Ohio Napnap News

September 2013 Newsletter

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2013-2014
President

Jill Kilanowski

Each year all chapters are required to submit to National NAPNAP a report on three categories of accomplishments. This is a copy of what was sent to National for the 2012-2013 year.

Accomplishment #1-Legislative updates

The two most important professional practice issues were changes to license renewal requirements for Schedule II prescriptive authority expansion and the state Medicaid primary care incentive program. We are most responsive to changes in the state laws as demonstrated that within six months of legislation passage we held a continuing education conference enabling PNPs to meet this new need. For the first time, PNPs and the state Chapter of NAPNAP were represented at Nurses Day at the Statehouse with a podium presentation and a table of PNPs in attendance. We use our list serve to send out email blasts when legislative issues arose that impact practice. We contribute to a lobbyist supported by the Council for [state] Health Care Advocacy whose mission is to promote excellence in health care, education, research and policy decision through transdisciplinary, collaborative leadership. Our legislative chair keeps our membership informed of important issues with newsletter and email updates. Another of our legislative committee members has been acknowledged for her excellence and was awarded the 2013 American Academy of Nurse Practitioners (AANP) Advocate State Award for Excellence. Because of the experience she has gained through Nurse in Washington Internship and on our chapter legislative committee she has been appointed to serve on the Health Policy Committee for national NAPNAP. She was also awarded the 2013 North East [state] Nursing Initiative nursing excellence award for her the work she did on the state Schedule II prescriptive authority expansion.

Accomplishment #2-Serving our membership

To ensure relevance of our professional organization, we serve the needs of our membership with updates in our website improving visual appeal and user friendliness. Photos are posted of members receiving awards and attending the national conference in Orlando. We have added Jan McCleary’s (first NAPNAP President) speech at national conference to our website-sharing our mutual history. We send out newsletters quarterly. We acknowledge excellence in leadership and practice with awards in PNP, PNP student, Child Advocate, and Lifetime Achievement. We encourage greater expertise in clinical practice with a mental health scholarship to be used to attend mental health education seminars. We sponsor a community outreach bicycle helmet distribution and have utilized the state AAP’s new toolkit material. We engaged Jill Gilliland from Melnic Consulting to present professional development on job seeking, interview and resume tips, and negotiating a compensation package applicable for
both new graduates and PNPS seeking a new position. For the first time we had students’ present posters at our spring conference and being successful, will continue this every spring conference. We conduct twice yearly one and one-half day continuing education conferences and membership meetings with timely topics and updates on practice. We seek sponsorship from vendors and this facilitates discussion on new products. Students pay a reduced registration. To facilitate ease of conference registration, we have Pay Pal as a payment option. These conferences rotate in location around our state. We have 14 voting members on our board and 5 non-voting committee members who all take an active role in their responsibilities. Our board meets quarterly. We have just distributed a membership survey via our list serve seeking to learn members’ current needs.

Accomplishment #3-Modeling leadership for organizational sustainability

Each new chapter president brings new ways of reaching our membership to promote sustainability of our state organization. Board members have volunteered to reach out and address PNP classes at one of the state’s seven PNP programs. Student members, new members, and PNP directors have received email letters about our organization and inviting faculty and students to join us in our activities. We support our national organization by providing a silent auction item for fundraising. We have attended two large hospitals CEU pharmacology conferences with a sponsoring table recruiting for members. We have a purchased a new banner. We invited the Society of Pediatric Nurses to our conferences. We are pilot testing a new social action project. Our fall conference will be collecting donations to support the military families as the conference will be held near an Air Force base. We are pilot testing a mentorship program and will be recruiting for PNP mentors to be matched up with mentees. Our members are engaged in NAPNAP on a national level. Members of the board role model and demonstrate leadership with appointments on NAPNAP’s Research Committee, represented NAPNAP at the 2013 Oral Health Initiative, Membership Committee, and Health Policy Committee. One member ran for a national officer position and another served on the board of AFPNP. Board members are on editorial boards, serve as journal reviewers, and hold officer positions on state professional society on the abuse of children. After a hiatus, we are re-instituting a student scholarship to attend the national meeting and also a $500 research grant to help defray project costs for members engaged in research. As our state is the birthplace of NAPNAP we are actively seeking a venue for preservation of our archival documents in a local university and/or nursing history resource center.
President’s message

I often tell students that reading the newspaper is a source of health care updates and also a source of research ideas for graduate students. I read the Columbus Dispatch daily and in the past month these types of articles appeared sharing the good news about pediatric health care and the areas that need to improve.

The good news:

In a report compiled by the Federal Interagency Forum on Child and Family Statistics data showed that teenage smoking is at a all-time low and teenage birth rates fell for the fourth year in a row.

Published in the Lancet Oncology and reported in Medical News Today (7/14) the pregnancy rate among pediatric cancer survivors was 64%. This rate was similar to non-cancer survivors.

The not so good news:

In a report from the Federal Interagency Forum on Child and Family Statistics it was learned that more children in the US are living in poverty with rates moving from 16% on 2011 to 22% today. This rate was especially high among minority populations.

From the Centers for Disease Control, comparing the 2001 to 2010 National Health and Nutrition Examination Surveys (NHANES), teens self-reported worse health, especially seen in self-report of mental health over time.

In Franklin County Ohio, confirmed by data from the federal Substance Abuse and Mental Health Services Administration, the US has one-fourth of the child psychiatrists it needs for children and adolescents.

Summertime always permits one to take some personal time away from our busy lives and reconnect with family and friends. As I reflect upon my experiences at both national and statewide NAPNAP conferences, it is clearly visible what differences pediatric nurse practitioners make in the lives of children and families. The above examples reflect areas where PNPs already do and can contribute to improve health care for children: whether these contributions are in the arena of primary, acute or mental health. The mission of NAPNAP is promoting optimal health for children through leadership, practice, advocacy, education and research. NAPNAP Chapters provide a local network of advanced practice nurses who care for children. The purpose of our chapter is to establish an association which will assist the PNP in improving the quality of health care for infants, children, and adolescents, that is accomplished through the promotion of role advancement, professional development, and advocacy on behalf of the profession. We are grateful for your membership and support of your professional organization. We look forward to your participation in our activities.
Health Policy/ Legislative

Mandi Cafasso

HOUSE BILL 139

On April 23, 2013 House Bill 139 was introduced to the 130th General Assembly under the sponsorship of representatives Gonzales, Hackett, Letson and Antonio. This bill will allow APRN’s (including CNS, CNM, and CNP) and physician assistants to admit patients to the hospital. Current law only allows a doctor, dentist or podiatrist to admit a patient to a hospital. HB 139, as written, would require the APRN or PA to notify his/her collaborating physician/podiatrist within 12 hours of admitting a patient to the hospital.

The bill is currently assigned to the committee of Health and Aging. If the committee agrees on this bill as written, it will go to the full house for a vote. If the house passes the bill, it will then go to the senate for consideration. Once both chambers have agreed upon and passed the bill it will go to the Governor for signature to become law. This process can take time. The legislature was on break for the summer, but we will keep membership posted as the bill moves through the process to become law.

FEDERAL BILLS IMPACTING PRACTICE

HR 2504/ S 1332 Home Health Care Planning Improvement Act of 2013

The house bill was introduced on June 26, 2013, by Representative Greg Walden of Oregon. The bill amends title XVIII (Medicare) of the Social Security Act to revise conditions of and limitations on payment for home health care services. Passage of this legislation will allow for payment for home health services to Medicare beneficiaries by: (1) a nurse practitioner, (2) a clinical nurse specialist working in collaboration with a physician in accordance with state law, (3) a certified nurse-midwife, or (4) a physician assistant under a physician's supervision.

While few children are recipients of Medicare, the passage of this bill and change to Medicare policy is thought to trickle down to Medicaid and private payors. Currently there are only 3 Ohio representatives co-sponsoring this bill; Rep. Bill Johnson (District 6), Rep. David Joyce (District 14), Rep. Patrick Tiberi (District 12). An identical bill was introduced by Senator Susan Collins of Maine in July. Currently there are only 2 senators co-sponsoring this bill, none of which are from Ohio. NAPNAP encourages you to contact your Senators and Representatives to ask them to co-sponsor this bill.
Changes to Medicare Regulations: From National NAPNAP:

New Medicare regulations that implement a portion of the Patient Protection and Affordable Care Act are scheduled to go into effect. These regulations require APRNs to have Physician documentation that an APRN or other qualified healthcare provider has had a face-to-face encounter with the patient within six months of ordering certain types of DME. The final regulations adopted by CMS state that this documentation must be in the form of a physician’s signature on the patient’s medical record. The regulation also contains a list of items for which this documentation is required, such as home glucose monitors and nebulizers.

Why is it important for PNP’s to take action even though few care for Medicare patients?

A. This regulation restricts the ability of all APRNs to serve their patients by delaying care until the additional required documentation is completed.

B. Other agencies and institutions may impose these same requirements for non-Medicare patient for consistency in ordering and billing procedures

TAKE ACTION NOW

A. Follow the provided link to urge CMS Administrator Marilyn Tavenner to delay implementation of this regulation, especially as it applies to equipment needed by patients that APRNs have been authorized to order for more than 15 years.

Be sure your letter includes a personal comment to make more of an impact.

http://www.napnap.org/NAPNAPAdvocacy/legactioncenter.aspx

Membership Peg DiMarco

Currently we have 402 members in the Ohio Chapter of NAPNAP.
SAVE THE DATES!!!

FALL CONFERENCE 2013: OCTOBER 18-19, 2013 BEAVER CREEK OHIO
HILTON GARDEN INN   Chair: Teresa Thorpe
WATCH THE LISTSERV/ WEBSITE FOR REGISTRATION FORM mid-AUGUST

SPRING CONFERENCE 2014: MAY 2-3, 2013 INDEPENDENCE OHIO
Chairs:Linda Kerr and Heather Schober

PROGRAM PLANNING: With the increasing costs of hotel room rental/ food and AV equipment, Ohio NAPNAP will be increasing the costs of our conferences. We will continue to offer a discount to Ohio NAPNAP members and there will be an early registration discount. For those of you that utilize employer payment, please register early and state on the form that you will be bringing the payment with you to the conference. (Payment must be received to attend)

A typical room rental for one day is $350-$600 (depending on the location of the hotel) most hotels require a minimum of $3500 for food and we are charged that amount regardless if we order that amount. AV equipment can be $1500-$3000. The save the date cards are approximately $225 with printing and postage. Our handouts can run as much as $500 depending on the number we need and number of pages per lecture. As you can see, Ohio NAPNAP does not make money on our conference offerings. It is and always has been our goal to break even with the finances. We currently rely on registration fees and vendor support to accomplish this goal. With the changes in vendor support, often the support is not available. We hope this gives you an idea of why the increase is necessary and assure you that you will still receive a quality conference for the price.

NEEDED: CHAIRPERSONS FOR FALL 2014 CONFERENCES PLEASE EMAIL JILLPNP@YAHOO.COM
Ohio Napnap News

Ohio NAPNAP Listserve                  Angela Hoerstinga

If you any questions or concerns about the Listserve please contact me at my email. address hoerstinga@childrensdayton.org

Ethics Advisor                   Linda A. Strong

Email me if you have questions or suggestions for articles. lastrong@cox.net

Recruitment                     Michelle Wilson

Our President, Jill Kilanowski, recently wrote a letter via the website to all the student PNP’s in Ohio welcoming them to our professional organization and inviting them to serve as a student representative. She is composing a similar letter that will be sent out to our new or recent PNP graduates. We are also continuing to reach out to our Children’s Hospitals Advanced Practice Directors and composing a master contact list to assist us with reaching out to new PNP’s for membership. If you have ideas about recruitment or are interested in participating on our committee, please contact committee chair, Michelle Wilson at mwilson2@chmca.org.

Clinical Practice               Michelle Widecan

As many of us know, Human Papillomavirus (HPV) has been known to cause cervical cancers, the second leading cause of cancer deaths among women in the world. HPV can also cause less common cancers in women such as vaginal and vulvar cancers as well as anal, oropharyngeal cancers in both men and women. HPV can also cause warts in the throat and genital warts. The most common sexually transmitted virus in the US is genital HPV. It has been estimated that more than half of men and women who are sexually active are infected with this virus sometime in their lifetime. It is believed that 20 million Americans are infected currently with HPV and each year six million more will get infected. This is one of those infections that can go undetected for several years after someone has been infected.

In 2010, the latest recommendation for the CDC was for boys and girls are to receive the Human Papillomavirus (HPV) Vaccine in 3 dose series, over a six month period. Only the HPV Gardasil has been approved for administration to boys or young men, but either the HPV
Gardisil or Cervarpx can be administered to girls. The recommendation also is that the initial administration occurs before an individual begins to engage in sexual activity, preferably age 11-12 but can be given older when needed. The HPV Vaccine is most effective when it is given prior to exposure to the virus. HPV vaccine is not able to treat viral infections or HPV-related diseases once a person is infected. The research shows that HPV vaccine should have a long lasting effect like Hepatitis B vaccine and it is most critical that both of these vaccines be given before a teen begins to engage in sexual activity. This vaccine can be given along with other vaccines as well and should be offered as part of the routine vaccination schedule.

As Nurse Practitioners we have duty to our patients to keep them informed and be sure to offer this vaccine along with all the other recommended vaccines for our patients. There is a wealth of information available at [http://www.cdc.gov/vaccines/vpd-vac/hpv/#recs](http://www.cdc.gov/vaccines/vpd-vac/hpv/#recs) as well as information [www.vaccineinformation.org](http://www.vaccineinformation.org). Also check out the latest “Ready, Set, Grow” publication from NAPNAP that was recently distributed for information for your patients and families. Go forth and Immunize!!

**Newsletter**

Heather Schober

If you have any ideas for the newsletter, please feel free to contact me at hls2@uakron.edu or heatherschober@hotmail.com.

**Professional Education Committee Chair**

Barbara Schaffner

**Can RN Licensure of Faculty/Preceptors/Students Cross State Lines??**

Education to become an advanced practice nurse requires not only classroom study but many hours of preceptored clinical experiences. At times the physical location of the student (where the student completes clinical hours) and the physical location of the school in which the student is enrolled crosses state lines. When such student/preceptor/school location crosses state lines, it is important that the student, preceptor, and nursing program understand the rules of licensure for student, preceptor, and faculty.

Ohio Administrative Code (OAC) applies to any and all students having clinical experiences in the state of Ohio. All faculty members supervising student clinical practice in the state of Ohio must have an unencumbered current license to practice nursing in the state of Ohio. This rule applies to faculty who
teach at any nursing school in the US. Any faculty member supervising student clinical experiences in a state other than Ohio needs to consult with the Board of Nursing in that state to assure compliance with all state laws and rules.

All preceptors working with advanced practice nursing students in the state of Ohio must have an unencumbered current license to practice nursing in the state of Ohio along with current credentials (according to Ohio law and rules) in the advanced practice role congruent with the student’s academic program. Preceptors working with students in states other than Ohio must comply with the law and rules of licensure from that particular state.

Proof of nursing licensure of the student in an advanced practice nursing program must be in compliance with the criteria of licensure as set by the school of nursing. The OAC does not require Ohio nursing licensure for students. Please see below for language from the chapter on Exemptions of the OAC 4723.32 (http://codes.ohio.gov/oac/).

Ohio Administrative Code (OAC) 4723.32 Exemptions.
This chapter does not prohibit any of the following:
(F) The practice of nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner by a student currently enrolled in and actively pursuing completion of a program of study leading to initial authorization by the board of nursing to practice nursing in the specialty, if all of the following are the case:
(1) The program qualifies the student to sit for the examination of a national certifying organization approved by the board under section 4723.46 of the Revised Code or the program prepares the student to receive a master's degree in accordance with division (A)(2) of section 4723.41 of the Revised Code;
(2) The student's practice is under the auspices of the program;
(3) The student acts under the supervision of a registered nurse serving for the program as a faculty member, teaching assistant, or preceptor.
Interesting Articles to Share Regarding Mentorship for Nurse Practitioners.....
http://www.mc.vanderbilt.edu/documents/CAPNAH/files/Mentoring/Section%202/Hockenberry_1995_Who%20is%20mentoring%20the%20NP.pdf

Who is mentoring the nurse practitioner?
Marilyn Hockenberry-Eaton & Nancy E. Kline


Transcending into the nurse practitioner role through mentorship.
Hill LA, Sawatzky JA.

Mentoring new nurse practitioners to accelerate their development as primary care providers: a literature review.
Harrington S.
Ohio NAPNAP Board Roster 2013-2014

President: Jill Kilanowski
E-mail Address: Jill.kilanowski@gmail.com

President-Elect: Linda Kerr
E-mail Address: kerrli@hotmail.com

Past President: Michelle Widecan
E-mail Address: Michelle.Widecan@cchmc.org

Secretary: Stacie Huff
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Treasurer: Gail Hornor
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Health Policy/Legislative: Mandi Cafasso
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E-mail address: teresathorpe@yahoo.com

Ethics: Linda Strong  
E-mail address: lastrong@cox.net

Recruitment: Michelle Wilson  
E-mail address: mwilson2@chmca.org

Historian: Open

Fundraising: Open

Student Rep: Open
DEADLINE FOR NEXT NEWSLETTER will be November 1st 2013.

The NEXT NEWSLETTER WILL BE OUT December 2013.