Greetings, Kentucky Nurses:

With each newsletter, I try to remind myself of the goals KNA has established:

- Healthier and happier nurses
- KNA an organization, of which all nurses feel honored to be members
- Governance by Chapters and Board of Directors
- Membership growth, allowing more nursing presence everywhere - on Boards, in health care organizational leadership, research participation, leading health promotion agendas

KNA has been very busy this year. As you know, there has been quite a lot going on in Kentucky and in the US over the past few months related to health care. Kentucky is considering an 1115 waiver at this time; it proposes to expand Medicaid in a manner different from the Affordable Care Act’s (ACA, Obamacare) proposal. There are several features of the waiver to which KNA is opposed. We do not want people’s health care to be dependent on their providing community service. Despite the fact that we strongly recognize every American’s civic obligations, we do not want their healthcare hinging upon community service. Whatever innovative insurance waiver we propose, we want it to increase the number of people covered, making the care better and serving more people equitably. We want to expand Medicaid, so that people who are near the poverty level will receive assistance in getting insured; we believe health care is a right.

KNA’s involvement has included: Re-writing a white paper on the use of medicinal marijuana, consistent with ANA’s white paper of 2016. We are pushing for marijuana to be rescheduled; once it is rescheduled in the US, research can be completed that will allow us to know its benefits and risks. KNA is co-sponsoring an event on medicinal marijuana. This event is in Louisville, September 29th, 2017, 8:30-4:05 pm.

Two KNA members were distinguished with the title of FAAN – Fellows of the Academy of Nursing. This honor is awarded to nursing leaders in education, management, practice and research. We are so proud of Kentucky’s newest FAAN members, Dr. Dorothy Brockopp and Dr. Sheila Melander. Congratulations to both of them.

KNA website
° Hosting a Leadership Retreat (where Board directors, Cabinet and Committee members, and Chapter leaders) taught at the high schools (long term project of past Governmental Affairs Chair, Shawn Nordheim)
° Coordinating the Summit in two locations (Louisville, September 29th, 2017, 8:30-4:05 pm; sponsoring an event on medicinal marijuana. This event is in Louisville, September 29th, 2017, 8:30-4:05 pm.
° Re-writing a white paper on the use of medicinal marijuana, consistent with ANA’s white paper of 2016. We are pushing for marijuana to be rescheduled; once it is rescheduled in the US, research can be completed that will allow us to know its benefits and risks. KNA is co-sponsoring an event on medicinal marijuana. This event is in Louisville, September 29th, 2017, 8:30-4:05 pm.

President’s Pen continued on page 5

President’s Pen
Do you want to be part of something great?

Let’s
• get nurses healthier and happier – and the people for whom we provide care healthier and happier, too
• support increasing the number of health-insured Americans
• work toward a more stable insurance market-place
• preserve preventive care

Kathy Hager
President, Kentucky Nurses

President’s Pen continued on page 5
Chapter Updates

KNA BLUEGRASS CHAPTER

May Member Meeting 2017:

Carol Komara gave a follow up regarding initiatives at Graves. The BOD approved the current ballot for the upcoming election of board and Nominating Committee openings. After the election results are in (ballots will be distributed electronically, primarily, and by mail, as needed, in July/August), the newly elected treasurer are also encouraged to come forward.

The Selection of officers/Board will be electronic this year. The Karen Tufts Award recipient was announced. The recipient is Kristie Stambaugh, a graduating nursing student from Midway University. This award includes a one year ANA/KNA membership and a $100 monetary gift. The award will be presented to her at the September Board meeting, as she could not attend in May.

Laura Riddle brought attention to the Zika virus issue in the nation & potential issues within our state that she became aware of during a recent attendance of a state conference. She noted that local health departments will soon be rolling out a plan for dealing with this issue.

Michelle Malcote, BSN, RN, Manager School Health Clinic Services within the Madison County school system presented a lively discussion about the role of the school nurse in Madison County.

June Board Meeting 2017:

• Members of the BOD are personally contacting ANA Bluegrass Chapter members whose ANA/KNA membership is about to expire and encouraging them to renew their membership.

• The BOD approved the current ballot for the upcoming election of board and Nominating Committee openings. After the election results are in (ballots will be distributed electronically, primarily, and by mail, as needed, in July/August), the newly elected officers and Nominating Committee members will be inducted at the September membership meeting.

July Member Meeting 2017:

• Ida Slusher asked for any volunteers to take on the role of treasurer until the upcoming election due to the resignation of the current treasurer. Ballot Nominees for treasurer are also encouraged to come forward.

• Ida Slusher noted that volunteers have come forward to be on the Chapter Finance Committee that will be responsible for developing potential annual budget for the 43 Chapter. However, the group has not had the opportunity to meet. If the group does not meet prior to the August 2017 Board meeting, the Board meeting will be reserved to include the development of a tentative budget to be presented at the September Member meeting.

• Ida Slusher shared with the group that there are subject experts for speaking engagements that could be invited as Guest Speakers for future Member meetings such as speakers for Human Tracking, Nursing Advocacy, and Substance Use Disorders. Jackie Graves has been asked to contact the state office and arrange for these speakers to present these topics as Guest Speakers at upcoming member meetings.

• Carol Komara shared with the members that the Selection of officers/Board will be electronic this year. Voting should take place sometime in August with recognition of elected officers/Board in September.

• Carol Komara gave a follow up regarding initiatives at the state-level regarding school nurses. Groups have met with key state legislators and attended meetings of the Health & Welfare Committee. She encourages all ANA members to continue to advocate for school nurses as the evidence is clear there is a positive outcome for students who have nurses available at the schools.

• Lynn Roser shared that she has had discussions with local/regional hospital nursing staff who have voiced their concern regarding the preparation of new nurse graduates on infection control practices. An open discussion was held that focused on what concepts are important for nursing students to receive during their nursing education to improve their readiness and knowledge of promoting adequate infection control practices. Lynn also shared that there are state-employed Infection Preventionists who would be willing to work with students & others to improve understanding and knowledge of infection prevention.

• Jennifer Parr, DNP, PMHNP-BC, gave an outstanding presentation on “Substance Use Disorders.” Symptoms due to use of various substances and assessment parameters for each were discussed.

HEARTLAND CHAPTER:

The Heartland Chapter has been in contact with the Feed America program, whose regional operations are based in Elizabethtown. This program provides services to 42 counties in the southern part of KY. We will be providing some much needed volunteer hours in order to help the elderly with the senior meal boxes and school children who are in the backpack program.

Another planned event will be a continuing education program in partnership with Twin Lakes Regional Medical Center, in Leitchfield, KY, on legislative/nursing advocacy topics. This is tentatively planned for October 11, 2017 at the time of this notice.

We want to remind all Heartland Chapter members that we are holding all of our quarterly meetings at Hardin Memorial Hospital, third floor conference room. The next meeting is scheduled for November 16, 2017 at 6:00 pm EST. If you are not able to physically attend the meetings, please join us via conference call or web-conferencing.

For more information or if interested in joining the chapter, please email us at heartlandkna@gmail.com, visit us at http://anne.shingop@gmail.com or call Chapter President, Janice Elder at: 270-756-6415 or sjelder@louisville.edu.

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Information for Authors

• KentuckY Nurse Editorial Board welcomes submission articles to be reviewed and considered for publication in Kentucky Nurse.
• Articles may be submitted in one of three categories:
  • Personal experience, anecdotal (Editorial Review)
  • Research/scholarship/clinical/professional issue (Classic Peer Review)
  • Research Review (Editorial Review)
• Information about IRB or Ethical Board approval is a requirement for Quality Improvement projects, evidence practice based projects, and research studies.
• All articles, except research abstracts, must be accompanied by a signed KentuckY Nurse transfer of copyright form (available from KNA office or on website www.Kentucky-Nurses.org) when submitted for review.
• Articles will be reviewed only if accompanied by the signed transfer of copyright form and will be considered for publication on condition that they are submitted solely to the Kentucky Nurse.
• Articles should be typewritten with double spacing on one side of 8 1/2 x 11 inch white paper and submitted in triplicate. Maximum length is five (5) typewritten pages.
• Articles should also be submitted electronically.
• Articles should include a cover page with the author’s name(s), title(s), affiliation(s), and complete address.
• Style must conform to the Publication Manual of the APA, 6th edition.
• Monetary payment is not provided for articles.
• Receipt of articles will be acknowledged by email to the author(s). Following review, the author(s) will be notified of acceptance or rejection.
• The KentuckY Nurse editors reserve the right to make final editorial changes to meet publication deadlines.
• Please complete a manuscript checklist to ensure all requirements are met. You must provide a completed checklist when a manuscript is submitted. The Manuscript Checklist can be found at www.kentucky-nurses.org.
• Articles should be mailed, faxed or emailed to:

Editor, KentuckY Nurse, KentuckY Nurses Association, 305 Townpark Circle, Suite 100, Louisville, KY 40203 (502) 245-2843 • Fax (502) 245-2844 • or email: lisa@kentucky-nurses.org

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October, November, December 2017 Kentucky Nurse • Page 3

Chapter Updates continued on page 4

KNA Bluegrass Chapter members may request a follow up presentation on “Substance Use Disorders.” Symptoms due to use of various substances and assessment parameters for each were discussed.
NORTHEASTERN CHAPTER:
The purpose of the chapter is to improve health for the communities we serve and inspire nurses to achieve nursing excellence. We are devoted to high quality patient care, patient safety, evidence-based practice and advancing community health.

Our chapter has been active in teaching community members BLS for free as part of a grant awarded to chapter earlier in the year. The next meeting is scheduled on September 26, 2017 at the Center for Health, Education, and Research (CHER) 102 D in Morehead, Kentucky. We’re scheduled to have Dr. Kathy Hager and Dr. Sheila Schuster at the meeting. Dr. Schuster, KNA lobbyist, will be presenting on nursing advocacy. The meeting begins at 5:00 p.m. with the CNE event.

From left to right is: Pat Calico, interim chair, Nightingale chapter, Karen Pridey (scholarship winner’s mother), Brittany Pridey, our fall scholarship winner, and Denise Alvey.

NORTHEN KENTUCKY CHAPTER:
At our June meeting, Linda Robinson presented “Violent Emergency Department Sparks House-wide and Legislative Change.” 1.2 free contact hours were awarded to participants. We are excited to offer another free offering on September 13th, “Autism and Healthcare: Strangers in a Strange Land,” will be presented by Mary Price, MSN, RN-BC, NE-BC. For additional information, please contact Teresa Williams, MSN, RN, NE-BC at twilliamsrn01@yahoo.com.

KNA RIVER CITY CHAPTER
The River City chapter has been hosting some great events to promote networking and advocacy.

On July 26th, we hosted “Nursing Advocacy: Your Voice Counts” at Bellarmine. Sheila Schuster, PhD was our keynote speaker. We had close to 40 attendees and learned about the current legislative session as it relates to nursing care. Attendees earned 1.8 CEs and signed up to join the chapter (see attached pictures). Those who attended were ready to talk to their legislators and advocate for their patients/communities!

Our Member Meetings will continue to be the fourth Thursday of the odd months at 1730 EST. We meet at the KNA Office in Middletown and also offer a conference call option. Dates will be 5/28, 11/23, 1/25.

Our future events focus include wellness events in the greater Louisville area for nurses to support the Healthy Nurse/ Healthy Nation objective. We are also looking at community service opportunities to share with the membership. More to come!

PICTURES FROM KNA RIVER CITY CHAPTER
Nurses’ Night at Slugger Field on July 20th.

Dynamic Career Opportunity
Mildred Mitchell-Bateman Hospital (MMBH) is a 110-bed acute care mental health facility operated by the West Virginia Department of Health and Human Resources. MMBH is seeking qualified staff to fill permanent and temporary positions.

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School Nurses in Every Kentucky School Chapter:
The summer has been a busy time for the School Nurses in Every KY school chapter. May was a chapter meeting in Lexington. Two days later the executive committee met with Dr. Sheila Schuster to discuss a legislative plan moving forward. In June, Carol Kornata, Mary Burch, Kathy Hager, Teena Darnell, Lois Davis attended the legislative Health and Family Services Committee meeting. Meetings were scheduled with multiple legislators who discussed the need for school nurses and the need for legislation to place nurses in schools. Dr. Schuster and Hager spent the afternoon meeting with Representatives Adia Wuchner, Laura Arnold (KDE Associate Commissioner Office of Career and Technical Education) and others to discuss multiple nursing initiatives.

Following those meetings, the executive committee drafted a letter for Education Commissioner Prutt and other key officials, discussing the need for an RN in every school and the work of the chapter. The group asked that the presence of school nurses be considered a factor in measuring school accountability. Dr. Prutt sent a response to the group stating that the KY Department of Education supports having school nurses but cited funding concerns. He mentioned that School Nurses are included as part of Kentucky’s proposed school/district accountability model.

On August 3rd, the state Board of Education met in Frankfort, Kathy Hager, Teena Darnell, Lois Davis and Carol Kornata listened to presentations regarding the new model. On August 3rd, public comments were allowed. Carol Kornata and Eva Stone addressed state board of education members, asking them to include nurses as a separate measure, rather than including them with multiple staff members, asking them to include nurses as a separate measure, rather than including them with multiple staff.

On August 14, Kathy Hager attended the legislative Health and Family Services Committee meeting. The group had general conversation about the importance of school nurses presence at health care events and KNA’s involvement in the Kentucky Board for Nursing. KNA is currently working on a legislative initiative to place nurses in schools. Drs. Schuster and Hager were able to announce at this meeting that legislation to place nurses in schools will be introduced in the General Assembly this fall, and will then be sent to the Senate, and finally, to the Governor for his signature. Dr. Prutt was able to explain that there would be a legislative Health and Family Services Committee meeting.

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Calendar of Events

October 2017

12 KNA Nightingale Chapter Meeting, 6:30 PM, Ephraim McDowell Hospital, McDowell room, Danville, Kentucky
19 KYANNA Black Nurses Association Meeting, 5:30 PM, Conference Room, Norton Healthcare Medical Towers South, Louisville, Kentucky
19-20 KBN Meeting
25 KNA Education & Research Cabinet Meeting, 4:00 PM–5:00 PM, Conference Call
26 Kentucky Center for Nursing Meeting

November 2017

2 KNA Summit Annual Meeting – Louisville**
3 KNA Summit Annual Meeting – Lexington***
14 KNA REACH Chapter** - 5:00 PM–7:00 PM CST, Greenview Regional Hospital, Bowling Green. Will be collecting Toys for Tots
15 KNA Northern KY Chapter: Nursing Advocacy: Your Voice Counts! St. Elizabeth’s Training & Education Center, Erlanger, KY
16 KYANNA Black Nurses Association Meeting, 5:30 PM, Conference Room, Norton Healthcare Medical Towers South, Louisville, Kentucky
16 KNA Heartland Chapter Meeting, 6:00 PM EST, Hardin Memorial Hospital, 3rd floor classroom
17 9:00 AM Kentucky Board of Nursing Committee Meeting
21 KNA Bluegrass Chapter Meeting, 5:30 PM (Social time) 6:00 PM (Meeting time) Chop House on Richmond Road, Lexington, KY
30 KNA River City Chapter Meeting, 5:30 PM EST, KNA Office

December 2017

1 KNA Leadership Retreat: Location My Old Kentucky Home
7 10:30 AM-3:30 PM Kentucky Board of Nursing Meeting
8 KNA Ethics and Human Rights Committee Meeting – 2:00 PM–4:00 PM Bellarmine University Miles Hall Room 304
21 KYANNA Black Nurses Association Meeting, 5:30 PM, Conference Room, Norton Healthcare Medical Towers South, Louisville, Kentucky
27 KNA Education & Research Cabinet Meeting, 4:00 PM–5:00 PM, Conference Call

January 2018

16 KNA Bluegrass Chapter** - 5:30 PM–8:00 PM, Chop House Lexington, KY; Nursing Advocacy: Your Voice Counts!
25 KNA River City Chapter Meeting, 5:30 PM EST, KNA Office

February 2018

6 KNA Day at the Capitol. 2018 KNA Legislative Day at the Capitol, 9 AM - 2 PM, 11AM- Noon - Rally in the Rotunda
13 (tentative). KNA REACH Chapter** - 5:00 PM–7:00 PM CST, WKU/Medical Center Health Sciences Complex, Bowling Green. Will be collecting for Foster Care.

March 2018

1 Call for KBN Nominations due to KNA office
8 KNA Nightingale Chapter Meeting, 6:30 PM Nursing Advocacy: Your Voice Counts! McDowell Room, Ephraim McDowell Hospital, 213 South Third Street Danville, KY 40422

April 2018

1 Call for November 2018 Elections Nominations due to KNA office
16-21 Kentucky Coalition of Nurse Practitioners & Nurse Midwives Annual Conference, Lexington, KY
17 (tentative) KNA REACH Chapter** - 5:00 PM–7:00 PM CST, WKU/Medical Center Health Sciences Complex, Bowling Green. Will be collecting for the Center for Courageous Kids.

November 2018

1-2 KNA Annual Conference, Holiday Inn Louisville East

April 2019

22-27 Kentucky Coalition of Nurse Practitioners & Nurse Midwives Annual Conference, Covington, KY

November 2019

8 KNA Education Summit, Four Points by Sheraton Lexington

November 2020

5-6 KNA Annual Conference, Holiday Inn Louisville East

November 2021

5 KNA Education Summit, Four Points by Sheraton Lexington

***You are not required to attend both KNA Summit dates, just one that fits your location and time best.

KNA Governmental Affairs Cabinet:
First Monday of every month, 11:30 am-12:30 pm, conference call

KNA Board of Directors Meeting:
First Friday of the month

KNA Chapter Leadership Conference Call Meetings:
Third Monday of every month, 1:30 PM EST

Kentucky Nurses Foundation Board of Trustee Meetings:
Fourth Tuesday of every month at the KNA office, 12:00 – 4:00 PM

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Tuning Out the Distractions

Linda McAuley, Abby Schlaug, Emily Ackemann, BSN students at Bellarmine University

In 2001, the Institute of Medicine (IOM) reported that there are approximately 48,000 patient deaths each year due to medical errors. Medication administration errors (MAEs) are the third leading cause of sentinel events (The Joint Commission, 2015). Distractions while completing medication administration have been linked to MAEs.

Nurse researchers recently conducted a study to evaluate a novel approach – a noise-reducing headset – to reducing noise distractions during medication administrations. The questions addressed are: (a) Does wearing a headset decrease the frequency of errors made by the nurse during medication access? (b) Does the headset work as a cue to prevent other staff members from approaching the nurse, thus distracting her? (c) What attitudes do the staff hold regarding distractions and the use of a headset?

A quasiexperimental study was performed on three units in a teaching hospital in the southeastern United States. These units had centrally located medication access stations close to the nursing stations; and each of the medication access stations used signage emphasizing No interruption Zones (NZ). One hundred seven nurses participated in the study. They were first observed by the researchers for two months regarding distracted behavior and the potential for distractions. These distractions were measured using an observation tool created by the researchers. The participants were then given a pre-intervention survey regarding their attitudes and beliefs about distractions. Once the participants were trained on the use of the headset, the researchers observed the participants for another two months, measuring their behavior using the same scale as in the pre-intervention phase. At the completion of the two months, the participants were given a post-intervention survey.

The survey data suggested that nurses did not believe that they experienced distractions during medication access. However, the 206 total observations suggested otherwise. In the pre-intervention phase, there were 149 total observations. The researchers recorded 125 (83.9%) potential distractions, 206 total observations suggested otherwise. In the post-intervention phase, there were 57 total observations, with 52 (91.2%) potential distractions; 1 1 (21%) of which were intentional. However, the RN only became visibly distracted 10 (19.23%) times. While there was not a statistically significant difference in intentional distractions between the pre-intervention and post-intervention phases (p = 0.14), there was a statistically significant decrease in the nurses’ visible distractedness between the pre-intervention and post-intervention phases (p = 0.001). The nurses were less visibly distracted when wearing the headset.

This study demonstrated the high frequency of distractions that nurses experience while preparing for medication administration. This is the first study that used an active approach to reducing distractions at medication access stations using a headset. The findings suggest that this method could prevent nurses from becoming distracted, thus potentially reducing the number of medication errors. Further research is recommended to understand how headsets could discourage interruptions to the nurse by providing a cue to others that the nurse is preparing medication. The presence of a headset promotes the physical appearance of isolation as well as promoting an active approach to isolate the nurse from distracting stimuli. The current study was unable to statistically compare the intentional distractions due to the small sample sizes. The researchers also suggested moving the medication access areas away from the nurse’s station and emphasize the importance of distraction free zones to further promote this isolation.

Data Bits is a regular feature of Kentucky Nurse. Sherill Nones Connn, Ph.D., RN-BC is the editor of the Accent on Research column and welcomes manuscripts for publication consideration. Manuscripts for this column may be submitted directly to her at: Bellarmine University, 2001 Newburg Rd., Louisville, KY 40205.
Imagine a job that you never leave day after day and year after year. Your home, your family, your finances, and your future are all tied up in the land beneath your feet. Perhaps your grandparents or even great-grandparents lived and worked on the same land. Now imagine getting only two or three paychecks each year from your production on that land. Finally, imagine running your business each year dependent on a new bank loan. Your imagination just described the modern day family farming operation; the type of occupation that predisposition him/her to be unable to cope. There may be genetic predisposition factors must be viewed from an ecologic perspective (Hirsch & Cukrowicz, 2014). This lens fits well when positioned with farmers. The farmer may have individual characteristics that predisposition him/her to be unable to cope. There may be genetic predisposition

Mental health issues associated with farming have been widely discussed in the literature over the years (Booth, Briscoe, & Powell, 2000; Boxer, Burnett, & Swanson, 1995; Stewart, 1996). The farmer’s health and their impact on their household has been long documented (Scott, Stone, & Holland, 2017). A recent review of rural suicide literature suggests that risk factors must be viewed from an ecologic perspective (Hirsch & Cukrowicz, 2014). This lens fits well when positioned with farmers. The farmer may have individual characteristics that predisposition him/her to be unable to cope. There may be genetic predisposition to psychiatric illness or the farmer may not be able to physically perform the farm work anymore. Reed, Rayens, Conley, Weststate, and Adkins (2012) reported that for 40% of farmers age 50 and over the ability to work became their definition of health and the percentage rose with advancing age. The family unit may be under stress from a variety of factors, including multigenerational work or no one in the family to carry on the tradition of farming. The results of this stress is particularly salient for the eldest farmers for whom the land is precious (Maciuba, Westneat, & Reed, 2013). Conversely, younger farmers may feel intense pressure to live up to the standards set by the previous generation on the farm. Individual and family characteristics of the farmer’s health and their impact on psychological health have received little attention.

The rural community itself can be a formidable obstacle to the good mental health of the farmer. While rural communities are by and large safe and supportive, there is a growing infiltration of large corporate businesses that may not be as amenable to extending loans in lean times as did the locally owned bank or carrying credit on farm supplies over a longer period of time. The farmer may also lack access to needed mental health services.

Cultural and Rurality Influence

Suicide occurs at a greater rate in rural compared to urban areas and the gap is widening (Occton, Stone, & Holland, 2017). A recent review of rural suicide literature suggests that risk factors must be viewed from an ecologic perspective (Hirsch & Cukrowicz, 2014). This lens fits well when positioned with farmers. The farmer may have individual characteristics that predisposition him/her to be unable to cope. There may be genetic predisposition to psychiatric illness or the farmer may not be able to physically perform the farm work anymore. Reed, Rayens, Conley, Weststate, and Adkins (2012) reported that for 40% of farmers age 50 and over the ability to work became their definition of health and the percentage rose with advancing age. The family unit may be under stress from a variety of factors, including multigenerational work or no one in the family to carry on the tradition of farming. The results of this stress is particularly salient for the eldest farmers for whom the land is precious (Maciuba, Westneat, & Reed, 2013). Conversely, younger farmers may feel intense pressure to live up to the standards set by the previous generation on the farm. Individual and family characteristics of the farmer’s health and their impact on psychological health have received little attention.

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time period. If farmers find themselves despondent or depressed they may not have ready access to appropriately trained mental health professionals. Also, the stigma of mental health issues continues in rural communities. Farmers may actually be fearful of a visit to a mental health facility getting back to the loan officer or other powerful farm community members.

Agriculture once moved at the pace of nature, but now it has become a global industry, bobbing and weaving to international policies and markets. Environmental and animal protection groups hold farmers more accountable in their practices which increases documentation by the farmer. The constant "ag banging" by some factions of these groups creates angst among farmers who value their land and animals. Stress comes from all directions and farmers can do little to combat it. In recent years the economic downturn of agriculture has left these farmers wondering if they can hold on until the next year and will the next year be better or worse? Some farmers elected to participate in the federal crop insurance program, a defense for farmers who are experiencing stress and, therefore, serve as the key to the prevention of the spread of the suicide epidemic.

What Can We Do as Nurses?

Despite this grim portrait, nurses are in positions to assist these farmers. It starts by simply asking if the person resides in a farm household and, if so, what role does she or he play in the farm enterprise. A follow up question asking, "How are things on your farm?" may give the farmer permission to outline emotions. Mental health screening is becoming standard practice in many clinics. The Patient Health Questionnaire 9 (PHQ-9) is a quick, reliable tool to use to assess and manage depression (Blackwell & McDermott, 2015).

Many nurses in rural communities live, work, and attend church and social gatherings with farmers in the same rural communities. It is important that nurses be aware of local issues that may impact farmers. If the weather has been particularly bad, if damaging winds have caused barns to collapse, if the fields are not being planted at their usual time, or if businesses are closing their doors; all these are signs of potential stress for the local farm economy. An increase in office visits for vague complaints of fatigue, insomnia, or gastrointestinal distress may be markers of increased stress. These symptoms may affect the entire farm family, not just the primary farmer. Also, nurses should become familiar with local and regional resources. Many rural communities do not have specialized mental health clinics, but there may be other supportive organizations available for the farmer. Establishing a link with the school system’s health resources and the local health department may help identify those in need of assistance. Nurses should equip themselves by learning more about the health issues of farmers. Three excellent sources for free education include 1) AgSafe – a non-profit organization that specializes in agricultural health and safety (located at www.agsafe.com), 2) a more local Facebook site, AgNURSE (www.facebook.com/Agriculture.nurse), and 3) an online, interactive continuing education course, Mental Health Issues in Agricultural Populations, #1068945 (located at www.interstat.com/).

Conclusion

The enormity of the burden of stress, depression, and suicide on Kentucky farms affects all of us. Kentucky is predominantly an agricultural state and highly dependent on agricultural income. Family farms encompass multiple generations and the stress related to farming extends to all generations on the farm. The link between stress and injury in farming (Griss et al., 2008) creates an even more commanding reason to examine how farmers can cope with stress without nursing their health. Nurses are trusted professionals in the community and may be the first line of defense for farmers who are experiencing stress and depression and, therefore, serve as the key to the prevention of the spread of the suicide epidemic.
I had just left the room and was walking down the hallway to check the schedule board for my next assignment, when the Code Alarm went off. Many of us went running to the room. I noted the code cart was in place, compressions were being done by an Anesthesia Tech. I was given the task of assisting Anesthesia and obtaining medications from the code cart. We worked for approximately 30 to 40 minutes and it was a very orderly well run code, but to no avail. Despite everyone’s exhaustive efforts and doing everything we could possibly do for our patient, the surgeon and Anesthesiologist made the decision to pronounce.

Now we had the horrific job of informing the family. I was asked to go with the two physicians to inform the family. In the waiting room were the parents, and family. The Chaplain was already present to support the family due to the severity and length of the procedure. We had the family wait in our Conference Room for more privacy. I had never been in the position of being present with the physician to deliver such devastating news to a family.

It was a heartbreaking moment for the surgical team as we were used to FIXING IT. Unfortunately, not this time. The physicians returned to finish up what they needed to do while I stayed with the family to comfort them as they made very difficult decisions no parent wants to ever make. Then, the father looked at me and said, “I want and need to see my child.”

I tried to explain as gently as I could that his child was still in the OR and he stated, “I don’t care; I want to see my child now.” I thought if this were my child, I would probably feel the same way. So I said, “OK, give me a couple of minutes.” I hurried back to the room and assisted and instructed the remaining staff in cleaning up and making things as presentable as possible for this grieving family.

I escorted the family to the OR where they spent time with their child. The staff left them alone while the Chaplain assisted in providing prayers and comfort for the family. After some time, the family felt they could leave. As they left and walked toward the exit, the father turned around and begged me, “Please, just one more visit?” I walked him back to be with his child for a bit longer.

When the family did decide they could actually leave, it was time for us to complete the necessary tasks in coordination with our Chaplain. Since we had so many inexperienced staff members, I felt I needed to lead the team to finish up what needed to be done. Another experienced nurse stayed and assisted us as well. We respectfully prepared and transported our patient to the morgue. We completed our charting and then the emotions of the moment emerged and I realized how physically and emotionally drained we all were.

There were now two Chaplains present and they asked the other staff nurse and myself to step away into the Conference Room. They wanted to know how we felt and how we were coping with the tragedy? We both responded. “We are fine, we have completed what needs to be done.” One of the Chaplains asked if she could bless our hands and I had never previously witnessed or experienced this.

After saying she could, I have to tell you I was moved to tears! The rest of the evening and many days after, I have thought of this patient, their family and that entire experience. I now do the education for the Critical Events in the OR. I created a reference binder as a result of this experience, for new orientees on our unit. I always reflect back on this patient when teaching. I will never forget or minimize how we impact our families and how they impact us as nurses!
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Retaining newly hired, competent nurses — whether new graduates or experienced RNs — is good for everyone: employers, staff, patients and the new employees, themselves. What is vital to their tenure, however, may be how they are transitioned into the workplace and whether the organization is committed to a culture of safety.

“Orientation is the first step in retaining nurses,” said Dennis Sherrod, EdD, RN, professor and Forsyth Medical Center Endowed Chair of Recruitment and Retention at Winston-Salem State University and a member and past-president of the North Carolina Nurses Association. “Although it’s difficult when working with a large group of new employees, it’s important that the orientation be nurse-centered, meaning individualized as much as possible to their needs, that there is a mentorship piece in place and that newly hired nurses are introduced to the culture of the workplace early on.”

Nurse turnover is an ongoing issue — with some health care facilities faring better than others. According to the 2016 National Healthcare Retention & RN Staffing Report by Nursing Solutions, Inc., (NSI) the turnover rate for bedside RNs rose to 17.2 percent in 2015, an increase from 16.4 percent in 2014.

According to a 2014 article in Policy, Politics, & Nursing Practice, New York University College of Nursing Professor and researcher Christine T. Kovner, PhD, RN, FAAN, and colleagues reported that about 17.5 percent of new nurses leave their initial job within the first year.

Beyond the upheaval on units, nurse turnover is costly. The NSI Nursing Solutions, Inc., (NSI) report noted “the average cost of a turnover for a bedside nurse ranges from $37,700 to $58,400, resulting in the average hospital losing $6.6 million. (Some reports place turnover costs even higher.)

Offering smoother and safer transitions

An overarching goal of Southeastern Health’s orientation program is promoting a culture of safety in newly hired employees – both new grads and experienced nurses, according to Cynthia McArthur-Kearney, DHA, MSN, RN, NE-BC, manager of Education Services at the North Carolina hospital system and NCNA member. This is accomplished, in part, by using concepts outlined in TeamSTEPPS.

TeamSTEPPS is a system aimed at assisting health care professionals to provide higher quality, safer patient care by strengthening their skills around teamwork, communication, conflict resolution and eliminating barriers to ensuring the best clinical outcomes for patients. All RNs going through the nursing services orientation are exposed to the program’s concepts, and all preceptors receive specialized TeamSTEPPS training so they can reinforce important concepts specifically to new grads during orientation and in their residency program.

“We don’t need to train new grads on how to insert catheters or change dressings,” McArthur-Kearney said. “Although the tasks are important, we want to teach them critical thinking. And the focus needs to be on safety. We need to make sure new grads — and all our nurses — understand what a culture of safety looks like and why it’s important.”

For example, preceptors working with new grads emphasize the importance of teamwork to achieving positive patient outcomes, understanding the roles of each team member, and the need for clear communication. This is especially important when dealing with high-acuity patients or those with complex medical needs.

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Another approach to quality and safety

The University of Alabama at Birmingham Medical Center changed the way it conducted its orientation and residency programs for new hires about four years ago, according to David James, DNP, RN, CORN, CCNG, who previously served as the advanced practice nurse coordinator for Clinical Nursing Excellence at UABMC and is an Alabama State Nurses Association member.

“Orientation used to be more of an inservice-type model with a lot of content and a ‘parade of stars,’ where staff from various departments were given a few minutes to discuss their roles,” James said. “Now we’ve moved to a different model, taking the Quality & Safety Education for Nurses competencies used at the UAB School of Nursing and using them for our orientation schema.”

Developed by nurse leaders involved in the QSEN initiative, the competencies address quality and safety education around patient-centered care; teamwork and collaboration; evidence-based practice; quality improvement; safety; and informatics. (Please see the QSEN Institute website at www.qsen.org.)

Each day of the UABMC orientation is linked to one of those core competencies, James said. And although everyone understands that patient safety is essential, it’s extremely important that nurses know what systems are in place to support patient safety—whether it’s evidence-based practice or the use of technology.

In terms of structure, all newly licensed RNs attend the five-day orientation, which also addresses UABMC workplace culture, and then participate in a yearlong residency program to help ease their transition into practice and hardwire key competencies, according to Connie White-Williams, PhD, RN, NE-BC, FAAN, the director of UABMC’s Center for Nursing Excellence and an American Nurses Association member.

“Our onboarding process for experienced nurses beyond their current role in nursing is unit-based and individualized to their needs,” she said. For example, a nurse who has 15 years in cardiac

Another important component of on-boarding at Southeastern Health is orienting all newly hired staff on concepts outlined in the hospital’s strategic pillars. These concepts focus on embracing a language of caring, being fully present when interacting with colleagues, patients and family members, and showing kindness, including through non-verbal cues.

Added McArthur-Keamey, these strategies not only help to create and maintain a culture of safety, but also help with staff retention.

Another approach to quality and safety

Stepping Into a Culture of Safety continued from page 12
New Medicare Cards Offer Greater Protection
to More Than 57.7 Million Americans

The Centers for Medicare & Medicaid Services (CMS) is readying a fraud prevention initiative that removes Social Security numbers from Medicare cards to help combat identity theft, and safeguard taxpayer dollars. The new cards will use a unique, randomly-assigned number called a Medicare Beneficiary Identifier (MBI), to replace the Social Security-based Health Insurance Claim Number (HICN) currently used on the Medicare card. CMS will begin mailing new cards in April 2018 and will meet the congressional deadline for replacing all Medicare cards by April 2019. Today, CMS kick-off a multi-faceted outreach campaign to help providers get ready for the new MBI.

“We’re taking this step to protect our seniors from fraudulent use of Social Security numbers which can lead to identity theft and illegal use of Medicare benefits,” said CMS Administrator Seema Verma. “We want to be sure that Medicare beneficiaries and healthcare providers know about these changes well in advance and have the information they need to make a seamless transition.”

Providers and beneficiaries will both be able to use secure look up tools that will support quick access to MBIs when they need them. There will also be a 21-month transition period where providers will be able to use either the MBI or the HICN further easing the transition. CMS testified on Tuesday, May 23rd before the U.S. House Committee on Ways & Means Subcommittee on Oversight & Government Reform Subcommittee on Information Technology, addressing CMS’s comprehensive plan for the transition.

CMS testified on Tuesday, May 23rd before the U.S. House Committee on Ways & Means Subcommittee on Oversight & Government Reform. CMS has a website dedicated to the transition. CMS is committed to a successful transition to the MBI for people with Medicare and for the health care provider community. CMS has a website dedicated to the Social Security Removal Initiative (SSNRI) where providers can find the latest information and sign-up for newsletters. CMS is also planning regular calls as a way to share updates and answer provider questions before and after new cards are mailed beginning in April 2018.

For more information, please visit: https://www.cms.gov/medicare/startswithmedicare/mbi.html

October, November, December 2017

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Stepping Into a Culture of Safety continued from page 13

care and is hired onto a unit should not be expected to take a full workload as quickly as someone who was hired onto a unit they have vast experience in.

Further, White-Williams added that about a month after their employment, she and Chef Nursing Officer Terri Poe, DNP, RN, NE-BC, meet with these experienced nurse hires to get their input about what went well, where improvements can be made and whether they feel welcomed. And experienced nurses, like new grads, are assigned preceptors who serve as an ongoing resource. But to ensure a culture of safety and to retain staff takes more.

“We have probably 900 new nurses this year who we are trying to successfully orient and onboard,” White-Williams said. “We’re no different than anyone else in terms of trying to retain folks. It really does take a village to do this successfully, and it takes a lot of resources.”

A journey toward safety

“We say let’s hire for attitude and train for skill,” said Clyde A. Bristow III, MSN, RN, CFEN chief nursing officer at Wake Forest Baptist Health Lexington Medical Center and director of Clinical Education. “We can teach nurses how to insert an IV, but what we’re looking for are things like how does the nurse engage and communicate with patients, do they make them feel safe.”

Safety is an ongoing theme at WFBH. All newly hired staff must attend a four-hour called Safety Starts Here within their first 90 days of employment, according to Bristow.

“We start early by weaving in safety principles – those based on high reliability and best practices – throughout our [orientation and new grad residency programs], and all newly hired nurses must integrate them into their care,” Bristow said. Those principles range from engaging in daily safety huddles to maintaining patient privacy to working collaboratively with all disciplines, and they are constantly reinforced.

All new hires also must commit to WFBH’s “patient and family promise,” according to Phyllis Knight-Brown, MSN, RN, WFBH clinical education manager and a member of the Association of Nursing Professional Development, an organizational affiliate of the American Nurses Association. That promise speaks to staff pledging to patients that they will keep them safe, care for them, involve them and their families in care, and respect them and their time.

“We also try to empower all our nurses to feel they can say, ‘I have a concern’ or ‘I need help,’” especially new nurses so they are not struggling alone,” she said. Looking specifically at newly hired, newly licensed RNs, WFBH provides them with a yearlong, residency-type program called Journeys. It consists of a general and a unit-based orientation, a structured preceptorship, quarterly workshops, which include simulated practice andlicensing sessions, and the opportunity to network and gain support from their co-horts.

Workshop content is specific to new nurses’ units, however, the eight-hour sessions also cover safety issues such as stress management and self care, cultural competence and diversity, safety terminology and resources, patient instability, and shared governance.

“We have some flexibility in the program so we can tailor it more to the needs of our new nurses,” Bristow said. “We don’t want to find out on the 89th day that they don’t get along with their preceptor or haven’t learned how to do x, y or z. So preceptors and nurse managers meet often to determine where someone might need training. Then that nurse is placed in a situation where he or she can learn, which really benefits them as new nurses.”

WFBH also has a network of resource nurses, including preceptors, who can continue to provide guidance and information after the orientation and residency is complete.

Final comments

There is no secret recipe to creating a good onboarding and orientation program to retain competent and safety-focused nurses, according to Shered. However, it needs to be competency-based, nurse managers and staff need to celebrate and welcome new hires, and everyone should have a mentor.

Beyond orientation and residencies, retention also is dependent on factors such as workload, effective collaboration, strong professional practice roles and a healthy work environment.

“Having this retention culture is a way to help prevent a revolving door of new hires and strengthen an organization’s culture of safety and retention by providing nurse-centered orientations and work policies,” Shered said. “And retention is everyone’s responsibility.”

– Susan Trossman is a writer-editor for the American Nurses Association.

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