Hello Colleagues,

In continuing with a theme of music from the first address, the pursuit of *harmony* is an essential ingredient in a quality performance. If the musician is ahead, behind, or off key, the audience takes note and may consider it a less than superior performance (as you would note when I sing!). As we move forward into 2015, SDONE will continue enhancing harmony at several levels.

At a national level, SDONE now has a new affiliate agreement with AONE in 2015. The agreement brings further alignment between the national and state affiliates across the nation. In April 2015, AONE will present a workshop at the national convention to reveal the specifics of the affiliation agreement. The AONE conference theme for 2015 is "Empowering Leaders Igniting Change." An inspiring call to masterfully embrace the change we need to meet the demands of the changing song of health care. In our daily work, we try to master evidence-based care, standard work, and minimal deviation to produce superior outcomes. The benefit of alignment enhances purposeful direction for AONE and SDONE working together.

At a state level, SDONE is making strides to inspire nurses about our organization and develop nursing leadership alignment and interest. Here are a few notes of aligning support that SDONE provides:

- Promoting SDONE presence at the Nurse’s Day at the Legislature by helping sponsor the chili supper for legislators
- Reaching out to the long term care nursing leaders in South Dakota through Aging Services to foster interest in learning about SDONE membership
- Reducing first year membership rates for aspiring nurse leaders to $25 for the first year
- Providing financial support to the district meetings to have SDONE sponsored events
- Offering scholarships for individuals pursuing advanced degrees as nurse leaders
- Recognizing excellent nurse leadership in South Dakota

As nurse leaders, our mission is to grow, support, and recognize the nursing profession through partnership and participation. The objective supports a culture of *harmony* in South Dakota. Each effort could not be accomplished without you. Together we are the change we need in providing care for our communities and developing future nurse leaders.

Thank you for your commitment to excellence,

Phil
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

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

March Nursing History Facts

It was on a rainy day in March of 1893 that Miss Wald experienced a “baptism by fire” on the lower east side which inspired the beginnings of public health nursing.

March 1  1887  Congress established a Hospital Corps
March 2  1885  Bertha Harmer born in Port Hope ONT
March 3  1903  NC passed 1st nurse registration law in US
March 4  1904  Maryland passed its nurse registration law
March 6  1886  1st nursing journal published, The Nightingale
March 10  1867  Lillian Wald born in Cincinnati OH
March 11  1912  Jane Delano named chair of Am. Red Cross Nsg. Serv.
March 12  1858  Jane Delano born in Townsend NY
March 13  1874  Alice Louise Florence Fitzgerald born in Florence, Italy.
March 14  1851  Anna Caroline Maxwell born in Bristol, NY
March 15  1901  Dita H. Kinney appointed 1st Supt. of ANC
March 17  1999  Hildegard Peplau died
March 30  1998  Eleanor C. Lamberston died
March 31  1927  Teresa Christy born in Brooklyn NY

Calendar of Nursing History obtained from the American Association for the History of Nursing:
http://www.aahn.org/nursinghistorycalendar.html
2014 – 2015 SDONE Board Officers and Members

PRESIDENT: Philip Boettcher, Director Orthopedics/Surgical/Neuro
Rapid City Regional Hospital pboettcher@regionalhealth.com

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

SECRETARY: Tamara Larsen-Engelkes, Nurse Manager Women’s Center
Avera McKennan Hospital

TREASURER: Teri Kinghorn, Director of Progressive Care
Rapid City Regional Hospital tkinghorn@regionalhealth.com

PUBLIC RELATIONS: Paula Hamann, Director of Special Projects & Patient Experience
Sanford USD Medical Center paula.hamann@sanfordhealth.org

BYLAWS: Debra Leners, VP Women’s, Children’s and Respiratory Services
Sanford USD Medical Center debra.leners@sanfordhealth.org

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

PROGRAM CO-CHAIRS: East River – Connie Schmidt, Case Manager
Sanford USD Medical Center connie.k.schmidt@sanfordhealth.org

West River – Angie Mills, Director Adult Intensive Care Units
Rapid City Regional Hospital amills@regionalhealth.com

AGING SERVICES: Amy Thiesse, Director of Long Term Care Services
Sanford Health Network am.thiesse@sanfordhealth.org

NURSING WORKFORCE Lynn Simons, Nursing Director
Sturgis Regional Hospital LSimons@regionalhealth.com

DISTRICT 1: Suzanne Campbell, Director of CIU
Rapid City Regional Hospital scampbell2@regionalhealth.com

DISTRICT 2: Kirby Kleffman, Director of ED/CCU/Trauma
Sanford Aberdeen kirby.kleffman@sanfordhealth.org

DISTRICT 3: Sheri Fischer, Director Newborn Nursery and NICU Services
Sanford USD Medical Center sherifischer@sanfordhealth.org

DISTRICT 4: Chris Lippert, Director of OR/SDS/ED
Avera Queen of Peace Hospital chris.lippert@avera.org

WEBSITE MANAGER: Joni Vaughn, Coordinator, Special Projects
Sanford USD Medical Center joni.vaughn@sanfordhealth.org
FEDERAL UPDATE

Sustainable Growth Rate (SGR)

By March 31, Congress will need to address the SGR. This is the physician pay formula that leaves physicians vulnerable to 24% pay cut on April 1. This legislation needs to align physician payments with value-based payment reforms being implemented for other health care providers.

Although, most consultants agree that a “doc fix” or patch once again will be passed this spring. Congressional committees are also holding serious discussions regarding a permanent reform. Although most Congressional delegates agree that reform should be implemented, the issue remains how to offset the $140 billion reform will cost.

Save American Workers Act of 2015, H.R. 30

Passed by the House of Representatives, this legislation would change the current definition of full-time work under the Affordable Care Act (ACA), raising it to 40 hours per week from the current definition of 30 hours. This legislation has been introduced in the Senate. ANA is looking for your stories to demonstrate the negative impact this bill would have on nurses.

A major concern of this legislation is that it would negatively impact those in jobs where full-time work involves less than 40 hours per week. This would include the 1.69 million RNs and APRNs who are employed by general medical and surgical hospitals, other specialty hospitals, and psychiatric and substance abuse hospitals. Typically, RNs who work in a hospital setting work a three day, 12 hour shift, with a workweek of 36 hours. If enacted, employers subject to the employer mandate would no longer be required to offer health insurance benefits to those working the regularly scheduled 36 hour workweek.

HHS to align Medicare payments to value-based, alternative care models

HHS has set several goals intended to increase care quality by aligning more Medicare payments with value-based reimbursement models. Among the goals are having 30% of Medicare payments for 2016 go to accountable care organizations and other alternative reimbursement models. In addition, the agency wants the majority of traditional Medicare payments to be linked with value and quality measures. BeckersHospitalReview.com (1/26), Healthcare Informatics online (1/26)
STATE LEGISLATIVE UPDATE

HB 1057: An Act to make an appropriation to reimburse certain eligible health care professionals who have complied with the requirements of the rural health care facility recruitment assistance program and to declare an emergency.

The bill appropriates $302,500 for the reimbursement of practitioners who have completed the requirements of the rural health care facility recruitment assistance program. The bill, when passed will take effect as soon as it is approved by both the Legislature and the Governor. The bill is introduced at the request of the Department of Health. On Jan. 30, the amended version of this bill passed the Senate Appropriations committee.

HB 1058: An Act to revise certain provisions regarding contagious disease control quarantine measures and to declare an emergency.

The bill expands the authority of the Dept. of Health to impose a quarantine by allowing the Dept. to board a public conveyance to detect a communicable disease and to quarantine persons and property. The bill also provides that persons who expose others in public places are guilty of a Class 2 Misdemeanor. The bill removes redundant provisions in state law regarding specific diseases. The bill provides authority for infection prevention and control procedures. The bill requires suspected infected persons to comply with diagnosis and treatment and penalty for not complying. The bill establishes the authority of the DOH to seek injunctive relieve through the circuit courts for enforcement. The bill also updates grammar and outdated language in the bill and repeals redundant and unnecessary clauses. The bill will take effect when approved by the Legislature and the Governor. On Feb. 4, the amended version of this bill passed the Senate Health and Human Services committee.

HB 1059: An Act to allow authorized entities to access immunization information in certain circumstances.

The bill revises existing language that immunization records “may” be shared with the use of the word “shall”. The bill also removes reference to an obsolete date reference. This bill was passed by the Senate Health and Human Services committee on Feb. 4.

HB 1060: An Act to make an appropriation to reimburse certain family physicians, dentists, physician assistants and nurse practitioners who have complied with the requirements of the recruitment assistance program and to declare an emergency.

The bill appropriates $381,766 for the reimbursement of practitioners who have completed the requirements of the recruitment assistance program. The bill provides reimbursement for 2 dentists, 1 physician, 1 physician assistant, and 2 nurse practitioners. The bill, when passed will take effect as soon as it is approved by both the Legislature and the Governor. The bill is introduced at the request of the Department of Health. After passing the House, this bill was introduced in the Senate and referred to Senate Appropriations on Jan. 27.

SB 51: An Act to repeal the contingency funds available for unanticipated costs related to medical services and to declare an emergency.

The bill repeals the FY 2014 appropriation of $16,000,000 in General Funds and $17,000,000 in Federal funds for unanticipated expenses in the Medicaid and CHIP programs. The original appropriation was to have expired in FY 2018. The bill will take effect when approved by both the Legislature and the Governor. The bill is introduced at the request of the Bureau of Finance and Management. This bill has been referred to Senate Appropriations.
**SB 60: An Act to provide for the screening of inherited and genetic disorders.**
The bill adds newborn screening to the required screenings of each newborn born in South Dakota for inherited and genetic disorders and the results reported to the Department of Health who will be responsible for following the development of each infant and persons caring for the children to prevent and treat any such conditions. The bill makes no mention of who will provide the testing or how it will be paid for. The bill is introduced at the request of the Department of Health. On Jan. 27, the amended version was passed by the Senate.

**SB 61: An Act to place certain substances on the controlled substances schedule and to declare an emergency.**
The bill adds a good number of substances to the State's controlled substances list. The updated list will be effective when it is approved by both the Legislature and the Governor. The bill is introduced at the request of the Department of Health. This passed the House on Feb. 10.

**SB 63: An Act to adopt the Interstate Medical Licensure Compact.**
The bill establishes the Interstate Medical Licensure Compact as another path to licensure and does not otherwise alter the existing Medical Practice Act. The bill establishes conditions for the eligibility of a physician for the compact and designates a state of primary licensure, application procedure, issuance of expedited licensure, fees and renewal procedures. The bill calls for the development of a coordinated information system for the Compact members. The bill provides for joint investigations by Compact members and disciplinary actions. The bill creates an Interstate Licensure Compact Commission and its responsibilities and authorities are enumerated. The bill provides authority for the Commission to establish assessments to the member states for the Commissions operations and activities. The bill provides conditions for immunity for Commissioners and allows for oversight of the Commission by the judicial, legislative and executive branches of each member state. The bill specifies enforcement authority of the Commission, default procedures and dispute resolution procedures. The bill specifies the Commission is operable when at least seven states join, and that any state is eligible to join. The bill provides for a state to withdraw from the Compact and provisions for the dissolution of the Compact. The bill is introduced at the request of the Board of Medical and Osteopathic Examiners. This bill was passed by the Senate on Jan. 29.

**SB 70: An Act to require that a mandatory who witnessed the disclosure or evidence of child abuse or neglect be available to answer questions when the initial report is made.**
The bill requires the person who is a "mandatory reporter" of child abuse to be available to answer question when the initial report is made. The bill is introduced at the request of the Jolene's Law Task Force. The amended version of this bill passed on the Senate floor on Feb. 3.

**SB 71: An Act to continue Jolene’s Law Task Force for an additional year, revise the membership of the task force and declare an emergency.**
Adds a state’s attorney, who is experienced with prosecution and adjudication of child sexual abuse cases, appointed by the Speaker of the House and the President Pro Tempore of the Senate; extends that task force until Jan. 1, 2016. The Senate passed this bill on Feb. 3.
Proposed: Assisted Living Service Expansion-44:70

There are proposed rules being vetted which would allow additional services to be provided in the Assisted Living setting. Staff education and training is a topic of conversations occurring with the Department of Health and various stakeholders.

Immediate Changes in 5-Star Nursing Home Rating System

LeadingAge Members,

The Centers for Medicare and Medicaid Services (CMS) announced a new approach in the way it will calculate the scores for the Nursing Home Compare, 5-Star Quality nursing home rating system.

All nursing homes should receive a notice about this change from CMS today, February 13.

What’s happening?

- On February 20, CMS will publicly release a revised Nursing Home Compare [“Nursing Home Compare 3.0”]. The public roll-out will include a press release and a press conference detailing the changes.
- On 2/13 all nursing homes will receive a private preview [via their QIES mailbox], and access to the updated Technical User’s Guide. The User’s Guide can also be requested through BetterCare@cms.hhs.gov. The information should be available in nursing homes’ mailboxes mid- to late morning.
- The main changes include adding 2 measures on use of antipsychotic drugs to the calculation process for the 5-Star Rating System and resetting the quality measure scale to raise the standard for nursing homes to receive a high rating.
- CMS anticipates that most nursing homes will experience a change in their 5-Star rating.
- There will also be some ‘minor’ adjustment to the staffing domain: CMS is making a general change to the final algorithm. Currently, it is possible to have a rating of 3 stars for RN and a rating of 3 stars for total staffing, but achieve a rating of 4 stars overall for staffing. Facilities will now have to achieve 4 stars in at least one of the RN or Total Staffing categories to attain a 4-star rating for staffing. CMS’ rationale is that a 4-star overall rating for staffing is not warranted unless 4 stars are achieved in one or both categories.
- CMS intends to implement the electronic collection of payroll-based staffing data on a voluntary basis in/by the end of 2015; and for all nursing homes by the end of 2016.
They are working on compatibility with all payroll systems. In the interim, the 671 will remain in use.

Comment:

LeadingAge supports a consumer-friendly nursing home rating system based on reliable quality information that the public can understand. The five-star rating system is a great idea, but was hastily and prematurely implemented. CMS continues to tweak it without addressing or correcting underlying fundamental flaws.

CMS’s latest rebasing of the five-star formula will likely impact many LeadingAge members, who may see a one to two star drop in their total number of stars based on the new calculation.

While LeadingAge supports the addition of a calculation that measures antipsychotic use and one that revises the current way that staffing levels are determined, we are disappointed overall that CMS has not yet provided more transparency about the recalculation. We are concerned about how this might affect and confuse residents and their families.

We hope CMS will more aggressively pursue fixing the fundamental flaws behind 5-Star because the public deserves a tool that is easy to understand and is supported by reliable criteria. But we aren’t there yet.

Reminder – general instructions on accessing your preview data:

The data will be posted in each nursing home’s QIES mailbox, the one nursing homes use to submit MDS data and which is also used by CMS for various announcements / pop-ups including the 5-Star preview data. Every nursing home has its own password.

CMS Five-Star Rating System Preview Reports

As with previous preview information, providers can access their new 5-Star rating through QIES - the umbrella site that supports MDS information, including facility submission of MDS data.

- To access your Five Star Preview report, go to the MDS State Welcome page available on the state servers where you submit MDS data and select the CASPER Reporting link located at the bottom of the page. To access these reports, select the CASPER Reporting link located at the top of your MDS State Welcome page. Once in the CASPER Reporting system, click on the 'Folders' button and access the Five Star Report in your 'st LTC facid' folder, where st is the 2-digit postal code of the state in which your facility is located and facid is the state assigned facid of your facility.
  - Nursing Home Compare will be updated on 2/20/15.
  - BetterCare@cms.hhs.gov also remains available for inquiries.

Evvie F. Munley | Director of Health Policy and Regulations |
Update on the South Dakota Department of Social Services

Home and Community Based Services Settings

On January 16, 2014, the Centers for Medicare and Medicaid Services (CMS) released a final rule regarding Home and Community-Based Services (HCBS) Setting requirements. The final rule establishes an outcome-oriented definition of home and community-based settings, as opposed to previous definitions that were based solely on a setting's location, geography or physical characteristics. The intent of this is to ensure individuals in Medicaid's HCBS waiver programs receive services and supports in the most integrated setting and have full access to the benefits of community living.

The final rule requires that all home and community-based residential settings meet certain qualifications including:

- Community Integration and Access
- Ensure Individual Rights of Privacy, Dignity, and Respect
- Freedom from Coercion and Restraint
- Optimized Autonomy and Independence
- Individual Choice

The Departments of Social Services and Human Services worked collaboratively to review the final rule. Per the requirements of the final rule, South Dakota Medicaid developed a transition plan for HCBS settings in South Dakota to be approved by CMS. We look forward to building on our strong partnership and working closely with providers to ensure a smooth transition and continued compliance with the new rules.


The HCBS plan and additional materials can be found at the website above.

IMPACT ACT of 2014

The IMPACT ACT of 2014 (The Improving Medicare Post-Acute Care Transformation Act of 2014) directs the Secretary of Health and Human Services (HHS) to standardize assessments across Post-Acute Care (PAC), modify assessment instruments within each PAC setting (such as the MDS, OASIS, IRF-PAI), as well as define payment reductions when data is not reported.

Reporting timelines will vary by PAC provider type but overall will begin in October of 2016 and be finalized in October of 2019.
A webinar and slides are available from the Post-Acute Care Center for Research (paccr) describing the specific activities at: http://www.paccr.org/publications/

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**Mark Your Calendars for Upcoming SDAHO Conferences**

SDAHO will be hosting the annual Continuing Care Conference at the Ramkota Hotel in Pierre, Tuesday and Wednesday, April 14 and 15, 2015. Conference topics include Nursing Home Quality Collaborative, Documentation, Medicare Reimbursement for Home Health and Hospice, the OASIS assessment, an update on Conditions of Participation and many other informative subjects.

This summer SDAHO will be hosting a Critical Access Hospital conference Tuesday and Wednesday, June 16 and 17, 2015, also at the Ramkota Hotel in Pierre. John Supplitt, Senior Director, Section for Small or Rural Hospitals, AHA, has been invited as the opening keynote speaker. The agenda tentatively includes updates relative to the trauma system, the HOTT program, clinical clearing house, AHEC program, rural health clinics (in particular provider-based) and federally qualified health centers. Speakers will include staff from the South Dakota Department of Health Office of Rural Health.

A block of sleeping rooms has been reserved for each conference the evenings of Tuesday, April 14th, and Tuesday, June 16th, at the rate of $96.99 per night. Call the Ramkota Hotel directly at 605-224-6877 to reserve your room today. *(Christensen)*

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[Link to webinar and slides]

[Link to SDAHO conference information]

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*SDONE Newsletter*

February 2015

Page 10 of 20
IN THE NEWS

START MAKING YOUR PLANS NOW TO ATTEND THE ANNUAL AONE MEETING!!

Invitation to Attend

Dear Colleagues and Friends,

I am pleased to invite you to attend AONE 2015: Empowering Leaders, Igniting Change in Phoenix, Arizona from April 15-18, 2015.

AONE’s Annual Meeting is one of the most widely recognized nursing leadership events. An exceptional array of speakers will gather in Phoenix focusing on the theme of “Empowering Leaders”. You will be able to choose from activities including networking, roundtable discussions, plenary and topical lectures by some of the best in nursing leadership as well as an exhibitor showcase to find the solutions you need.

AONE 2015 is designed specifically for nurse leaders like you. Invest in yourself and discover ways to be inspired and to inspire others.

This website is your one-stop site to make the most of your AONE 2015 experience. The site is being updated regularly, so don’t forget to check back often to see what’s new.

See you in Phoenix!

Sincerely,

Linda Burnes Bolton, DrPH, RN, FAAN
AONE 2015 President

Attendee Registration

We hope to see you at AONE 2015: Empowering Leaders, Igniting Change in Phoenix April 15-18! Key activities over the next several months will be updated here. Registration and housing blocks at the Sheraton and Hyatt Regency will open in November. For planning purposes, please note that 2015 registration fees will be posted soon.
## AONE 2015: Registration and Cancellation Policies

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*Includes the Practice SAE, a web-based practice test that parallels the format, cognitive levels, and difficulty of the AONE certification exams.

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### Housing and Travel Information

**How do I make a hotel reservation?**

Upon completion of registration online, you will receive a link to book your hotel accommodations. The deadline to book a hotel reservation is Monday, March 23, 2015. A credit card guarantee is required at the time of booking. The hotel may charge a one night room and tax deposit to your card prior to arrival. Please make room reservations as early as possible as the group room block may sell out before the actual cut-off date. AONE cannot guarantee rates and availability after the March 23, 2015 cut-off when AONE room blocks may be released and the hotel may charge a significantly higher rate.

**Who can I contact within housing questions or issues?**

Hyatt Regency: (602) 252-1234
Sheraton Downtown: (602) 262-2500.

**How far are the hotels from the Phoenix Convention Center?**

Each of the conference hotels are equidistant from the Phoenix Convention Center and offer deluxe accommodations.

**Are there travel discounts available?**

Yes, Delta Airlines and United Airlines offer airfare discounts for AONE attendees. Detailed information and the ability to book travel online will be available once you complete your registration and housing reservation online. Additionally, car rental discounts and ground transportation information will be included in your registration confirmation. [View travel details](#).
## Schedule at a Glance

### Wednesday, April 15
- **7:00 am – 1:00 pm** | Chapter Leaders and Affiliate Members Meeting*
- **8:00 am – 4:30 pm** | CENP and CNML Essentials Review Courses**
- **1:30 – 4:30 pm** | Pre-Conference Workshops**
- **5:00 – 6:00 pm** | First-Timer's Reception

### Thursday, April 16
- **7:00 – 7:45 am** | Welcome Breakfast
- **8:00 – 10:00 am** | Opening Ceremony and Keynote Session: Simon Sinek
- **10:00 am – 3:15 pm** | Exhibit Hall Open
- **10:00 – 10:30 am** | Book Signing and Coffee Break
- **10:45 – 11:45 am** | Concurrent Sessions
- **11:45 am – 1:00 pm** | Lunch with Exhibitors and Customer Connection Theater
- **12:45 – 1:45 pm** | Poster Presentations
- **2:00 – 3:00 pm** | Concurrent Sessions
- **3:30 – 5:00 pm** | Plenary Session: Mary Wakefield
- **5:00 – 7:00 pm** | Book Signing and Evening with the Exhibitors
- **7:00 – 9:00 pm** | President’s Reception

### Friday, April 17
- **6:45 – 8:00 am** | Continental Breakfast
- **7:00 – 7:45 am** | Sunrise Sessions
- **8:00 – 9:00 am** | AONE Regional Meetings
- **9:00 am – 2:30 pm** | Exhibit Hall Open
- **9:00 am** | Exhibit Hall Coffee Break
- **9:45 – 10:45 am** | Concurrent Sessions
- **11:45 am – 1:00 pm** | Lunch with Exhibitors and Customer Connection Theater
- **12:15 – 1:15 pm** | Poster Presentations
- **1:30 – 2:30 pm** | Concurrent Sessions
- **3:00 – 3:45pm** | AONE Membership Recognition and Business Meeting
- **4:00 – 5:30 pm** | Plenary Session: Rishi Desai
- **6:00 – 8:00 pm** | AONE Foundation Reception**

### Saturday, April 18
- **7:30 – 9:00 am** | AHAPAC Breakfast**
- **7:30 – 9:00 am** | Bright Ideas Networking Breakfast
- **9:15 – 10:15 am** | Concurrent Sessions
- **10:30 – 11:45 am** | AONE Foundation Nurse Research Lecture
- **Noon – 1:00 pm** | Endnote: Bonnie St John

### Sunday, April 19
- **8:00 am – 1:00 pm** | CENP and CNML Exams

* Invitation only
** Ticketed event and/or requires extra fee
AONE NEWS HIGHLIGHTS

**CDC posts new Ebola preparedness training for ED personnel**
The Centers for Disease Control and Prevention (CDC) has posted four online training videos developed by Johns Hopkins Medicine to help emergency department (ED) personnel identify, triage and briefly manage patients who might have Ebola. The training is based on CDC’s recommended three-step strategy—identify, isolate and inform—for managing possible Ebola cases, but can help prepare ED staff for patients with any highly infectious disease, the authors said. In addition, the modules showcase important planning processes, provider-patient communication techniques and cross-discipline teamwork principles that can be used to successfully prepare for emerging infectious diseases. The course was produced by the Johns Hopkins Armstrong Institute for Patient Safety and Quality in collaboration with others. (Johns Hopkins Medicine news release, 2/17/15)

**FDA issues endoscope warning**
The Food and Drug Administration (FDA) Feb. 19 warned hospitals and clinicians that a reusable endoscope may have facilitated the outbreak of a drug resistant bacterial infection. The warning posted by the agency regards the endoscopes used in retrograde cholangiopancreatography, called duodenoscopes. The FDA cautioned that the complex design of the scopes may make them more difficult to effectively clean. But even washing the scopes may not be adequate, the agency warned. "Meticulously cleaning duodenoscopes prior to high-level disinfection should reduce the risk of transmitting infection, but may not entirely eliminate it," the warning noted. (Los Angeles Times story, 2/19/15)

**CMS seeks comments on ways to test innovations in primary care**
The Centers for Medicare & Medicaid Services (CMS) announced it is seeking input on initiatives to test innovations in advanced primary care, especially mechanisms to encourage more comprehensiveness in primary care delivery. In the comment request, CMS also seeks ideas on how information technologies can support the new initiative, which could include "moving payment for primary care services from encounter-based, or encounter-based with care management fees (as is being tested in the Comprehensive Primary Care Initiative), towards population-based payment based on a practice's population of beneficiaries." Comments are due by March 16. (Health Data Management story, 2/16/15)

**CDC hosts webinars on measles outbreak, protecting children from influenza**
The Centers for Disease Control and Prevention (CDC) will offer a free webinar entitled "Protecting Children: Influenza Updates for Clinicians" on Feb. 26 from 2-3 p.m. ET. A recent CDC analysis found influenza A (H3N2) viruses are the predominant strain this year, and a little more than half of samples analyzed were found to be antigenically different (drifted) from the H3N2 vaccine strain. During this webinar, clinicians will learn about the current state of flu activity related to children, the importance of continued vaccination despite the mismatch and low vaccine effectiveness, and strategies for using antiviral therapy early to prevent and treat influenza. For more information, visit the CDC website. On Feb. 19, the CDC also hosted a webinar for clinicians on the current measles outbreak.

**HHS announces new payment, care delivery model for cancer patients**
A new multi-payer payment and care delivery model to support better care coordination for cancer care was announced last week by Health and Human Services (HHS). The new model is part of ongoing efforts by HHS to improve the quality of care patients receive and spend health care dollars more wisely. The initiative will include 24-hour access to practitioners for beneficiaries undergoing treatment and an emphasis on coordinated, patient-centered care, aimed at rewarding value of care, rather than volume. The oncology care model is one of many innovative payment and care delivery models developed by the Centers for Medicare & Medicaid Services Innovation Center and advanced by the Affordable Care Act. The model was created in response to feedback from the oncology community, patient advocates and the private sector. (HHS news release, 2/12/15)

**Joint Commission approves acute stroke-ready hospital certification**
The Joint Commission this month announced a certification program for acute stroke-ready hospitals, which will launch on July 1. Currently, the Joint Commission provides two levels of stroke center certification, primary stroke center and comprehensive stroke center. However, many patients who have an acute stroke live in areas without such certified centers. The new certification is geared towards accredited hospitals that would not be candidates for primary stroke center certification due to lack of resources or location. For more information, visit the Joint Commission website.
Study says smoking may be linked to more diseases than previously estimated
Smoking may be linked to more diseases and more deaths than previously estimated, according to a study led by American Cancer Society researchers, published online in the New England Journal of Medicine last week. The authors found that 17 percent of the increased risk of death among smokers was due to causes that are not currently attributed to smoking. Their analysis uncovered a total of 14 causes of death associated with smoking that were not previously established as caused by smoking. Among the diseases the authors found to be linked to smoking were breast cancer, prostate cancer and cancer of unknown primary site. The study used an analysis of data from 421,378 men and 532,651 women followed from 2000 to 2011. During that time period, there were 181,377 deaths, 16,475 of which were among current smokers. (American Cancer Society news release, 2/11/15)

FDA issues recall of MRI devices
The Food and Drug Administration (FDA) this week issued a Class I recall on nearly 13,000 General Electric magnetic resonance imaging (MRI) systems because of a potentially life-threatening, nonfunctioning part of the devices. Class I is the FDA’s most serious designation for recalls, indicating severe injury or death could occur as the result of issues with a product. The recall covers numerous General Electric MRI brands, including Signa and Discovery. The devices affected by the recall include 5,708 in the U.S. and 7,260 in other countries. General Electric had discovered that the magnet rundown units (MRUs) on its imaging devices may not be properly connected. “In emergency situations, a disconnected MRU could delay removal of a ferrous object from the magnet, potentially resulting in life-threatening injuries,” the FDA said in its Feb. 18 recall notice. The notice instructs customers to perform a test confirming that the MRU is functioning properly and has not been disabled. If it is not functioning properly, use should be discontinued. (Modern Healthcare story, 2/19/15)

Chief Nurse Executive Nursing Peer Review Perceptions Survey
The researcher, Kevin Whitney, RN, invites you to participate in a study exploring Chief Nurse Executive (CNE) perceptions of Nursing Peer Review and the use of Nursing Peer Review in their organizations. The purpose of this research study is to gather information to more fully understand how Nursing Peer Review is used and perceived by CNEs within ambulatory, acute care and post-acute care settings throughout the United States.

This study is limited to CNEs employed in the United States. For the purpose of this study, CNE is defined as the most senior nursing leadership role in the organization ultimately responsible for nursing practice. There may or may not be any direct benefit to your participation. The results of this study will inform the design of interventions to advance Nursing Peer Review within the profession. The survey will take approximately ten minutes to complete.

You are welcome to forward this advertisement to any CNE colleagues to invite their participation. If you have questions or concerns about this study please contact Kevin Whitney, RN, at (617) 416-8361.

Post your research
For a nominal fee, AONE assists nurse leaders in accessing participants for research studies. In order to qualify for access to the 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
Lead a culture of excellence
June 24-25 | Atlanta, Ga.
The Dynamic Leadership for Shared Governance workshop will give you the tools necessary to build strong leadership practices that are critical for shared governance. Through this program, individuals learn to create a culture of excellence, where nurses have accountability and responsibility for nursing care.

Find Your Strengths at the Nurse Manager Institute
June 17-19 | San Diego, Calif.
One of the core concepts of the Nurse Manager Institute (NMI) is appreciative inquiry. Participants explore their leadership potential while focusing on their strengths, and then learn to leverage these methods in their day-to-day practice. Learn more about the AONE Foundation Nurse Manager Institute and apply today.

Develop skills for leadership roles
Essentials of Nurse Manager Orientation (ENMO) is a comprehensive course for frontline managers, charge nurses, aspiring managers and leadership staff. ENMO was developed in partnership with the American Association of Critical-Care Nurses and covers key skills necessary for successful leadership.

Certification is as easy as one, two, three!
You've already decided to get your CNML or CENP certification, so what's next? One, read the candidate handbook; two, develop a prep plan that may include the one-day review course, self-assessment prep-test, and ENMO; and three, apply and take the exam. Don't delay and apply for the CNML or CENP exam today. For more information, contact M.T. Meadows at mmeadows@aha.org or (312) 422-2807.

SDONE District News

Unsure of your SDONE district?
See the map below.

District 1
District 1 met on January 9, 2015.
- Board Meeting Update
  - Membership and Website enhancement shared
Update on SD Rural Nursing Conference
- Encourage attendance at the next Board Meeting to vote on outstanding issues.

- Discussed possible educational offerings
  - Meet in Spearfish and tour the new C-Section Suite and surgical center.
  - Discuss the Joint clinic and the Good Shepherd Clinic in Spearfish;
  - Visit Pine Ridge Hospital to facilitate transition of care from RH to Pine Ridge;
  - Dr. Tuma to speak on the TAVR procedure

District 2
The October 24th, 2014 District 2 meeting was hosted by Mobridge Regional Hospital.

**Guest Speakers included:**
- George Ceremuga-3rd year medical student from USD. He is currently in the FARM program (Frontier and Rural Medicine) at MRH, a program where a medical student comes for 9 straight months to experience rural health care.
- Robin Ryckman-(MRH Lab supervisor) presented information on proper collection techniques and processes for strep cultures.
- Riki Peterson- MRH MLT- presented information on wound cultures and the collection process differentiating between aerobic and anaerobic cultures.
- June Volk, RN-Infection Control-presented on hospital preparedness related to Ebola.
- Angie Svhovec-MRH CEO- presented a discussion on rural healthcare challenges & needs.

**Challenges Identified:**
- Staffing-professional and support staff are in high demand and low supply in rural areas.
  - Retention is more and more difficult with the growing sense of entitlement
  - Communication is an increasing challenge with the multiple generations in the work force and growing diversity of personnel.
- Technology
- Pace of Change
- Finances- managing resources with low volume fixed cost and varying, low income payer mix; maintaining cost margins becomes a juggling act “no money, no margin”.
- Emergency Medical Support (EMS) is an area of impending crisis with supporting services.

Meeting concluded with Kristi Voller leading a tour of MRH & Clinics facility with new addition and remodeling.

**Future District II 2015 meeting dates--10 a.m. to 1 p.m. with a break and lunch provided:**
- Friday, February 20th @ Sanford Aberdeen Medical Center - Conference Room 1
- Friday, May 22nd @ Faulkton Area Medical Center
- Friday, August 21st @ Mobridge Regional Hospital
- Friday, November 13th - location to be determined
District 3
October 31, 2014, meeting summary:

- District 3 met on October 31, 2014, with 18 SDONE District 3 members; 1 non-member in attendance.
- Welcomed Tamara Larsen-Engelkes, Nurse Manager Women’s Center, Avera McKennan Hospital to her new role as the SDONE Secretary.
- Reminded attendees to exercise their right to vote in the upcoming mid-term elections.
- Sought input from members for suggestions for topics for next year’s District 3 SDONE meetings. Topics that were suggested included: Legislative updates and population health.
- Nurse’s Day at the Legislature is February 9-10.
- Presentation: Diana Berkland, PhD, RN, Chief Nurse Executive of Sanford USD Medical Center: Doctoral dissertation work, “The Experience of Feeling Respected for Rural Nurse Leaders.”

ANA Seeking Public Comment: Revision of Nursing Administration Scope and Standards

Dear Colleagues,

The Nursing Administration Scope and Standards Revision Workgroup members seek public comments about the draft Nursing Administration: Scope and Standards of Practice, Second Edition. The comment period closes on March 6, 2015. Please consider reviewing and providing recommendations for improvements as part of your professional responsibility and accountability. Do invite students, colleagues, and other stakeholders to also respond. Access the draft document and response process at http://nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/Call-for-Public-Comment/Public-Comment-Draft-Nursing-Administration.html#below. Thank you for your thoughtful review and comments.

Mary Jo Assi, DNP, RN, NEA-BC, FNP- BC
Director of Nursing Practice and Work Environment
American Nurses Association
8515 Georgia Avenue, Suite 400
Silver Spring, MD 20910
(P): 301-628-5021

Phil & the SDONE Board,

Thank-you for the SDONE Scholarship. It is an honor to receive this award. I believe in the value of life long learning, both formal and informal. The scholarship assists with my current journey toward a DNP in executive leadership.

I value what SDONE brings to the profession of nursing in South Dakota. I look forward to continued participation in the organization.

Thank-you again for the scholarship.
Carla Borchardt, MSN, RN, Director of Professional Practice, Avera McKennan
“... errors caught virtually every day” in the operating room, said Dr. [Name]...

Hospitals are using professional pilots to train critical safety to their work. The training provides lessons on cockpit procedures, including communication protocols, which offer possible opportunities to improve the attraction and retention of skill workers, according to a survey by Watson Wyatt Worldwide, a leading global consulting firm, a... skill workers, according to a survey by Watson Wyatt Worldwide, a... skill workers to a m... companies have similar retention for educational studies, and implementing flexible work arrangements. The survey better reflect the market, providing reimbursements and forgiving loan payments for educational studies, and implementing flexible work arrangements. The survey... at the State and District levels. The survey... for first time SDONE members and student... vendors. The survey... of the new website vendor... to nurses pursuing advanced degrees in Nursing Administration, Leadership and Education to invite them to join SDONE. The survey... notices sent by Treasurer. The survey... the application process of the new AONE Chapter Affiliate Agreement.

**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.**

**Check out the new and improved SDONE website!** [http://www.sdone.org/](http://www.sdone.org/)
2015 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. SDONE Membership year is October 1st to September 30th of the next year.

Teri Kinghorn, SDONE Treasurer
Rapid City Regional Hospital- PCU
353 Fairmont Boulevard
Rapid City, SD  57701

FOR OFFICE USE ONLY – District: ________ Membership #:_________ Check #: ________ Date: ________________