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NURSING FOCUS

Official Publication of the Indiana State Board of Nursing

On the Cover:

Patricia R. Hanrahan

*Clinical Charge Nurse Med/Surg/
Pediatrics, St. Margaret Mercy Health Care
Centers, Dryers, IN*

Indiana State Nurses Assistance Program: ISNAP

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While Saving Careers*



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Indiana State Board of Nursing Professional Staff: From left to right – Sean Gorman, Katrina Simmons, Stacie Barclay, Janet Cassidy, Joyce Krawczyk, Lisa Chapman, Linda Stephenson, and Jodi Pisula.



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Frances L. Kelly
Executive Director

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MESSAGE FROM THE EXECUTIVE DIRECTOR

Sean Gorman, *Director of the Indiana State Board of Nursing*

Dear Indiana Nursing Professional:



Well, the RN renewal cycle has come to a close and our office continues to wrap up the many loose ends from the Board of Nursing's busiest event every two years. This year we really made a conscious effort to encourage nurses to take advantage of our online renewal service to renew their licenses instantly. The online renewal rate was better than we'd even hoped! Of the 84,589 registered nurses who renewed their license this year, 81,394 did so online. This frees up the Nursing Board's staff to process new applications and to answer the many questions we receive each day from nurses. During the final month of this 2009 RN renewal cycle, our Nursing Board staff answered over 2000 phone calls a week, in addition to many e-mail inquiries. I'd like to take this opportunity to share a sampling of our most commonly asked questions from renewing nurses.

Where is my new pocket license? Although the Board has tried to make everybody aware of the change in renewal procedure, from the pages of past Nursing Focus magazines to renewal reminders and in information sent to RNs who renewed their license in 2007 and LPNs who renewed their license in 2008, we still field quite a few of these calls. The Indiana State Board of Nursing no longer issues pocket license cards. In fact, as of Dec. 1, 2009, the Board no longer issues any pocket cards or wall certificates as part of the licensing process. Pocket cards and wall certificates are available for separate purchase via our website at www.in.gov/pla.

Why did you send the renewal notifications via e-mail? The Nursing Board is housed under the Indiana Professional Licensing Agency, which, like all other state government agencies in the state, is exploring ways to do the same work with fewer resources. By sending out the renewal notifications via e-mail, the Agency saved approximately \$35,000 in postage and printing costs during this year's RN renewal cycle. That is in addition to the thousands of dollars saved by not issuing new pocket

licenses during this renewal cycle. Those cost savings helps to ensure that licensing fees in Indiana remain among the lowest in the country for nurses.

I didn't receive a renewal reminder and forgot to renew on time. Can you refund the late renewal fee?

The Board makes every attempt to provide reminders to nurses about the upcoming renewal deadline. This year, if you had an e-mail address on file with the Board, we sent several email notifications to that address. If our e-mails came back as undeliverable or if we did not have an e-mail address, we sent a renewal reminder via regular mail to the address on record with the Board. In the future, more of our correspondence will take place electronically, so it is important for you to keep your contact information up to date (your current address is required to be on file with the Board as part of your license to practice). Ultimately though, your responsibility to renew your license is your own as a professional. Late renewal fees are not refundable. License renewals for RNs are always due Oct. 31 of odd-numbered years and renewals for LPNs are always due October 31 of even-numbered years.

Although we were extremely busy the past three months with RN renewals, and there is much left to do behind the scenes, things ended up going more smoothly than we expected. As always, please feel free to contact us with your comments or suggestions: Our group email is pla2@pla.in.gov, or we can be reached by telephone at (317) 234-2043.

Yours truly,

A handwritten signature in dark ink that reads "Sean M. Gorman".

Sean Gorman
Director, Indiana State Board of Nursing

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Indiana State Nurses Assistance Program: ISNAP

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An unsettling statistic, relevant to nursing, is that alcohol and drug abuse have become the third highest preventable health problem in the US.

It is known, that nurses and other health care professionals are not exempt from this health crisis. Not only do we, as nurses, need to be aware of these statistics so we can safely care for our patients but also for our staff members and ourselves.

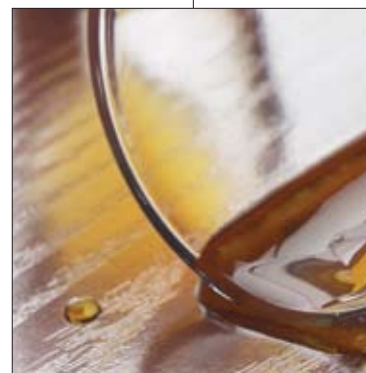
Conservative estimates, nationally, suggest that somewhere between 7 to 10 percent of the American population are addicted to alcohol or other drugs. Many researchers believe the figure to be much higher, reaching nearly twenty percent. Accurate statistical numbers are difficult to obtain, as addiction is a highly stigmatized disease; the addicted person feels tremendous shame and tends to hide.

The impact of a person's addiction is felt directly AND upon everyone else in their sphere. Family, friends and co-workers are negatively affected. With the impaired nurse, it is patient safety with which we are most concerned. In nursing, the primary concern is for the patient. We cannot accurately determine the actual costs of patient care errors which are caused by impaired nurses.

Some experts in recovery suggest that these estimates are higher than for the general population; due perhaps to nurses' ready access to controlled substances, as well as the increased stress on today's nurses. The good news is that for those who decide to undergo treatment, a successful recovery is possible.

- Chemical Dependency is a primary, chronic and progressive disease and is not a moral issue.
- Untreated substance abuse is a quality-of-life threatening illness with potentially fatal consequences.
- Successful rehabilitation is possible with appropriate treatment and support.

Nurses care for others, that is who we are. A nurse, who becomes impaired due to the abuse of alcohol and other drugs, deserves the care and support offered to any chronically ill patient. Addiction is a disease process. And as an illness,



substance use disorders have identifiable symptoms and predictable outcomes unless treated. Nurses frequently do not seek treatment for alcohol and other drug problems because of their fear of exposure, possible loss of employment and the judgment of their peers. As a profession, it is in our collective best interest to help impaired nurses achieve recovery.

Consumer Protection

Identification, intervention and appropriate treatment leading to rehabilitation create safer work environments for both our patients as well as the staff. It is ISNAP's primary purpose to ensure public safety. ISNAP is governed by the Indiana State Board of Nursing. Indiana statutes direct the monitoring and facilitation of the recovery of Indiana Nurses who have a DSM-IV diagnosis of Substance Use Abuse or Dependency. The preservation of Indiana's nurse resources is a vital concern for us.

It is a nurses' ethical, professional and legal responsibility, in Indiana, to help identify impaired colleagues to ensure patient/client safety. Some health care systems have policies and procedures in place, which aid in reporting and helping impaired colleagues. If your facility does not have such a process in place, our Program Director can present an in-service at your location. Detection and treatment protects the rights of the patient, the impaired nurse

and the employer.

The disease of addiction has observable, predictable symptoms and outcomes, which may be fatal if left untreated. Addiction is caused by the interaction of biological, psychosocial and environmental factors. As with other chronic diseases, treatment is effective, but there is no cure for addiction. The person remains at lifelong risk for relapse. Total abstinence from all psychoactive substances is essential to maintain sobriety. Continual self-care planning is an integral component of monitoring; including ongoing involvement with 12-Step recovery groups such as Alcoholics Anonymous, Narcotics Anonymous and Nurse Support Meetings.

continued on page 8 >>>

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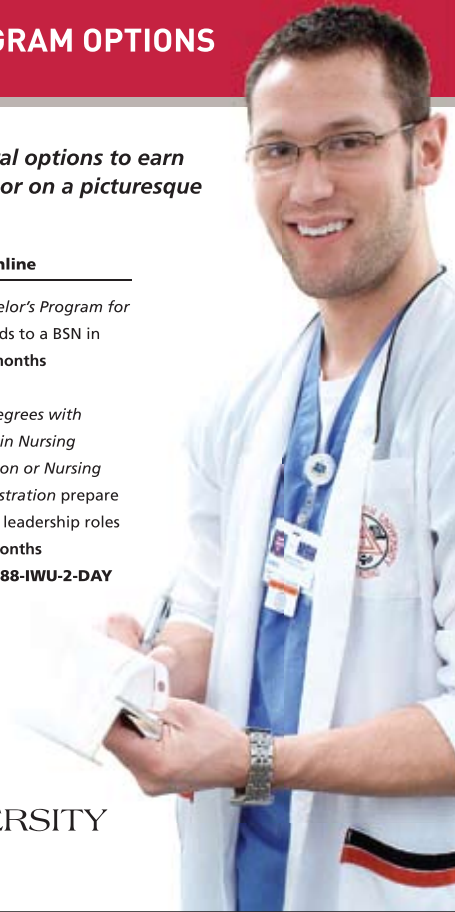
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How and When to Report

Feel free to call ISNAP at any time to get more information or to get your questions answered about suspected impairment. You may also request from us a short in-service educational program by one of our staff for your facility.

If you suspect you have a problem, you may call anytime. By contacting ISNAP yourself, you will eliminate the difficulties of a public hearing of your case before the Board of Nursing. Subsequently, by entering into a monitoring agreement with ISNAP and remaining in complete compliance, you preserve your license to practice nursing.

Any citizen, patient, family member, nurse or administrator may report instances of impairment to either the Attorney General's office or to ISNAP. By Indiana statute, licensed practical and registered nurses are required to report impairment. Rule 2. Rule 3. Additionally, registered nurses are ethically required to take action as directed by the American Nurses Association's Code of Ethics, provisions 2 & 3, 5 & 9

You may call ISNAP during the hours of 7:30am-4:30pm Monday to Friday at (317) 295-9862 or (800) 638-6623; or if you are experiencing an emergency you can contact our emergency beeper, (317) 554-7872, for help.

Help is available. Recovery from addiction is possible. Intervention and treatment do make a difference and help to return a nurse to good health and a safe nursing practice.

When you call us, you will be asked to provide details concerning the incident, the name of the nurse and if you know it, his or her address, phone number and place of employment. You will be asked to provide your name and contact information. Your information remains confidential during the investigation and is only divulged to the Attorney General's Office if proceedings are undertaken.

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Lorie A. Brown, R.N., M.N., J.D.

“ASK A NURSE ATTORNEY”

Nurses, welcome to “Ask a Nurse Attorney.” This section is designed for licensed nurses to ask questions to a nurse attorney. If you have a question that you would like to have answered, please feel free to e-mail Lorie@brownlaw1.com. If your question is selected, it will appear in the upcoming issues of Nursing Focus.

Dear Nurse Attorney,

Recently, a physician on the cardiac care unit where I work discharged a patient who I felt was too unstable to go home. I questioned the physician about the discharge and the physician told me that the patient's insurance company would not authorize payment for any additional days in the hospital. The patient went home without harm but if something would have happened, would I have been responsible?

Concerned R.N.

Dear Concerned R. N.,

You posed an excellent question and have every right to be concerned. With changes in reimbursement, and health care reform, it is not cost-effective for hospitals to keep patients when they are no longer getting reimbursed. However, if a patient's condition is such that discharge may cause the patient harm, you have a duty to notify the physician and to express your concerns. I would contact the physician and tell him, objectively, why you feel that the patient is not ready to be discharged. If the patient has a documented medical problem in which acute care hospitalization is still required, the physician also has a duty to keep the patient hospitalized. If the patient is discharged and harm results because of his premature discharge, both you and the physician may be liable.

If it is a situation where there is a poor home environment or the patient's needs may not be met after discharge, you have an obligation to get the social work department involved. The key to these types of situations is early discharge planning because if discharge planning was initiated early, many of these situations can be avoided.

If the situation is a documented medical problem which requires acute care hospitalization and you do notify the physician and the physician still insists on discharge, you need to thoroughly document your conversations with the physician and call the nursing supervisor. If the nursing supervisor agrees with your evaluation of the patient's status, she may need to call the physician herself or contact the medical director.

Not only does the nurse have a duty to contact the physician when a patient is being discharged too early, the nurse also has a duty to contact the physician when the home environment does not have the supplies, staff and/or equipment necessary to adequately take care of the patient. The nurse in that situation must then recommend transferring the patient to another facility which has those services.

Lorie A. Brown, R.N., M.N., J.D.

Lorie A. Brown, R.N., M.N., J.D., of Brown Law Office, Indianapolis, Indiana, (317) 465-1065, is a practicing nurse-attorney who represents nurses for licensing issues before the Board and for contracting matters. The views expressed in this column are those of the author. www.brownlaw1.com

FOCUS ON:

Patricia R. Hanrahan

Hometown: St. John, Indiana

Position/Facility: Clinical Charge Nurse Med/Surg/Pediatrics
St. Margaret Mercy Health Care Centers
Dyer, Indiana

Education: ADN RN, ANCC/PEDS, ENPC; graduate of Indiana University NW

Experience: 16 years pediatrics with 10 of those med/surg combined

Q&A

I became a nurse because:

Growing up my grandmother was a nurse at Dyer Mercy Hospital, which is now Saint Margaret Mercy Health Care Centers. She always wanted one of us to follow in her footsteps and become a nurse; unfortunately she passed before knowing I followed her dream. I have always been one to take charge and care for anyone who needed help, so nursing seemed to fit the bill for me.

I decided to be a nurse at age:

I guess I was a "late bloomer" going to college at 40 years old to become a nurse. I had already been a stay at home mom for my 2 children, was the softball mom and helped out at the baseball fields. When my children were older I worked at the elementary school as a library assistant for ten years. I guess specializing in pediatrics was just a natural course for me.

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Patients would describe me as:

I think my patients feel I am a strong advocate for them, a liaison between them and their doctor. I am caring and conscientious, listen to their concerns, and do my utmost to make their hospital stay as comfortable as possible. I try to continually keep them informed about their plan of care and educate them regarding their discharge. I feel the patients and their families appreciate truly appreciate this knowledge and care.

I am most skilled at:

I am calm in an emergency which helps to keep others calm. It's easy for families to become overwhelmed when a loved one is sick, especially a child. I feel I can take charge of the situation, keep calm and reassuring, keep things organized, and most importantly take compassionate care of the patient.

The most challenging part of my job is:

The people I meet every day. Every patient and every family has a different problem, a different crisis that needs to be solved. I am challenged everyday to intervene in their lives, interact with their family members and coordinate their care to the best of my ability.

The one thing I would change about my chosen profession:

I don't think I would change a thing about the profession of nursing. Sure, there is always the problem of the doctor that doesn't always call back right away, the family member that doesn't feel you are doing quite enough or doing it fast enough for the patient, finding that elusive piece of equipment you need right now. Solving problems, working closely with my colleagues, helping the sick is why I became a nurse. Why would I change it?

If I weren't a nurse I might be:

I think if I hadn't become a nurse I would have been an educator. Nursing blends the caring and compassionate part of me and the teaching part together. I have always loved being around children and watching them grow and learn, pediatric nursing is a large part of that segment of my life.

The thing I like most about nursing:

The satisfaction to me is the hug from a person that a few short days ago was a total stranger and now I have made a marked difference in their lives; educated them a little more about their condition. The smile and wave as they leave the hospital feeling so much better than when they came in, just knowing that I have helped make that change is my reward for becoming a nurse.

Why I chose to practice in Indiana:

I grew up in Hammond, Indiana and practice nursing with in the same 20 mile radius of where I lived as a child. At some time in my career I have cared for many friends, acquaintances and their families. What better way to give back to the community than to care for loved ones.



The best advice I could give a new nurse is:

Take the time to listen to your patients, form a bond between them and you, and understand their needs. Be the best advocate for them that you can and you will savor the rewards of nursing.

Patricia was the recipient of The St. Margaret of Cortona Nurse of the Year 2009 for St. Margaret Mercy Health Care Centers.

Disciplinary Actions

Indefinite Suspension—Indefinitely prohibited from practicing for a specified minimum period of time.

Indefinite Probation—License is placed on probation for a specified minimum period of time with terms and conditions.

Renewal Denied—The nurse's license will not be renewed, therefore, she/he does not have a license to practice in Indiana.

Summary Suspension—Immediate threat to the public health and safety should they be allowed to continue to practice. Issued for a period of ninety (90) days but can be renewed with Board approval.

Letter of Reprimand—Letter issued by the Board to the nurse indicating that what she/he did was wrong.

Revoked—An individual whose license has been revoked may not apply for a new license until seven (7) years after the date of revocation.

CEUs—Continuing Education Credits

Fine—Disciplinary fee imposed by the Board.

Censure—A verbal reprimand given by the Board.

August 20, 2009 Board Meeting

NAME	License #	Board Action Taken
Jane B. Walters	28077617A	Continued
Sandra Denise Love	27032353A	Continued
Jeffrey Cole	28094780A	Continued
Karen Kay Townsend	28117871A	Indefinite Suspension for 6 months
Carolyn Landis-Delaney	28085419A	\$250.00 fine
Kevin S. Tackett	28148606A	Indefinite Suspension
Paul R. Smith	27046898A	Continued
Eric Ping	28147923A	Probation withdrawn
Angela Darnetta Hayes	27023633A	Indefinite Suspension
Kathy Day	28184059A	Indefinite Suspension
Kimberly Ann Southworth	281330115A	Probation withdrawn
Amy Eden Blevins	28092882A	License reinstated after refresher course
Tami Lynn Hopper	27048814A	Indefinite Probation
Dianne Leach	28096642A, 27017978A	Indefinite Probation
Debra Noreen Coffey	27014745A	Indefinite Probation
Shannon Plankenhorn	28132129A, 27020281A	Continued
Deidre Foster	28073254A, 71000210A	Indefinite Suspension for 3 months
Robyn Maddox	28185740A	Probation withdrawn
Sivonia Jo Monce	28123438A	Reinstated on Probation must complete 24 contact hours of continuing education for nurses prior to practice
Rebecca Estes	27053001A	Probation withdrawn
Ruth D. Jenkins	27041736A	Probation withdrawn
Cheryl Renee Beaver	28125454A	Continued on Indefinite Suspension for at least 6 months
Patricia Mathews	28115716A	Indefinite Probation; \$250.00 fine
Daniel J. Dauscher	27041632A	Continued
Latisha Jarecki	27054544A	Notice of Proposed Default
Patty Jean Garlick	28077437A	Indefinite Suspension; \$500.00 fine
Dawn Marie Wiley	27047427A	Continued
Liza Aspiras	28147132A	Settlement Conference
Susan A. Kroll Batenten	28104341A	Indefinite Probation
Carl Carnes	pending application	Continued
Jean Marie Hicks	28113456A	Continued
Gregory Rhodes	27036896A	Notice of Proposed Default
Sue Ellen Krentz	28138309A	Notice of Proposed Default
Charles Woodson	28126400A	Indefinite Probation \$250.00 fine
Julie Anderson	28142547A	Reinstated on Indefinite Probation
Lea Ann Short	27048771A	Modified Probation
Kimberly Kay Koenig	27046634A	Continued

September 17, 2009 Board Meeting

NAME	License #	Board Action Taken
Paul Thornton	28134488A	Indefinite Suspension; \$1000.00 fine
Jacki Lynn Stoops Jackson	27047527A	Notice of Proposed Default
Kimbra Lee Rangel	28103199A	Indefinite Suspension; \$250.00 fine
Jewel Breckenridge	27036409A	\$250.00 fine
Eva Gail Batman	27033433A	\$250.00 fine
Rachelle Goddard	28162913A	Notice of Proposed Default
James Allen Eastwood	27036256A	Notice of Proposed Default
Susan White Smith	28149221A	Respondent's request to reinstate was denied
Sharrone Lytrece Freeman	27033494A	Reinstated on Indefinite Probation
Judith Anne Dickinson	27014907A	Reinstated on Indefinite Probation
Laura Marie Walter	28134452A	Reinstated on Indefinite Probation
Kimberly Kay Zorman	28139993A	Reinstated free and clear
Brooke Calhoun	28153265A	\$250.00 fine
Rachel Bishop	27034079A	\$250.00 fine
Tammy Jo Walker	27036078A	Indefinite Suspension; \$250.00 fine
Cheryl Shepard	28132892A	Continued
Timothy Hammel	27043696A	Revoked
Kimberly Kay Koenig	27040146A	Notice of Proposed Default
Renee Annette Christ	28150026A	Probation withdrawn
Sharon Sue Stowers	28108674A	Continued on Probation for 6 months
Jean Marie Hicks	28113456A	Continued
Dawn Marie Wiley	27047427A	Continued
Daniel J. Dauscher	27041632A	Emergency Suspension for 90 days
Paul R. Smith	27046898A	Settlement Conference
Jane B. Walters	28077617A	Continued to October
Sandra Love	27032353A	Continued
Jeffrey Cole	28094780A	Continued to October
Shannon Plankenhorn	28132129A	Continued to October
Cynthia Doty	28130589A	Indefinite Probation; \$250.00 fine
Carl Carnes	pending application	table until October meeting
Lou Ann Lindamood	28111112A	Indefinite Probation; \$1250.00 fine
Gina Ulanowski	28184796A	Probation withdrawn
April Hughes	28149040A	Continued
Judith Kay Daum	27038659A	Notice of Proposed Default
Kimberly Eisenmenger	27033394A	Notice of Proposed Default
Carrie Williams	27048067A	Indefinite Suspension
Allen Whittington	28094255A	Revoked
Christina Painter	28125249A	Continued
Linda Garner_Gerling	27016079A	Continued
Gwendolyn Craven	281566434A	Rescheduled for October
Debra Lynn Patton	27038276A	Reinstated free and clear
Raushanah Bryant	27060120A	Probation withdrawn
David Loeffler Jr.	27059378A	Emergency Suspension for 90 days

continued on page 14

Quality Time

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Janet Lambert, RN

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Disciplinary Actions

October 15, 2009 Board Meeting **continued from page 12**

NAME	License #	Board Action Taken
Shannon Plankengorn	28132129A	Indefinite suspension; \$250 fine
Tammy Friedman	28108095A	Rescheduled for November
Shirley Erney	28128810A	Indefinite Suspension; \$500.00 fine
Dana Paplauskas	28158895A	Indefinite Suspension; \$250.00 fine
Julie Green	27052013A	continued
Billie Ruth Thomas	27044063A	Emergency Suspension for 90 days
Natalie Jo Cross	27034242A	Emergency Suspension for 90 days
Imelda Vest	27029645A	\$250.00 fine
Marjorie Osborn	27061065A	\$250.00 fine; 24 contact hours of continuing education for nurses
Martha Likens	27041889A	Continued to November
Bonnie Sue Quick	27034948A	Notice of Proposed Default
Gene Maureen Tosh	28139248A	Notice of Proposed Default
Mary Ann Edwards	28142623A	Emergency Suspension for 90 days
Cheryl Shepard	28132892A	Continued to November
April Dawn Hughes	28149040A	Continued
Christina Painter	28125249A	Continued
Jeffrey Cole	28094780A	\$250.00 fine
Tara Lee Ryan	28161823A, 27046599A	Indefinite Suspension for at least 5 years
Jean Marie Hicks	28113456A	Indefinite Probation
Dawn Marie Wiley	27047427A	Continued
Daniel J. Dauscher	27041632A	Indefinite Suspension for at least 6 months
Jane B. Walters	28077617A	Indefinite Probation
Sandra Love	27032353A	Continued
Michelle R. Alvarez	28154916A	Probation withdrawn

NAME	License #	Board Action Taken
27028976A, 28106456A		Probation withdrawn
Suzanne Klinker	28186948A	Continued
Gwendolyn Craven	28156434A	Probation withdrawn
Rachel Coffey	28173425A	Probation withdrawn
John Haines	28162758A	Probation withdrawn
Patricia Oates	27052996A	Notice of Proposed Default
Tonya Campbell	27051426A	Continued
Alicia Lambert	27041304A	Indefinite Suspension; \$250.00 fine
Shannon Clark	28162746A	Notice of Proposed Default
Linda Garner-Gerling	27016079A	withdrawn at respondent's request
Sheila Breckenridge	27055746A	Indefinite Suspension until Ohio license is reinstated
Ellen Tice	2706098A	Emergency Suspension for 90 days
Andrew Sean Hicks	27025534A	Notice of Proposed Default
Gregory Evans	28098014A	Indefinite Suspension for at least 6 months
Carl Carnes	pending application	Continued to November
Heather Whitmer	28161403A	Emergency Suspension for 90 days
Donald Kirtley	28141786A	Probation withdrawn
Sierra Dingus	27059677A	Probation withdrawn
Stephanie Kay Burthay	27052506A	Reinstated on Indefinite Probation
Terrie Breedlove	pending application	License application was denied
Sharon Lowman	27061428A	Settlement
Gregory Rhodes	27036896A	Indefinite Suspension for at least 99 years; \$5000.00 fine
Rachelle Goddard	28162913A	\$250.00 fine 12 ceu's
James Allen Eastwood	27036256A	Indefinite Suspension for at least 99 years

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Indiana Nursing Board Meetings

The Indiana State Board of Nursing normally meets on the third Thursday of every month. The meetings are scheduled to begin at 8:30 a.m. and continue until business has been completed. Nursing Board Meetings are open to the public.

The meetings are conducted in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. If you have any questions about attending a meeting, you may contact the Board at (317) 234-2043 or via e-mail at pla2@pla.IN.gov. Meeting agendas will be available at www.pla.IN.gov one week prior to the meeting.

2010 Nursing Board Meeting Schedule

January 21, 2010	July 16, 2010
February 18, 2010	August 19, 2010
March 18, 2010	September 16, 2010
April 15, 2010	October 21, 2010
May 20, 2010	November 18, 2010
June 15, 2010	December 16, 2010

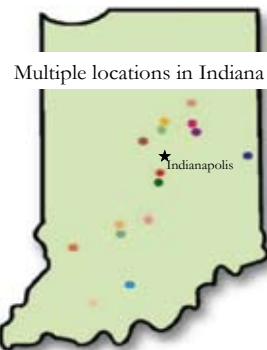


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REFLECTING

on Mom's Career as a Nurse

•by Beth Lafferty

My mother, Verona Lafferty was a nurse. I don't think it was as much a profession for her as it was a calling; a calling that she answered faithfully for 50 years. Even though she retired in 1985, she maintained her license until her death this past April at the age of 94.

Mom was old school; she stood when a doctor entered the room. She referred to her patients as "Mrs." or "Mr." unless they had given her permission to call them by first names. She considered nurses who called their patients "honey" or "dearie" to be ill-bred and condescending; an embarrassment to the profession. Treating a patient with dignity and respect showed compassion to one made vulnerable by illness and being in a strange place.

Mom served as a nurse/anesthetist in the U. S. Army during World War II. She spent over three years with the 21st General Hospital unit in North Africa, Italy and France, attaining the rank of Captain and earning three Bronze Battle stars. My mother's religious upbringing made her uncomfortable with colorful language and her favorite exclamation was "Good Lord, Gussie!" "Gus" became her nickname and she carried it fondly for the rest of her life.

Mom had a tender touch and a no-nonsense attitude. Each patient or situation was approached with "What do we have? What do we need? How do we accomplish the goal?" And make no mistake, whatever the goal was, it would be accomplished.

She cared for countless numbers of G.I.s during the war, in Veteran's hospitals after the war, and in surgical wards. She wrote letters, held hands, bathed, helped lift patients and changed beds (as all nurses do) with the patient in the bed. She ended her career as the head nurse of an obstetrics ward. In that capacity she often served as labor coach: supporting, encouraging, and occasionally stopping the fearful cries of "I can't do this!" with the surprising "You're going to be a mom and this baby needs you! You are doing this!" These were the experiences that gave her pride in her pro-

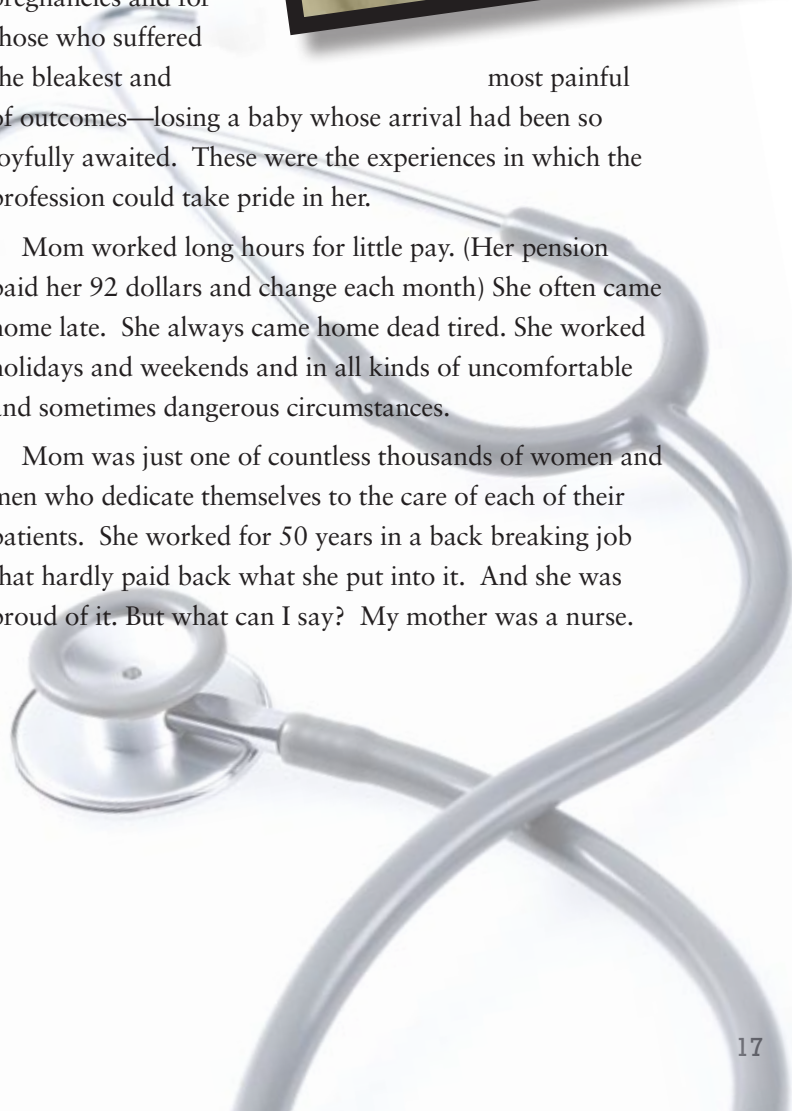
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She was also there for the hard times: for soldiers who wouldn't make it home, for chronically ill and disabled veterans, for terminal patients, for women with complicated pregnancies and for those who suffered the bleakest and

most painful of outcomes—losing a baby whose arrival had been so joyfully awaited. These were the experiences in which the profession could take pride in her.

Mom worked long hours for little pay. (Her pension paid her 92 dollars and change each month) She often came home late. She always came home dead tired. She worked holidays and weekends and in all kinds of uncomfortable and sometimes dangerous circumstances.

Mom was just one of countless thousands of women and men who dedicate themselves to the care of each of their patients. She worked for 50 years in a back breaking job that hardly paid back what she put into it. And she was proud of it. But what can I say? My mother was a nurse.



INWDC – Keeping Nurses in Indiana's Future

by Barbara Mitchell, MSN, MS, RN, BC, INWDC Board Member (on behalf of INWDC)

A transitive easing of the nursing shortage can easily be mistaken for a long-term solution. Registered nurses are delaying retirements, re-entering the nursing workforce, and working more hours due to the economic recession. Recent graduates have seen a competitive new graduate market. However, the projected growth in the demand for highly skilled nurses for an increasingly complex healthcare environment, concurrent with the graying of the nursing workforce, has analysts at the US Bureau of Labor Statistics projecting that more than 587,000 new nursing positions will be created through 2016. We must not be caught off guard. When the recession ends and healthcare reform emerges, increased access to healthcare is anticipated to result in the demand for qualified nursing professionals. The annual survey conducted by the **Indiana Nursing Workforce Development Coalition (INWDC)** indicates 2,500 qualified students a year are not able to gain admission to nursing schools, due in large part to a nurse faculty shortage. These statistics are important to analyze as we look at the nursing shortage in its totality.

INWDC is nationally recognized as a center that identifies and strategically aligns resources to meet the nursing workforce needs of Indiana. Its 25-member volunteer board is comprised of representatives from healthcare agencies, educational institutions, regional collaboratives, nursing organizations, and state oriented

agencies that represent geographical locations around the state. The funds that support this work have come from small private grants and contributors who have the vision to understand the impact the nursing shortage will have on the quality and cost of healthcare in this state in the next 10-15 years. INWDC's purpose is to seek solutions for an optimal nursing workforce to meet current and emerging healthcare needs of Indiana's citizens across the healthcare continuum.

One effort in seeking solutions is the development and maintenance of a six-year database on Indiana schools of nursing enrollments, graduations, and faculty needs. The data is compelling. The bottleneck caused, in part, by the nurse faculty shortage, jeopardizes our ability to prepare well-educated and skilled nursing professionals for the future. In addition, a disparity in nurse faculty salaries exists as compared to their academic counterparts in other disciplines and nurse colleagues in practice settings. We must find ways to increase the number of nurse faculty positions in the state and grow the pool of eligible nurses to fill these positions. The complete survey is available at www.indiananursingworkforce.org

Donna Boland, president of INWDC, states, "We need to fill faculty vacancies, create additional faculty positions and prepare nurses for faculty roles to replace the 59 percent of the current faculty who will
continued on page 20 >>>

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Friday, Apr 23 – Cabo San Lucas, Mexico
Saturday, Apr 24 – Fun Day At Sea
Sunday, Apr 25 – Los Angeles (Long Beach), CA

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continued from page 20 >>>

reach retirement age in the next 10 years.”

In addressing nursing workforce needs in the state, INWDC has convened statewide workshops that have drawn representatives from various nursing organizations, healthcare professions, the business community, educators, consumers, and legislators in seeking solutions.

Accomplishments to date:

Data – Education, Supply, and Demand – critical in projecting the pipeline and forecasting nursing workforce needs

- Distributed sixth annual survey for collection of statewide schools of nursing data on admissions, graduations, diversity, faculty needs, disparities in faculty salaries, and education-practice partnerships
- Collaborated with Area Health Education Center (AHEC) and those responsible for data analysis to provide input into the refinement of questions asked on Indiana RN Licensure survey process
- Worked collaboratively with the Indiana Hospital Association in their collection of quarterly Benchmark Surveys of RN vacancies

Consistent Message

- Developed a new website to facilitate communication of nursing shortage issues and information www.indiananursingworkforce.org
- Conducted three statewide workshops that produced a consensus document identifying nurse faculty shortage as a priority issue for nursing in Indiana; regional effort to educate critical stakeholders; and development of an action plan with a national leader in

nursing workforce

Met with state legislators to discuss faculty capacity issues INWDC evolved as a Center for Workforce Development

- Gained status as a 501c3 organization
- Accepted for membership in the Forum of State Nursing Workforce Centers, a national entity
- Participated in drafting national Minimum Nurse Workforce Datasets on education, supply, and demand through membership in Forum of State Nursing Workforce Centers
- Participated in the all-Country Education Capacity Summit
- Submitted an Indiana Team for Nursing proposal asking for technical assistance in developing strategies to address faculty nurse shortage issues which was accepted

INWDC's Long View

- Assure quality education programs to prepare the next generation of nurses to practice in complex healthcare environments
- Prepare outstanding faculty to impact student learning and ultimately nursing care delivery
- Create a collaboration where healthcare systems and agencies, nursing practice and education, and providers of care across the health continuum work together to promote nursing care environments of excellence
- Collect, analyze, distribute, and interpret trends related to the national data set

INWDC is actively involved in efforts to sustain the activities of the Indiana Nursing Workforce Development Coalition. We are committed to providing leadership in developing collaborative strategies that will ensure that Indiana has the quality nursing workforce needed over the next two decades.

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