National Nurses Week 2008 Message
from ANA President
Rebecca M. Patton,
MSN, RN, CNOR

Greetings! As we celebrate National Nurses Week 2008 (NNW) May 6-12, the American Nurses Association (ANA) and its constituent member associations (CMAs) salute nurses across the country with the theme Nurses: Making a Difference Every Day. Nursing is often described as both an art and a science; this year's theme reflects the commitment nurses make every day for their patients and the compassion and quality of care they provide for their communities.

Today's nurses must have the strength to care for patients during times of disaster and crisis; the commitment to remain involved in continuing education throughout their careers; and the compassion to provide hands-on patient care at the bedside—as they have done throughout the centuries. Moreover, at 2.9 million strong, nurses represent the largest group of health care workers in America, and we have the power to achieve much-needed reform in nursing and in health care. That is why it is important to take time out during National Nurses Week to thank nurses for what they do and to remind the public just how vital our nation's nurses are to patients, their families and society.

Of course, giving thanks, recognition and acknowledgement is only part of the reason we celebrate National Nurses Week every year. Another equally important reason is to remind the public of nursing's contributions to the health and well-being of the nation. So, as you celebrate National Nurses Week this year, I hope you will also take a few moments to reflect on some of the challenges that also face nursing today, and the advocacy efforts of ANA in these areas:

- Establishing staffing levels that promote a safe and healthy working environment for nurses and to ensure the highest possible patient care.
- Support safe staffing, ANA has launched a national campaign to help fight for safe staffing legislation.
- To find out more about what you can do to advance safe staffing, please visit www.safestaffing saveslives.org. This Web site serves as a one-stop source of helpful information with user-friendly tools. On the

(Continued on page 3)

National Nurses Week History

National Nurses Week begins each year on May 6th and ends on May 12th, Florence Nightingale's birthday. These permanent dates enhance planning and position National Nurses Week as an established recognition event. As of 1998, May 8 was designated as National Student Nurses Day, to be celebrated annually. And as of 2003, National School Nurse Day is celebrated on the Wednesday within National Nurses Week (May 6-12) each year.

The nursing profession has been supported and promoted by the American Nurses Association (ANA) since 1896. Each of ANA's state and territorial nurses associations promotes the nursing profession at the state and regional levels. Each conducts celebrations on these dates to recognize the contributions that nurses and nursing make to the community.

The ANA supports and encourages National Nurses Week recognition programs through the state and district nurses associations, other specialty nursing organizations, educational facilities, and independent health care companies and institutions.

A Brief History of National Nurses Week

1953 Dorothy Sutherland of the U.S. Department of Health, Education, and Welfare sent a proposal to President Eisenhower to proclaim a "Nurse Day" in October of the following year. The proclamation was never made.

1954 National Nurse Week was observed from October 11-16. The year of the observance marked the 100th anniversary of Florence Nightingale's mission to Crimea. Representative Frances P. Bolton sponsored the bill for a nurse week. Apparently, a bill for a National Nurse Week was introduced in the 1955 Congress, but no action was taken. Congress discontinued its practice of joint resolutions for national weeks of various kinds.

1972 Again a resolution was presented by the House of Representatives for the President to proclaim "National Registered Nurse Day." It did not occur.

1974 In January of that year, the International Council of Nurses (ICN) proclaimed that May 12 would be "International Nurse Day." (May 12 is the birthday of Florence Nightingale.) Since 1965, the ICN has celebrated "International Nurse Day."

1974 In February of that year, a week was designated by the White House as National Nurse Week, and President Nixon issued a proclamation.

1978 New Jersey Governor Brendan Byrne declared May 6 as "Nurses Day." He also issued a proclamation declaring May 12 as "International Nurse Day." The New Jersey State Nurses Association then designated May 6, 1978 as "New Jersey Nurses Week." The New Jersey Nurses Week was introduced in the 1955 Congress, but no action was taken. Congress discontinued its practice of joint resolutions for national weeks of various kinds.

1982 The ANA Board of Directors expanded the recognition of nurses to a week-long celebration, declaring May 6-12, 1991, as National Nurses Week.

1993 The ANA Board of Directors designated May 6-12 as permanent dates to observe National Nurses Week in 1994 and in all subsequent years.

1996 The ANA initiated "National RN Recognition Day for Nurses" to be May 6, 1992.

1997 The ANA Board of Directors, at the request of the National Student Nurses Association, designated May 8 as National Student Nurses Day.
Spring is in the air! I know I always look forward to all the new beginnings with spring. This spring has added meaning of new beginnings and changes as we anticipate the many changes that are being suggested by our American Nurses Association. I wanted to be sure that each and every one of you is aware of these potential changes and what they may mean for SCNA. The ANA has recently informed all of the member states that the current contracts held by ANA with the United American Nurses and the Center for American Nurses will not be renewed in June 2008. This decision has then created a whirlwind of activity to revamp our ANA by-laws. There are many changes being considered but nothing will be decided until the 2008 House of Delegates.

Some of the by-law changes that are on the table include:

1. Allow individual members to join ANA or their state organization directly. This would mean you could be an ANA member only or a SCNA member only.
2. Provide Organizational Affiliate status for LPN/LVN organizations and individual membership for LPNs/LVNs at the state level.
3. Establish a new category for Labor Organizations representing RN/LPN/LVN’s called a LABOR AFFILIATE. This Labor Affiliates will have vote only on nursing issues, not on dues/bylaws or officers/directors. Also, if affiliate has no RN representative, and only have voice, but no vote at House of Delegates. The Labor Affiliate must select member of ANA to serve as liaison to ANA Board for open sessions discussing nursing issues;
4. Establish a new category for WORKFORCE ADVOCACY AFFILIATE with same parameters as the Labor Affiliate. These are major changes. Your elected delegates have already begun to discuss and dissect these by-law changes but we do need to hear from you.

Your delegates are Judy Alexander, Susan Clark, Priscilla Carver Davis, Peggy Dulany, Ellen Riddle, Vicki Green and me. Please contact your delegates to learn more about these changes. Share your thoughts and concerns with us so that we can be informed of the impact of these changes on our state.
Judith Curfman Thompson, IOM
Executive Director and Lobbyist

It is a raw, rainy February, turning to March day as I sit writing this piece. Even though we have had some really warm weather and many of the early spring flowers have already peeked their heads out, today feels like winter. It is the kind of day that would be good for curling up with a wonderful book and a cup of hot tea. But, SCNA is too busy with a number of exciting projects and doing the work of the organization for that to take place.

SCNA was one of a group of hosts of a very successful breakfast meeting for members of the General Assembly to show our support for the inclusion of more money in the SC budget to support the Critical Nurses Needs Initiative, especially to support money for faculty salaries. The turn out from SCNA was excellent, and I truly thank all of you who took time to join us and to talk with the members of the General Assembly who attended. Of really special note was the work done by the various colleges and universities that took part. Not only did they have good faculty presence, but they brought with them students who were well prepared to talk with the legislators as well. One group was so good that I recommended extra credit to the Dean!

There is also much going on at the national level of your organization. ANA is preparing to hold the biennial House of Delegates. As a part of this, a wide variety of proposed Bylaw changes are wending their way through the process that will end up on the floor of the House in June. There are quite a few major changes proposed and your SCNA Delegation, both Delegates and Alternates, have been reviewing the proposals to date. The April Board of Directors meeting for SCNA will also be spending some time looking at the proposals. Coincidental with all of these Bylaws proposals are the expiration of the agreements between ANA and the two AOMs of the organization. The agreements that designate the two current AOMs as, The Center for American Nurses and The United American Nurses, will both expire at the end of the day on June 30, 2008. Work has begun to discuss the future of the Center in relationship to ANA and other interesting ideas for the future. Stay tuned, it promises to be an exciting and fascinating time.

May brings the traditional celebration of Nurses Week! I hope that for each of you it will be a time to reflect on the reasons why you chose nursing, and to truly understand your great importance and value to the delivery of healthcare in our nation and the entire world. I hope it will also be a time to celebrate your own personal joy at being a nurse. HAPPY NURSES WEEK!
Rumor Control—Letter to the Editor

There appears to be an unfounded rumor going around the state that the MUSC College of Nursing is closing its baccalaureate program. Nothing could be further from the truth! In fact, applications are at an all time high and we are fully committed to continue offering our 16-month accelerated BSN program- enrolling a new cohort of 50 students each fall and spring semesters. We are now accepting applications for our January 2009 class.

We also are accepting applications for 5 of our masters degree programs- Adult Nurse Practitioner, Family Nurse Practitioner, Pediatric Nurse Practitioner, Nurse Administrator (online) and Nurse Educator (online) for fall 2009 admission. In addition, applications are being accepted for our online PhD in Nursing program.

One change to our curriculum that we are currently pursuing is the development of a Doctor of Nursing Practice (DNP) degree program. We have submitted a proposal to the Commission on Higher Education and we should know later this year if they program will be approved.

If you have any questions about the programs we offer, please visit our website at www.musc.edu/nursing or call (843) 792-8515.

Gail W. Stuart, PhD, APRN, BC, FAAN
Dean and Professor
College of Nursing
Medical University of South Carolina

PMH Chapter Report

Peggy Dulaney-
Chapter Chair

Do you have an interest in psychiatric-mental health nursing? We would love to have you as a member of the PMH Chapter !!

The PMH Chapter held a very interesting workshop on Feb. 16th on "Psychiatric-Mental Health Nursing During Disasters and Emergencies." Barbara Bartham and Kathy Head did an outstanding job of sharing their expertise in this area. The participants agreed that mental health services are crucial during emergencies and disasters large and small. We had some very interesting discussion around the multitude of issues involved in providing needed services in difficult situations. A list of very helpful resources pertaining to disasters was shared with the group. You can find this list following this article.

The Chapter also voted to proceed with a project to help better inform nurses in SC about how to conduct a suicide risk assessment. Dr. Jan Grossman from MUSC is collaborating with the Chapter to develop a tool that can be made available to nurses in a variety of practice settings. Stay tuned for more information to come on this exciting project.

The Chapter will also be electing two members at large and a chairperson during the next SCNA election cycle. Nominations are due to SCNA by May 1st. Any chapter member may self-nominate for any of these positions, or you may nominate someone else who is a chapter member, with their consent.

The PMH Chapter is eager to provide a forum for PMH nurses and others interested in the specialty to learn, share, and work together to improve the practice of nursing.

Piedmont Chapter Report

Ellen Duncan-
Chapter Chair

Members of the Piedmont District Chapter held their annual meeting at the SCNA Convention on September 14th in Columbia. The Convention was an informative and entertaining event where participants met the nursing leaders—the shakers and movers—from all parts of the US. Our own, Pauline Scott, was recognized for naming the walkway in front of the SCNA building. Another of our members, Nelda Hope, won a beautiful quilt from one of the drawing from the SCNA Scholarship Foundation.

Ava Pridemore, another member, presented one of the continuing educational workshops on “Attaining Magnet Status.”

We had our annual workshop, Pulmonary Management Symposium, in October with wonderful speakers and great attendance. Everyone seemed to enjoy the massages, information, and handouts from the vendors that participated in the workshop. The Chapter has sponsored a workshop for the past seventeen years and, with the profit, we provide funding for a scholarship of $500.00 to a nursing student attending USC Upstate. Pauline Scott was recently invited to a luncheon sponsored by USC Upstate Foundation to meet with past recipients of the scholarships.

Piedmont District Chapter will again provide for the needs of a family for our Christmas project. Norma Gaffney, one of our devoted Chapter members, takes much delight in selecting and wrapping the presents to be distributed.

Our Chapter continues to support the St. Luke’s Free Clinic located in Spartanburg that attends the needs of adults and children who have little or no insurance with the annual donation of $250.00.

The Piedmont District Chapter would like to invite any SCNA member to join our Chapter. For more information, please contact, Ellen Duncan, email: eduncan@srhs.com.
NEONATAL OPTIONS

March 1, 2008

Babies are admitted to a Neonatal Intensive Care Unit (NICU) for a variety of reasons such as prematurity, fetal or maternal distress, and congenital anomalies. The needs of these babies post-discharge may include developmental issues such as delays in growth or mental abilities, and delays in motor development. A pediatrician experienced with the needs of a NICU graduate’s specific needs should be engaged prior to the discharge of the baby. Besides usual baby discharge instruction for the parents or caregiver(s), depending on the needs of the baby, referrals may be made to outside agencies that are able to provide follow-up medical care of the NICU graduate. Possible referrals may include the use of physical therapy, speech therapy, pediatric urologist, pediatric neurologist, pediatric cardiologist, pediatric gastroenterologist, pediatric surgeon, pediatric plastic surgeon, pediatric otolaryngologist, pediatric orthopedist, and pediatric ophthalmologist.

NICU’s Within the Midlands of South Carolina

The Department of Health and Environmental Control of South Carolina (DHESC) licenses neonatal intensive care units (NICU’s). Based on the criteria of the infant, the following table depicts area hospitals level of care offered for an infant born in the Midlands of South Carolina.

NICU Designs

NICU room designs have undergone changes over the years. The majority of NICU’s still currently feature an open floor plan concept with several patients positioned in one room. “Designing a neonatal intensive care unit requires consideration of three user groups with very different needs: infants, families, and staff” (Marshall-Baker, n.d., ¶ 1). Palmetto Health Richland features six full-sized rooms (called “pods”) that house nine patients per room, with a smaller annex pod that houses 18 patients, and a step-down NICU II, which has the capacity to house eight intermediate patients. Palmetto Health Baptist is currently undergoing construction of a new state of the art NICU in South Carolina: private patient rooms. The new NICU has a target completion date of Summer 2008, which will allow a more family-centered care environment. This single room concept will allow for the promotion of parent involvement of infant care and better prepare the families for their baby’s discharge. In addition, parents experiencing multiple births will be able to full participate in multiples medical care concomitantly. With an increased focus of decreasing infection among patients, “isolating neonates from each other and from outside sources of infections has proven to be most effective for infection control in NICUs” (Mathur, 2008, ¶ 10).

Conclusion

Although there are options within the Midlands for different types of environments for parents of a critically ill infant, the actual medical conditions of the NICU baby directly dictate the post-NICU discharge needs of the infant. A neonatologist will determine the ancillary services a baby will require upon discharge. A pediatrician experienced and comfortable with providing the specific needs of a NICU graduate will orchestrate the care of the baby’s needs. In conjuncture of encouraging parents and supportive medical resources for the NICU graduate, a healthier outcome for these NICU babies may be achieved.

References


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### NEONATAL OPTIONS

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SC DHEC Regulations 61-16, Section 607 (Palmetto Health, 2006)

(Continued on page 7)
APRN Spring Conference  
(Continued from page 6)

APRNs SAVE THE DATE

15th Annual Fall Pharmacology in Advanced Practice Conference  
In Myrtle Beach, SC at the Kingston Plantation- Brighton Tower

October 9-11, 2008

Be sure to mark your calendars for this event. Meeting agenda, registration, and costs will be posted on the APRN Chapter’s website as soon as they are available  
http://www.scnurses.org/aprn-chapter.html

Check out the website to see how to have your conference fees waived.

Chapter members are welcome to attend the planning committee meetings for this event. -May 31st, June 28th, August 23rd, September 27th. All meetings take place at the SCNA office in Columbia. Meetings are from 10:00AM- Noon.
we celebrate with you. A great honor.” SCNA agrees with President Patton and the profession of nursing and to congratulate you on this recognition. Therefore, it is a district pleasure, on behalf of ANA national awards have always represented the highest honor in the profession. ANA’s President, President Patton says “Recipients of the ANA awards program have been recognized for their extraordinary contributions to nursing and to the health care profession. This year’s honorees exemplify the excellence and dedication that define our profession.”

On Thursday, June 26, 2008 during the ANA House of Delegates meeting, the 2008 Hildegard Peplau Award was presented to Dr. Dorothy Fallon, Bluffton University. Dr. Fallon is a well-respected and accomplished nurse who has made significant contributions to nursing education and research. She has been selected by the ANA Board of Directors to receive the 2008 Hildegard Peplau Award. The award will be presented to her during the ANA House of Delegates meeting.

The award is named after Dr. Hildegard Peplau, a renowned nurse who was the first woman to receive a doctorate in nursing from Teachers College, Columbia University. Dr. Peplau is best known for her work in psychiatric nursing and for her contributions to the field of nursing education. She is a trailblazer for women in nursing and a mentor to many nurses.

The following nurses were also honored for their contributions to nursing:

- Dorothy Fallon, Bluffton University
- Ellen Erich, Mt. Pleasant
- Lucyanna Easler, Rock Hill
- Nancy Durham, Inman
- Carlotta Davis, Lexington
- Donna Crocker, Chapin
- Kathryn Crowder, Charleston
- Carlotta Davis, Lexington
- Nancy Durham, Inman
- Lucinda Easley, Rock Hill
- Ellen Eich, Mt. Pleasant
- Dorothy Fallon, Bluffton
- Colleen Farley, Myrtle Beach
- Carol Ferrence, Hartsville
- Emma Finkner, Columbia
- Jackie Gillespie, Seneca
- Laura Glaser, Mt. Pleasant
- Lynn Goins, Hilton Head Island
- Carol Golden
- Travelers Rest
- Kim Gowen
- Clemson
- Tracie Green
- Lexington
- Wendy Green
- Charleston
- Stanley Harris, Orangeburg
- Jennifer Henderson, Lexington
- Margaret Hope, Murrells Inlet
- Shirley James, Myrtle Beach
- Deborah Jenkins, Greenville
- Cynthia Karnasun, Greenville
- Shelley Knut, West Columbia
- Karin Krausig, Inman
- Tara Lafrage, Lexington
- Susan Lanier, Greenville
- Linda Latchaw, Simpsonville
- Amanda Seymour, Columbia
- Kathleen Leary, Gilbert
- Cynthia MacDonald, Summerville
- Patricia Marley, West Columbia
- Brian McCormick, Seneca
- Eric McFarland, Columbia
- Crystal McGee, Columbia
- Karen McKown, Cayce
- Sheryl Montgomery, Columbia
- Debra Moynihan, MURRELLS INLET
- Debra Nelson, Columbia
- Paula Parnell, Fort Mill
- LATONYA PEEPLES, Orangeburg
- Dawn Pender, Blythewood
- Emily Peralta, Andrews
- Charlene Pontevedra, North Charleston
- Diane Razo, Mt. Pleasant
- Susan Redmond, Wallace
- Gretchen Reibold, Lexington
- Carolyn Rogers, Benetworthy
- Kelly Scarbrough, Charleston
- Amanda Seymour, Columbia
- Jill Simpson, Rock Hill
- Patricia P. Smith, St Matthews
- Wilma Spencer, Calabash
- Barbara Steadman, Varner
- Cheryl Thomas, Columbia
- Judy Thom, Moore
- Aletha Thompson, Boiling Springs
- Susan Thrower, Columbia
- Willie Mae Trapp, Columbia
- Staci Vesper-Rampey, Clover
- Pamela Vess, Easley
- Carroll Walton, Greenville
- Katherine Waddell, Charleston
- Lex Webb, Blythewood
- Mary Webb, Elgin
- Mary White, Abbeville
- Jessica Wilkes, Eastover
- Nitzi Zalaz, Simpsonville
- Patricia Zeigler, Lexington

_In The News:_

New and Returning Members Report

Welcome to SCNA

I would like to be an active member of the following structural unit(s). Please number in order of preference if more than one unit is checked as an area of practice. I understand that all chapters are open to membership, and all committees are either appointed or elected as per the SCNA bylaws.

**COMMISSION ON CHAPTERS**
- Appalachia (Greenville, Anderson, Pickens, and Oconee Counties)
- Piedmont (Spartanburg, Cherokee, Union, and York Counties)
- Commission on Public Health Chapter
- Community and Public Health Chapter
- Nurse Educator Chapter
- Psychiatric/Mental Health Chapter
- Women and Children’s Health Chapter
- SC Nurse Editorial Board
- Media/Public Relations Committee
- Information Management Committee
- Membership/Communications Committee
- Legislative Committee
- Finance Committee
- Bylaws Committee
- Reference Committee
- Ethics Committee
- Awards Committee
- Convention Committee
- Professional Practice Advocacy Committee
- Peer Assistance Program Committee
- Continuing Education Provider Committee
- CE Offerings Committee

**2008 OFFICERS TO BE ELECTED**
- President
- Treasurer
- Commission Chair-SCNA Chapters
- Director Seat 1
- Nomination Committee
- ANA Delegate
- CAN Delegate
- Convention Committee
- Finance Committee
- Bylaws Committee
- Reference Committee
- Ethics Committee
- Awards Committee
- Convention Committee

**COMMITTEES APPOINTED BY THE BOARD**
- Finance Committee
- Bylaws Committee
- Reference Committee
- Ethics Committee
- Awards Committee
- Convention Committee

**COMMISSION ON MARKETING AND COMMUNICATIONS**
- Education (circle highest level attained) A.D., Diploma, B.S.N., M.S.N., Ph.D, Other Masters
- Other Doctorate

List any past SCNA Activities:

List any past Chapter Activities:

**IF APPOINTED, I CONSENT-TO-PARTICIPATE ON ANY OF THE COMMITTEES/CHAPTERS INDICATED ABOVE. I REALIZE MY CONSENT INCLUDED THE OBLIGATION TO ATTEND THE MEETINGS AND PARTICIPATE ACTIVELY AS A COMMITTEE MEMBER.**

**DATE**

**SIGNATURE**

8/2007
### SCNA Official Call for Resolutions: All You Need to Know

**Call for Resolutions**

Any SCNA member may research, write and submit resolutions for consideration by the 2008 SCNA Annual Meeting. Resolutions should be submitted in form for printing to the Reference Committee through SCNA at 1821 Gadsden St., Columbia, SC 29201. Resolutions are due by May 1, 2008.

**What is a Resolution?**

A resolution is a motion or call for action in formal writing on a subject of great importance. It often serves to establish the position of SCNA on matters of national or statewide significance which affects nurses, nursing, and the health needs of the public. Resolutions may be sent to other organizations, governmental bodies, and agencies, as well as individuals of state or national prominence. Presentation and voting on resolutions is one of the most important functions of the Annual Meeting.

**What are the classifications of Resolutions?**

Resolutions shall be classified as follows:

1. **Substantive Resolutions**
   - Resolutions which deal with basic principles and policies of the Association, or with issues of statewide concern to nurses as practitioners and citizens.

2. **Courtesy Resolutions**
   - Resolutions which give recognition to outstanding persons who have made especially valuable contributions to the Association or to the nursing profession.

3. **Commemorative Resolutions**
   - Resolutions which deal with the commemoration of important events or developments in nursing, in allied professions, or in government.

4. **Emergency Resolutions**
   - Resolutions which have significance for the Association which require immediate action.

### APPLICATION FOR MEMBERSHIP IN SOUTH CAROLINA NURSES ASSOCIATION, A CONSTITUENT MEMBER OF THE AMERICAN NURSES ASSOCIATION

* as of January 2008 new ANA cost of living increase

**Last Name/First Name/Middle Initial**

**Name**

**Graduation: Month and Year**

**RN License Number and Date of Original Licensure**

**State Licensed in**

**City, State and Zip Code**

**Street or PO Box**

**Home Phone**

**Work Phone**

**Fax**

**Employer Name**

**Visa/Master Card Number**

**Expiration Date**

**Signature**

**Payment Plan:**

- **Full Annual Payment**
- **Bank Card**

**Electronic Dues Payment Plan (EDPP)**

- *Read, sign the authorization and enclose a check for the first month's payment of $22.50-Full,* $11.51-Reduced or $6.01-Special. This amount will be drawn from your checking account each month. An annual service fee is included in the monthly payments. AUTHORIZATION: in order to provide for convenient monthly payments to American Nurses Assn, Inc (ANA): (1) This is to authorize ANA to withdraw 1/12 of my annual dues from my checking account each month on or after the 15th day of each month; (2) which is designated and maintained as shown by the enclosed check for the first months payment; (3) ANA is authorized to change the amount by giving the undersigned 30 days notice; (4) the undersigned may cancel this authorization upon receipt by ANA of written notification of termination 20 days prior to deduction date as designated above.***

**Signature for EDPP Authorization**

**Membership Dues Information**

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<td>Employed or Part-time</td>
<td>*RNs not employed; *RNs in full time Study; *Graduates of basic nursing programs for a first year of membership within 6 months following graduation; *RNs 62 years of age or older who are not earning more than social security allows without a loss of social security payments</td>
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<td>Special Membership Dues ($66.00)</td>
<td>*62 years of age or over and not employed; *Totally disabled *Past NSNA/SNA-SC Members within 6 months of licensure NSNA/SNA Member # Date of Original Licensure</td>
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**Make check payable to:**

American Nurses Association

**Mail payment to:**

South Carolina Nurses Association

1821 Gadsden Street

Columbia, SC 29201

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### Submission of Resolutions

Resolutions submitted on or before the May 1, 2008 deadline will be published in the SCNA Book of Reports for distribution at the SCNA 2008 Annual Meeting. Resolutions may be submitted after this deadline but will not be able to be published in the SCNA Book of Reports. These unpublished resolutions must first receive a majority vote of the members to be considered at the SCNA Annual Meeting and then receive a three-fourths vote to be adopted.

Resolutions which have as their focus the complimenting, recognition or appreciation of person(s) by SCNA (courtesy resolutions) are constructed in the same way as other resolutions, but are not published in the South Carolina Nurse and are not discussed at the resolutions forum.

At the 2008 Annual Meeting, all resolutions on the agenda may be presented and discussed at a resolutions hearing. This hearing is a preliminary forum for resolutions in which the submitters and the delegates freely discuss the resolutions to clarify and resolve issues, as well as propose alternatives if appropriate. Editorial changes are often made in the resolution hearing. These changes automatically become a part of the resolution when it is presented to the SCNA members at the Annual Meeting.

### How is a Resolution Composed?

Resolutions are composed of two parts the "whereas" section and the "resolved" section. The first section, the "whereas" section, consists of a series of single item factual statements which, when taken as an entire group, provides the background to the subject matter of the resolution. These statements usually begin with a very general "whereas" (e.g., whereas, nursing education in S.C. has become nationally recognized) and proceeds specifically to provide the facts of the subject matter (e.g., whereas, there are associate degrees and baccalaureate programs in S.C.).

The "resolved" section, although extremely important in providing the information necessary for the delegate to be knowledgeable about the issue at hand, is not voted on in a resolution. These statements are not debatable and are addressed only if incorrect or in need of editorial changes. The real action parts of a resolution are aptly termed the "resolves." "Resolves" are recommended by the submitters of the resolution. It is in these statements that the specific activities mandated are identified and, if necessary, explained.

"Resolves" are the statements of position by the association and are the actions by which the intended result will be obtained. Vague or ambiguous wording should be avoided. Words such as encourage, facilitate, and prompt, should be avoided and words such as reject, accept, support, or endorse should be used.

If the action deemed appropriate for a resolution includes sending the resolution to interested, affected, or involved persons, then the final resolve should name those persons to whom copies of the resolution should be sent after its acceptance.

The resolves section, if made up of more than one resolve, may either be voted on in a single motion or voted on resolve by resolve, each as a separate motion. This usually occurs when the resolves are varied in their intent or direction, and should, therefore, be a consideration of the resolution writers.

### 2008 Official Call for Suggested SCNA Bylaw Revisions

Please consider this the official call for any suggested SCNA bylaw revisions for consideration at the 2008 SCNA Annual Meeting. A full set of current SCNA Bylaws can be obtained via the SCNA web site at www.scnurses.org. All proposed revisions must be submitted to SCNA by May 1, 2008. Please forward to: SCNA-Bylaws Committee 1821 Gadsden Street Columbia, SC 29201 FAX (803) 252-4781
Call for Nominations 2008

The SCNA Nominating Committee has called for member suggestions for the 2008 election. In 2008, members will elect:

- President (1)
- Treasurer (1)
- Director, Seat 1 (1)
- Chair, Commission on SCNA Chapters (1)
- Nominating Committee (5)
- ANA Delegates
- CAN Delegates (2)

Current Officers and eligibility to run again:
- President Gwen Davis (not eligible served maximum terms)
- Treasurer Susan Clark (eligible)
- Chair, Commission SCNA Chapter Vickie Green (eligible)
- Nominating Committee Members
  - Jane Lankford (eligible)
  - Pat Hickey (eligible)
  - Cynthia Williams (eligible)
  - Mary Wessinger (eligible)
  - De Anna Cox (eligible)

SCNA Chapters will also hold elections for the first time for:
- Chairpersons
- 2 Members At Large

These offices will appear with the SCNA Ballot, and will be sent with the SCNA Ballots to those SCNA members who are also signed up as SCNA Chapter members. Nominations may be submitted at the same time as nominations for SCNA officers. All nominations are due to SCNA by April 15, 2008.

Please use this form and send your nominations to:
Jane Lankford, Chair
SCNA Nominating Committee
1821 Gadsden St.
Columbia, SC 29201

Both the nominator and nominee for the SCNA 2008 elections must be SCNA members in good standing. Call SCNA at 803-252-4781 if you would like more information on any of these positions.

NOMINATING FORM: ELECTION 2008

President: ____________________________________________

Treasurer: ____________________________________________

Director, Seat 1: ______________________________________

Chair, Commission on SCNA Chapters: ____________________

Nominating Committee: _________________________________

____________________ Chapter of SCNA Chairperson: 

____________________ Chapter of SCNA Member of Large: 

Return to SCNA no later than April 15, 2008.

Nominators and Nominees must be SCNA members in good standing

RETURN TO:
SCNA
1821 Gadsden Street
Columbia, SC 29201
Palmetto Gold 2008

As this article is being written, we are eagerly anticipating the seventh annual gala of the Palmetto Gold Nurse Recognition and Scholarship Program. The Gala, which will feature the Palmetto Gold award recipients and scholarship recipients is being held at Scowell’s Banquet and Reception Center in Columbia on April 19, 2008. The gala honors 100 nurses who have been chosen for their excellence in nursing practice and their commitment and dedication to the profession of nursing.

The Gala honors 100 registered nurses who have been chosen for their excellence in nursing practice and their commitment and dedication to the profession of nursing.

Many thanks go to all contributors, sponsors, and supporters of the Palmetto Gold Nurse Recognition and Scholarship Program.

The Gala raises funds to support the Palmetto Gold Scholarship Program. The net proceeds from the gala are used to fund a $1000 scholarship for each Palmetto Gold award recipient.

Also, we salute the Palmetto Gold Scholarship recipients for 2008!

We salute the 100 Palmetto Gold Award recipients for 2008! We are very proud of each of you.

Congratulations to both the award recipients and the scholarship recipients for 2008! We are very proud of each of you.

If you would like more information about the Palmetto Gold Nurse Recognition and Scholarship Program, please send an e-mail to Karen Brown at Brownk1@aol.com.

Time with the SCNF Foundation

To register go to the SCNF website (www.scnursesfoundation.org) and follow the links to send us your tax-deductible check.

Congratulations to both the award recipients and the scholarship recipients for 2008! We are very proud of each of you.

If you would like information regarding future Palmetto Gold activities, see our website at www.scpalmettogold.org.

Contributions in support of the Palmetto Gold Nurse Recognition and Scholarship Program can be made by sending a check to South Carolina Nurses Foundation (SCNF), Palmetto Gold; 1821 Gadsden Street; Columbia, SC 29201 or donate online at www.scnursesfoundation.org. We are still hoping that every nurse will “give us a minute” and impact the nursing shortage and allow the Foundation to expand the scholarship programs and awards!

SCNF is the only 501-C-3 Foundation in the state with the mission and purpose of advancing the profession of nursing through scholarships, awards and programs of excellence. The Foundation is not a membership organization, relying strictly on tax-deductible donations.

The Foundation's Board of Trustees is a voluntary board comprised of non-nurse and nurse members representing a broad spectrum of nursing education and practice and different regions of South Carolina. Less than 3% of the Foundation’s assets are used for operational expenses. All other funds are utilized to fund nursing scholarships and awards or invested in endowments to perpetuate the awards.

Nurses Care License Plates

Congratulations to Marla Rogers, RN of Batesburg, SC, this quarter’s winner of the $100 U.S. Savings Bond. Do you have a Nurses Care license plate? If so, please register so that you can be eligible to be next quarter’s winner (if you have already registered, there is no need to do this again).

To register go to the SCNF website (www.scnursesfoundation.org) and follow the links to send us your license plate number. For questions or problems registering, please send an e-mail to Karen Brown at Brownk1@aol.com. Thank you for your support and good luck!

While we are on the topic of license plates, these make an excellent graduation present. Please consider purchasing one for your May nursing program graduate.

Scholarships and Awards Available

The South Carolina Nurses Foundation is pleased to announce the following scholarships and awards that will be distributed during 2008. Applications for most of the scholarships may be obtained from the South Carolina Nurses Foundation (SCNF) and are available online at www.scnursesfoundation.org.
scholarships and awards were sent to nursing programs in the state in January 2008 with the postmark deadline of May 15, 2008. Award criteria and applications are also available for download on the Foundation’s website (www.scnursesfoundation.org).

Scholarships
• Appalachia Chapter Scholarship—One $500 scholarship will be awarded to a permanent resident of Greenville, Pickens, Anderson or Oconee counties who is enrolled and in good standing in an undergraduate registered nurse or graduate nursing program.
• Evelyn J. Entrekin Scholarship—A $750 scholarship is awarded to an undergraduate student enrolled in a baccalaureate nursing program.
• Mary Ellen Hatfield School Nurse Scholarships—A $500 scholarship is presented to an RN or LPN in a school nurse role, who is continuing his/her nursing education. The award is presented by the SC School Nurse Coordinating Committee during the annual School Nurse Conference.
• Nurses Care Scholarships—Four $1000 scholarships will be awarded from proceeds from the sale of Nurses Care License plates. Two of these scholarships are awarded to undergraduate nursing students and two are awarded to graduate students.
• Palmetto Gold Nursing Scholarships—Twenty-four $1000 scholarships are awarded each year, one for each approved registered nursing program in the state. Nominations are made by each school of nursing based on the scholarship criteria. In addition, the Renatta S. Loquist Graduate Nursing Scholarship is awarded.
• Virginia C. Phillips—Two $1000 scholarships are presented based on criteria established by the public health nursing membership. The awards are presented at the discretion of the South Carolina Department of Health and Environmental Control Office of Nursing.

Ruth A. Nicholson Research Award
A $1000 award is available to encourage and support nursing research through recognition of new or experienced nurse researchers. The award will be made by September 2008.

Healthy Community Grants
The amount for the Health Community grant will be determined by the Board in 2008. The purpose of the grant is to encourage and support nursing participation in health promotion related projects and/or disease prevention within the community. The successful recipient must demonstrate collaboration with a community group or organization, be led by a licensed registered nurse, and have a specific timeline for completion. The award will be presented in Fall 2008.

For questions about the scholarships and awards, please visit the South Carolina Nurses Foundation website at www.scnursesfoundation.org.

Foundation Continues...
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<tr>
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## List of CE Activities Approved
### From April 2006 to Present

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<td>Carolina Forensic Nurse Consultants</td>
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<tr>
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<td>SC Medical Directors Association State Chapter Meeting: Best Practices in Long Term Care</td>
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<td>0606-008AA</td>
<td>South Atlantic Society of Electrophysiology for Allied Professionals Twelfth Annual Workshop</td>
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<tr>
<td>0608-010AA</td>
<td>Spanish for Healthcare Providers</td>
<td>Aiken Technical College</td>
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<tr>
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<td>Clinical Challenges in Geriatrics: 2006</td>
<td>So. Carolina Geriatrics Society</td>
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<td>0608-015AA</td>
<td>Pediatric Sexual Assault: Acute Medical and Forensic Evaluations</td>
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<td>0609-018AA</td>
<td>Breast Health Navigator Symposium</td>
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<td>Pharmacology and Late-Life Mental Illness</td>
<td>American Association for Geriatric Psychiatry</td>
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<td>0612-027AA</td>
<td>Health Choices for Successful Futures</td>
<td>Heritage Services</td>
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<td>0612-028AA</td>
<td>IV Therapy for Healthcare Professionals</td>
<td>Aiken Technical College</td>
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<td>Comprehensive Wound Assessment &amp; Debridement Principles</td>
<td>Motivations In</td>
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<td>0612-030AA</td>
<td>Our Journey of Hope</td>
<td>East Lake Community Church</td>
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<td>0612-031AA</td>
<td>Mattresses, Seat Cushions and Proper Positioning: How to Choose and How to Use</td>
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<td>Carolinas Association of Neonatal Nurse Practitioners</td>
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<td>Physician Perspective on Home Health Quality Improvement</td>
<td>Interim Healthcare of Greenville</td>
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<td>Respiratory Illness &amp; Treatment Update</td>
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<td>The Critical Nature of Hypertensive Management</td>
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<td>Diabetes Management Utilizing Insulin</td>
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**List of CE Activities Approved**  
(Continued from page 14)

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<td>The Challenge of Alzheimer’s Disease</td>
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<td>New Injectable Options for Glycemic Control</td>
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<td>0703-016AA</td>
<td>Management Strategies of Bipolar Disease</td>
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<td>Crucial Risk Factor Modification: Smoking Cessation</td>
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<td>0703-018AA</td>
<td>Inhaled Insulin: The Latest in Diabetes Management</td>
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<td>Treatment Options for Vertebral Compression Fractures</td>
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<td>13th Annual SCPSAC Colloquium</td>
<td>SC Prof. Society on the Abuse of Children</td>
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<td>Update on the Treatment of Anaphylaxis; New Advances in the Treatment of Hypertension</td>
<td>Lowcountry Advanced Practice Nurses</td>
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<td>Post Traumatic Stress Disorder: Impact on Patient, Family &amp; Friend</td>
<td>Dorn VAMC</td>
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<td>Nurses Role in the Genomic Revolution: Clemson University meets the Challenge</td>
<td>Clemson University, School of Nursing</td>
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<td>Caring for Victims of Domestic Violence: Front Line Advocacy for Healthcare Professionals</td>
<td>SCCADVASA</td>
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<td>Health Choices for Successful Futures</td>
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<td>Living in the Shadows of the Ghosts of Grief</td>
<td>Thomas McAfee Funeral Homes</td>
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<td>Breast Care: The Front Line Challenge of Patient Navigation</td>
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<td>Pharmacology Fundamentals for Allied Health Professionals</td>
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The Center for American Nurses Calls for an End to Lateral Violence and Bullying in Nursing Work Environments

New position statement offers information and recommended strategies

Silver Spring, MD—February 27, 2008—Research has consistently shown an unacceptable level of violence in the workplaces of registered nurses (RNs). The sources of this violence include patients and their significant others, physicians, other healthcare personnel, and—perhaps most disconcerting—other RNs. Lateral violence and bullying specifically have been extensively reported and documented among healthcare professionals, with serious negative outcomes for registered nurses, their patients, and healthcare employers.

It is the position of the Center for American Nurses that there is no place in a professional practice environment for lateral violence and bullying among nurses or between healthcare professionals. All healthcare organizations should implement a zero tolerance policy related to disruptive behavior, including a professional code of conduct and educational and behavioral interventions to assist nurses in addressing disruptive behavior.

Background

Lateral violence (also known as horizontal violence, horizontal hostility, and intergroup conflict) is a specific type of violence that occurs between individuals at the same level of the organizational hierarchy. In nursing, it is nurse-to-nurse aggression. Lateral violence may be verbal or non-verbal and either overt or covert. The most common forms of lateral violence include non-verbal innuendo, verbal affront, undermining, withholding information, sabotage, infighting, scapegoating, backstabbing, failure to respect privacy, and broken confidences.

Bullying is generally associated with individuals at different levels of power and authority, but can also occur between nurses-to-nurse. Examples of bullying include undermining an individual’s right to dignity at work, humiliation, intimidation, verbal abuse, victimization, exclusion and isolation; intrusion by pestering, spying, and stalking; repeated unreasonable assignments to duties which are obviously unfavorable to one individual; repeated requests giving impossible deadlines or impossible tasks; and implied threats.

“Lateral violence and bullying have profound and measurable negative effects on nurses, healthcare organizations, and patients,” said Carrie Houser James, MSN, RN, CNA, BC, CCE, President of the Center for American Nurses. “The Joint Commission has recognized the negative effects of disruptive behavior on staff morale and turnover as well as on patient care and has proposed new standards for 2009 that will require organizations to have a code of conduct that defines disruptive and inappropriate behaviors and require a process for dealing with them. We applaud The Joint Commission for this effort and support the proposed standards.”

Lateral violence and bullying affect the nurse as an individual, the nurse’s colleagues, and ultimately patient care. Nurses who are the target of the violence and bullying as well as their colleagues may experience decreased job satisfaction, increased stress, and both physical and psychological effects. This can lead to negative outcomes for organizations including increased absenteeism and turnover. The problem of lateral violence and bullying is broad reaching and has clear implications in the current and future projected shortage of nurses, as well as the safety and quality of patient care.

Solutions

The Center for American Nurses has adopted a position statement which includes recommended strategies that nurses, employers/organizations, continuing education and academic programs, and nursing researchers can employ to eliminate lateral violence and bullying. A template for a zero tolerance policy and procedures has been developed as a part of the position statement.

“Zero tolerance must become a reality,” said Dennis Sherrod, EdD, RN, President-Elect of the Center for American Nurses. “This issue demands the immediate attention of every healthcare organization and every nurse.”


We wanted to let you know about an exciting opportunity to promote advance care planning in your community and state...April 16, 2008 has been designated a National Healthcare Decisions Day! The National Healthcare Decisions Day Initiative is a collaborative effort of national, state and community organizations committed to ensuring that all adults with decision-making capacity in the United States have the information and opportunity to communicate and document their healthcare decisions. For more information, visit www.nationalhealthcaredecisionsday.org.

ANA is proudly participating in this event along with a broad array of other organizations. We hope that you will participate with us to raise awareness about these important issues across the country.

Please know that you need not change what you are already doing to educate the public about advance healthcare decision-making and advance directives—instead, you are simply encouraged to make a “bigger splash” in your community/state regarding the topic on April 16, 2008. To assist in this effort, outreach materials are being developed and will be made available on the Website. A variety of ideas for events and activities can be found on the website under “Organize Your Community” http://www.nationalhealthcaredecisionsday.org/akeaction/organize_community/ This is a wonderful opportunity to work collaboratively with other healthcare organizations and a great chance to gain increased recognition for your organization.
ANCC Accredited Nursing Skills Competency Program

WELCOME

The ANCC Accreditation Program is excited to announce the addition of the brand new Nursing Skills Competency Program. This new initiative awards accreditation to an educational course that meets ANCC Accreditation Program criteria for the design and implementation of a course that yields or validates a skill or skill set.

The application may be accessed online at http://www.nursecredentialing.org/accred/competency/application.htm

Anticipated questions:

Q. Practically speaking, what are the differences between ANCC-accredited continuing nursing education and an ANCC-accredited nursing skills competency program?
A. Accreditation relative to continuing nursing education is awarded to an organization or entity that provides (or, in limited instances, that approves) continuing nursing education activities. ANCC Nursing Skills Competency Program accreditation is granted to an individual course, rather than the entity or organization providing the course. The accredited nursing skills competency course must be designed according to ANCC design criteria.

Design criteria for the ANCC Nursing Skills Competency Program include validity and reliability requirements, as well as requirements for observation of successful use of the skill or skill set in practice. Additionally, the qualifications of the speakers and mentors/overseers must be identified, and selection of those qualifications must be defended as part of the application process.

Q. How long is the accreditation of the nursing skills competency program in effect?
A. ANCC Nursing Skills Competency Program Accreditation is typically granted for two years, with the option to apply for renewal after the initial accreditation period.

Additional information may be found on the ANCC Accreditation Program web site at http://www.nursecredentialing.org/accred/competency/index.htm

Questions or comments should be directed to MaryMoon Allison at MaryMoon.Allison@ana.org or by telephone at 301.628.5261.

MaryMoon Allison, MHSE, BSN, RN, CAE
Director, Accreditation Program
American Nurses Credentialing Center

• Universities and schools of nursing. Demonstrate the skills of graduating nursing students. This is an excellent accreditation for simulation labs and nurse refresher courses.

Q. How does an organization apply?
A. An organization interested in obtaining ANCC Nursing Skills Competency Program Accreditation must complete an application describing its nursing education program assessment, planning, curriculum, teaching strategies, instructor qualifications, learning environment, and successful completion criteria.

The application may be accessed online at http://www.nursecredentialing.org/accred/competency/application.htm

The application is reviewed by a volunteer review panel consisting of education design experts and experts in the content and skill to be taught in each applicant program. Site visits are not required as part of the application process.

Q. Should any apply?
A. The ANCC Nursing Skills Competency Program is for any organization that offers high quality education programs for nurses, such as:

- Hospitals. Substantiate the skills of your nurses to accrediting bodies, third-party payers, and consumers.
- Manufacturers or distributors of commercial healthcare products. Communicate your commitment to not only sell products, but to ensure appropriate use by the healthcare provider.
- Specialty nursing organizations. Validate and communicate specialized nursing skills and competencies.
- State nurses associations. Enhance portability by demonstrating the nursing skills of your members through a nationally accredited course. Assist nurses entering your state to provide evidence of proficiency in the skills required by employers in your state.
- Temporary staffing agencies. Show customers that your nurses are competent in a variety of skills.

Safe Staffing

"Short Staffing is a common theme on my unit. We are compromising patient care. We have called our anonymous patient safety hot lines many times, and nothing happens... I am actually getting scared to go to work because I know there are times when my patient load is so heavy that I know I am compromising patient care. I feel like we are crying out for help, and there are no answers." – a staff nurse in a high risk L&D unit

We all know safe staffing is one of the most pressing issues currently facing the nursing profession. Nurses understand all too well that inadequate staffing poses serious threats to patient safety and quality care. And nurses know that staffing issues are becoming more serious in light of today’s nursing shortage and health care crisis.

Safe Staffing Saves Lives is a national campaign launched by the ANA to help fight for safe staffing legislation and educate nurses on the issue. A special website (www.safestaffingsaveslives.org) has been created to provide nurses the resources and tools to learn about safe staffing issues and become advocates for safe staffing legislation. This website includes research findings, legislative updates and a Safe Staffing Action Center for nurses to send a message to their members of Congress and share stories about workplace staffing conditions.

We need your help to make safe staffing a reality. Over the next several months, ANA will be sending you a series of easy-to-read emails that will discuss the many components of safe staffing and the actions you can take. We hope you will take the next important step by joining ANA—and if you have not considered joining recently take a look, there are several new ways to join! Together we can make a change.
They are as follows:

• Mary L. Behrens, FNP, RN, will receive the Barbara Thomason Curtis Award for significant contributions to nursing practice and health policy through political and legislative activity. An active political force in Wyoming since 1983, Behrens has served as Mayor of Casper, Wyoming, Natrona County Commissioner and Natrona County State Representative and demonstrated political activity that promotes the nursing profession in both political and health care arenas. Testifying at state, national and international venues on nursing and healthcare issues, she has lobbied extensively for issues including: seat belt safety, clean water, energy use, the “Handle With Care” campaign, FIT Testing, and mandatory overtime.

• Rachel E. Spector, PhD, MSN, BSN, will receive the Honoray Human Rights Award for distinguished contributions to both national and international service to the nursing profession. Known nationally and internationally as a nurse educator in palliative care nursing, Spector has steadfastly worked in multiple leadership roles with the Ohio Nurses Association and the American Nurses Association from 1988-1992. Joel remains actively engaged at all levels of the profession contributing to their mission as nurses and the profession in her state home of New Jersey.

• Marianne Matzo, PhD, APRN, BC-GNP, FAAN, will also receive the Honorary Recognition Award for distinguished national or international service to the nursing profession. The first thirty years he spent as a public health nurse in the state of Florida, Hogan is a “working supervisor,” providing direct care. As a public health nurse in the state of Florida, the citizens of Florida that she has chosen to protect. Her work clearly contributes to the field of psychiatric nursing. Hogan has devoted 35 years of her professional life to the furtherance of psychiatric nursing theory, research, education and practice. Her work clearly reflects her leadership in the field of Psychiatric Mental Health Nursing. She is one of the leading authors, innovators, and educators in this area. The first nurse in the U.S. to edit and write a book, “Effective Strategies For Teaching Evidence-Based Practice,” this book is being used by numerous faculty and hospitals across the country to teach nurses how to implement EBP so that a higher quality of care can be delivered and patient outcomes improved.

• Pamela Cipriano, PhD, RN, FAAN, will receive the Distinguished Humanitarian Award for distinguished contributions to nursing practice and health policy through political and legislative activity. An active political force in Florida since 1958. A nursing leader from 1979 – 1983, Joel has served as president of the New Jersey State Nurses Association, and the American Nurses Association from 1988-1992. Joel remains actively engaged at all levels of the profession contributing to their mission as nurses and the profession in her state home of New Jersey.

• Carolina Huerta, EdD, MSN, RN, will receive the Mary Mahoney Award for significant contributions to advancing equal opportunities in nursing for members of minority groups. Since 1972, Huerta has embraced the challenge of developing and implementing higher education programs in nursing that would enhance the professional health opportunities for the millions of residents living in Rio Grande Valley and South Texas. With her vision and leadership, she has acquired administrative and state resources in the area of South Texas, to offer baccalaureate and master’s nursing programs for the Mexican-American citizens at Pan American College (now University of Texas-Pan American [UTPA]).

• Joy F. Reed, EdD, MS, IBR, will receive the Pearl McVier Public Health Nurse Award for significant contributions to public health nursing. Reed served on the Standards Workgroup for the Exploring Accreditation Initiative funded by the Robert Wood Johnson Foundation and the Center for Disease Control and Prevention in 2005-2006 after serving as the Division of Public Health Nursing in establishing an accreditation system for local health departments in North Carolina. That system has been adopted by the North Carolina General Assembly and has received ongoing funding. Reed’s most recent work includes serving as chair of the ANA work group to revise the document, Public Health Nursing: Scope & Standards of Practice. The revised document was published in 2007 and is now being used in the revision of the American Nurses Credentialing Center’s work to revise the certification exam for the specialty.

• Rose Marie Martin, BSN, RN, OCN, will receive the Mary Ellen Patton Staff Nurse Leadership Award for significant contributions to the professional advancement of staff nurses and improvement of the general welfare of staff nurses. Very active in her local association, Martin has distinguished herself through serving in multiple leadership roles with the Ohio Nurses Association, as a board member and chairperson of the Economic & General Welfare Committee, and as a member of the State Board of Registration for Nursing. She also serves on the executive board of the Ohio AFL-CIO, as well as having served as president of her local unit (The Ohio State University Nurses Organization); she helped to write the local unit bylaws and articles of incorporation.

• Gail Stuart, PhD, APRN, BC, FAAN, will also receive the Hildegard Peplau Award for contributions to the profession of nursing. Stuart has devoted 35 years of her professional life to the furtherance of psychiatric nursing theory, research, education and practice. Her work clearly reflects her leadership in the field of Psychiatric Mental Health Nursing. She is one of the leading authors, innovators, and educators in this area. The first nurse in the U.S. to edit and write a book, “Effective Strategies For Teaching Evidence-Based Practice,” this book is being used by numerous faculty and hospitals across the country to teach nurses how to implement EBP so that a higher quality of care can be delivered and patient outcomes improved.
When the State Board Calls: Part I Guidance from Nurse Attorney, Latonia Denise Wright

Diane E. Scott, RN, MSN
Edition 20 December 2007

Every week, Latonia Denise Wright, R.N., B.S.N., J.D., is contacted by a nurse seeking advice about a letter or a phone call received from a State Board of Nursing or Attorney General’s Office investigator. The investigation often surrounds an allegation concerning an incident that may have occurred several months or years before the nurse is contacted.

As an attorney licensed in Ohio, Kentucky, and Indiana, Ms. Wright has often witnessed a nurse’s anxiety and panic surrounding State Board disciplinary investigations. We recently spoke with Ms. Wright, a former member of the Board of Directors of the Center for American Nurses, to help understand what to do when the State Board calls.

The Center: Why would a State Board investigate a nurse?

Ms. Wright: Many nurses may not fully realize that the role of any Board of Nursing is to protect the public from unsafe nursing care. The vast majority of nurses’ only interaction with their State Board is when they are first licensed and when it is time for their license renewal. It comes as a surprise for many nurses that their State Board of Nursing was not established to be the advocate and protector of nurses in their state, but to be guardians of the public.

The States Board of Nursing have the admirable, and often daunting task, of being entrusted to look after the public and have the responsibility to investigate the behavior of any nurse who may have allegedly violated the nurse practice act. While the process varies state-to-state, a State Board will investigate a nurse if the Board is informed of any potential violation of the statutes and regulations.

A nurse may be reported by the public, a peer or an employer. In fact, the majority of nurses practice in mandatory reporting states where employers are required to report suspected or alleged violations of the Nurse Practice Act and/or Board of Nursing regulations to the Board of Nursing.

The Center: When should a nurse contact an attorney?

Ms. Wright: While representing oneself is a nurse’s right in our justice system, it is difficult to maintain one’s composure, remain objective, and act in one’s own best interest at all times when proceeding as your own representative. Many times, a nurse will only seek legal representation after there has been irrevocable action against their license to practice or after the disciplinary investigation has gone off course.

If a nurse is reported to the State Board of Nursing or if an investigator calls them, it behooves them to consult with a nurse attorney who practices administrative law in their state before they provide the Board with any information via a phone interview, written statement or meet with an investigator.

Most nurses are so staggered by the initial phone call from the Board, that they do not fully comprehend the ramifications of their responses. Although the investigator’s conversations may be described as “routine” and may be rather short in length, a nurse still needs to be cautious of every response and can reserve the right to representation prior to answering any questions.

If a nurse has spoken with the state board without speaking to an attorney, it is very important that the nurse seeks legal advice prior to signing any agreements or orders. A nurse needs to fully understand the terms and provisions in any agreement or order prior to signing the document. A nurse can hire legal representation at any point in the investigative and adjudicative process or even before the actual complaint is filed with the Board of Nursing if the nurse knows or suspects a complaint will be filed.

The Center: What about the cost of an attorney?

Ms. Wright: A nursing license is how a nurse supports her family: it is her livelihood. Making an informed decision in a matter that impacts a nurse’s livelihood and State Board of Nursing disciplinary investigations and adjudications can impact a nurse’s license as well as her career.

While professional legal advice is not free, the financial, emotional, employment and professional ramifications of being investigated and facing action against a license overwhelmingly supports the expense of retaining an attorney. In many cases, a one-time phone call or in-person consultation at the cost of a few hundred dollars can help determine the need for further consultative services. What many nurses do not realize, is that their own professional liability insurance may pay for legal counsel in many cases.

The Center: Should a nurse carry their own liability insurance?

Ms. Wright: One significant means to manage exposure to liability is to purchase professional liability insurance While many nurses are under the assumption that their hospital’s malpractice policy provides adequate protection, I cannot emphasize enough that an employer’s liability policies are meant to protect the facility.

By owning a professional liability insurance policy, a nurse is protected in the event they are named as a defendant in medical malpractice and in the event a complaint is filed against their license with the Board of Nursing.

When purchasing a policy, make sure that it covers attorney fees and costs in State Board of Nursing disciplinary investigations. Nurses should consider purchasing an insurance policy for an insurer that writes policies for nurses and other licensed healthcare professionals as this typically may include coverage for professional liability, licensure defense, and deposition representation.

The Center: In closing, how do I find a licensed attorney?

Ms. Wright: Contact your state nurses association for a referral to a nursing licensure attorney (www. nursingworld.org), or contact The American Association of Nurse Attorneys (www.taana.org.)

This Nursing that Works article is not intended to take the place of any professional legal advice. For more information, please contact your State Board of Nursing, state nurse’s association, or contact a licensed attorney in the state in which you are licensed.

LaTonia Denise Wright, R.N., B.S.N., J.D. is licensed to practice law in Ohio, Kentucky, and Indiana and is a Registered Nurse in Ohio. The majority of her law practice involves defending nurses in licensure matters. She currently practices as an RN with Interim HealthCare in Cincinnati, Ohio on a per diem basis. Her blog about the law, legalities, and legal issues in nursing is www.advocatefornurses.typepad.com

The next issue of Nursing That Works will present an interview with an Executive Director of a State Board of Nursing.

ANCC: ISO 9001:2000

The American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA) has successfully completed its journey towards ISO 9001:2000 certification for the administration of its Accreditation Program for excellence in continuing nursing education and Magnet Recognition Program® for excellence in healthcare organizations.
SCNA Organizational Affiliates must be:

A. Organizations whose mission and purpose is harmonious with the purposes and functions of SCNA
B. Organizations whose governing body is made of a majority of Registered Nurses
C. Organizations who have paid a fee to SCNA for Organizational Status

Fee Structure for Organizational Affiliates:
Fee: Organizations who choose to affiliate will pay $200.00 per annum (January-December) to SCNA.

The benefits will be:
1. The right to have one RN member in an ex-officio capacity at the SCNA House of Delegates;
2. The right to submit to SCNA the names of qualified RN members who are also members of SCNA for appointment to ad hoc groups, and task forces;
3. The right to supply a list of members to SCNA to invite to workshops and meetings. Lists will be on labels and will be used only for the purpose of such invitations;
4. The right to be listed as a co-supporter of legislation supported by SCNA. All organizations will be contacted prior to such listing. Listing does not imply that SCNA will provide individual organizational lobbying services to the organization unless contracted for separately with SCNA;
5. The right to receive the SC NURSE at no cost;
6. The right to submit information to be published, on a space available basis, in the SC Nurse. The information submitted will be announcements of meetings, workshops and new officers;
7. The right to offer, to their members, participation in SCNA sponsored continuing education activities at a special "organizational affiliate" rate;
8. The right to receive, at cost, an exhibit space at the SCNA Convention. The cost envisioned is the actual cost charged by the convention facility for the set-up of the tables, etc;
9. The right to receive a free link on the SCNA web site.

First let me say thank you to Judith Curfman Thompson, Executive Director of the South Carolina Nurse Association (SCNA) for the warm welcome to the South Carolina League for Nursing as a new organizational affiliate. We are looking forward to many years of working together to meet the needs of nurses in our state.

The purpose of the SCNA is to promote the professional status of nurses and to improve health care in South Carolina. SCNA members are our voice in the legislature here in South Carolina.

We have also confirmed our affiliation with the Deans & Directors of South Carolina and will be working closely with their efforts to meet the growing needs of our nurses in the state through advancing educational opportunities.

The mission of the SCLN as a constituent league joins in the effort to promote, support, and improve nursing service, education and research throughout the state. This past November, in our annual meeting and banquet dinner we honored the following 18 individuals with SCLN Awards for Excellence.

Susan McWilliam, Piedmont Technical College; Jackie Gillespie, Clemson University; Veronica Parker, Clemson University; Phyllis Weinstein, USC—Aiken; Brian Fletcher, MSC; Thomas Hubbard, MUSC; Janet Byrne, MUSC; Dianne Gay, MUSC; Kristy Conley, MUSC; Connie Barbour, MUSC; Michael Norris, MUSC; Christina Zensen, MUSC; Gayle Keller, Greenville Technical College; Cathy Gegaris, Piedmont Medical Center; Cathy Schleicher, MUSC; Cindy Chasteen, Bon Secours St. Francis Hospital (Charleston); Mary Anne Laney, York Technical College—USCL; Lillian Bosknight, Piedmont Technical College.

They also awarded three educators for their Excellence in Teaching: Janet Craig, Clemson University; Donna Fortenberry, Piedmont Technical College; and Michelle Steinhauser, USC-Aiken.

We are a busy organization! With the recent affiliations we plan on being better able to serve you, the nurse, whether at the bedside or the classroom, in the coming year. If you have any questions or would like to visit our website for additional information please feel invited to do so at http://www.scln.org/index.htm

On behalf of the entire board of SCLN I want to wish all of you a wonderful 2008 and look forward to hearing from you all.

Gina Mise MSN, RN, -President SCLN

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On behalf of the entire board of SCLN I want to wish all of you a wonderful 2008 and look forward to hearing from you all.

Gina Mise MSN, RN, -President SCLN
Celebrate Nursing Magnets

4”x 8” Apricot Magnet
$3.00 each if picked up at the SCNA office
$5.00 each if mailed.
Call the office if you would like to make a large order.

Celebrate Nursing Magnet Order Form

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Qty: ____________ X Cost Per Unit ____________ = ______________
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SCNA 1821 Gadsden Street, Columbia, SC 29201  •  (fax) 803-779-3870

Medicare to Test an Electronic Personal Health Record (PHR) in South Carolina

The Centers for Medicare & Medicaid Services (CMS) is conducting a pilot project for people with Original (Fee-For-Service) Medicare living in South Carolina. The project, to be launched in Spring, 2008, will provide people with Medicare free access to a safe and secure electronic Personal Health Record called, My Personal Health Record, South Carolina (MyPHRSC). The goal of the project is to provide people with Medicare access to an electronic Personal Health Record tool that will help them manage and understand their health information, and be able to easily share it with providers, family members and caregivers. An evaluation of the pilot will identify the best methods for outreach and education to encourage adoption and ongoing use of an electronic Personal Health Record.

A Personal Health Record (PHR) is a collection of information about an individual’s health or health care services (e.g., provider visits, hospital visits, medical conditions, and personal notes). Personal Health Records may be in paper format (e.g., records that are kept at home, provider records) or in an electronic format (e.g., records stored on the computer or on the internet). Some electronic PHRs are pre-populated with certain information, while others require users to manually enter all of their information. MyPHRSC is an electronic Personal Health Record that is pre-populated with Medicare claims records for the past 24 months for people with Original Medicare who register to use it. This innovative tool provides those register with one convenient location to track their Medicare hospitalizations, diagnosed conditions, and visits. Additionally, those who register to have a PHR may personalize their information by adding notes and additional health-related information to their record. They are encouraged to add their medications, allergies, non-Medicare related health care services, and their own notes. A personalized record provides the most up-to-date and comprehensive information possible. MyPHRSC will be available via the internet, 24 hours a day, 7 days a week through the end of the pilot project.

Although MyPHRSC provides tools to help beneficiaries better communicate with their health care team, sharing this information is a decision made by each individual. Through a simple authorization process, registered users can allow authorized representatives, such as a provider or family member, to have access to their PHR. Beneficiaries may choose to give authorized representatives full access to their record, or they may choose to limit the information that can be seen.

Once the project has been officially launched, people with Medicare can create their free PHR at any time by going to www.myphrsc.com on the web. Signing up for MyPHRSC will be easy to do and only takes a few minutes. Eligible individuals for this pilot must have the Original Medicare Plan and live in South Carolina. They will need internet access, their Medicare number, and some basic personal information to complete the registration process. Providing an email address during registration will yield immediate access to an individual’s PHR, and the individual can begin to enter some of their own medical information. Their Medicare claims data will be transferred into the PHR, and available for viewing within 48 hours, once the registration is successfully completed.

Outreach, in the form of advertising, workshops and local events will be targeted to eight counties in the Columbia/Sumter core region. These counties are; Calhoun, Fairfield, Kershaw, Lexington, Richland, Saluda, Sumter, and Newberry. However, all people with traditional (Fee-For-Service) Medicare living in South Carolina will be eligible to create their free PHR through MyPHRSC.

Medicare will be launching the pilot project in the Spring of 2008. To learn more about MyPHRSC, go to www.myphrsc.com. If you would like to be informed when the project has been launched or you have additional questions, send an email to questions@myphrsc.com.
For Further Information

American Red Cross:  
www.redcross.org/services/disaster
Source of training and disaster services via volunteers locally, nationally and internationally.
Helpful pamphlets: “Coping with Disaster: Emotional Health Issues for Disaster Workers on Assignment”
“Coping with Disaster: Emotional Health Issues for Families of Disaster Workers”
“Coping with Disaster: Emotional Issues for Victims”
“Coping with Disaster: Returning Home from a Disaster Assignment”
“Helping Young Children”
“When Bad Things Happen”
“Why Do I Feel Like This?”

Association of Traumatic Stress Specialists  
www.atss.info
Organization for professionals who respond to disasters immediately or later which offers education and three levels of international certification

Federal Emergency Management Administration  
www.training.fema.gov
Government organization responsible for disaster response which also offers numerous training modules online at no cost, some are required for onsite workers

Recommended courses:
ISO 100—Introduction to the Incident Command System
ISO 100.HC—Introduction to the Incident Command System for Health Care Hosp.
IS 200—Applying ICS to Health Care Organizations
IS 700—National Incident Command System: An Introduction
IS 800—A National Response Plan: An Introduction

Green Cross Academy of Traumatology  
www.greencross.org
Organization founded by Charles Figley, PhD offering education and responding to national and international disasters; Figley heads a graduate program in traumatology at the University of Florida

International Society for the Study of Traumatic Stress  
www.istss.org
International organization for professionals that is the clearing house for trauma related research and education

National Organization for Victim Assistance  
www.trynova.org
National Organization that provides training in crisis response and responds to events nationally and internationally