THE OFFICIAL PUBLICATION OF THE MISSOURI NURSES ASSOCIATION

ISSUE 2, 2014

THE MISSOURI NURSE

WE HAVE YOUR BACK!
The purpose of The Missouri Nurse, the official publication of the Missouri Nurses Association (MONA), is to disseminate information regarding policies, positions, and activities of the Association and to provide a forum for discussion of nursing issues relevant to its members.

The Missouri Nurse attempts to select authors who are knowledgeable in their fields. However, it does not warrant the expertise of any author, nor is it responsible for any statements made by any author. This publication is peer reviewed; however, Special Column sections are written by editorial invitation only and are not peer reviewed.

The Missouri Nurse encourages readers to submit articles and information for publication. Requirements, deadlines, and ad rates are available on the MONA website www.missourinurses.org or by emailing info@missourinurses.org. The Missouri Nurse reserves the right to edit manuscripts. MONA reserves the right to utilize published articles in a variety of formats and for the purpose of the organization.

The Midwest Multistate Division is accredited as an approver and provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation, for the periods of March 2013 – March 2017 (Approver) and April 2013 – July 2017 (Provider).
Day in and day out, nurses across Missouri exercise one of the core principles of our profession: advocacy. Nurses advocate every day for their individual patients and families. It is the essence of who we are as caregivers. However, advocacy activities on behalf of our colleagues, the nursing profession or even ourselves are often lacking. It is this aspect of advocacy that I want to concentrate on now as you plan for your part in advocacy for 2015.

State policymakers are constantly creating, amending or rescinding laws and regulations that can profoundly affect our practice, our patients and even our personal lives. Nurses must get involved in creating, shaping, or changing policies that affect our profession.

American Nurses Association (ANA) now includes “advocacy in the care of individuals, families, communities and populations” in our definition of nursing. From the earliest days of our profession, nurses have been strong and effective advocates. Lillian D. Wald organized a nursing program to meet the needs of immigrant families in Manhattan in the late 19th century; Isabel Adams Hampton Robb helped nursing become an organized profession at the turn of the last century; and Margaret Higgins Sanger, worked tirelessly for a woman’s right to contraceptives in the 1920s and 1930s. Of course there are many, many others.

Missouri Nurses Association (MONA) held our first Advocacy in Action conference on December 9. This conference taught nurses how to utilize their leadership abilities in the legislative realm. Nurses are the most trusted profession, and policymakers listen when nurses speak – this conference helps nurses speak with one strong voice. Nurses were provided insight into the legislative and regulatory processes and empowered them to positively impact health care policy through advocacy.

MONA believes it is vital to involve all Missouri nurses in advocacy. Each and every nurse has the potential to make a positive impact on the profession through legislative/public policy and day-to-day advocacy for patients, nurses and the nursing profession.

Nurses do more than delegate, dictate, and direct; nursing leaders help others achieve their highest potential. My hope is that nurses apply their vast leadership skills to the public policy arena and influence the profession in meaningful ways.

Be sure to visit the MONA ENGAGE in Advocacy online legislative action center offering the latest legislative information on key nursing and health policy issues. Action alerts from Engage provide online prompts when nurses need to take action to make nursing’s voice heard. Legislators and other policy makers can be contacted directly from Engage so a few minutes is all it takes to make a big difference.

MONA is dedicated to ensuring that the voice of nursing is not only heard, but sought out, respected and acted upon when issues of policy and advocacy are being discussed and decided. We invite you to engage with us to become empowered advocates which will also make you even more effective advocates in your professional nursing role.

On behalf of the Missouri Nurses Association staff, we wish you peace, happiness and a joyous holiday season and a very happy New Year. Enjoy and cherish your time spent with families and friends this holiday season. Thank you for your continued commitment to patients, their families and to your nursing profession.

MONA ENGAGE in Advocacy is the Missouri Nurses Association’s online legislative action center. The site has various areas to explore including a Key Issues section.

www.cqrcengage.com/missourinurses/

MONA is speaking out for our profession and needs your help! To make important changes to the nursing profession, we must have all of our nurses sound off together as one strong voice for Missouri! From letter writing to phone calls, Missouri nurses must act to discourage restrictive laws on nursing in the state. Stay up to date and ENGAGE in Advocacy!
FROM THE PRESIDENT
Rebecca McClanahan, MSN, RN

Who's Gonna Fill Her Shoes?

Advocacy has been on my mind lately: advocacy for nurses and for all Missourians. I had the honor of representing MONA at the recent memorial service for our dear friend and colleague, Jan Polizzi, along with MONA staff members, Krista Lepper and Lauren Brown. Jan actively worked within MONA, MONA Political Action Committee and ANA throughout her career. She was the first registered nurse to serve in the Missouri House of Representatives. Jan was all about ADVOCACY – yes, advocacy in capital letters! The George Jones song comes to mind: “who’s gonna fill their shoes?”

So, I have been thinking about what we have been doing related to ADVOCACY.

1) Created the Board position of Vice President of Advocacy. This position was created with our most recent revision of Bylaws, and our first VP of Advocacy, Terry Reese, from Poplar Bluff, was elected and assumed office in 2014. He is serving as the Chair of the Advocacy Committee (formerly known as the Government Affairs Committee) to assure that important advocacy discussions and actions are integrated fully into ALL we do as an Association, for ALL RNs in every setting and level of practice. The Committee monitors legislation and regulation that impacts nursing, developing a proactive agenda to support and direct nursing issues. The Committee had biweekly conference calls during the 2014 legislative session, and they have already had their first conference call to plan for the 2015 session.

2) Invested in an online portal called MONA ENGAGE in Advocacy to assist with informing members of important advocacy issues and providing for a quick response when action is needed. Our first use of a “call to action” using this portal resulted in 68 letters in 24 hours addressed to the Governor’s Office. Not bad!

3) Worked with a consultant to conduct an audit of our legislative success and our internal communication structure. Many strengths were identified by the consultant, including the positive perception of nurses and the importance of nurses’ work in the state. Some recommendations were reported regarding MONA’s level of engagement and visibility in the larger health care community regarding access to health care. The Board has approved continuing work with the consultant to improve our internal structures and more effective outreach.

4) Reaffirmed our relationship with our lobbyist, Kyna Iman. The legislative audit has affirmed our belief that Kyna is a strong advocate for us in the Capitol, and she is highly regarded by her peers and by legislators. Kyna is working closely with the Advocacy Committee to assure the effectiveness of our work on legislation and regulations.

5) Hired Sarah Felts, an attorney, to enhance our in-house advocacy efforts. Sarah will work closely with the Advocacy Committee, our contract attorney and with our lobbyist.

6) We have actively engaged, as an Association, with several state-wide Coalitions working on legislative initiatives of health care access and funding.

Our future is bright! We are stronger when we work together as ONE STRONG VOICE for Missouri nurses – and for all Missourians. We are the ones chosen to fill HER shoes! 

“Who’s gonna fill their shoes? Who’s gonna stand that tall? Who’s gonna play the Opry and the Wabash Cannonball? Who’s gonna give their heart and soul to get to me and you? Lord, I wonder, who’s gonna fill their shoes?”

SONGWRITERS WILSON, NORRIS D / WALLS, DANNY
Advocacy Day Goals

Registered Nurses and Students will:

1. Expand their understanding of the legislative process as a means of advocating for their patients and their practice.
2. Observe the legislative process in action.
3. Acquire knowledge regarding successful grassroots lobbying techniques.

Advocacy Day Objectives

1. Summarize how Registered Nurses protect their patients and practice by educating state and federal legislators.
2. Discuss the impact MONA’s 2015 Legislative Agenda will have on nursing practice in Missouri.
3. State the significance of nursing advocacy in shaping health care and public policy.
4. Examine the use of grassroots lobbying as a means of advocating for and protecting our patients and our practice.

Agenda

7:30 a.m. Registration and Exhibits Open
8:30 a.m. Welcome
  Rebecca McClanahan, MSN, RN
  MONA President &
  Terry Reese, MSN, APRN, FNP-BC
  MONA Vice President of Advocacy

Overview of Day’s Activities
  Maryann Coletti, BS, RN

8:45 a.m. Legislative Advocacy: How Nurses Influence Health Care Policy
  Andrea Routh, Executive Director
  Missouri Health Advocacy Alliance

9:45 a.m. Legislative Priorities: How Did MONA Get Here?
  Jill Kliethermes, MSN, RN, FNP-BC
  MONA Chief Executive Officer

10:00 a.m. What Does the MONA Lobbyist Need From You?
  Kyna Iman, MONA Lobbyist

10:15 a.m. What Do I Need to Accomplish at the Capitol?
  Maryann Coletti, BS, RN

10:30 a.m. Visit the Capitol - Exhibits will remain open

12:00 p.m. Visit Exhibits - Exhibits close at 1:00 p.m.

12:45 p.m. Networking Luncheon with Legislators
Presentation of 2015 Health Legislation Awards
  Jill Kliethermes, MSN, RN, FNP-BC &
  Rebecca McClanahan, MSN, RN

1:45 p.m. Highlights from the Capitol
  Each participating school will share their experiences at the Capitol

2:30 p.m. Legislative Advocacy: Who, What, Why & How Nurses Should Be Involved
  Rebecca McClanahan, MSN, RN

3:30 p.m. Complete Evaluations & Adjourn

The Midwest Multistate Division is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

NOTE: Various door prizes will be presented throughout the day. You must be present to win!

MARK YOUR CALENDARS
2016 MONA Nurse Advocacy Day
WEDNESDAY, FEBRUARY 17, 2016
This is an individual registration form.
If you wish to register your school, please contact the MONA office 573-636-4623.

Name: ____________________________________________________________________
[ ] I am a first time attendee.

Address: ___________________________________________________________________________________________________

Street      City   State    Zip

Daytime      Evening
Phone: ___________________________   Phone:___________________________    E-mail:________________________________

**Registration Fees:**
The registration fee includes materials, continental breakfast, and lunch.

- [ ] MONA Member    $ 60.00    Member #:_______________________________________
- [ ] Non-Member       $ 85.00
- [ ] Student          $ 40.00    School:_____________________________________
- [ ] I have invited my legislator to join me for lunch. $ 25.00    Legislator’s Name:  _____________________________________________

TOTAL: $______________

(No refunds will be made due to a legislator’s absence.)

If you have special dietary requirements, please notify the MONA office at 573-636-4623 no later than February 3, or specify here:____________________________________________________ (Reasonable efforts will be made to accommodate your needs.)

**Payment Method:**
[ ] Check enclosed (Payable to MONA)
[ ] Charge to [ ] MasterCard [ ] Visa [ ] American Express [ ] Discover

Card #_________________________________________ Exp.Date__________ CVV

Cardholder Name:_________________________________________ Billing Zip Code ______________________

Cardholder Email Address (for receipt of payment):________________________________________________________

**Deadline for Registration – January 30, 2015**

Please return completed registration forms and payment by:
Mail: Missouri Nurses Association ∙ P.O. Box 105228 ∙ 1904 Bubba Lane ∙ Jefferson City, Missouri 65109 or Fax: 573-636-9576

**Refund/Cancellation Policy:** We encourage you to send a qualified substitute if you cannot attend. Registration fees, less a $25 enrollment processing fee, will be refunded to participants who cannot attend and notify the MONA office in writing of the cancellation no less than ten (10) business days prior to the date of the activity. No refunds will be made after that date. There will be no refunds due to inclement weather.

HAVE QUESTIONS OR NEED MORE INFO? CALL 573-636-4623 OR EMAIL SARA@MISSOURINURSES.ORG
What is the Midwest MSD?
Over the last year and a half five state nurses associations (SNAs) formed a collaborative, namely the Midwest Multistate Division (Midwest MSD), with the goal of promoting efficiencies and growth. State nurses associations participating in this collaborative include Iowa, Kansas, Missouri, Nebraska, and North Dakota. Each SNA will retain its own state identity while utilizing shared resources within the Midwest MSD. As part of this collaborative, the Midwest MSD Continuing Nursing Education Unit (CNE Unit) was formed. The Midwest MSD is accredited as an approver and provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

How does this impact nurses within the participating states?
Under the ANCC Accredited Provider arm, educational activities provided by the Iowa, Kansas, Missouri, Nebraska, and North Dakota Nurses Association’s will now bear the Midwest MSD ANCC Accredited Provider statement. Missouri nurses will start seeing the Midwest MSD accreditation statement listed on MONA conference materials, evaluations and certificates rather than the previous accreditation statement held by MONA. The Midwest MSD Lead Nurse Planner and Nurse Planner will, through active participation in the planning, ensure that all activities provided by the states participating in the Division adhere to the ANCC accreditation program criteria. Nurses will be able to use nursing contact hours they receive from these Midwest MSD programs toward their state licensure and national certification.

The Accredited Approver arm of the Midwest MSD CNE Unit provides organizations/facilities with two options for achieving approval to award nursing contact hours:

- **Individual Education Activity Approval**
  an individual and/or organization to use if they wish to seek approval for a single continuing nursing education (CNE) activity

- **Provider Approval**
  organizations interested in receiving approval to award nursing contact hours for multiple educational activities provided to nurses within their organization or their target audience

Applications for each type of approval have been streamlined, staff resources expanded, policies and procedures updated. The new Midwest MSD website (www.midwestnurses.org) provides a wealth of information for those contemplating applying. We encourage anyone interested in offering continuing nursing education to visit the new Midwest MSD website at www.midwestnurses.org to review the forms, applications, educational resources and to learn more about the approval process!

Midwest MSD staff is here to help in any way we can. Please feel free to contact Judi Dunn, MS, CPP, RN-bc, Midwest MSD Nurse Peer Review Leader at NPRL@midwestnurses.org, or Sara Fry, BS, Midwest MSD Director of Professional Development at sara@midwestnurses.org if you have any questions.

Thank you for your service!

On behalf of the MONA Staff, Board, and Members, thank you to those outgoing officers whose term with the Missouri Nurses Association has ended.

Anne Riggs, NE Regional Chair
Karin Riepe, WC Regional Chair
Dianne Schmidt, EC Regional Chair
Scott Sullivan, NW Regional Chair & Member Services Director
ABSTRACT
Breast cancer is the primary cause of cancer in females between the ages of 15 and 54, and the second leading cause of cancer death in women in the United States. Diagnosis begins with detection by breast examination (clinical breast exam or breast self-exam) and by radiologic studies, usually beginning with mammography. Many advances in breast imaging and early diagnosis of breast cancer have occurred in recent years. This article will review radiologic technology used in the diagnosis of breast cancer. Use of radiologic advances in digital breast tomosynthesis (DBT), magnetic resonance imaging (MRI), and ultrasound in breast cancer diagnosis will be presented. It is important for nurses to be well informed about breast cancer screening and diagnosis. Advances in radiologic imaging technologies can yield improved outcomes for breast cancer patients.

INTRODUCTION
Breast cancer is the leading cause of cancer in females between the ages of 15 and 54, and the second leading cause of death in United States’ women (American Cancer Society, 2014). Although, the death rate from this disease is decreasing in the U.S., the worldwide incidence of breast cancer continues to climb (American Cancer Society, 2014). The mortality reduction achieved in the U.S. can be attributed to several radiologic advances in diagnostic imaging, early diagnosis, and treatment.

BREAST IMAGING RADIOLOGY TECHNOLOGIES
Beginning with mammography, screening for breast cancer first occurred in the U.S. during the 1960’s. In 1973 the Breast Cancer Detection Demonstration Project (BCDDP) was implemented and demonstrated that mammography screening along with breast self-exam (BSE) and clinical breast examination improved outcomes with early diagnosis of cancer (Morrison, Brisson, & Khalid, 1988). In addition, this five year study of over 283,000 women demonstrated that early detection improved long-term survivability (Morrison, Brisson, & Khalid, 1988; Roth, 2003).

In 1992, Federal legislation known as the Mammography Quality Standards Act (MQSA) was enacted to improve quality initiatives at mammography centers (Pisano, Yaffe, Kuzmiak, 2004; U.S. Food and Drug Administration (FDA) Center for Devices and Radiological Health, n.d.). The standards implemented through MQSA sought to ensure that all mammography equipment was capable of rendering images with adequate detail to show subtle breast lesions and proper training was received by medical personnel in each lab. It mandated that mammography labs enact quality control tests on equipment and annual on-site inspections of mammography centers. It also required specific training for technologists, medical physicists and physicians employed in mammography diagnostic centers. Each lab was required to become accredited through the American College of Radiology (ACR) or four other FDA approved accrediting agencies (Pisano, Yaffe, & Kuzmiak, 2004). Those not following the MQSA standards were subject to significant fines.

The first digital mammography system was approved in the year 2000 (Pisano, Yaffe, & Kuzmiak, 2004). The National Institute of Health (NIH), in response to the poor sensitivity and specificity of film/screen radiography, supported the research and development behind digital efforts. This has resulted in several advantages. Digital images can be more easily stored and retrieved than film/screen radiographs. Digital images also have superior contrast resolution meaning they allow the radiologist to distinguish between subtle shades of gray. Computer software programs, known as computer aided diagnosis (CAD) can be applied to images to help the radiologist be more productive and improve the accuracy of readings. In addition, three-dimensional image reconstruction as well as dual-energy and contrast subtraction techniques can be applied to images to yield more diagnostic information without additional radiation to the patient. Although there are numerous advantages to digital mammography, a disadvantage was the lack of spatial resolution when compared with film/screen radiographs. This may hinder the ability to see clustered calcifications or small lesions. In addition, contrast and spatial resolution are lessened when printing films from digital formats (Pisano, Yaffe, & Kuzmiak, 2004).

THE USES OF MRI AND ULTRASOUND IN DIAGNOSING BREAST PATHOLOGY
The 1990’s and 2000 decades also demonstrated advancements in the use of ultrasound and magnetic resonance in breast imaging. Both modalities have specific roles that augment traditional mammography in detecting the presence of breast pathology.

ULTRASOUND
Ultrasound is being used today to supplement traditional mammography when suspicious lesions are noted on mammograms. It can be used to differentiate a cyst from solid mass and can pinpoint solid masses that have characteristics of malignant lesions.

Cysts imaged with ultrasound appear as well defined, echo-free areas in the breast. These areas have well defined walls and are round or oval in shape. In addition, Doppler ultrasound can be used to check for vascularity of the lesion. Cysts are always avascular. Peart (2005) stated that ultrasound can detect cysts as small as one to two mm with 100% specificity. Cysts that do not demonstrate the above characteristics are biopsied.
Ultrasound images of malignant masses demonstrate internal echoes. They have an irregular shape with poorly defined, spiculated margins. Often times they are connected to ducts in the breast and may contain calcifications (Peart, 2005).

Ultrasound also has limitations. It is highly operator dependent. Improper gain settings used to control intensity of the sound waves can produce internal echoes in cysts that can lead to false positive results and unnecessary biopsies. Complicated cysts can lead to confusing results. In addition, ultrasound cannot penetrate bone. Ribs can interfere with imaging lesions close to the chest wall. Size of the breast can also limit the value of ultrasound. Large breasts are hard to penetrate and lesions deep in the breast may be missed. Lastly, ultrasound does not detect early calcifications as well as does traditional mammography (Peart, 2005).

MAGNETIC RESONANCE IMAGING (MRI)
Significant benefits have been realized from the selective use of MRI in breast imaging. The sensitivity of MRI is 96% (Peart, 2005). MRI, like ultrasound, does not detect early calcifications (Peart, 2005). To survive as a replacement for mammograms, it would have to meet all current benefits of mammography and add additional benefits. In addition, the cost of MRI is prohibitive as a stand-alone screening for breast cancer. To be used as a screening tool, cost must decrease and third party payers must be willing to increase reimbursement.

DIGITAL BREAST TOMOSYNTHESIS
Digital breast tomosynthesis (DBT) technology began in 1971 in an attempt by researchers to reduce the problem of imaging overlapping structures in the breast (Reynolds, 2013). The original research involved obtaining images at different angles that could be used to produce slices of breast tissue (Reynolds, 2013). At the time, there were no digital detectors and computer processing speeds were slow by today's standards. This limited further development of DBT until the 1990s when digital detectors became available. The first useable unit was developed in 2000 at Massachusetts General Hospital. Numerous other systems were developed that varied the image capture angles and algorithms used to process the images.

DBT was approved by the FDA in 2011 for breast imaging after numerous studies demonstrated its efficacy in distinguishing cancerous from non-cancerous lesions. The studies showed increased detection rates as well as improved sensitivity (Hardy, 2012).

Tomosynthesis acquires three-dimensional images and is usually combined with two-dimensional digital mammography images (Hardy, 2012). Following acquisition, images are reconstructed using complex mathematical algorithms. Fourier transformation algorithms are used to represent intensity and spatial locations of anatomy on images. Structures in the same plane are combined by the images taken at different angles, thereby allowing them to become more apparent (Reynolds, 2013). Images from different depths can be reconstructed in different slice thicknesses or combined together without additional exposure to the patient.

Radiation dose to the patient is somewhat higher with DBT compared to digital mammography. However, dose estimation varies and is dependent on a number of variables that include imaging protocols used as well as the thickness and density of the breast. DBT has several advantages over digital mammography. It minimizes the impact of tissue overlap that can make interpretation of dense breast images difficult. By obtaining images from multiple angles and combining them together in a 3-D image, overlapping dense tissue is better separated and delineated from fibrous tissue. In addition, lesion margins are better visualized with DBT than digital mammography. Many studies have shown that DBT has a higher sensitivity and specificity than digital mammography alone (Reynolds, 2013; Fang, et al, 2011; Destounis, Arieno & Morgan, 2013; Zuley, et al., 2013). As a result, it can rule out many false-positives and reduce the high number of recall rates and associated patient anxiety. Even though the overall radiation dose rate is higher when compared with a two view screening mammogram, DBT can reduce the need for some additional x-ray exposures when suspicious areas are found on screening exams (Reynolds, 2013). DBT can increase the rate of cancer detection with lesions that possibly would not have been seen if mammography was used alone.

Standard use of DBT imaging protocols do not exist at this time. Numerous studies have been conducted comparing the sensitivity and specificity of 2-D screening mammograms only compared with a combination of 2-D plus 3-D DBT. Advantages of DBT have been highlighted recently in the national news and media to encourage women to ask their health care providers for this new technology in addition to mammography (Friedewald, et al., 2014). However, DBT is not available in the hospital radiology departments and breast imaging centers in many rural areas. DBT imaging requires new equipment to be purchased by the hospital. As with any new technology, start-up costs are very expensive. For smaller hospitals and breast centers, the purchase of DBT equipment is cost-prohibitive at the present time. In rural areas, there may not be enough patient volume to pay for this new technology. In addition, reimbursement from third party payers is lagging behind the costs of new technology.

CONCLUSION
During the past 50 years, great advances in the use of radiologic techniques and modalities in the diagnosis of breast cancer have reduced mortality and increased life expectancies for breast cancer patients. Technologic advancements include digital radiography, MRI, and ultrasound in breast cancer detection. It is important for radiology nurses to be well informed about these varied diagnostic modalities, and appreciate the fact that advances in radiologic imaging technologies can yield improved outcomes for breast cancer patients.
REFERENCES


ANCC CERTIFICATION DISCOUNT

As a Full Member (MONA & ANA) you are eligible to receive a discount of $125 or $150 on your ANCC certification or recertification; however, you must have been a member for at least six months or have paid for an annual membership.

For more on member benefits, contact the MONA office 573-636-4623 or lauren@missourinurses.org
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2015 MISSOURI NURSES ASSOCIATION

DAY AT THE CAPITOL

Join fellow Advanced Practice Registered Nurses (APRNs) for a busy day at the Missouri State Capitol! This annual event allows for Missouri APRNs to gather in Jefferson City and visit with their elected officials, MONA leaders, and the MONA lobbyist. The experience is meant to educate our elected officials regarding healthcare issues affecting their constituents and the concerns of Missouri APRNs.

There are many items that will be arising that will influence the care provided for our patients and our practices. Group assignments and more specific information will be provided that day including information on eateries within walking distance of the Capitol. The 2013 event had over 120 APRNs in attendance, we would like to have even more APRNs participate in January! Many voices with the same message can influence desired changes at the state level!

Any APRN - MONA member or not - is invited to attend at no charge; however, you must RSVP on the MONA website at www.missourinurses.org/event/APRNDay2015.

Wednesday, January 21, 2015
9:00 a.m. - 2:00 p.m.
Missouri Capitol - Hearing Room 4
201 West Capitol Avenue, Jefferson City, MO 65101

RSVP NOW and make plans to join your colleagues! www.missourinurses.org/event/APRNDay2015

FURTHERING NURSING.
ADVANCING CAREERS.

Find the best jobs and qualified nurse leaders Missouri has to offer.
Thursday, April 23

Breakfast, Registration, Exhibits & Networking
7:00 - 8:00 am

Welcome & Announcements
7:55 – 8:00 am

GENERAL SESSION
8:00 – 9:15 am
Negotiating Practice Agreements, Contracts and Salaries for Advanced Practice Nurses
-Wendy Wright, MS, RN, APRN, FNP, FAANP, FAAN

GENERAL SESSION
9:15 – 10:30 am
New Drug Update 2015: What’s Hot? What’s Not?
-Wendy Wright, MS, RN, APRN, FNP, FAANP, FAAN

Networking Break
10:30 – 10:45 am

GENERAL SESSION
10:45 am – 12:00 pm
Laboratory Interpretation: Challenging Cases for the Primary Provider
-Wendy Wright, MS, RN, APRN, FNP, FAANP, FAAN

LUNCHEON ADDRESS
12:00 – 1:15 pm
Antibiotic Update 2015: A Focus on Respiratory Infections
-Wendy Wright, MS, RN, APRN, FNP, FAANP, FAAN

Luncheon, Exhibits, & Networking
1:15 – 3:15 pm
Exhibits Close
3:30 pm

CONCURRENT SESSIONS
3:15 – 4:30 pm
1. Update on Atrial Fibrillation - Where Are We Today?
- Barbara J. (BJ) Rodeman, AHCNS-BC

2. Postpartum Depression: Beyond the Yellow Wallpaper
- Shauna Hess, RNC, MSN, WHNP-BC & Mary Killday, MSW

3. Practice-Changing Updates from the Literature
-James Stevermer, MD, MSPH, FAAFP

GENERAL SESSION
4:30 – 5:45 pm
2015 Legislative Update
-Jill Kliethermes, MSN, RN, FNP-BC & Kyna Iman, MONA Lobbyist

Friday, April 24

Breakfast & Registration
7:00 – 8:00 am

CONCURRENT SESSIONS
8:00 – 9:15 am
4. ABC’s of STDs - Will Roland, MD, FACP

5. “Choosing Wisely”: Using Evidence-Based Recommendations to Care for Our Geriatric Population
-Karli Urban, MD

6. Menopause Update: Focus on Hot Flashes and Atrophic Vaginitis - R. Mimi Secor, MS, MEd, FNP-C, NCMP, FAANP

Networking Break
9:15 – 9:30 am

CONCURRENT SESSIONS
9:30 – 10:45 am
7. Punch Out Infection: Treatment of Cellulitis, UTI, and AOM in Kids
-Erin Lammers, PharmD, BCPS

8. Hypertension Update 2015
-Adam Whaley-Connell, DO, MSPH, MEd

9. Hepatitis C - Diagnosis, Therapy, and Epidemiology
-Will Roland, MD, FACP

LUNCHEON ADDRESS
10:45 am – 12:00 pm
Contraceptive Update 2015 Across the Lifespan: The New CDC Medical Eligibility Criteria for Contraceptive Use
-R. Mimi Secor, MS, MEd, FNP-C, NCMP, FAANP

Luncheon
12:00 – 1:00 pm
Networking Break
1:00 – 1:15 pm

CONCURRENT SESSIONS
1:15 – 2:30 pm
10. The Fountain of Youth? Testosterone Supplementation at a Crossroads
-Mark R. Wakefield, MD, FACS

11. Insomnia: Non-Pharmacologic Treatment with Lasting Effects
-Loretta Colvin, APRN-BC

12. Emerging Infectious Diseases
-Eddie Hedrick, BS, MT(ASCP), CIC

Networking Break
2:30 – 2:45 pm

CONCURRENT SESSIONS
2:45 – 4:00 pm
13. Inflammatory, Infectious or Paraneoplastic: Pattern Recognition of Rash and What to Do
-Margaret S. Brown, MPAS, MPAS, PA-C

14. Sickle Cell for Rural and Primary Care
-Elizabeth Gunier, RN

15. Abnormal Menses
-Lisa Brennaman, MD, FACOG, FPMRS

GENERAL SESSION
4:00 – 5:00 pm
Comprehensive Approach to Type 2 Diabetes Treatment
-Camila Manrique, MD

Conference Adjourns
5:00 pm
Location & Lodging
The conference will be held at the Holiday Inn Select Executive Center, 2200 I-70 Drive SW, Columbia, MO. A block of rooms has been reserved at $99.95. Reservations must be made no later than April 8, 2015; by calling 1.800.HOLIDAY (1.800.465.4329) and identifying yourself with the Missouri Nurses Association under group block VNC.

Continuing Education Accreditation
Participants can receive a maximum of 14.75 contact hours for attending this activity (7.5 on Thursday, 7.25 on Friday). Three general sessions and one of the concurrent sessions are designated as pharmacology sessions. Pharmacology sessions are marked with the Rx symbol.

The Midwest Multistate Division is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Registration Form
Please choose your registration fee for Full Registration or One-Day Conference in the blue column on the right.

Name ____________________________________________________________
Address _________________________________________________________
City/State/Zip ___________________________________________________
MONA Member # (if applicable) __________________________ Phone/Cell ______
Email ____________________________________________________________

Concurrent sessions: (Include preferred session by listing the session number)

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<td>Friday, April 24</td>
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<td>2nd Choice</td>
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<td>8:00-9:15 am</td>
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<td>9:30-10:45 am</td>
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<td>1:15-2:30 pm</td>
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<td>2:45-4:00 pm</td>
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I would like: ❑ To make a contribution to MONA-PAC, $__________
❑ To make a contribution to MO Nurses Foundation, $__________
❑ More information on becoming a member of MONA

TOTAL AMOUNT ENCLOSED: $__________
❑ Check (Payable to MONA) ❑ MasterCard ❑ VISA ❑ Am. Express ❑ Discover

Card Number ________________________________ Expiration Date ____________
Billing Zip Code __________________________ Security Code (3 digit code on back of card) ______
Cardholder Name: ____________________________________________________________
Cardholder Email: ____________________________________________________________

Guest Meal: If a guest would like to attend either of our luncheons they will need to make reservations at the conference registration table. The cost is $25/plate each day.

Special Needs: If you have special needs such as dietary requirements, please notify the MONA office at 573.636.4623 no later than April 8, or specify here: _________________________________. (Reasonable efforts will be made to accommodate your needs.)

Please Note: Out of courtesy for participants infants and children may not attend the conference educational sessions.

Questions: 573.636.4623

For More Information or to Register
visit the website www.missourinurses.org

Or mail or fax this completed form to:
MONA - APRN Conference, PO Box 105228, 1904 Bubba Ln, Jefferson City, MO 65110 Fax 573.636.9576

JOIN MONA NOW & PAY MEMBER PRICES!

FULL REGISTRATION FEE:
❑ $325 MONA Members
❑ $375 Non-Members
❑ $265 Students*

ONE-DAY CONFERENCE FEE:
❑ $250 MONA Members
❑ $300 Non-Members
❑ $200 Students*

Registration fees include conference materials, refreshments, luncheons and continuing education credit for each day registered. No refunds will be made due to inclement weather.

*Student rate applies to graduate level nurses enrolled full time. Full time status required for Spring or Summer 2015 semester. Verification of full time enrollment must be included with registration form to be processed.

By registering I give my permission to distribute my name to conference attendees and vendors and to allow any photos taken during the event by the Missouri Nurses Association to be used in future web and printed publications. If I prefer not to be included, I will include written request with my registration to opt out.

REFUND/CANCELLATION POLICY:
We encourage you to send a qualified substitute if you cannot attend. Registration fees, less a $25 enrollment processing fee, will be refunded to participants who cannot attend and notify the MONA office in writing of the cancellation no less than ten (10) business days prior to the date of the activity. No refunds will be made after that date (April 8, 2015). There will be no refunds due to inclement weather.
A 48-year-old woman with sleep apnea had surgery at a hospital for a detached retina. The surgery went well, and the patient was admitted overnight for observation.

That evening, the nurse gave the patient Demerol for pain as prescribed. When the patient vomited shortly thereafter, the nurse assumed the medication had been expelled and gave the patient another dose. Later, the patient complained of inadequate pain control. The nurse alerted the physician, who ordered another pain medication. By 1:15 a.m., the patient coded. The team could not resuscitate her.

The patient’s daughter filed a lawsuit. The case was settled for more than $1 million, split evenly among the nurse and two physicians.¹

It’s because of cases like this that the American Nurses Association (ANA) offers the Nurses Professional Liability Program. It protects nurses from the potentially devastating impact of malpractice lawsuits.

Get the protection you need—without paying more than you need. To take advantage of special rates for ANA members, visit proliability.com for an instant quote and to fill out an application.

¹ Source: Forum, May 2008
² Please contact the program administrator for more information, or visit proliability.com for a free quote.

Administered by: Mercer Consumer, a service of Mercer Health & Benefits Administration LLC
In CA d/b/a Mercer Health & Benefits Insurance Services LLC • AR Ins. Lic. #303439 | CA Ins. Lic. #0G39709
Missouri Nurses Foundation

Honor A Nurse

Nursing is a calling, a way of life. Nurses rely on each other for the synergistic effect of teamwork in our efforts of care giving. It is appropriate that we honor those colleagues that have made an impact in our lives and the lives of others.

We honor...

Jan Crandall Polizzi, RN, MS

June 26, 1949 - November 29, 2014

In honor of her contributions to the advancement of nursing.

Honored by Corinne Fessenden

Honored by MONA Southeast Region

Jan Polizzi was such an outstanding individual in so many ways. She was kind, caring, compassionate, and such a fun loving person. As a nurse, she was the ultimate role model for nurses. She was a mentor to so many and was an outstanding nurse advocate. She was one great nurse and the profession was so fortunate that she was a part of it. She never quit advocating and inspiring others. Having cancer was just a part of the journey and she so inspired many with her courage as she fought this terrible disease. We would like to honor Jan Polizzi for making a difference for so many patients, nurses and others she touched on a daily basis. Missouri Nurses will miss you but never forget you!!

Honored by MONA Southeast Region

JAN CRANDALL POLIZZI passed away Saturday, November 29, 2014. Aunt, great aunt, godmother, cousin and friend to many. Jan was a Missouri State Representative from 1993-1995 and received a Certificate of Recognition for Health through legislation in 1993. She was President of the Missouri Nurses Association (MONA) 3rd District, named member of the year in 2003 and inducted into the Hall of fame in 2013. She belonged to the Daughters of the American Revolution (DAR) Webster Groves Chapter. She was a registered nurse with an Associates degree from Maryville University, Bachelor of Nursing from St. Louis University and a Master’s Degree from SIU Edwardsville. She was inducted into the National Honor Society of Nursing Sigma Theta in 1980. Jan was a member of Prince of Peace United Church of Christ, as well as a board member and Sunday School teacher. She was a member of the St. Louis Gateway Singers, worked with Nurses for Newborns and was a school board member for Mehlville School District in 1998. She graduated from Hazelwood High School in 1967 and was a diehard Cardinal baseball fan.
JAN LOUISE

She could make sense out of chaos
and find meaning in a maze.
She dreamed in possibilities.
She charted her own way.
She lived a life that
mirrored the convictions she held dear.
She met the world at its own door
and did it without fear.
She forged a path that others told her
she could never make.
Unapologetically,
she did it her own way.
She ministered to those in need.
She gave to those without.
She spoke for those who had no voice,
compassionate throughout.
She strived to make this world of ours
a better place to live.
She gave her time.
She gave herself.
She gave all she could give.
Dedicated, genuine,
beautiful and bright.
She lived her life.
She lived out loud.
She fought for what was right.
I know that we will greatly miss
her humor and her smile,
how she listened without judgment
and her legendary style.
But more than what we’ll miss of her
Is what we get to keep;
the strength she gave to each of us.
the wisdom that ran deep.
So much of her is echoed in the legacy she gave.
The lives she touched.
The world she changed.
The family she made.

FEPG 12/01/2014
Franchesca Gindler, St. Louis, MO (Jan's Niece)
BE ENGAGED IN NURSING LEADERSHIP...

grab YOUR seat at the table!

The Nominations committee would like to extend an invitation to all MONA members to submit your name as a candidate for the offices of:

PRESIDENT
This position serves as the chair of the MONA Board of Directors, presides at all meetings of MONA and conducts the meetings by a formal order of business. The President is the face of MONA serving as the official representative and spokesman of MONA on matters of policy and position. The President will deliver a Membership Assembly address and perform all duties of the office. Other duties include serving as ex-officio member of all committees (except Nominations Committee) and representing MONA at the ANA Membership Assembly. Must be able to commit annually to participate in 3 Board meetings at the MONA office, attendance at various MONA events, occassional trips throughout the state to represent MONA at the regional level, and frequent committee conference calls. (Candidates must be a full member of both MONA/ANA)

VICE PRESIDENT OF ADVOCACY
The VP of Advocacy, in the absence of the President, shall assume the duties of the President. This position has a seat on the MONA Board of Directors and serves as the liaison between the MONA board of Directors and the Advocacy Committee by also serving as the Advocacy Committee Chair. Must be able to commit annually to participate in 3 Board meetings at the MONA office, attendance at MONA advocacy events, and frequent committee conference calls. (Candidates must be a full member of both monA/AnA)

VICE PRESIDENT OF COMMUNICATION
This position has a seat on the MONA board of Directors and is responsible for keeping minutes of all MONA meetings in which the President presides. The VP of Communication will also ensure that an ongoing comprehensive communication plan is developed, implemented, and evaluated for the purpose of maintaining open and consistent communication with the MONA membership. Must be able to commit annually to participate in 3 Board meetings at the MONA office and occasional conference calls.

VICE PRESIDENT OF FINANCE
This position has a seat on the MONA board of Directors and serves as the liaison between the MONA board of Directors and the Finance Committee by also serving as the Finance Committee Chair. Duties include reporting to the Board the financial standing of MONA whenever requested to do so and make a full report to the Membership Assembly. Must be able to commit annually to participate in 3 Board meetings at the MONA office and frequent committee conference calls.

ANA MEMBERSHIP ASSEMBLY DELEGATE
Delegates are charged to act on behalf of the entire association for the benefit of ANA and nursing as a whole. The issues before the Membership Assembly may be new, cutting-edge and politically complex. Attention should be focused on the big picture—policy and standards which determine the preferred future of the profession and association. Must be able to commit annually to participate in 1 three to four day Membership Assembly meeting typically in Washington, DC.

These positions are elected by MONA membership for a two year term (January 1, 2016 - December 31, 2017).

BECOME A PART OF THE DECISION MAKING PROCESS, SUBMIT YOUR NAME AS A CANDIDATE!

DON’T MISS YOUR CHANCE TO BECOME A MONA LEADER!

Share your drive, commitment and skill for the betterment of all MONA members!

All interested candidates must complete the Leadership Commitment form which can be found at www.missourinurses.org or call the MONA office for a copy 573-636-4623. DEADLINE FOR CANDIDATE SUBMISSION IS FEBRUARY 27, 2015.
We in Missouri could soon face the reality of longer and heavier trucks on our roads and bridges if some in Washington have their way. This past session, Congress considered several types of truck size and weight limits, including allowing triple-trailer trucks, long double-trailer trucks, and increased weight limits for single-trailer trucks to 97,000 pounds—an increase of 8.5 tons. No bigger-truck language passed this year, although proponents attempted to add increases in truck weight and length increases to a variety of bills, these provisions will likely be considered again next session.

Our association has taken a stand opposing any increases and is partnering with the Coalition Against Bigger Trucks (CABT) in leading this effort in our state and across our nation. We know that bigger trucks would add new dangers to our roads. While trucks play a vital role for our U.S. economy and transportation system, they are inherently dangerous vehicles. In Missouri, there were more than 3,135 large-truck collisions in 2012, and 92 people lost their lives. Allowing heavier or longer trucks would threaten the safety of motorists as well as law enforcement officers and first responders because heavier and longer trucks would be more difficult to control, take longer to stop, and increase crash severity. In fact, a study conducted by the U.S. Department of Transportation (USDOT) found that trucks with multiple trailers have an 11-percent higher fatal crash rate. Heavier trucks are also more dangerous according to USDOT’s November 2013 release, stating that gross vehicle weight would appear to be associated with higher crash rates.

Not only do these trucks endanger our traveling public, but they also put our law enforcement officers and first responders at risk. In fact, a Marshall University-led study found that over 95 percent of law enforcement officers believe that adding more weight makes a truck more dangerous. The same study found that 90 percent of truck drivers say more weight negatively impacts braking. That is why national organizations such as the National Troopers Coalition, the National Sheriffs’ Association, the National Association of Emergency Medical Technicians and AAA all oppose bigger trucks on our highways.

The decision in Congress boils down to this: Do we experiment with the lives of motorists and truck drivers, and do we roll the dice on whether our bridges will stand or fall under the weight of heavier trucks? Bigger-truck proponents talk about “modernizing” our transportation policy, but there is nothing modern about endangering motorists while wasting taxpayer dollars.

Join with your association in halting the tide of bigger and heavier trucks. CABT, a national nonprofit, grassroots organization is leading the public campaign against truck size and weight increases.

Contact Rick at (214) 491-7454 or rcowan@cabt.org to learn how you can voice your opposition to bigger trucks. You can also connect with CABT by visiting cabt.org, “liking” CABT on Facebook at facebook.com/nobiggertrucks, or following CABT on Twitter at twitter.com/nobiggertrucks.
School of Nursing and Allied Health Sciences

Advance Your Career at Lindenwood University

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- Affordable
- Specialize in Nurse Educator or Nurse Executive Leadership

RN to BSN degree also available

For more information, contact nursing@lindenwood.edu or (636) 949-4933.

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Dardenne Prairie, Missouri, 63368

www.lindenwood.edu/nursing/index/html