President’s Message

Hello Colleagues,

Today’s leaders face many challenges in today’s ever changing healthcare setting. These challenges test the leader’s knowledge, skill and ability to innovate change within an aging system that has not changed for years. The new health care reimbursement models place emphasis on providing more with less as the health care systems move into the era of Bundle Payments. Leaders are asked to streamline operations, lean processes and/or combine services while maintaining a high standard of care. How do we as leaders take on these challenges while fulfilling the needs of our patients and staff? How do we as leaders maintain our sanity and not become consumed by our work?

As an organization and a leader within the organization we must remember to evolve and adapt to change by becoming a positive living system that progresses into the future. To make our organization a living system, leaders must allow individuals to be engaged throughout the change process. Engage your employees and allow them to be part of the solutions as this will make acceptance of difficult changes within the organization pass smoothly.

“We want organizations to be adaptive, flexible, self-renewing, resilient, learning, intelligent attributes found only in living systems. The tension of our times is that we want our organizations to behave as living systems, but we only know how to treat them as machines” (Wheatley, M, 2005).

Great leaders emerge from the needs of the moment, and the moment now is to be able to engage the employee’s creative thinking. As leaders we must harness the potential energy that is out there waiting to be tapped within our organizations. The concept “I can handle it all” must be removed from the leaders thinking process, because in reality that is not possible.

“We observe the world where creative self-expression and embracing systems of relationships are the organizing energies, where there is no such thing as an independent individual, and no need for a leader to take on as much responsibility for us as we’ve demanded in the past” (Wheatley, M, 2005).

So take the time to step back and involve a team of highly motivated individuals to work through areas of concerns that are in need of a change. I have created a team called the innovation team. This innovation team consists of RN’s, Charge Nurses, Patient Care technicians and Unit secretaries. The team meets monthly to work on projects that will affect positive change within the department.

Above all find that balance between work and life. Put the cell phone away, and enjoy a day off.

Todd

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 12: 1912 Jane Delano named chair of Am. Red Cross Nsg. Serv.
- 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

April Nursing History Facts

1873 Women's Education Assoc. (Boston) proposed nurses' training school
1901 University of Virginia School of Nursing opened

- April 2: 1982 Teresa Christy died
- April 3: 1802 Dorothea Dix born Hampden ME
- April 5: 1930 Linda Richards died
- April 7: 1939 Jane Hitchcock died
- April 9: 1860 Nightingale Fund Council & St Thomas Hosp Board establish school
- April 11: 1905 Colorado licensure law
- April 12: 1912 Clara Barton died
- April 14: 1919 Jane A. Delano died in an Army hospital in France
- April 15: 1947 Army-Navy Nurse Act secures commission status for military nurses
- April 16: 1901 NYSNA, 1st SNA, founded
- April 17: 1956 Lavinia Dock died
- April 18: 1873 Connecticut Training School founded [admitted 1st class 10/1873]
- April 19: 1917 Florence Wald born NYC
- April 20: 1916 M. Elizabeth Carnegie born Baltimore MD
- April 23: 1996 AAHN launched website
- April 25: 1893 Nightingale Pledge recited 1st time, Detroit MI
- April 26: 1920 Sophia Palmer died
- April 27: 1915 Ohio Board of Nursing created

Calendar of Nursing History obtained from the American Association for the History of Nursing:
http://www.aahn.org/nursinghistorycalendar.html
Dear Paula,

Happy New Year! Before 2015 ends and we ring in 2016, we wanted to take a moment and say thank you!

Thanks to AONE members and friends, like you, 2015 has been an exciting year. Here are a few highlights:

- Awarded two small grants:
  - $10,000 to Jeffrey M. Adams, RN, PhD Multi-Site Analysis of Nurse Leader’s Influence Over Professional Practice Environments
  - $10,000 to Susan H. Weaver, MSN, RN, CRNI, NEA-BC Exploring the Administrative Supervisor Role and its Perceived Impact on Patient Safety
- Awarded the Nurse Researcher Award to Heather K. Spence Luscher, PhD, RN, FAAN, FCAHS
- 31 people participated in the Nurse Manager Fellows
- 21 people in the initial cohort of the Nurse Director Fellows
- Held 3 Emerging Nurse Leader Institutes with 111 participants.
- Held 2 Nurse Manager Institutes with 93 participants

A very special thank you to everyone who has supported the Foundation throughout 2015. You help make it all possible!

We truly appreciate everything you do!

Thank you and Happy New Year

-- Everyone at the AONE Foundation

P.S. If you’re considering a last-minute gift to support nursing leadership, research and education, there’s still to participate in the special matching gift opportunity today!

State Registration Information can be found here.
For more information about the AONE Foundation, click here.
2016 SCHEDULE AT A GLANCE

WEDNESDAY, MARCH 30, 2016
7:00 am – 1:30 pm   AONE Affiliate Leaders Meeting
8:30 am – 4:30 pm   CENP and CNML Essentials Review Courses
Noon – 1:30 pm       AONE Board and Past President Lunch
1:00 – 5:00 pm       Pre-Conference Workshops
5:00 – 6:00 pm       First-Time Attendee Reception

THURSDAY, MARCH 31, 2016
7:00 – 7:45 am       Breakfast
8:00 – 10:00 am      Opening Keynote
10:00 am – 3:30 pm   Exhibit Hall
10:00 – 10:45 am     Break
10:45 – 11:30 am     Concurrent Sessions
11:30 am – 1:00 pm   Lunch in the Exhibit Hall
12:30 – 1:30 pm      Poster Presentations
2:00 – 2:45 pm       Concurrent Sessions
2:45 – 3:30 pm       Break
3:45 – 5:00 pm       Plenary Session
5:00 – 6:30 pm       NRN® Wine @ 5 Reception
6:30 – 8:30 pm       President’s Welcome Reception

FRIDAY, APRIL 1, 2016
7:00 – 7:45 am       Breakfast
8:30 – 9:30 am       AONE Regional Meetings
9:30 am – 1:30 pm    Exhibit Hall
9:45 – 10:30 am      Concurrent Sessions
11:00 – 11:45 am     Concurrent Sessions
11:45 am – 1:00 pm   Lunch in the Exhibit Hall
12:30 – 1:30 pm      Poster Presentations
1:45 – 2:45 pm       AONE Business Meeting & Member Recognition
3:00 – 4:30 pm       Plenary Session
5:00 – 6:30 pm       AONE Foundation Reception

SATURDAY, APRIL 2, 2016
7:30 – 9:00 am       AHAPAC Breakfast
8:00 – 9:00 am       Bright Ideas Breakfast
9:15 – 10:00 am      Concurrent Sessions
10:15 – 11:30 am     AONE Foundation Lecture
11:45 am – 1:00 pm   Endnote

Schedule subject to change

REGISTRATION FEES

To register, visit www.aone.org/annualmeeting and complete the online registration form. Early bird registration discount ends Friday, February 19. Standard registration fees begin Saturday, February 20. Registration forms and payments not received by Tuesday, March 29 will be charged the onsite rate.

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<td>CENP/CNML Essentials Review Course and Practice Self-Assessment Exam (SAE)*</td>
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* The CENP/CNML review courses include a continental breakfast and lunch. Onsite registrations will not be accepted. Registration does not include the pre-exam exam on April 3 and does not guarantee a passing score. To register for the paper-pencil exam, you must complete the separate application. Go to www.aone.org/annualmeeting for more information.

VISIT WWW.AONE.ORG/ANNUALMEETING for the complete listing of the 2016 pre-conference workshops.
POWERSFUL NETWORKING

AONE 2016 is intentionally designed so you have time to learn from the presenters and each other. Whether you are inside a learning session, having a hallway conversation with fellow member or exchanging information in the exhibit hall, you will have ample opportunity to connect and share your goals and challenges with your peers.

EXCEPTIONAL EDUCATION AND FRESH PERSPECTIVES

AONE 2016 offers engaging educational opportunities including featured keynotes, thought leader sessions, roundtable discussions and poster presentations, plus pre-conference workshops. Our sessions will offer insight for current challenges and equip you to improve performance in your current role or take your career to the next level. Concurrent sessions will address issues such as:

- Population health
- Collaborative partnerships across the continuum
- Best practices in effectiveness and efficiency

PRE-CONFERENCE WORKSHOPS are available to all attendees; however, seating is limited so register early. By arriving early for one of the workshops, you will get a head start on your learning, increase your CNEs and take a deep dive into hot topics facing nurse leaders. Additional fees apply. Visit www.aone.org/annualmeeting for more information.

CERTIFICATION REVIEW COURSES will be held as individual full day programs. AONE core competencies will be covered.

- The Certified in Executive Nursing Practice (CENP) Essentials Review Course.
- The Certified Nurse Manager and Leader (CNML) Essentials Review Course.

Plenary Session Speakers

Brené Brown, PhD
researcher, storyteller, author of the newly released book, Rising Strong and two #1 New York Times Bestsellers

Dr. Brown is a research professor at the University of Houston Graduate College of Social Work. Brené’s TEDx Houston talk, The Power of Vulnerability, is one of the top five most viewed TED talks in the world, with more than 19 million views.

Anton J. Gunn
chief diversity officer and executive director of community health innovation, Medical University of South Carolina

Anton served as an advisor to President Obama as the director of external affairs at the U.S. Department of Health & Human Services. In this role, he led public engagement initiatives to communicate the value of the Affordable Care Act and how Americans can capitalize on opportunities of health care reform.

Richard J. Pollock
president and chief executive officer, American Hospital Association (AHA)

Rick has more than 30 years of experience with the AHA and the hospital field. He served for more than 20 years as the organization’s executive vice president for advocacy and public policy, and created a sophisticated political, grassroots and advocacy infrastructure to effectively communicate the hospital’s advocacy agenda, before taking the helm of the association in September 2013.

Vijay Gupta
founder, Street Symphony, TED senior fellow and mental health advocate

Vijay is a violinist whose interest in neurobiology and mental health issues has made him a world-renowned advocate for the redemptive and regenerative power of music. Gupta directs the organization Street Symphony—a free classical music concert series for the unsheltered mentally ill living in homeless, incarcerated and Veteran communities.
Submitted by Amy Thiesse, MSN, RN SDONE Aging Services

The spotlight on Post-Acute Care (PAC) and Aging Services is increasingly recognized in the coordination with our acute care partners to improve quality and reduce cost for our residents and patients. Staying abreast of the multitude of programs affecting you and your organizations is extremely important as the focus on post-acute care creates transition in philosophy and strategy within our organizations.

To learn more about the programs impacting your work and engage in networking with your PAC peers, please plan to attend the SDAHO Annual Continuing Care Conference April 27-28, 2016 in Chamberlain, SD. Please watch the SDAHO newsletter and website for further details.

A brief summary of the programs impacting you include the IMPACT ACT of 2014, Payroll Based Journal mandatory staff reporting for long term care, and the Home Care Experience of Care Star Ratings.

**IMPACT ACT of 2014 & Cross Setting Measures:**

The long-term care and home care providers will begin seeing the changes through the Improving Medicare Post-Acute Care Transformation Act (IMPACT ACT of 2014) in which standardized assessment criteria will modify care documentation and evaluation across the continuum of care. The Centers for Medicare and Medicaid Services (CMS) has resources on their website to educate and communicate these changes to providers.

For information specific to the IMPACT ACT & Cross Setting Measures:


The Medicare Learning Network National Provider Call from October 21, 2015 provides a detailed overview of the IMPACT ACT of 2014 along with the implications to SNF, HHA, IRF, and LTCH organizations. The power point presentation can be found via the link below:


**Payroll Based Journal:**

In April of 2015, CMS released their Payroll Based Journal requirements to capture direct care staff hours via electronic or manual submission to CMS. The mandatory reporting period begins July 1st, 2016. Please monitor the CMS website and your state organizations to learn more of this program.

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html
Home Health Patient Experience of Care Star Ratings

Patients and families have been able to locate Home Care agency data via Home Health Compare for a number of years. Beginning January 28, 2016, stakeholders are now also able to compare HHCAHPS Star ratings in more detail. Additional information can be found at:

2015 – 2016 SDONE Board Officers and Members

**PRESIDENT:** Todd Salfrank, Nurse Manager for Med/Surg/Peds  
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**PAST PRESIDENT:** Rochelle Reider, Vice President of Patient Services  
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**DISTRICT 3:** Sheri Fischer, Director Newborn Nursery and NICU Services  
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**DISTRICT 4:** Julie Hoffmann, Administrator of LTC and Assisted Living  
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 julie.hoffmann@avera.org
STATE UPDATE

Medicaid Expansion
Expanding Medicaid is the highest priority legislative issue for SDAHO this year. Working collaboratively with a broad coalition, we are actively engaged in supporting adoption of the Governor’s bill.

High-level representatives from the Centers for Medicare and Medicaid (CMS) and Indian Health Services (IHS) have visited South Dakota. The group met with the Governor, Legislative Leaders and State Officials. They also toured a number of communities and IHS facilities. The site visits and meetings were productive. Our group continues to work through the details with the Governor’s team related to the requested 100 percent federal funding for care provided to American Indians in South Dakota, whether the care was received from an IHS or non-IHS facility.

SB 29: An Act to update the nurse practice act and to adopt a new Interstate Nurse Licensure Compact
This bill passed both the Senate and the House and was signed into law by the Governor on February 16, 2016. The Nurse Licensure Compact authorizes a nurse licensed and residing in a Compact State (home state) to practice in other Compact (remote) States without obtaining additional licensure. The Nurse Licensure Compact facilitates nursing practice among the Compact States by requiring the nurse to maintain active licensure only in the nurse’s "primary state of residence," and granting “multi-state privilege” to practice in other Compact States. This privilege requires that the nurse practice according to the laws and regulations of the state in which the nurse practices nursing or provides care (i.e., the state in which the patient is located at the time care is rendered), either physically or electronically. Nursing practice is not limited to patient care and includes all nursing practice as defined by each Compact State’s practice laws.

HB 1025: An Act to place certain substances on the controlled substances schedule and to declare an emergency.
This bill has passed both the Senate and the House and is awaiting the Governor’s signature. This bill revises certain provisions regarding the annual inspection requirement for licensed health care facilities and was brought by the Committee of Health and Human Services Current statutory language doesn’t reflect requirements of federal law, adopted in 1986, when there were fewer facilities and CMS didn’t have federal requirements of inspections. (The current statute requires annual.) The Department of Health will not be increasing the number of surveys, rather the department wants to remove language that doesn’t comply with CMS time frames.

SB 19: An Act to revise certain mandatory reporting requirements for elder and disabled adult abuse and neglect.
This bill revises mandatory reporting requirements for elder and disabled adult abuse and neglect; and passed unanimously in Senate Judiciary committee. The bill is being brought by DSS because of new federal rules that prohibit states from having long-term care ombudsman be mandatory reporters for abuse and neglect reporting. New rules from the federal Administration on Aging require that the long-term care ombudsman
be excluded from the list of mandatory reporters of elder and disabled adult abuse reporting. If the bill passes, long-term care ombudsman will still maintain the discretion to report elder and disabled adult abuse and neglect, the bill takes away from the requirement to do so. If the bill does not pass, South Dakota will jeopardize the state’s federal administration on aging funding of $6.8 million. Having been passed by the Senate, this bill is awaiting hearing in the House Judiciary Committee.

**FEDERAL UPDATE**

*2016 Outlook for Payment reforms rewarding value, population health and discouraging fee-for-service*

**The President’s Budget** Although the President’s budget is not likely to move in Congress, it does contain potential policy direction, as noticed in recent health care headlines, which centered on the release of the President’s FY 2017 budget proposal. The proposal cuts $400 billion from health care providers, drug companies and the Medicare Advantage program over 10 years. While symbolically important, the budget is essentially DOA. Individual proposals, however, gain legs when there is an alignment between the administration and Congress, e.g., last year’s alignment on site neutral payment. Odds of enactment of cuts before an expected “lame duck” session is <20%. A lame duck session, however, poses real threats. The following list identifies policies in the President’s budget that deserve discussion when you meet with lawmakers:

- Reducing Medicare bad debt payments to 25% over 3 years ($32.9 billion);
- Reducing indirect graduate medical education (GME) payments by 10% ($17.8 billion);
- Rebasing future Medicaid Disproportionate Share Hospital (DSH) allotments ($6.6 billion);
- Reducing Critical Access Hospital (CAH) payments from 101% of reasonable costs to 100% of reasonable costs ($1.67 billion) and prohibit CAH designation for facilities that are less than 10 miles from the nearest hospital ($880 million);
- Adjusting payment updates for certain post-acute care providers ($86.5 billion);
- Requiring that 75% of inpatient rehabilitation facilities patients require intensive rehabilitation service ($2.1 billion);
- Excluding certain services from the in-office ancillary services exception ($4.9 billion);
- Clarifying the Medicare Fraction in the Medicare DSH statute (No budget impact);

The administration’s budget also includes policies to encourage the movement towards value-based care and alternative payment models. There is a 50% chance that some of these recommendations (marked with asterisk) could move before or during a “lame duck” session, (savings in parenthesis):

- Reducing inpatient and outpatient hospital payments to fund bonuses for hospitals that have a sufficient proportion of their services in eligible alternative payment models starting in 2022;
- Allowing CMS to introduce primary care payments under the physician fee schedule in a budget neutral manner,*
- Allowing ACOs in two-sided risk models to pay beneficiaries for primary care visits up to the applicable Medicare cost sharing amount (savings of $70 million);*
- Allowing CMS to assign beneficiaries to Federally Qualified Health Centers and Rural Health Centers participating in the Medicare Shared Savings Program ($80 million);
- Expanding basis for beneficiary assignment for ACOs to include nurse practitioners, physician assistants, and clinical nurse specialists;*
- Establishing a hospital-wide readmissions reduction measure that encompasses broad categories of conditions rather than discrete “applicable conditions” ($150 million);
- Implementing bundled payment for post-acute care ($9.8 billion);
· Changing coding for hospital-acquired conditions (HACs) from “present on admission” to “present on arrival” to increase hospital accountability (No budget impact);
· Beginning in FY 2018, allowing CMS to identify the scoring and penalty payment calculation methodology, and penalty distribution in the HAC penalty program (No budget impact);
· Implementing in 2018 value-based purchasing for hospital outpatient departments, skilled nursing facilities, home health agencies, ambulatory surgical centers, and community health centers (No budget impact)*; and
· Enabling Medicare Advantage plans to pay for telehealth services by eliminating Part B requirements that certain covered services be provided through face-to-face encounters.*

Secretary Burwell stated that HHS expects to finish an analysis by this fall on the impact of socioeconomic factors on hospital readmissions and wants to consider that analysis before proposing changes to the readmissions penalty.

**Delivery system and payment reforms:** The movement towards value-based purchasing and alternative payment models (APMs) will not let up in 2016 in light of HHS' 2018 goal of moving 50% of Medicare fee-for-service payments to APMs and tying 90 percent of payments to quality and value. In fact, virtually every Medicare regulation includes changes to help get to these numbers.

Congressional enactment of physician payment reform last year creates new incentives for physicians to achieve these goals as well. We will see continued movement in 2016 regulation and legislation to move all the Medicare post-acute care payment “silos” into pay-for-performance (P4P) programs and these P4P programs will expand for physicians and hospitals. In the years to come, it will become increasingly uncomfortable for providers to stay in Medicare fee-for-service (FFS) as more of their FFS payment is at risk based on performance on quality and outcomes measures. Specific 2016 developments to watch are:

**Mental health:** Last year’s mass shootings have focused the President and Congress’ attention on mental health reform. The Senate HELP Committee is working on a comprehensive mental health reform bill that mirrors Rep. Tim Murphy’s legislation, which cleared the Energy and Commerce Health Subcommittee last year and will be considered by the full committee in the coming days. The issue is embroiled in partisan politics and the thorny debate over gun control and privacy language, not to mention the question of how it would be funded. There is a 50+% chance of some mental health reforms, such as loosening the prohibition against reimbursement to IPFs for the treatment of adult Medicaid managed care enrollees.

**Two-midnight rule:** With CMS’ modification to the two-midnight policy in the CY 2016 outpatient final rule, we do not anticipate any additional policy shifts from a regulatory standpoint this year. Eyes are on the courts, where the question of reversing the 0.2% payment reduction is in play (Shands Jacksonville Medical Center, Inc., et al. v. Burwell, No. 14-263 (D.D.C.) and consolidated cases).
Headlines

91st Legislative “Mid-Session” Summary
SDAHO Receives Legislative Commemoration
Governor Daugaard Speaks at All-District Meeting
Sanford Webster Names New CEO
Continuing Care Conference Scheduled
Accountable Health Communities Funding Available
Falls Prevention Programs Funding Available
SDAHO Medicare Cut Analysis Available
1. Joint Commission issues sentinel event alert on suicide prevention in health care settings
The Joint Commission this week released a sentinel event alert on preventing suicide in health care settings. The new alert aims to assist health care providers, including primary, emergency and behavioral health clinicians, to better identify and treat individuals with suicidal ideation. The Joint Commission said it is bringing attention to the issue now because its Sentinel Event Database received 1,089 reports of suicides between 2010 and 2014. The most common root causes documented shortcomings in psychiatric assessment. The organization also said 21.4 percent of Joint Commission-accredited behavioral health care organizations and 5.14 percent of accredited hospitals (those for which a related National Patient Safety Goal was applicable) were non-compliant with conducting a required suicide risk assessment. The alert recommends a series of actions, including screening all patients for suicide ideation, conducting safety planning for all patients with suicide ideation and managing evidence-based treatments and discharge plans to target suicidality. (Joint Commission news release, 2/24/16)

2. Thompson responds to New York Times article on hospital security
A recent New York Times article on the changing nature of health care facility security "highlights the challenge that hospitals face daily both to serve our patients and protect the dedicated men and women who care for them 24/7," Pam Thompson, AONE CEO and chief nursing officer and senior vice president for the American Hospital Association, wrote this week in a letter to the editor published in the New York Times. "Hospital doors, especially emergency rooms, are open to everyone, and many of society's ills—domestic abuse, gang violence, family disputes and more—find their way to the hospital doorstep. Hospital patients, their loved ones and members of the community must have a safe environment where caring and healing can occur. And hospital workers need a safe environment while caring for patients. The complex issues of assuring that patients are safe and protecting hospital workers are best addressed on a hospital-by-hospital basis, and specific training and education are essential. But it doesn’t stop there. As a society, we must also do more to better address our country’s growing mental health care challenges. America’s hospitals are already working to do both and welcome the support of the communities and patients we serve." (AHA News Now story, 2/23/16)

3. New definitions of sepsis and septic shock published in JAMA
A task force assigned to update definitions of sepsis and septic shock issued its recommendations this week, saying that sepsis should be defined “as life-threatening organ dysfunction caused by a dysregulated host response to infection.” The group’s report, published in the Journal of the American Medical Association (JAMA), defines septic shock as a subset of sepsis in which particularly profound circulatory, cellular and metabolic abnormalities are associated with a greater risk of mortality than with sepsis alone. It also includes clinical criteria for determining sepsis. "These updated definitions and clinical criteria should clarify long-used descriptors and facilitate earlier recognition and more timely management of patients with sepsis or at risk of developing it," the task force wrote. The new definitions eliminate the current use of two or more systemic inflammatory response syndrome criteria for sepsis diagnosis, notes an article in MedPage Today. The task force was supported by the Society for Critical Care Medicine and the European Society of Intensive Care Medicine. (JAMA news release, 2/22/16)

4. Business magazine recognizes Clark, Normand
AONE President-Elect Joan Shinkus Clark, DNP, RN, NEA-BC, CENP, FACHE, FAAN, has been named a 2016 Healthcare Hero by Fort Worth Business magazine. Clark is senior vice president and system chief nurse executive at Texas Health Resources in Arlington. Also recognized with the honor was AONE member Lorrie Normand, DNP, RN, NEA-BC, president of Texas Health Harris Methodist Hospital Cleburne. The award is given annually to health care professionals and volunteers doing exceptional work in the community. (Texas Health Resources news release, 2/9/16)
5. Prices dropped slightly in states allowing NP independent practice, study says
Prices for primary care services fell by 1 percent to 4 percent in states that passed independent scope-of-practice (SOP) laws for nurse practitioners (NPs) from 2008 to 2012, said a new research brief by the Health Care Cost Institute. However, the researchers also noted that spending on health care increased during this time. Higher total health care costs may be a result of increased volume in services, which may stem from increased access to care, they said. "We conclude that independent NP SOP may lead to a drop in prices, perhaps through increased NP supply and changes in service provision between NPs and physicians," the authors wrote. They also looked at the impact of SOP laws on medication adherence and found no difference. (Health Care Cost Institute news release, 2/25/16)

6. Study: No evidence that decline in readmissions linked to changes in observation stays
Hospitals with greater reductions in readmissions rates are no more likely to increase their observation service use than other hospitals, according to a study in the Feb. 24 New England Journal of Medicine (NEJM). The study examines readmission and observation service rates before, during and after implementation of the Affordable Care Act (ACA) and its Hospital Readmissions Reduction Program (HRRP). "Within hospitals, there was no significant association between changes in observation service use and changes in readmission rates after implementation of the ACA," the authors wrote. The study also found that readmission rates were falling before ACA implementation and declined more quickly after implementation and then at a slower rate after HRRP penalties were initiated. (NEJM article, 2/24/16)

7. Health officials investigating reports of possible sexual transmission of Zika
The Centers for Disease Control and Prevention (CDC) and state public health departments are investigating 14 additional reports of possible sexual transmission of the Zika virus, including several involving pregnant women, CDC announced. Meanwhile, the agency strongly encourages public health officials, clinicians and the public to adhere to current recommendations for preventing sexual transmission of Zika virus, particularly for men with pregnant partners. The Senate Health, Education, Labor & Pensions Committee expects to mark up two Zika-related bills on March 9. Chairman Lamar Alexander (R-TN) said at a hearing on the virus. The bills are a part of the committee’s Innovations package, a companion to the House-passed 21st Century Cures bill. The Adding Zika Virus to the FDA Priority Review Voucher Program Act (S. 2512/H.R. 4400) would add Zika to the Priority Review Voucher Program, which awards vouchers to sponsors of new drug and biological products approved to prevent or treat certain diseases. The Medical Countermeasure Innovation Act (S. 2055) aims to encourage the development of medical countermeasures for Zika and other public health threats. (AHA News Now story, 2/24/16)

8. Mastectomies increased 36 percent between 2005 and 2013
While breast cancer rates have remained constant, the rate of women undergoing mastectomies increased 36 percent between 2005 and 2013, including a more than tripling of double mastectomies, according to a report by the Agency for Healthcare Research and Quality (AHRQ). The overall rate of mastectomies rose to 90 per 100,000 women over the period, while the rate of double mastectomies rose to 30 per 100,000 women. The rate of cancer-free women choosing double mastectomies more than doubled over the period to more than 4 per 100,000 women. "More women are opting for mastectomies, particularly preventive double mastectomies, and more of those surgeries are being done as outpatient procedures," said AHRQ Director Rick Kronick. The agency also released an infographic explaining the findings. (AHRQ news release, 2/22/16)

9. NP Care Model found to reduce heart failure readmissions
A patient-centered, collaborative model of care centered around nurse practitioners (NPs) reduced 30-day readmission rates from 26 percent to 8 percent in a year at Holy Name Medical Center in Teaneck, N.J., according to research published in the November-December, 2015 issue of Nursing Economics and described in an article this week in Health Leaders. The NP Care Model focused specifically on patients with heart failure who were discharged to home and identified as being at high risk for hospital readmission. Not only did readmission rates drop for the group of patients, but cost of caring for them for the month after discharge dropped to a third of what it had been. Under the model, nurse practitioners identified patients to be included in the program, met with the patients and their families in the hospital and after discharge. They also worked with the patients’ physicians on the care plan. (Health Leaders story, 2/23/16)
10. NINR seeks comments by March 24 on its strategic plan
The National Institute for Nursing Research (NINR) is seeking public comment on its draft strategic plan. The blueprint for the draft plan grew from the Institute’s 2011 strategic plan, past scientific accomplishments, and current research priorities, as well as four areas of scientific focus: symptom science, wellness, self-management and end-of-life and palliative care. NINR also has identified two additional areas of strategic focus: promoting innovation and 21st Century nurse scientists, innovative strategies for research careers. Members of the public can review the draft and provide comment by March 24 via email. (NINR news release, 2/22/16)

11. Health literacy tool kit for primary care practice available from AHRQ
The Agency for Healthcare Research and Quality (AHRQ) has issued a tool kit for primary care practices to simplify care and increase patient understanding of health information. The Health Literacy Universal Precautions Toolkit, second edition, includes 21 tools that address improving spoken and written communication, self-management and empowerment, and supportive systems. It also contains slide presentations on hidden barriers and practical strategies for improving health literacy and links to a crosswalk showing how implementing health literacy tools can help practices meet standards for patient-center medical home certification or recognition.

12. Grants available for safety net organizations studying payment, delivery reform challenges
The newly established National Safety Net Advancement Center at Arizona State University (ASU) will award five to seven grants of up to $80,000 each to safety net organizations studying payment and delivery reform challenges. The grants, funded by the Robert Wood Johnson Foundation, are for projects aimed at implementing replicable, high-impact solutions to payment and delivery reform barriers. The Center is also accepting applications for safety net organizations interested in joining one or more virtual learning collaboratives. Applying organizations must fall within one of the following safety net sectors: federally qualified health centers, community mental health centers, public county hospitals, tribal health centers, critical access hospitals or safety net oral health providers. The application deadline is April 1, and center will host a webinar for prospective applicants from 1 p.m. to 2:30 p.m. ET on Feb. 29. Grants will launch on June 1. (ASU announcement, 2/22/16)

13. CDC says flu vaccine nearly 60 percent effective
The Centers for Disease Control and Prevention (CDC) said this year’s flu vaccine has achieved an overall effectiveness rate of 59 percent. The agency also noted that its influenza surveillance indicates that activity has been elevated for the past five weeks and the CDC expects the flu season to continue for several more weeks. The vaccine was 51 percent effective against the H1N1 viruses responsible for most flu illness this season, for reports of hospitalizations and deaths of unvaccinated, young and otherwise healthy people. The vaccine has been 76 percent effective against all influenza B viruses, the CDC said, and 79 percent effective against the B/Yamagata lineage of B viruses. “This means that getting a flu vaccine this season reduced the risk of having to go to the doctor because of flu by nearly 60 percent,” said Joseph Bresee, MD, chief of CDC’s Epidemiology and Prevention Branch. (CDC news release, 2/24/16)

14. FDA releases revised duodenoscope reprocessing instructions
The Food and Drug Administration issued a notice recommending that health care facilities using the PENTAX ED-3490TK video duodenoscope implement the manufacturer’s revised reprocessing instructions as soon as possible to ensure complete cleaning and disinfection of the device. The updated instructions include a more rigorous protocol for pre-cleaning, manual cleaning, high-level disinfection and liquid chemical sterilization procedures. The FDA also this week issued a reminder that hospitals and other facilities using automated endoscope reproprocessors made by Custom Ultrasplonics transition to alternative methods to reprocess flexible endoscopes as soon as possible. FDA ordered Custom Ultrasplonics to recall all of its automated endoscope reproprocessors from health care facilities in November, citing violations that could result in an increased risk of infection. The company later submitted a recall strategy that the agency found inadequate, but has to date made no additional proposals to recall the reproprocessors, FDA said. (FDA PENTAX notice, 2/19/16; FDA reproprocessors update, 2/23/16)
AONE NEWS AND RESOURCES

Five weeks until AONE 2016
March 30-April 2 | Fort Worth, Texas
More than 2,500+ of the best and brightest minds in nursing leadership will be in Fort Worth in five weeks for AONE 2016! Make sure that you'll be there to make connections and gain insights that can help you position yourself for the future. Time is running out to join us, register now.

Review preparation for the CNML exam
June 8 | Daytona Beach, Fla.
The CNML Essentials Review Course is a one-day course that assists you in preparing for the CNML exam through a review of the four practice areas (financial management, human resource management, performance improvement, and strategic management and technology) and practical application of the skills tested through group discussion.

2016 Dynamic Leadership for Shared Governance date announced!
June 9-10 | San Diego, Calif.
Dynamic Leadership for Shared Governance gives you the tools necessary to build strong leadership practices that make it critical for shared governance. Through this program, individuals learn to create a culture of excellence, where nurses have accountability and responsibility for nursing care.

Abstracts needed for September system CNE meeting
AONE is accepting abstracts that focus on topics of interest to system chief nurse executives. Those selected will present at a face-to-face meeting in Chicago Sept. 15-16, 2016. If interested in presenting at this meeting, please complete the abstract submission. You will need learning objectives, a 250 or less word abstract and an estimated presentation length. Submit your abstracts by March 15. Contact Alexis Steele with any questions.

Save the Date – System CNE Meeting
September 15-16 | Chicago, Ill.
AONE will be hosting a face-to-face meeting for System CNE/CNO's. Mark your calendar for September 15-16, 2016 in Chicago, Ill. You will be able to network with colleges and discuss pressing topics. Information will be posted online as it becomes available.

AONE Foundation's ENLI and NMI programs are filling up!
Registration is limited for the AONE Foundation for Nursing Leadership Research and Education (AONE Foundation) 2016 Emerging Nurse Leader Institute (ENLI) and the Nurse Manager Institute (NMI). Classes are limited to 50 people and both are currently half full! Sign up now to ensure your spot. The ENLI session, designed for staff nurses, charge nurses, and nurse coordinators who aspire to nursing leadership roles, will be Aug. 10-12, 2016 in Chicago. The NMI session, specifically for current nurse managers, will be Nov. 9-11, 2016 in Chicago. For more information, visit the AONE Foundation's education page.

Webinar: CIT Helps Nurses Drive Patient Safety at the Bedside
March 16 | 12:00-12:30 p.m. CT
This webinar provides real world examples of a collaborative learning community developed by AONE's Care Innovation and Transformation (CIT) program. The CIT program supports an interprofessional approach to quality improvement that allows the bedside nurse the opportunity to lead change. The purpose of this webinar is to share real world examples of bedside nurses from our CIT program implementing innovative rapid cycle tests of change to enhance patient safety.

AONE members receive 20 percent off of 2016 Innovative Health Fellowship
Application deadline: April 15
The Interprofessional Fellowship in Innovative Health Leadership is a year-long, cohort-based experience that provides health professionals the opportunity to learn best practices on improving outcomes by building innovation as a process and strengthening their organization's capability to innovate. AONE Members receive 20 percent off tuition.
Be an advocate for nursing – Come to AONE Advocacy Day

May 18 | Washington, DC

Title VIII nursing workforce development programs provide needed scholarship and loan forgiveness programs that enable communities to retain health care providers. AONE Advocacy Day gives nurse leaders an opportunity to advocate for funding to strengthen and maintain nursing workforce development programs. Register for 2016 Advocacy Day today!

RESEARCH PARTICIPATION OPPORTUNITIES

Seeking Hospital Chief Nurse Executives for a study on Fatigue

We are currently recruiting participants for a study to explore nurse executives’ personal experiences with fatigue and monitoring and management practices of fatigue conducted by the University of Wisconsin-Madison School of Nursing. The survey will take no more than 30 minutes. Your responses are completely confidential and your responses will not be linked to your identity. Participation is voluntary and there is minimal risk associated, and you may change your mind at any time and discontinue your participation in this study at any time. If you have questions about the study please contact Barbara Pinekenstein. Click here to participate.

Needed: Hospitals with and without Nurse Residency Programs.

We invite you to participate in a survey conducted by Vanderbilt University School of Nursing researchers to determine factors associated with the adoption and sustenance of nurse residency programs. You may forward this survey to an individual who could best respond should you not be the most appropriate person. You will have the opportunity to request the survey results. Send questions to Dr. Deonni Stolldorf (PI). To participate, click on NRP Short Survey. Thank you for your participation!

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!

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
SDONE District III members met:
- December 4, 2015 at Sanford USD Medical Center. Welcome to new SDONE District 3 member: Scott Dover, RN, MPH, from Sioux Falls VA Health Care System.

Guest Speakers: Kevin Streff, PhD, MBA, Acting Dean and Department Chair for the College of Computing at Dakota State University, Founder and President of Secure Banking Solutions; and Founder and President of HELIX Security along with Buzz Hillestad, Managing Partner of HELIX Security discussed the reasons why the HIPAA Security Rule was created – fraud prevention. Dr. Streff and Mr. Hillestad also discussed the issues surrounding medical-based fraud, hacking, and how to protect your organization from the top electronic threats of a medical system that depends upon technology to provide care for patients.
- February 19, 2016 at Avera McKennan Prairie Center with guest speaker Dr. Carla Dieter, Professor & Chair of USD Nursing, presenting on an advanced care planning collaborative, it’s goals, current action items, and how you can become involved. The University of South Dakota is leading a statewide initiative to increase awareness of Advanced Care Planning and ultimately the number of documented advanced care plans completed in the state of SD. A statewide interprofessional collaborative has been formed that includes all the major healthcare systems with multiple disciplines and entities already engaged with palliative care, hospice, and end of life quality.

District 4
SDONE District IV members gathered at Avera Queen of Peace in Yankton for their regular quarterly meeting on Nov. 20, 2015.

Dr. Matthew Christiansen, PhD a Clinical Psychologist presented on “Work – Life Balance”
Rochelle Reider shared highlights from the October 22nd Board Retreat as follows:
- AONE Affiliation Agreement Update – The final stages of meeting the new AONE Chapter Affiliation Agreement were to secure General liability insurance and Directors & Officers liability insurance, which has since been completed. The AONE Chapter Affiliation Agreement and attestation that SDONE is meeting the Criteria for Affiliate Status was submitted by Todd and South Dakota was accepted as a new affiliate on November 18th.
- SDNA 100th Annual Convention Partnership – Rochelle shared the South Dakota Nurses Association is celebrating 100 years at their October 2-3, 2016 Annual Convention. This convention will be held at the Ramada in Mitchell. SDONE was asked to consider partnering in some way financially.
- The Board also reviewed the SDONE Bylaws in their entirety as well as the SDONE website.
- The AONE Convention is March 30 – April 2, 2016 in Fort Worth, TX.

Julie Hoffmann and Amy Hanselman shared updates to eLTC via a new CMMI Grant.
Encourage your colleagues to join SDONE

SDONE Newsletter
SDONE: http://www.sdone.org
SD Center for Nursing Workforce: https://doh.sd.gov/boards/nursing/sdcenter.aspx
SD Board of Nursing: https://doh.sd.gov/boards/nursing/

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

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

AONE: http://www.aone.org/
SDONE: http://www.sdone.org
SD Center for Nursing Workforce: https://doh.sd.gov/boards/nursing/sdcenter.aspx
SD Board of Nursing: https://doh.sd.gov/boards/nursing/
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_________________________ 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 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
Spearfish Regional Hospital
1440 N Main Street Spearfish
Spearfish, SD 57783

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