



Ohio Napnap News

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President's Report

Teresa Thorpe

This is my final message to you as president of our great organization. I thought it would be the easiest one for me to write, but I am finding that my thoughts and emotions are running quite high. It has been a great pleasure and very rewarding to be the president of Ohio NAPNAP for the past 3 and ½ years. As you know, the president is seen as the leadership of the organization, but I have to confess that the real backbone of our organization is your Board. They are one of the most talented groups of individuals I have ever had the pleasure of knowing. With their depth of knowledge of Ohio NAPNAP and the role of the pediatric nurse practitioner, they help move along the agenda for our state and national organization. I have found them to only be a phone call or e-mail away anytime I have needed any information or assistance. For this, I am eternally grateful.

As I reflect over what the organization has accomplished during my tenure, there are several I want to share with you. First of all, Ohio NAPNAP is a financially stable organization. This gives us the opportunity to award scholarships and fund initiatives for members. We have a viable and growing bicycle helmet program in which the funding has almost doubled over the past four years. This year we gave out over 300 helmets to children whose families could not afford to purchase these. Countless other children who attended the programs given by our membership learned valuable information on bicycle safety and the benefits of using a helmet.

Secondly, Ohio NAPNAP is able to offer scholarships for members to further develop their knowledge base in a variety of pediatric topic. We have partially funded for a member to attend the Reach Institute which provides education of mental health issues and topics for the pediatric setting. In addition, we have provided additional funding for members who have been selected for the Nurse in Washington Internship program to meet the expenses not covered by their scholarship through National NAPNAP.

Another accomplishment spearheaded by our Program Director (Jill Smith) is our offering to 1 and ½ day educational programs each year. Through her efforts and the committee who volunteer to host these events, we are offered affordable, high quality programs that rival any I have attended at a national level. The topics are timely and often presented by our own talented membership. Keeping the quality of our programs at this high level is time consuming. We are fortunate that Jill is so talented and dedicated to this task. Through her hard work and dedication, Ohio NAPNAP has been approved by NAPNAP to continue to offer continuing education hours for our programs for the next three years. I personally want to thank you Jill for all you do for our organization.

Finally, I want to share with you the two awards we received this year at NAPNAP's annual convention. The chapter received the large chapter award and large chapter



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growth award for this year. As president, I received the accolades for the chapter, but the real winners of this award is you—our membership who work so hard and diligently promoting the goals of our organization. As I step down from this role at the end of June, I know that you will continue to serve and assist the Ohio NAPNAP board and our new president, Michele Widecan as she begins her tenure. Again, thank you for this wonderful opportunity to serve our organization and get to know many of you personally.

President-Elect

Michelle Widecans

Hello all my fellow Ohio NAPNAP members. I wanted to introduce myself since I will be Ohio NAPNAP's President July 1. I am excited but nervous as I take on this new role. I have a number of excellent past presidents to follow. I hope to live up to our members expectations.

First of all I must mention I have a wonderful family, my husband of almost 19 years, 3 beautiful children, Mallory 15 ½, Collin, 12 and J.P, 3 who support my role as a PNP. I grew up in Troy, Ohio but have lived in the Cincinnati area for about 20 years since I left for college. I love to read, go to the beach for vacations, and spend time with my family. My husband is an associate athletic director at the University of Cincinnati and director of football operations. Needless to say, we are very much Bearcat Football Fan. (For those of you who don't know that is the other Ohio team who could give Ohio State a run for their money if they would play us.)

I am a Nurse Practitioner at Cincinnati Children's (CCHMC) in the Emergency Department. In fact, I am the APN Program Lead for our division. I supervise NPs in our division and also work clinically. I currently have eight NPs in the division of Emergency Medicine. I report to both the medical director in our division and the APN clinical director at the hospital. I was the first NP in Emergency Medicine and helped to develop and evolve the role over the years. I am proud to say we are continuing to pave the way for the NP role in our Pediatric Emergency Department at CCHMC. I am both primary and acute care certified but most of our NPs are primary care.

I have been at CCHMC since the spring of 1991 when I started as a nursing assistant while I completed my BSN at the University of Cincinnati. In July of 1992 I was hired as an RN on an infant/toddler med-surg unit and stayed there until December 1995 when I transferred to the Emergency Room to work as a RN. At that time I enrolled in the Graduate Program at the University of Cincinnati to work part time toward my MSN with a focus as a PNP. I worked evenings and nights in the emergency room as a charge nurse/clinical coordinator in management while I completed my MSN. Finally in 2001, I finished with my capstone project, which was related to the Role of the NP in Pediatric Emergency Departments. After presenting my findings to the medical director and nursing director, the division decided to give the role a try. I transitioned into the role in January 2002.



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As I look back, I am very proud and excited to work for a division that supports the role of a NP. We work with staff physicians, attendings, fellows, nurses and other ancillary staff in our emergency department. The NP role this past year expanded to begin working as a second provider in the Urgent Cares that are managed by our division as well as the new ER that was opened at the Children's Liberty Campus as the third provider. Our NPs work mainly with patients who are coming to the ER for minor acute illness/injuries in the fast tract area but sometimes are much more involved and more ill than initially thought when they were triaged. We are all credentialed and privileged by our Medical Staff department and are all enrolled to bill for our services as well. Our physician work with us on more complex patients when we as the NP believe we need to have a physician involved. Over the next several months we are spending time suturing in order to become more competent and proficient with this procedure. Our NPs also splint, remove foreign bodies in the ears/ noses, can perform LPs, digital blocks, pelvic exams, staining of corneas and incision and drainage of abscesses.

I look back over the years, knowing where I was when started, just trying to prove that the role would work in our ER, to now having 8 NPs and a role that is ever evolving and expanding because of the need to provide high quality, cost effective cares to all families who come to the emergency room. I am very proud to be a part of such an excellent division, as well as one the most well know hospitals in the Nation. NPs at our hospital are very large in numbers and are recognized as leaders and necessary for providing high quality, cost effective care in this time of health care crisis.

I hope everyone feels as proud as I do when I tell people I am a Nurse Practitioner. I love to explain my role to others and brag about where I work. We as nurse practitioners have a unique opportunity to continue to be heard and recognized during this time of Health Care Reform. I encourage all of you to be advocates for our role so that all patients continue to receive this high quality, cost effective care we can provide.

Go our web site at <http://www.ohio-napnap.org/> to keep up on chapter news and activity. We are trying to "Go Green" so the newsletter is now posted here instead of mailed four times a year. We are also updating the web page to make it more user-friendly. I would also like to encourage you to go the <http://www.napnap.org> to see what is happening at the national level. There is a new Community Profile you are encouraged to participate in to help you stay more connected to NAPNAP, the issues and be a resource to others as well as develop a community of others with similar interests, otherwise known as social networking. I would encourage you to join this as well.

Like many of you, sometimes I wonder if I have time for these other activities such as being an active board member of Ohio NAPNAP because your families have very busy lives. If you even have just a small amount of time to share, such as participating on a committee, I strongly encourage you to contact us so we can guide you to an area you may be interested in being a part of or could offer your expertise. Everyone's participation, no matter how small is what makes our chapter so great. Lastly, please contact me at Michelle.Widecan@cchmc.org with questions or suggestions for the upcoming 2 years of how to keep our Ohio Chapter going strong.



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Ethics Advisor

Linda A. Strong

I recently attended the 3 day Pediatric Ethics 2010: Advancing the Interests of Children conference held at the Renaissance Cleveland Hotel. It was sponsored by Children's Hospital of Cleveland Clinic, Akron Children's Hospital, Hospice of the Western Reserve, MetroHealth Medical Center and University Hospitals-Rainbow Babies & Children's Hospital. Topics included consultation models, end-of-life decision-making and palliative care, dilemmas in neonatal and pediatric intensive care, ethical challenges in the ambulatory setting, and ethical issues relating to pediatric research and health care reform. The presenters were outstanding experts in the field of pediatric medical ethics. I thought I would share one of the sessions I attended, which seems to be something we commonly see in our practice.

The title of the session was "Do Parents Know Best? Refusals in Outpatient Pediatrics." Dr. Lainie Friedman Ross, Professor at the University of Chicago presented issues surrounding the parental refusal of immunizations to their children. Dr. Ross listed the causes of refusal in pediatrics as the following: lack of mutual understanding; fear; denial; pain; cultural and religious beliefs of the individual; cultural and religious beliefs of community (e.g. criticism if one accepts a blood transfusion); promises of alternate health care providers; lack of resources; and secondary effects of the disease and its' treatment (e.g. fear of side effects).

Dr. Ross presented several case studies, one of them involving a 7-year-old whom had been home-schooled, avoiding all immunizations; because the parent wanted the child to be part of the decision- making process. The child agreed to only 2 needles "today." Questions she asked us to ponder: 1.) Should you work with this family? 2.) Can you work with this family? 3.) What questions about the child and family do you want to ask? 4.) What immunizations do you recommend? What do you do?

In considering our response to parental refusal, Dr. Ross cited the AAP recommendations in dealing with the parents. First and foremost, listen carefully and respectfully to parents' concerns recognizing that parents may not use the same decision making criteria and may weigh evidence differently. Secondly, educate (e.g. Risks of encephalopathy from measles vaccine is 1 in 1 million; Risks of encephalopathy from measles disease is 1000 times greater). Negotiate- some parents may want to delay MMR until 3 years because of fear of autism. She maintains that continued refusal after adequate discussion should be respected unless the child is put at significant risk of harm such as in the case of an epidemic. Lastly, (I was surprised by this) in general, healthcare providers should avoid terminating the relationship. Dr. Ross noted that by not terminating the relationship, there would be opportunities to continue discussion. She also stated that the child still needs and deserves access to medical care for other health problems or issues that may arise. Dr. Ross quoted from the literature that 28% of physicians said they would ask the family to seek care elsewhere if parents refused a specific vaccine. For



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parents refusing all vaccines, about 39% would refer the family. Dr. Ross stated that most parental refusals do not go to court but are resolved through negotiation. However, when the cases do go to court, the physicians usually win.

In closing of the presentation, Dr. Ross discussed the 10 step approach to refusals:

1. Ensure good communication
2. Use of interpreter services or other professionals (social workers, clergy, etc.) to ensure open communication and to help understand the parental perspective
3. Offer to include additional family members considering that in some cultures and families there are other people who may make decisions other than the parents
4. Consider the possibilities of accommodating the family's perspective
5. Consider the need for ensuring the child's voice is heard and determine that child's level of decision-making capacity
6. Reassess the seriousness of the consequences of various options for the child's current and future well-being
7. Consider a second opinion
8. Consider whether there are features of the child's situation which may mean that a medically less-preferable treatment may be overall better for the child
9. Consider an ethics consult if the conflict remains unresolved
10. And finally, if the conflict continues, consider legal involvement-used best only as a last resort! Consider the urgency or seriousness of the need for treatment before making this decision

There were other case studies discussed besides immunization refusal, but all the information presented could be applied to the parent who refuses for example, the newborn blood screening, work-up in the emergency room, genetic testing, etc. As a PNP, we have the child's best interest in mind, but so does that parent. We need to think carefully before we automatically assume that the parent just does not want their child immunized. Dr. Ross made me step back and look at other possibilities rather than dismissing the patient from your practice due to "philosophical differences." What do you think? What have you done with families who refuse immunizations? Have you been successful in changing a parent's mind to immunize their child and how did you do it? What did you say? A very thought provoking issue...

Please email me if you have any ideas or dilemmas. lastrong@cox.net



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Clinical Practice

Jill Kilanowski

For those of you who attended the annual NAPNAP conference in Chicago FREE ACCESS TO CONFERENCE SESSIONS ONLINE AVAILABLE NOW. NAPNAP is pleased to partner with IQ Media, to create our own 2010 Annual Conference unique Online Library. All conference registrants have unlimited free access to 65 conference sessions for one full year! An online library of all approved sessions from the conference (including the live audio and the presentation slides) is now available.

With access to the online library you can "attend" any sessions you may have missed at the conference! CE Contact Hours will become available for selected sessions beginning June 1, 2010.

Using the username and password provided, you can access your online library account at the web address below. ***Each 2010 attendee has been given a unique username and password. Please keep this email as a record of your login information. You will need to enter your unique username and password each time you access the free library throughout the next 12 months.

To access the online library, visit <http://www.intelliquestmedia.com/library/201006>

Policy Committee

Barbara Schaffner

Advanced Practice Nurses in Ohio can be proud of their accomplishments in getting **HB 206 (APN Schedule II Prescriptive Authority bill)** through the Ohio House of Representatives on May 19, 2010!! HB 206 passed by a large majority 85 for, only 13 against. Such a strong showing in due to efforts of thousands of Ohio individual APNs and organizations such as Ohio NAPNAP who showed nursing legislative strength through letters, phone calls, faxes and attendance at the Ohio Statehouse for a Nurses' Rally on the Statehouse lawn!



Ohio NAPNAP was well represented as a proponent of HB 206 and many members attending the Nurses' Rally of the Statehouse lawn! This achievement surely shows "power by the people".

The next step is movement of this bill through the Ohio Senate!! Again APNs in Ohio MUST remain engaged in the political process, MUST provide support through direct contacts with their Ohio Senators! Please keep an eye on the Ohio NAPNAP web page and information through the listserv for needed political action.

Please note that as of now there is NO change in the law regarding APNs and prescribing schedule II medications. **You MUST still follow the current restrictions for Schedule**



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II prescribing (i.e. must be on the Formulary AND must be Physician initiated AND only for a 24-hour refill for a terminally ill patient).

Political Involvement -- Why ME?????

We all have busy schedules, we multi-task , our time is limited, I have too much to do. . . . We all have responded with these and many other answers when asked to contact a legislator, make a call, send an email, fax a letter. But the reality is that we **MUST** make the time, make the call especially in these times of rapid health care change -- nursing is well placed to take **GIANT** steps forward toward leading health care, federal legislation is recognizing the power of nursing, especially advanced practice nurses to fill to void of primary care providers. But we **MUST** act now, be proactive, get involved.

We need to heed the advice of Representative Eddie Bernice Johnson (Democrat from Texas), one of three nurses in the US Congress when she tells us how important our voice is to every member of Congress (taken from May 2010 volume of *American Nurse Today*, page, 22).

"Reaching out to elected officials is extremely important. . . . It's especially important that those working in the nursing field contact legislators on issues directly related to their work, whether the issue is healthcare reform or regulation facing the industry. Decisions legislators make will affect you in your everyday life,

so it's vital that you provide your input....My office is always open to constituents, and I am sure every member of Congress feels the same as well."

Let's all get involved, take the time, seize the moment – as the political opportunity is **NOW!!!**



Newsletter / Website

Linda Kerr

Finally the sun is shining.... Please see the following instructions about networking with your peers on the NAPNAP national website.

If you have ideas or suggestions, please email me.

SOCIAL NETWORKING WITH YOUR NAPNAP COLLEAGUES

Login to the NAPNAP Community today to connect and share your ideas and advice with colleagues.

Getting Started

Before you can use the networking features of the NAPNAP new website you must go to your preferences. This tells the website that you want everyone



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to see, what you belong to, what information you want to be sent to you, and where and how you want it sent. You only need to do this once, but everyone you want to share information with must set their preferences.

Instructions for logging into the NAPNAP website to set your preferences:

1. Go to www.napnap.org and log in with your member number and password. If you forgot your password, click on "forgot password" link and an email will be sent to you. Contact NAPNAP at 877-662-7627 for assistance.
2. Click the "ACCOUNT" tab right under the "Welcome and your name" banner at the top of the page.
3. Check out the information in your profile. This is the information that was entered from your membership form into the database. Correct any errors. SCROLL all the way to the end and make sure everything is correct and that you check how you want the information sent and if you want to vote electronically. No one else can see this information but you.
4. Now click MEMBER CENTER in the left hand column which will return you to the member center page. This is where you will find the WEBINAR that walks you through the website and setting up your groups.
5. Go to the top of the page under the "Welcome and your name" banner and click on the COMMUNITY PROFILE link and begin reviewing your profile.
6. This is where you SET YOUR PREFERENCES and update your information. Your profile should be preloaded with any groups you belong to per your membership form.
7. Now go to the left hand column and click on the PREFERENCE link.
8. Now go down the list and set the preferences, as this sets what people see information you have put on the Website.
9. Now click on the EGROUP tab at the top of the page in the light blue banner under Advocacy.
10. Click on MY SUBSCRIPTIONS in the left hand column.
11. Now you need to ENROLL or SUBSCRIBE to each one of the groups listed. This is very important because if you do not do this then you will not receive a notice that someone has posted information for you on the Web.

- Under the group you should see the e-mail address listed where you want to receive notifications. Confirm this address.

- You must check if you want messages sent to you in "real time" or when messages are batched at the end of the day (**daily digest**) or you can state you **don't want any e-mail** from that group. Most people will not have a **PDA** that they want things sent to but if you do, you can check this box. We are working



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on being able to send text messages to your phone rather than an e-mail but we do not have that available yet. Be sure that HTML is checked at the top (the text here does not mean a text message but the format the message is delivered in).

12. You are now ready to send and receive messages from your Chapter, SIG, Committee or other board.

13. Other activities include blogging, sharing documents in your own resource library, keeping all your CEU activities, finding peer experts to assist with a difficult clinical case or to just stay in touch with your friends and colleagues.

14. Remember this is a secure social networking site that is not available to the public (unlike facebook, myspace, and others). For complete instructions on using all of these features, please click on the Webinar link at the top of the Member Center home page. This webinar is around 45 minutes in length if you view the entire Webinar. Have pen and paper handy to make notes.

15. If you do not feel like you need step by step instructions, click on the "**Community Home Page**" link in the light blue banner at the top of the **Member Center** page. This will take you to the page with instructions to get you started.

16. The best way to learn is just to spend some time and play around in our wonderful new Web page. There are so many wonderful features and information so...

LET'S GET STARTED!!

Member Directory

Find peers and new colleagues who share similar interests or participated in the same activities in the past to build stronger connections.

eGroups

Network with your peers to exchange ideas and information and exchange information in real-time based on communication preferences such as daily digest postings, and RSS subscriptions.

Blogs: found under the Member Directory tab on the left on or the banner tab over your picture.

Resource Library

- Upload / Download multiple file types to share documents
- Comment on your peers' documents and recommend relevant and useful information through peer ratings and topic-based tags.



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Ohio NAPNAP Listserve Awards

Angela Enix

Welcome to the Ohio NAPNAP Listserve! The listserve was created to communicate with members regarding upcoming events (conferences, CE offerings, health policy updates, newsletters, membership renewal, etc.). The Email communications will always have “Ohio NAPNAP” in the subject line for identification purposes. Your Email address will not be shared with any other individuals or groups.

All members will now be included in the listserve. This change was necessary due to the new combined membership process with National NAPNAP and because the Ohio NAPNAP newsletter is now totally electronic. If you wish to be removed from the listserve or have changed your Email address, simply contact Angela Enix at: enixa@childrensdayton.org. Otherwise, sit back and wait for future Ohio NAPNAP communications to come to you.

It is that time of the year again!! It is time to nominate someone that deserves recognition for all their efforts for Ohio kids and their families. Make sure this person/persons receive the cudors they deserve!!! Nominate that student, PNP, or organization!!!The forms for special awards are at the end of the newsletter.

Peg DiMarco

Professional Education

OAANP Legislative Tip-of-the Month, May 2010 – written by Sister Rita McNulty, DNP, RN, CNP. Sister Rita is an Assistance Professor at the Bolton School of Nursing at Case Western Reserve Univ.

What is the Consensus Model for APRN Regulation, and does it say that I will have to have a DNP to practice in 2015?

Simply stated the Consensus Model for APRN Regulation is a model for State Boards of Nursing to regulate CNSs, CNPs, CNMs, and CRNAs. It is a model for regulation that



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ensures APRN education and certification as a valid and reliable process based on nationally recognized standards. The goal is for APRNs to be regulated the same way in every state.

The Consensus Model is a significant and powerful landmark document. The process for consensus-building was facilitated by the American Academy of Colleges of Nursing (AACN) and the National Council of State Boards of Nursing (NCSBN), with many other interested stakeholders present. Amazingly, unanimous agreement was reached for most of the recommendations a 66% majority was used for the few instances when agreement was not unanimous. For more information of the model and details on the process, participants, and list of endorsing organizations, the document is attached or available at the following web site:

<http://www.aacn.nche.edu/Education/pdf/APRNReport.pdf>.

The year 2015 is the target date for implementation. CNSs, CNPs, CNMs, and CRNAs will be licensed as APRNs, a licensing title that will be legally protected. The target date for implementation and the timeline of actual implementation may be complicated by how quickly law and rule can be changed to concur with each other. The consensus model however, provides Boards of Nursing with a process for regulation however, as an agency of state government, the Board of Nursing must function within the current laws of the state, whatever those may be in 2015.

Oh, and about the DNP part. The consensus model does not refer to the DNP directly, but its requirement for entry into practice in 2015 is embedded in the foundational requirements of model.

Peg's Part: BUT this does not mean that those of you practicing as a PNP with an MSN or other qualifications, need to get your DNP and the verdict is still out about a DNP will be needed for entry into practice by 2015.

Nominations

Peg DiMarco

2010 ELECTION RESULTS

PRESIDENT ELECT

Jill Kilanowski, Ph.D, RN, CPNP is a native New Yorker obtaining her Bachelor and Masters degrees at Columbia University. Jill has lived in Ohio for almost 13 years and earned her Ph.D. from The Ohio State University. Her program of research is in nutrition



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and obesity in the children of migrant farm worker children. She is currently an assistant professor at Case Western Reserve University and is a scholar in a CTSA KL2 career development award. Jill has worked in academia, in private practice, in a school-based health clinic, extensively in public health and well child clinics, and served as PNP for 6 years in a high school marching band camp health clinic.

TREASURER

Gail Hornor has been a PNP for fifteen years working in child maltreatment at Nationwide Childrens Hospital in Columbus. She is co-chair of the NAPNAP child maltreatment SIG. Gail has been an Ohio NAPNAP member for many years and is very interested in becoming more involved with the Board and Ohio members.

SECRETARY

Stephanie Marszal MSN, RN, CPNP graduated with her MSN/PNP from the University of Akron. She has worked in private practice offices. Stephanie has served on the Ohio NAPNAP Board in many capacities, most recently the secretary position.

Program Advisor

Jill Smith

The spring conference in Canton was very successful because of many factors. We had great planning, thanks Stephanie and Sharon, a very supportive hotel staff, outstanding PNP speakers and over 70 participants over the weekend. We know as PNPs that we provide quality care to children, but it is always a proud moment when we have outstanding speakers sharing their experience confirming just how great that care is. Again, thank you to everyone that was involved with this conference.

The Fall Conference will be October 22-23, 2010 in Independence at the Embassy Suites. The committee is already underway planning a conference around “natural disasters and the impact on children.” Thanks to Mary Flood and her committee for this outstanding topic. They are attempting to plan a conference with speakers appropriate to both Primary as well as Acute Care PNPs.

We are looking for committee to chair the Spring 2011 conference. We need someone in the Columbus or central Ohio area. Fall 2011 will be in the Cincinnati area. Please consider being a part of Ohio NAPNAP continuing education. It is because of the willingness of our members to help in this manner that we can continue to offer these conferences.



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Ohio NAPNAP was granted a full three year renewal on their CEU PROVIDER status by NAPNAP. This renewal will continue until 2013. Thanks to those that provided support during the renewal process and to Teresa for all the emails she graciously answered.

We will keep you updated on future dates of conferences via the listserv, so make sure we have your most current email address and also check the Ohio Website for additional information.

ATTENTION ALL OHIO NAPNAP MEMBERS!!!!!!

News from APNs in Maryland—an excerpt from their newsletter.....

Congratulations! You and 3400 other nurse practitioners in Maryland are on the way to joining NPs in 28 states that do not require a written collaborative agreement. NPAM thanks every one of you who has been working on getting this legislation passed. A special thank you to Susan Delean Botkin for her tireless efforts and leadership. HB 319/SB 484 has successfully passed the full Senate and House with amendments accepted by NPAM and is awaiting signature from the governor. This bill inserts our scope of practice into statute (previously it was only in regulations) but eliminates the words .written collaborative agreement. in conjunction with our scope of practice, prescription privileges, and designation as a primary care provider by an HMO. Once signed into law by the Governor, the law takes effect October 1, 2010. Board of Nursing regulations will need to be rewritten to accommodate this change.

Interesting Dates email me kerrli@hotmail.com for info or sites

June

National Home Safety Month

Professional Wellness Month

National Great Outdoors Month

National Scleroderma Awareness Month

Stand for Children Day (Annually June 11)

Heart Walk June 5

American Cancer Society's Relay for Life June 11-12

National Children's Day June 13



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July

Firework Safety Month

UV Safety Month

Everyone Deserves a Massage Week (18th-24th)

August

Cataract Awareness Month

National Immunization Awareness Month

World Breastfeeding Week (August 1-7)

Race for the Cure (August 8)

National Health Center Week

F.Y.I.....

Published in *Infectious Diseases in Children* April 2010.

The fourth edition *Preparticipation Physical Evaluation* (PPE) monograph will feature “huge changes,” including recommending preparticipation screening for all youth — not just those who are playing competitive sports, and a revamped health questionnaire that will hone in on certain cardiac health problems.

Cindy J. Chang, MD, who is a member of the monograph writing group, second vice president of the American Medical Society for Sports Medicine and a team physician at the University of California, Berkeley, told *Infectious Diseases in Children* that although the authors acknowledge that immunizations and sick visits are likely to consume most of a physician’s time, it is their goal that recommending PPEs for all children would provide an additional opportunity for a well-child examination.

Cindy J. Chang, MD, assistant clinical professor at the University of California, Berkeley, said that it is the monograph writing group’s goal that recommending PPEs for all children would provide an additional opportunity for a well-child examination.
Photo by Kathleen Ferris

“Our goal in performing a PPE is not to exclude anyone from participation but to promote the health and safety of the athlete for training and competition,” Chang said. “Even if children aren’t trying out for a sport at their middle school or high school, I think the emphasis should be on promoting health and fitness for all kids.”



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Teri M. McCambridge, MD, chairwoman of AAP's Council of Sports Medicine and Fitness and assistant professor of pediatrics at Johns Hopkins University School of Medicine in Baltimore, said there is an added benefit to a regular well-child PPE.

"The [primary care physician] knows the athlete and family the best," McCambridge said. "One of the problems that you run into doing these screening exams [as a team physician] is that you're seeing a piece of paper that a child has filled out. Additionally, especially for college students, they may not have filled it out honestly because they're afraid that it might put their scholarship at stake. But if you're the primary care physician, you know that history or have access to that history and can address it."

The shift in recommending PPEs for all children is just one facet of the "sweeping, huge changes" based on more current scientific data, said William O. Roberts, MD, MS, co-editor of the monograph and a professor in the department of family medicine and community health at the Medical School, University of Minnesota, and director of St. John's Hospital family medicine residency program in St. Paul, Minn.

For years, PPEs have been required from middle school through college for those who wanted to play school sports. Physicians assessed a student's health and granted approval for athletic participation by signing a clearance form. Before the initial monograph's inception, however, no specific recommendations existed to guide physicians in their examinations. Consequently, they became uneasy with the quality of care that children were receiving, Roberts said in an interview.

Even now, PPEs remain inconsistent because clearance forms, which differ from state to state, dictate the way that a PPE is conducted.

"Some states still use a sheet of paper that says, 'Johnny can play.' That's what I grew up with, and we're really trying to move states away from that to a standardized set of questions that might help people around the country," Roberts said. "Our goal is to get some facsimile of the questionnaire used in every state for middle schools, high schools, colleges and, if possible, youth programs around the country."

Past and present versions of the PPE consist of a physical examination component and a questionnaire designed to identify risk factors and predictors of potentially dangerous underlying conditions.

David T. Bernhardt, MD, co-editor of the monograph and professor in the departments of pediatrics, orthopedics and rehabilitation and sports medicine at the University of Wisconsin School of Medicine and Public Health in Madison, said the writing group revamped the questionnaire to hone in on certain cardiac health problems that may be exacerbated by physical activity.



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“The newer questions target some extremely rare heart conditions, such as hypertrophic cardiomyopathy and ion channelopathies, that are more likely to lead to sudden deaths while somebody is exerting himself,” Bernhardt said in an interview with *Infectious Diseases in Children*.

“We’re going to ask questions such as, ‘Has anyone in your family died of sudden infant death syndrome?’ or ‘Have you or has anybody in your family had an unexplained seizure?’ These [health issues] could be indicators of one of these undefined channelopathies,” he said.

The questionnaire now also surveys whether there is a family history of any unexplained drowning or unwitnessed car accidents because research has linked these incidents with undiagnosed heart conditions.

Roberts said the fourth edition of the PPE monograph contains a supplemental education section that will help parents and children better understand the questions and underscore the importance of answering them honestly and correctly.

“The (newest version of the) monograph is almost double the number of pages of the previous edition because we’re trying to explain why there are so many questions,” Roberts said. “We say, ‘These are important questions about your heart,’ to try to emphasize what answering these questions has to do with cardiac status and get people to focus on them.”

ECG controversy

Although the new recommendations hone in on those children who may be most susceptible to cardiac problems during physical activity, the monograph addresses the controversies regarding routine use of electrocardiogram tests, but offers no formal recommendation for or against them.

The International Olympic Committee and the European Society of Cardiology endorse routine ECGs for young competitive athletes. Those European recommendations followed a study from Italy, in which all young athletes were required to get an ECG before participation. The Italians reported an 89% decrease in sudden cardiac death after implementation of that program.

The question of routine ECGs was a controversial issue among the monograph writers but Chang said the writers opted not to recommend for or against routine ECG screening for a multitude of reasons.

“If we mandate screening for everyone, we will lose young kids who can’t afford it or who don’t have access to those services.” Chang said in an interview. “Many any



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physicians and organizations are able to provide accessible, cost-effective, quality ECG screening as part of the PPEs and it's working for them. The topic is complex and one we will continue to monitor in ongoing studies.”

Additions

The updated monograph also contains chapters to guide physicians who are evaluating children with special needs who also want to participate in athletics.

Chang said many children with disabilities participate in sports, citing the Paralympics and the growing popularity of sports such as wheelchair basketball.

These young athletes are phenomenal competitors, Chang said, but they may have special needs that the standard PPE may not address.

For instance, athletes in wheelchairs may have more kidney infections, or children with Down syndrome are at higher risk for cervical and spinal problems. By consulting these sections, physicians may be better able to ensure the safety of the child.

Chang also contributed to the chapter on female athletes. Although the female athlete encounters the same issues as male athletes, certain health problems occur more often in young girls and women, particularly musculoskeletal problems such as anterior cruciate ligament injuries and scoliosis.

Additionally, girls and women typically require longer recovery periods after suffering head injuries or concussions, according to Chang. Energy imbalances and vitamin D levels are also mentioned in the addendum, and there is extensive focus on the prevalence of eating disorders. Chang said if physicians are cognizant of these issues, they can make better recommendations for girls and young women who wish to play certain sports.

Another important aspect of the monograph involves a section on the physical examination form to remind physicians to ask questions on sensitive issues, and an appendix on adolescent screening.

Chang said this part of the monograph provides physicians with extra questions that are specific to adolescents and focus on general health and discuss confidential issues that teens may fill out with or without their parents present.

“It asks about general health issues, like seatbelt use, preventive health behaviors, including using a helmet when riding a bike, and typical types of emotional issues, such as how they are doing in school, their family structure, and drug or alcohol use,” Chang said.



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Looking ahead

Another facet of PPEs that is addressed in the monograph is the electronic preparticipation physical evaluation (ePPE).

“It’s an electronic version of the history form that children can fill out at home with their parents’ help that has all the branching questions. . . . You finish it, print it out and bring it to your doctor, and he’s got that focused history all done,” Roberts said.

Unlike the current form that contains 50 questions, the ePPE can include up to 1,500 questions, depending on the child’s answers. If a child answers “yes” to a question that may indicate a serious health problem, the electronic form branches to include more specific questions, so as to better identify the potential issue.

Roberts said the ePPE may eliminate difficulties with getting parents and children to fill out such a long questionnaire in the waiting room.

By answering at home on a computer at the patient’s convenience, the child and parents may be willing to spend more time on the questions, arming their physician with more thorough information for their visit. – *by Melissa Foster*

– **Steven B. Black, MD**

Infectious Diseases in Children Editorial Board

[Curns AT. *J Infect Dis.* 2010;201:1617-1624.](#)

The researchers compared hospitalization rates for gastroenteritis in the pre- and post-rotavirus vaccine era and observed a 45% reduction in the rate of such hospitalizations in 2008 as compared with the prevaccine years. These observations confirmed the results of prior epidemiologic studies, which demonstrated that rotavirus was the most common cause of hospitalization for gastroenteritis in young children, and also confirmed the predicted efficacy of the vaccine from pre-licensure trials. This is good news for American children, but the news also bodes well for children in developing countries, where it is hoped that vaccine introduction will reduce the high mortality associated with this disease.

Aetna Changes NP Reimbursement

Aetna has announced an upcoming change in their policy regarding NP provider credentialing and reimbursement effective June 2010, allowing for direct reimbursement for NP services, and primary care provider status in states that had not previously had this opportunity. The policy reimburses NP services at 85% of the physician rate for the same services. ACTION REQUEST: AANP is seeking feedback on how this Aetna policy will impact NP practice and patient care. NAPNAP requests that you provide your feedback to http://aanponline.org/survey_aetna/



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OHIO NAPNAP

NOMINATION FOR PNP STUDENT OF THE YEAR

The PNP Student award recognizes an outstanding PNP student. This student should exhibit outstanding behaviors in leadership, scholarship, and professionalism. The student can be self-nominated, but requires two letters of recommendation (one from a faculty member). The PNP student of the year is awarded dues for attendance at one Ohio NAPNAP conference and will be recognized by presentation of a plaque at the fall conference.

Please complete the following information:

Nominee: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home _____ Work: _____

Place of Employment: _____

Email: _____

Nomination submitted by: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home _____ Work _____

Email: _____

Please attach a brief narrative description of the reasons the nominee should receive the award. Include the criteria listed above and curriculum vita (if applicable).

Please submit no later than June 30th to: Angela Enix 700 E. Schantz Avenue
Dayton, Ohio 45419 May also be submitted via email: enixa@childrensdayton.org



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NOMINATION FOR PNP OF THE YEAR

The PNP of the year should be a person who has contributed to the role of the PNP in one or more of the following areas: research in a related field, original publications, community involvement, interdisciplinary affiliations, or innovative leadership. The nominee must be a current, active member of Ohio and National NAPNAP, and be currently practicing as a PNP. The recipient will receive membership dues for one year to Ohio and National NAPNAP, as well as being recognized with a plaque at the fall conference.

Please complete the following information:

Nominee: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home _____ Work: _____

Place of Employment: _____

Email: _____

Nomination submitted by: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home _____ Work _____

Email: _____

Please attach a brief narrative description of the reasons the nominee should receive the award. Include the criteria listed above and curriculum vita (if applicable).

Please submit no later than June 30th to:

Angela Enix 700 E. Schantz Avenue Dayton, Ohio 45419

May also be submitted via email: enixa@childrensdayton.org



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NOMINATION FOR CHILD ADVOCATE AWARD

Child Advocate Award: Recognizes the work of a community member or group that has helped to improve the healthcare of children, while supporting the role of the pediatric nurse practitioner. Nominations, for the Child Advocate Award must be submitted by a member of Ohio NAPNAP. The Child Advocate recipient will be recognized with a plaque at the fall conference.

Please complete the following information:

Nominee: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: Home _____ **Work:** _____

Place of Employment: _____

Email: _____

Nomination submitted by: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: Home _____ **Work** _____

Email: _____

Please attach a brief narrative description of the reasons the nominee should receive the award. Include the criteria listed above and curriculum vita (if applicable).

Please submit no later than June 30th to:

Angela Enix 700 E. Schantz Avenue Dayton, Ohio 45419

May also be submitted via email: enixa@childrensdayton.org