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From the Editor
To wrap up 2011, we’ve looked back over the past year and picked a few articles that provide a snapshot of timely, important topics covered by ADVANCE for Nurses.

The 2011 Salary Survey provided insight into where nursing salaries stand in the South according to education levels, nursing specialties and areas of the region. According to salary survey results, the nursing market is not what it used to be for new grads, but experienced nurses are reporting higher salaries despite a down economy.

Advances in telehealth was another popular topic covered in 2011. The article "Intensive Care Outreach" looks at how hospital networks are expanding their tele-ICU systems into community facilities. eICUs are proving to be a win-win for both patients and staff.

This special issue also features a closer look at initiatives on the local front. Gwinnett Medical Center in Lawrenceville, GA, officially opens the doors to a new heart and vascular center in January 2012, keeping its cardiac patients closer to home. And at Texas Health Presbyterian Hospital Dallas, SANE nurses are making a difference in the lives of sexual assault victims and in the community. In addition, you’ll find news about honors and achievements of nurses in the region over the past year.

We hope you enjoy this special issue. Remember you can find more great content at www.advanceweb.com/nurseregions.
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The sluggish performance of the U.S. economy has officially created a rather peculiar job market for nurses. A field that typically sees an ongoing wealth of available positions for job seekers, especially for those fresh out of school, has transitioned into one that's oversaturated with inexperienced and new-graduate nurses struggling to find work because the eldest generation has foregone retirement or different opportunities due to financial concerns. Additionally, President Obama's healthcare reform has tightened the purses for many facilities as officials attempt to assess how their finances will be affected long term. Much of the budget cuts appear to be taken from the funds facilities are willing to spend on training and hiring new nurses.

And while this is clearly frustrating to those trying to break into the field and earn a living, nurses already employed are being rewarded by administrators who are eager to retain their most experienced staff members - possibly more so than they were when the economy itself was healthy - according to the ADVANCE for Nurses 2011 Salary Survey.

Recruiters say today’s experienced nurses aren't as willing to navigate the job market. “The economy is affecting people's decisions to move into other jobs,” said Cheryl Beasley, BSN, RN, a nurse recruiter at Atlanta Medical Center. “Nurses are choosing to stay where they are as opposed to being more mobile. Even if they’re dissatisfied with where they’re at, they’re choosing to remain there just for the stability.”

This appears to be resulting in increasing salaries in many cases. Specifically, the mean salary reported by nurses in Florida has taken the biggest leap within ADVANCE' s South region. According to our 2011 survey, the mean salary for nurses working in the Sunshine State is $64,611, an increase of nearly $10,000 over the state's $55,554 average in 2010.

Those nurses working in Texas in 2010 reported making an average of $67,947, a number that has spiked to more than $71,000 today. Employees in North Carolina ($58,319 vs. $59,671 today), South Carolina ($61,260 vs. $63,616 today) and Georgia ($59,260 vs. $65,414 today) also saw increases.

According to Rocky Hanak, BSN, RN, founder of Texas-based Healthcare Recruitment Solutions, nurses with advanced degrees and specialty certifications are seeing increased financial rewards both as retention and hiring incentives. “Higher-degree nurses and those with certifications are getting more preferential treatment,” he told ADVANCE. “There are more Magnet hospitals out there today, and they tend to lean heavily to the bachelor's-of-nursing side. Our results prove this, as nurses in every region report an increase in salary with an advanced degree or certification.”

To encourage staff to pursue additional education, some facilities are linking advancement programs to financial recognition (See Clinical Advancement Programs).

Still, for new graduates the situation remains bleak, and recruiters can’t say with any certainty when things will improve. Yes, everyone seems to be waiting on the next nursing shortage to occur and be the greatest it’s ever been; but trying to find someone to say that with confidence has been difficult.

“The number of positions for new grads has decreased,” Beasley said. “Schools are turning out more graduates than we can hire. The new grads have saturated the market, and what becomes problematic is that you need to have a balance of experienced vs. new graduates.”

This has actually led to some decreased salaries for those with fewer than 6 years of experience who participated in this year’s survey. Nurses with 0-5 years of experience who work in the Carolinas, Georgia, Alabama and Tennessee report, on average, seeing more than $1 less per hour today than last year ($22.10/$23.41).

Hanak believes healthcare reform has had a lot to do with the lack of funding for new-grad hires and salaries. “I think some of the hospitals were concerned where the reform would take them, and things got tighter,” he said. “With not knowing how reimbursements were going to come in and the financial impact of the reform, it’s made hospitals look at each position they post more carefully. It’s one of those ‘perfect storms’ where the reform is happening during a down economy. Everything

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Editor's Note: This story was originally published in March 2011. Statistical data may have since changed.
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Salary Survey

Clinical Advancement Programs

- Many hospitals have developed sophisticated clinical advancement programs that provide financial recognition for professional achievements. Catherine K. Madigan, MSN, RN, NEA-BC, associate chief nursing officer at UNC Hospitals, Chapel Hill, NC, described how her organization’s mature program played a role in UNC’s first Magnet designation in November 2010.

  “We tied advancement to national certification in a nursing specialty, BSN education, attendance at meetings, involvement in our shared governance structure and other professional accomplishments,” she said.

  Nursing salaries at UNC Hospitals are linked to clinical advancement.

  “We expect nurses to function in an advanced capacity as they move up the ladder, and provide significant remuneration for nurses who meet those expectations,” Madigan said. “A nurse who moves from a clinical nurse II to a CN III role makes $4,000 more, and advancement to CN IV brings another $5,000 in salary. The CN IV is not a management position, but it is a leadership role, and we educate and mentor those nurses so they can continue to grow as leaders at the bedside.”

  – Sandy Keefe, MSN, RN

Seemed to hit at the same time. It might be more until 2012 before the new grads have that ‘breakout’ year.”

  Regardless, he believes Texas remains one of the best areas for grads to find work, and work that pays well.

  “With the population increasing here, so has the need for healthcare,” he said. “So, we have more opportunities for nurses, and new grads seem to be migrating here. Whether or not they will all find jobs remains unknown, but candidates have to start thinking less about signing a bonus and more about finding the right fit for them somewhere.”

Gauging a Recovery

While salaries seem to maintain stability, recruiters are eager to see the economy shift and improve their search market.

  “We’re hopeful that as the economy becomes more stable nurses will be more willing to hit the market, because, as a recruiter, you want the experienced nurses in the search pool so you can choose from them,” Beasley said.

  Hanak agrees, but said once the market becomes more crowded with experienced nurses he envisions hiring parties honing in on those they see as retainers in case the economy tanks again. This could dictate who gets the better jobs.

Joe Darrah is senior associate editor at ADVANCE.

Salary Survey Results

Find comprehensive 2011 ADVANCE for Nurses Salary Survey data and analysis at www.advanceweb.com/Nurses
R
eaching for the “e-lert” button by the bedside, Erin Johnston, BSN, RN, knows assistance with her intubated ICU patient who has been experiencing difficulty weaning from his ventilator is literally a second away. In a mere instant, she’ll have the help of an intensivist to guide her through patient care and monitor the patient moving forward.

“We were questioning whether to extubate or put a trach in,” Johnston said of the recent event.

This time last year, she may not have had a choice at all - because the patient would likely have long been transferred to another facility - one with an intensivist on site. Today, however, Johnston, assistant nurse manager for critical care at Harrington Memorial Hospital in Southbridge, MA, can communicate with a physician and additional nursing staff 24/7 through a tele-ICU housed at University of Massachusetts Memorial Medical Center (UMMMC) in Worcester, MA.

“The eICU gave us the go-ahead to attempt to extubate him, and we were able to do so as opposed to surgery,” Johnston explained. “The patient has done much better because of their help.”

Partners in Care
Now nearly a full year since Harrington became the first freestanding hospital outside UMMMC’s network to join its tele-ICU, staff has become rejuvenated with the expansive care now available and the subsequent decrease in patient transfers.

“We wanted to be able to keep our sicker patients here,” said Marsha Woodard, BSN, RN, CEN, nurse manager of the ICU and emergency department at Harrington. “We were often having to transfer people from our ICU because we didn’t have doctors in-house around the clock, but this allows us to keep patients and their families close to home. It also allows our nursing staff to utilize their skills with other healthcare professionals. It’s a win-win situation.”

It’s also a situation other larger healthcare organizations are taking advantage of as the effectiveness of eICU delivery continues to improve and utilization becomes more enticing to community-based hospitals and smaller facilities.

At Baptist Health South Florida, its eICU LifeGuard program oversees more than 130 patient beds for the six-hospital network, including a newly constructed facility in Miami-Dade County. Baptist officials have also begun negotiations with facilities seeking their services not only outside their system, but outside the state.

“Outreach is big right now in the eICU setting,” said Beth Willmitch, BSN, RN, operations director of eICU LifeGuard. UMMMC’s tele-ICU network is comparatively as large. “I think the eICU is becoming more popular because community facilities are finding they’re able to use their ICUs the way they’re supposed to be used - they don’t have to be empty or overflowing with patients at a lower acuity,” said Cheryl Dunnington, MS, RN, eICU operations director at UMMMC.

New in the eICU
Featured in both the programs at Baptist and UMMMC is two-way monitoring of patients that allows patients to see their caregivers.

“And that’s been very successful, because patients like to see a face to go along with the voice they’re hearing,” Woodard said.

Willmitch said Baptist is also using two-way video on new eICU mobile carts being phased into select EDs to assist with stabilizing critical patients who are going to be airlifted to other facilities, as well as to cover ICU patients awaiting available ICU beds.

Of course, eICU implementation on any floor almost demands units accept all the patients they can handle, which nurses have told ADVANCE has become a welcomed challenge and reward.

“We’ve been working very hard to incorporate this into our daily function of the ICU, and to actually have something tangible to prove that we’re keeping more of our own patients alive is very rewarding,” Johnston said.

The collaborative aspect of the program is also appreciated.

“We’re very fortunate to have our relationship with UMass,” Woodward said. “The staff is a great resource and has been very supportive throughout the roll-out phase and beyond.”

Benefits remain for the larger hospitals, as well, especially when considering the financial and referral values, nurses told ADVANCE.

“Having the eICU allows institutions outside our network to refer patients who might not have been among our referral pattern otherwise,” Dunnington said. “We’re also building relationships with physicians and staffs in other facilities.”

Times of Transfer
Despite everyone’s best efforts to keep patients on a single unit as much as possible, transfers within and out of respective facilities are inevitable. At Baptist, eICU LifeGuard is teaming with a transfer center to better manage these instances.

At UMMMC, Dunnington said she’s able to keep current on tele-ICU patients and facility staff by performing frequent onsite visits to observe care plans and meet with nurses regarding protocol and best practices, especially when new staff is hired.

Joe Darrah is senior associate editor at ADVANCE.
Beaufort, SC – Beaufort Earns First Pathway Designation in SC

➤ Beaufort Memorial Hospital (BMH) has been awarded the Pathway to Excellence designation by the American Nurses Credentialing Center (ANCC).

The only hospital in South Carolina to have achieved this distinction, BMH successfully completed an extensive review process, documenting that it follows the prescribed practices and policies that create an ideal work place for nurses.

“It’s a very big deal,” said Ellarene Duis-Sanders, PhD, RN, NEA-BC, chair of the ANCC’s Commission on Pathway to Excellence. “Hospitals that meet the criteria have better patient satisfaction and patient outcomes.”

As part of the review process, Beaufort Memorial’s nurses were asked to respond to a confidential, online survey verifying that the hospital has met the 12 Pathway to Excellence standards proven to create an ideal nursing practice environment. BMH received an overall positive rating score of 90 percent. A positive rating of 75 percent or better is necessary to be awarded the Pathway to Excellence designation.

“The designation means we work in an environment where nurses are valued for their contributions,” said Karen Carroll, MSN, RN, Beaufort Memorial’s chief nursing officer and vice president of patient care services. “If you’re happy and satisfied, it will carry over to patient care.”

Atlanta – Hospital Becomes Georgia’s First Level I Trauma Center for Peds

➤ Children’s Healthcare of Atlanta is now home to the first state designated level I pediatric trauma center. Located at the Children’s at Egleston campus, the facility has received the highest ranking of its kind. Children’s at Egleston achieved the designation by demonstrating model care while acting as a level I facility for a year.

In addition, Children’s at Scottish Rite remains the state’s only level II pediatric trauma center.

“We are elated that Children’s at Egleston has achieved the designation as a level I pediatric trauma center,” said Linda Cole, MBA, BSN, RN, vice president, emergency and ambulatory services at Children’s Healthcare of Atlanta. “With Children’s at Egleston working in tandem with the other critical care services throughout the system, we are able to broaden our reach to deliver the most efficient and specialized care for our patients.

Children’s at Egleston and Children’s at Scottish Rite are reportedly the only two pediatric trauma centers in the state. Accounting for more than 60 percent of the state trauma registry pediatric patients, these centers have been recognized for their collaborative efforts between the trauma, critical care and emergency services at Children’s. To receive the distinction as a trauma facility in Georgia, a hospital is reviewed under a state-designated committee that verifies the presence of the resources listed in the American College of Surgeons’ Resources for Optimal Care of the Injured Patient.

Fort Sam Houston, TX – Nurse Appointed Head of U.S. Army Organization

➤ When Army Chief of Staff Gen. Raymond T. Odierno passed the U.S. Army Medical Command flag to Maj. Gen. Patricia D. Horoho, RN, during a ceremony at Fort Sam Houston Dec. 5, the moment marked two historic firsts.

Horoho became the first woman and first nurse to command the Army’s largest medical organization, MEDCOM.

MEDCOM is one of 11 direct reporting units in the Army, managing more than a $12.8 billion budget and providing medical care for more than 3.95 million eligible beneficiaries worldwide — active-duty service members, retirees and their families. The command also oversees graduate medical education, health professional education, medical research and training of all combat medics.

On Dec. 7, Horoho was promoted to the rank of lieutenant general and sworn in as the Army’s 43rd Surgeon General. In that capacity, she will serve as the medical expert on the Army staff.

The general said she is honored by the confidence Army leaders have placed on her to serve as the 43rd Surgeon General.

“I am very excited about being able to serve with and serve for a team of professionals who are internationally renowned,” she said. “In every conflict the U.S. Army has fought, Army Medicine has stood shoulder to shoulder with our fighting forces, supporting those who are putting their lives on the line to defend our freedom. It is my honor to be able to serve in this position and carry on the strong tradition.”
Greensboro, GA – ARMC Named Top Large Hospital

➤ Athens Regional Medical Center (ARMC) has been named the 2011 Large Hospital of the Year by the Georgia Alliance of Community Hospitals.

The facility is being recognized for its commitment to caring for people who cannot afford services. In the midst of a down economy, ARMC has provided $40 million in charity care in 2009, more than all other facilities in the area combined. The hospital has also provided support to more than 40 nonprofit community organizations, resulting in more than $300,000 last year alone to support various community causes.

ARMC is also bringing organizations together to solve some of the state’s toughest problems. They have been active in workforce development, partnering with the Medical College of Georgia and the University of Georgia in a 4-year, medical-education program.

“The Georgia Alliance of Community Hospitals is proud to recognize Athens Regional for its contributions to the Athens community,” said president, Monty Veazey. “Our state’s not-for-profit hospitals are committed to improving the health of their communities and being able to draw special attention to the commitment, innovation and dedication is a tremendous honor for me.”

Charleston, SC – Nursing Dean Develops Mental Health Education Abroad

➤ Gail W. Stuart, PhD, RN, FAAN, dean of the Medical University of South Carolina College of Nursing, recently assisted in the development of a mental health curriculum for healthcare professionals working in Monrovia, Liberia.

Stuart, a veteran nurse educator, recently held a mental health seminar for 32 Liberian healthcare workers, including nurses. She had reportedly been requested to help develop the mental health component of training for the Liberian workers by the Carter Center, a nongovernmental organization founded by former president Jimmy Carter to improve the quality of life within 70 nations, including Liberia.

The Carter Center had spent the last 2 years working with Liberia’s Ministry of Health planning for this initiative, which involves providing access to mental health services to everyone. The main goal of the initiative is to help remove stigma surrounding mental illness.

National – Nurses Earn ANA’s National Immunity Award

➤ Michelle Flaig, RN, and Jared Aucoin, MN, RNC-LRN, have been named winners of the quarterly American Nurses Association’s (ANA) Immunity Award.

Flaig, a staff member at Nix Health Care System in San Antonio, TX, has been chosen for helping to more than double the seasonal influenza vaccination rate for staff at her facility through outreach and education initiatives. Aucoin, who supervises two children’s outpatient clinics at University Medical Center in Lafayette, LA, is being recognized for implementing performance improvements that have boosted childhood immunization rates at one of the clinics to more than 90 percent for 2 straight years.

The awards coincided with National Influenza Vaccination Week established by the CDC to promote continuing influenza vaccination throughout the winter months.

ANA grants the national Immunity Award as part of its “Bringing Immunity to Every Community” project. ANA and the CDC are collaborating on the project, which focuses on maximizing nurses’ role in increasing vaccination rates and reducing incidence of vaccine-preventable diseases.

The project seeks to increase nurses’ knowledge and competency in immunization, encourage nurses to be vaccinated, and position nurses as leading advocates for immunization among peers, patients and the public. ❖
In Their Own Backyard
Gwinnett Medical Center expands cardiac services to keep patients close to home.

When Gwinnett Medical Center in Lawrenceville, GA, officially opens the doors to a shining new heart and vascular center in January 2012, area residents will have easy access to cardiac catheterization labs and open heart surgical services right in their own backyards.

“There is a real need for both open heart surgery and interventional cardiology services in our community; in fact, we’re the largest community in the U.S. without open heart services,” said Jeff Nowlin, FACHE, executive vice president and chief operating officer of Gwinnett Health System and medical center president. “The closest program is 24 miles away, which can be a 2-hour commute in Atlanta traffic.”

Parallel Pathways
While it’s exciting to see cranes and bulldozers preparing the site, Gwinnett Medical Center leaders understand the complexities of creating a heart program. “The building is the easy part of our work, and we’ve committed $32 million to build a facility that will include additional operating rooms, replacement cath labs and related services,” Nowlin said. “However, the bigger part of the project is around program planning. We have more than 55 staff members working on patient flow, quality improvement, patient education, documentation, clinical protocols and pathways, staff education and other key areas. This strong assistance will help us develop a quality program and help ensure staff buy-in as well.”

The Cardiovascular Steering Committee meets monthly to simultaneously address two parallel pathways. “The first is the construction of the building itself, which is on track,” Nowlin said. “We have also been driving to bring the services to our community even earlier. Gwinnett Medical Center received permission from the state to provide interventional cardiology services. This program launched on March 1.

Clinical Development
Carol M. Danielson, RN, FACHE, CNAA, senior vice president and chief nursing officer, described the 10 sub-groups that meet every other week for an hour to address their areas of responsibility. “Every sub-group has either a staff nurse or clinical nurse specialist from the appropriate nursing unit, and they go back to their unit to get input from their colleagues,” she said. “The documentation team developed clinical pathways and order sets for both the cath lab and for the OR, and the patient flow team has developed patient flow models.”

Other teams are focused on equipment selection and information technology applications. “The human resources focus is on advertising to bring in the talent we need for our program,” Danielson said. “Then there’s a group dedicated to developing educational materials for this population.”

Each sub-group is interdisciplinary, bringing in just the right members for the job at hand. “Pharmacists worked with us on all of our new order sets, while the quality group developed mechanisms for data entry into the American College of Cardiology’s PCI [Percutaneous Coronary Intervention] registry for all cath lab patients and the Society of Cardiothoracic Surgeons for all of our open heart patients,” Danielson said. “The staff education team is looking at how we’ll train our existing staff, as well as how we will orient new staff and bring them up to speed. And our marketing
group is focused on communicating both internally and externally about our new program and building.”

Performance Improvement
Patty Waggener, MSN, RN, CPHQ, performance improvement coordinator for the ICU, cath lab and cardiology, is heavily involved in clinical pathway development and documentation requirements for the new center. “First, we looked at policies, procedures, order sets and pathways for patients coming for PCI,” she said. “We received some templates from our consultants, other information from hospitals in our area, and we did our own research about evidence-based practice to make sure we’re providing our patients with the most up-to-date clinical care.

“Once we started on the pathways themselves and the flow sheets, we involved staff nurses, asking them to cast a critical eye on what we’ve developed,” Waggener continued. “What can we change? What can we do better? The bottom line is you need input from front-line staff to develop workable documentation.”

Education
Renee Johnson, MSN, RN, CCRN, CNS, is the ICU clinical nurse specialist focused on competencies and professional development for critical care nurses. “In the beginning, we’ll have a medical and cardiac intensive care unit,” she explained. “Most nurses don’t specialize in both of those areas, so it will be an interesting challenge. In November and December 2010, we rolled out education to gear ICU nurses up to care for patients needing ICU care after interventional procedures. The focus was on topics like acute coronary syndrome, 12-lead ECGs and groin assessments after sheaths are pulled. Post-PCI patients not requiring ICU care will go to the telemetry floor of the new north tower.”

As she worked with seasoned ICU clinicians over the years, Johnson sometimes struggled to find new ways to engage them in professional development. However, the health system’s new approach to continuing education, as well as challenges imposed by the upcoming heart programs, has stimulated new interest.

“We start by ensuring our nurses have the basic knowledge and competencies for their specialty areas, and then move to critical learning needs,” she said.

“We are looking forward to caring for the critically ill cardiac patients in our ICU,” Johnson concluded. “This will be a positive situation for the patients and their families.”

Sandy Keefe is a frequent contributor to ADVANCE.
Loren D. Larkin, MA, BSN, RN, CEN, CPEN, CA-SANE, believes in serendipity and timing. The nurse educator in the Texas Health Presbyterian Hospital Dallas emergency department has spent his 32-year career working with victims of trauma, accident and crime. He’s seen first-hand how victims of sexual assault are re-victimized by medical and legal systems that, at times, are unable to bring attackers to justice. So, even as Texas Health Dallas rolled out a program in 2010 to help care for these voiceless victims by bringing in trained sexual assault nurse examiners (SANE), he was already looking forward to the day when these nurses would be trained in-house.

That day has arrived.

Program Development
For years, Dallas was the largest city in the U.S. without local SANE training. Larkin said the need for community training was a pressing concern for the Texas Health Dallas ED staff and local law enforcement. But as persistence often breeds success, Larkin and his colleagues found a way, and Texas Health Dallas rolled out on-site SANE training in November 2010. Larkin said a lot of things came together to bring SANE training to Texas Health Dallas.

Though a latecomer to the party when he joined the Texas Health Dallas staff 10 months ago, Cole Edmonson, DNP, RN, FACHE, NEA-BC, vice president of patient care services and chief nursing officer, quickly became a SANE training champion.

“The program was nursing led and nursing driven,” Edmonson said. “The professional staff brought it to the table to meet a community need. It gives nurses a platform and evidence-based tools to be able to say, we have resources and we can help both individuals seeking care and our community.”

Nursing Focus
Key for nurses was development of a sexual assault response team, which would design and implement medical/forensic care for both adults and adolescents in Dallas. Playing a key role was Mary Rowe, MSN, RN, CEN, NE-BC, ED nursing manager, who accepted the challenge and gained the support of Elizabeth Asturi, MSN, RN, ED director. Rowe pulled together a multidisciplinary team that included Larkin; ED physicians Mark Till, MD, and Brad Sellers, MD; and SANE nurses Tammy Prewitt, RN, CA-CP SANE, and Beth Adams, BSN, RN, CA-CP SANE. Community agencies also were represented, including the Dallas Area Rape Crisis Center (DARCC), Victim’s Outreach, Dallas police and Dallas County district attorney representative Erin Hendricks. Each helped form a dynamic team known as the Texas Health Dallas Sexual Assault Response Team.

Rapid cycle testing during the pilot stage allowed the group to be nimble and improve the process as it moved forward.

“We have been under-resourced in the community for sexual assault victims, so this program is truly an amazing gift,” Edmonson said.

Training Day
Larkin worked to develop a comprehensive program that would maintain the high standards Texas Health Dallas has set. Along with 60 hours of didactic education, SANE candidates put in more than 90 hours of clinical training, observe 16 hours of criminal court proceedings and perform supervised patient forensic exams.

“The certification comes from the state of Texas through the office of the attorney general,” Larkin said. “It is a lengthy process. Candidates must be approved, must have been in nursing for at least 2 years, must be able to put in 2 weeks of classroom training and be prepared to put time in for clinical.

“As we get fully flowing, we want to do more training here,” Larkin added. “We want to help set the standard for the state and, at the same time, be a resource for other communities.”

Those high standards are important for every case going forward, Larkin said. Nurses must learn how to treat and care for sexual assault victims from the moment they enter the ED, as well as to perform proper evidence collection and prepare to testify in court. As the program has grown, hospitals in outlying areas already are sending their sexual assault patients to Texas Health Dallas.

Patient Care
SANE training and the work of SANE nurses at Texas Health Dallas are making an impact, Larkin said. While Texas Health Dallas nurses drove the project, financial backing in the form of a generous $2 million grant came from the W.W. Caruth, Jr. Foundation of Communities Foundation of Texas. The grant supported not only the...
training program, but funded DARCC, an independent rape crisis center that provides counseling and sexual assault education in local schools and universities.

Looking Forward
Calling the program a “pilot,” Larkin said each participant is fully vested in its development.

“We’re constantly trying to look at areas where we can improve,” he said. We’re hopeful, from the field introduction to that victim through the whole process of healing, it can all start through what we’re trying to do here in a seamless process. We’re not just there for these patients for the several hours they’re with us in the ED.”

That fits in with the Texas Health Dallas nursing mission, Edmonson said.

“This training speaks to how our nurses extend into the community and really explore their roles, embracing the health of the community in a much richer way,” he said. “One of the key points of the Institutes of Medicine report is to reframe the future of nursing as not just a nursing issue, but also as a societal issue. This program really exemplifies that nursing is a societally impactful profession and that nurses really have an obligation and opportunity to improve the health and safety of the community, whether it’s their own community or the one in which they work. Programs such as the SANE program demonstrate that beautifully in terms of making the community safer, improving health and also increasing the conviction rate among perpetrators.”

Candy Goulette is regional editor at ADVANCE.

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Jan. 12, 3-4pm ET
Exploring the Relationship Between General Health and Oral Health

Intriguing research in the past 10 years has shed light and raised many additional questions regarding the interrelationship of oral health to general health. Designed for nurses and other health professionals, this webinar will emphasize practical applications for patient care and referral for dental care in addition to reviewing relevant research findings related to the oral health/general health connection. Presented by Joan I. Gluch, PhD, RDH, & Susanne K. Giorgio, RDH

Feb. 22, 2-3pm ET
Finding Your Passion in Healthcare

Whether for the first time, or reigniting a passion lost, attend this webinar to learn how self-reflection can help you find your place in healthcare. Is your current position leading you in a direction that will keep you challenged and satisfied, or are there other opportunities you should be exploring? Presented by Karen Pischke RN, BSN

March 22, 2-3pm ET
Making Donations: All About Organ Transplants

Every 11 minutes, a new name is added to the organ transplant waiting list. An average of 18 people dies each day while waiting for organ transplants in the United States. As a healthcare provider, what do you know about organ transplant networks; can you dispel myths and encourage others to save lives by being a donor? In this session, learn the facts about organ donation in your region and about the latest research findings. Presented by Laura Rye, Hospital Services Coordinator with The Living Legacy Foundation

Hypnosis Certification Program

This is a 7 day program offered February 16-19 & March 9-11 in Charlotte, NC and March 29-April 1 & April 27-29 in Pawleys Island, SC area. Retired nurses are encouraged to attend! Freedom to work with clients on your schedule! The course will provide you with certification by the National Guild of Hypnotist, Inc., the largest hypnosis group in the country (www.nghi.net). At the completion of the program you will be able to use hypnosis to help patients stop smoking, reduce anxiety before medical procedures, lose weight, manage pain, reduce stress symptoms and effectively deal with many more issues. Course is limited to 10 students. Dr. Lawrence is a college faculty member and author of two cozy murder mysteries (A Hypnotic Suggestion and Why Kill A Parapsychologist?) with a forensic hypnotherapist as the primary crime solver. One copy of her book is free with the course. Contact Dr. Madelaine Lawrence at 803-367-3156 or at lawrencecenter@yahoo.com or check her website for more information at www.hypnosisinfo.org.

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