Capitol

Fragrance-Free Event: We ask that you avoid wearing perfumes, fragrances or using perfumed soaps to create a more comfortable environment for shoe with chemical sensitivities.

Registration Form Link
Link:  SDAHO Unified Voice Newsletter January 12, 2018

- Meaningful “State of Tribes Address” connects to health care issues
- CMS releases Medicaid guidelines for work requirements
- Grant award expands Music and Memory℠ program in South Dakota
- Gov. Daugaard outlines goals for 2018 legislative session
- Governor proposes Medicaid work requirement pilot
- AHA and other litigants file appeal of 340B case
- Congress grapples with how to fund the government; multiple issues remain unresolved
- Chronic disease self-management training slated for February
- Influenza activity in South Dakota reaches widespread status
- Nominations sought for SD Colorectal Cancer Achievement Awards

Upcoming Events

Webinar: CAH Conditions of Participation Series
January 23 at 9:00 am to 11:00 am CST
Critical Access Hospital (CAH) Conditions of Participation 2018:
Ensuring Compliance – Part 3 of 4

Rapid City Crackerbarrel
January 27 at 9:00 am to 11:00 am MST

Webinar: CAH Conditions of Participation Series
January 30 at 9:00 am to 11:00 am CST
Critical Access Hospital (CAH) Conditions of Participation
2018: Ensuring Compliance – Part 4 of 4
Sioux Falls Legislative Coffee  
February 3 at 10:00 am to 12:00 pm CST

All District Meeting  February 20

Board Meeting
Education: Person-Centered Care Planning
Continuing Care Conference
AHA Annual Meeting
Board Meeting

Registration opens in November
Join thousands of nurse leaders at AONE 2018  
April 12-15, 2018 in Indianapolis, Ind.

2018 AONE Annual Meeting Link
**AONE Foundation receives gift from AvaSure**

January 11 2018 | Publication: eNews Update

The AONE Foundation for Nursing Leadership Research and Education received a $50,000 gift from AvaSure, LLC of Belmont, Mich. to fund a research study focused on the role of the nurse leader in health care safety and technology. “This innovative study will enable nurse leaders and their health care organizations to make better informed decisions and institute positive, measurable changes that could have far-reaching impact on health care delivery and patient outcomes across the care continuum,” said Robyn Begley, DNP, RN, chair of the AONE Foundation. “We are grateful to AvaSure for this generous support.” AvaSure Vice President of Clinical Quality and Innovation Lisbeth Votruba, MSN, RN, said the company is proud to partner with the AONE Foundation on the research, which she said “underscores AvaSure’s commitment to improving patient safety and optimizing the efficient use of nursing resources.” Requests for proposal are due Feb. 14. The winning study and its principal investigators will be announced at the AONE 2018 Annual Meeting April 12-15 in Indianapolis.

**HAV hosts second human trafficking webinar Jan. 25**

January 11 2018 | Publication: eNews Update

The American Hospital Association (AHA) Hospitals Against Violence (HAV) initiative will host on Jan. 25 the second in a series of webinars on human trafficking prevention presented by Holly Austin Gibbs, who leads Dignity Health’s Human Trafficking Response Program. The webinar discusses the importance of using a victim-centered and trauma-informed approach when caring for a victim of any type of interpersonal abuse, neglect, violence or exploitation. Participants can register for the 2 p.m. ET webinar online. The first webinar in the series, which covers myths about human trafficking, can be seen on AHA’s website, and is detailed in a story by AHA News. Gibbs, a survivor of child sex trafficking, will present a session at the AONE 2018 Annual Meeting.

**Research evaluates role of chief nurse executives**

January 11 2018 | Publication: eNews Update

A review of chief nurse executive roles and responsibilities in relation to evolving care models finds the evidence for CNE roles, responsibilities, characteristics and competencies to be inconsistent and in need of more investigation. The article was published in Nursing Administration Quarterly and written by three AONE members who are nurse researchers and leaders at Kaiser Permanente Southern California--Cecelia Crawford, DNP, RN, practice specialist for evidence based practice and program evaluation, Anna Omery, DNSc, RN, senior director of clinical practice, and Jerry Spicer, DNP, RN, FACHE, vice president for regional patient care services. They found that definitions of terms were not consistent among the 17 articles they reviewed, which can hinder measuring CNE roles. The authors suggested that the lack of evidence should not stop progress but serve as a catalyst for further discussion, innovation and investigation. Their review included AONE’s competencies for CNEs and system CNEs. (Nursing Administration Quarterly article, October/December 2017 issue)

**Relationship skills key to nurse manager role**

January 11 2018 | Publication: eNews Update

Nurses elevated to a management role are increasingly receiving training on business issues such as budgeting, but also need relationship skills, Tina M. Marrelli, MSN, RN, FAAN, chief clinical officer for Innovative Caregiving Solutions, says in a HealthLeaders story. Marrelli recommends that nurse managers make clear the nursing unit’s mission to foster togetherness; unit members should get to know one another as people so they can better communicate on the job. The manager also needs to be attuned to how the demands of the job are affected nurses’ stress levels. Nurses also need to know that they can not only bring problems to their manager, but that the manager will take action on the problem, Marrelli said. (HealthLeaders story, 1/9/18)
**Nurse in Washington scholarship accepting applications**
**January 11 2018 | Publication: eNews Update**

Nurses and nursing students have until Jan. 24 to apply for a scholarship to attend the Nurse in Washington Internship, which provides an orientation to the legislative process. The scholarship is provided by the Lois Capps Scholarship Fund, which was started by the Nursing Community Coalition. Applicants must be nurses or nursing students and a member of one of the Nursing Community Coalition's organizations, which include AONE. Priority will be given to applicants from former U.S. Rep. Lois Capps’ home state of California. An application form for the scholarship is available [online](#). The internship is held March 11-13 in Arlington, Va.

**New maternal status assessment starts July 1**
**January 11 2018 | Publication: eNews Update**

The Joint Commission will evaluate hospitals for three new requirements regarding maternal status assessment and documentation on starting July 1. The new requirements address maternal status for infectious diseases, patient safety and quality of care for the mother and newborn and documentation in the newborn’s medical record if the mother tests positive for HIV, hepatitis B, Group B streptococcus or syphilis. The prepublication standards are available [online](#). (Joint Commission Online [story](#), 1/10/18)

**State efforts on antibiotic resistance showing progress: CDC**
**January 11 2018 | Publication: eNews Update**

The Centers for Disease Control and Prevention (CDC) said this week it has tallied more than 170 state-reported successes in its Antibiotic Resistance Solutions Initiative. The agency has created an interactive [online map](#) that provides state- and city-specific fact sheets on CDC-supported antibiotic resistance efforts. Some of the early progress CDC reported for fiscal year 2017 included isolation of a patient with a rare and concerning infection in Tennessee, with no additional cases identified; Michigan’s reduction of Carbapenem-resistant Enterobacteriaceae by 30 percent in 40 facilities; and the genome sequencing being used by 38 states and two cities to monitor for Listeria, Salmonella, Campylobacter and E coli. (CDC [news release](#), 1/10/18)

**Nonventilator hospital-acquired pneumonia needs attention**
**January 11 2018 | Publication: eNews Update**

The problem of hospital-acquired pneumonia that is not related to ventilator use is understudied but a problem for hospitals, concludes research published in the January American Journal of Infection Control. The authors carried out a retrospective chart review to find nonventilator hospital-acquired pneumonia (NV-HAP) in 24 hospitals in 2014. They found 1,300 NV-HAP patients; 70.8 percent of the infections were acquired outside of ICUs and 18.8 percent required transfer into the ICU. Most of the patients did not have pneumonia prevention care in the 24 hours before diagnosis and included younger, healthy patients. The authors—Sacramento State University Nursing Professor Dian Baker, PhD, RN, and Barbara Quinn, MSN, RN, clinical nurse specialist with integrated quality services at Sutter Medical Center in Sacramento—found that NV-HAP occurred on every hospital unit, and conclude that preventive efforts could be more widely used.

**FDA expects IV supplies to increase soon**
**January 11 2018 | Publication: eNews Update**

Intravenous saline and amino acid drug supplies should begin to increase in the next few weeks as manufacturing facilities in Puerto Rico ramp up production, Food and Drug Administration (FDA) Commissioner Scott Gottlieb, MD, said in an update on the situation last week. Baxter, a leading producer of IV saline, announced in late December that its Puerto Rico facilities were back on the power grid. Other manufacturers on the FDA’s initial list of critical medications that could be affected by the island’s hurricane said they also are back on the power grid. The companies tell the FDA that production is increasing but they continue to face challenges because of an unstable power situation. (FDA [news release](#), 1/4/18)
**AHA issues guide to global budget strategy for vulnerable communities**
January 11 2018|Publication: eNews Update

The American Hospital Association (AHA) last week released a one-page guide to help hospital and health system leaders consider a global budget payment strategy to improve health care access and delivery in their community. The emerging strategy is one of nine identified by an AHA task force to help ensure access to care in vulnerable communities based on their unique needs, support structures and preferences. For more information, visit the AHA website.

**Children remain hospitalized because home care often not covered**
January 11 2018|Publication: eNews Update

Sick children who need nursing care but no longer need to be hospitalized can stay in the hospital for weeks or months because nursing care at home is difficult to find and insurance may not cover it, Bloomberg News reported this week. Families often have no access to coverage for long-term support for their sick children at home. The 1 percent of children with severe health care needs receives 15 to 33 percent of child health care spending, but it can be difficult to taper children off expensive hospital care. Many stay in hospital beds or go back and forth, when they would be better cared for by home care nurses, sources say. (Bloomberg story, 1/8/18)

**Nearly half of hospital participants left bundled payment initiative**
January 11 2018|Publication: eNews Update

Just 12 percent of eligible hospitals signed up for the Centers for Medicare & Medicaid Services’ (CMS) Bundled Payments for Care Improvement (BPCI) initiative and 47 percent of them dropped out within two years, concluded a study published this week in the Journal of the American Medical Association. The voluntary program, launched in 2013, holds participants accountable for quality and costs for 30-, 60- or 90-day episodes of care. If cost targets are achieved, participants keep a portion of the savings; if cost targets are exceeded, participants reimburse Medicare a portion of the difference. The study evaluated model 2, which includes inpatient and post-acute spending and is the track selected by more than 99 percent of hospital participants. “Patterns of participation and drop out in the BPCI program suggest that for voluntary alternative payment models to have a broad effect on quality and costs of health care, barriers to participation and strategies for retention need to be addressed,” the authors said. (JAMA article, 1/9/18)
AONE Resources

Transforming practice using data analytics and informatics
April 12 | Indianapolis
Join colleagues and hear from experts on how IT is deployed to address the quadruple aim through data analytics, CNO-CNIO synergy and predictive modeling. Presented in partnership with HIMSS. Learn more and register today!

CENP Essentials Review Course
April 12 | Indianapolis
Who should participate: Nurse executives preparing for the CENP exam.

CNML Essentials Review Course
April 12 | Indianapolis
Who should participate: Nurse managers preparing for the CMNL exam.

2018 Nurse Leaders/AONE Journey
Lima, Peru Sept. 30 - Oct. 7, 2018
Join AONE president Bob Dent as he takes a delegation of nurse leaders through the country of Peru. Enjoy the unique culture and traditions of Peru while you spend time visiting local health care facilities. This adventure includes a very special village experience with local families in the Sacred Valley. Learn more.

Finance and Business Skills for Nurse Managers
April 12 | Indianapolis
This program provides nurse managers with the financial tools and skills to prepare a budget, build a business case, monitor unit operations and much more. Learn more and register!
AONE Research

**Have you participated in a hospital construction or renovation project?**
If you have been a CNO for at least one year and have participated in any kind of construction, redesign or hospital building project while in the CNO role – I invite you to participate in a 30 minute phone interview as part of an IRB approved research study. As a “thank you” the first 15 participants will receive a copy of a limited edition text: *Nurses as Leaders in Healthcare Design: A Resource for Nurses and Interprofessional Partners*. Please email me if you are interested in a brief conversation and a free book!
yolanda.keys@tamucc.edu

**Assessing Nurse Leaders Knowledge and Use of the Clinical Nurse Specialist Role**
You are being asked to participate in a research study. The purpose of this study is to examine nursing leaders’ knowledge of the CNS role to determine relationships in their use of the CNS role in their organization. This study will contribute to the researcher’s completion of her DNP Capstone project. This study consists of an on line survey. If you have questions regarding this study please contact Theresa Crowder at tcrow001@odu.edu, or Dr. Tina Haney at thaney@odu.edu, at 757-683-4298.

**How “gritty” are nurse leaders?**
Our profession is facing unprecedented challenges in the wake of the changing shape of our health delivery model and as a result we are constantly looking effective tools to improve nurse retention, success and quality outcomes. That’s why we would like 10 minutes of your time to take this online survey. The data collected will be used to explore personality attributes of nurse leaders and will contribute to the researcher’s completion of her DNP Capstone project. Take study.

For a nominal fee, you can access participants for research studies. Learn more at AONE Research Access.
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.

SDONE Newsletter
Winter 2017-2018
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2018 SDONE Membership Form

Please mark your district on the map!

_____New Application
_____Renewal
_____Cancel Membership
_____Address Change

Name____________________________________Date_________________________

Work Email:____________________________________(SDONE communication method)

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

Home Address:________________________________ Phone:_____________________

City/State/Zip:________________________________ Email:______________________

Employer:_________________________________ Phone:_____________________

Employer Address:____________________________ Email:______________________

City/State/Zip:________________________________

Your title:____________________________________

Educational Background   __Masters   __Certification
   __BS/BSN   __Other
   __ASN   __Diploma

Are you an AONE member?   ___Yes   ___No

Referring SDONE member?____________________________________________________

Please send completed application with $50 annual dues. If you are a new member and you are joining after June 30th, the dues are $25 and will cover the remainder of the calendar year. All dues paid after the fall convention are for the next calendar year.

Deanna Rice, SDONE Treasurer
Rapid City Regional Hospital-Nursing Administration
353 Fairmont Boulevard
Rapid City, SD 57701