



ENA...Defining the future of Emergency nursing and Emergency care through advocacy, expertise, innovation, and leadership.



## A Word From Our President

### *Basement or balcony? You choose*

Imagine your mind, as if it were a clear glass sphere. The bottom two-thirds of the sphere is filled with dark water, so murky you can't begin to see the bottom. This is the basement and here live family, friends, co-workers and people from your community. They reach up on a continual basis, through the muck, and attempt to pull you under. How? you may ask. With comments like, "you're a failure, you're not gonna make it, you're worthless". These are the people who would rather watch you sink than swim and not offer a helping hand, who revel in your unhappiness and offer nothing but unconstructive criticism.

The good news is you still have the remaining one-third- the balcony. This part of the sphere is filled with people who cheer you on, lift you up when you're down, offer hands of friendship, help, encouragement and love.

My suggestion is this: make a list of your basement and balcony people. Concentrate on those in your balcony and avoid those in the basement. The number of people in your balcony is not important, but their caliber and credibility is. Don't allow one basement person to pull you down, but allow one from the balcony to pull you up. Make another list of those to whom you'd be a balcony person and concentrate on them. Haven't you spent enough time on the basement and isn't it time to concentrate on the balcony and be a balcony person to others?

*Patty*

## The Quarterly Report

Help us welcome our new members from the first quarter of 2005!

Did you know we now have 527 ENA members in the state of Indiana?

Lorraine Condrey	Indianapolis	Alice Fuss	Indianapolis	Patricia Kearby	Valparaiso
Joann Lorenz	Schererville	Linda Demske	Kendallville	Christina Durnil	Washington
Michele Bangma	Huntington	Breaha Bennett	Newport	Christine Burlingame	South Bend
Kim Dills	Bremen	Cindy Everett	Lafayette	Pamela Fuhr	Crown Point
Michelle Hughes	Zionsville	Kimberly Jones	Beech Grove	Ruth Kain	Logansport
Heather Manley	Westville	Shannon McKain	New Albany	Valerie Noah	Connersville
Brenda Rocha	Chesterton	Jean Roland-Kennedy	Greenwood	Renee Sholty	Logansport
Suzette Smiercak	Schererville	Julie Sorgen	Fort Wayne	Sandra Thayer	Valparaiso
Kelly Wolfe	Evansville	Anya Woodruff	Plainfield		

# ISNA NEWS

## Changes to the Health Professions Bureau

The Indiana Professional Licensing Agency (PLA) is now the home to the professions previously served by Health Professions Bureau (HPB). Effective July 1, 2005, HPB and PLA merged to become one licensing agency and share staff expertise in order to serve you better. The merged agency provides administrative support for 39 boards, committees and commissions. Please take this opportunity to click on the link to your specific profession and see what is new. We welcome your comments and attendance at your profession's board and commission meetings.

<http://www.in.gov/pla>

## Indiana Nursing Community Sees More Interest From Men in Becoming R.N.s

Indiana nursing schools and hospitals report an upward trend in the number of men entering the nursing profession, lured by the field's job security and flexibility, the Fort Wayne Journal Gazette reports. Nursing experts say that the generous salaries and benefits packages offered by hospitals to boost recruiting efforts appeal to many men looking for a second career and a flexible career in the health sciences. The nurse recruiter at Lutheran Hospital notes that the facility's staff of male nurses has grown from 25 in 2004 to 38 currently, the most men the hospital has ever employed on its nursing staff. Lutheran Health Network currently employs 66 male nurses at its four Allen County Hospitals, up from 47 in 2004. The dean of the School of Health Sciences at the University of Saint Francis, which enrolled 11 more male students in 2004 than in 2003, says that while job security is one factor that has motivated some men to pursue a career in nursing, the increased interest in nursing among men can also be attributed to better marketing and representation of the profession through advertisements and television shows, which depict both male and female nurses. One nurse recruiter says that "it has become more [culturally] acceptable for men to be nurses." However, the publisher of Male Nurse Magazine says that although more men are becoming R.N.s, men account for only 6 percent to 7 percent of the nation's 2.5 million nurses (Parmar, Fort Wayne Journal Gazette, 8/1/05).



## Indy Road Runners July Chapter Meeting

The July 12th meeting was held at the Brickyard Crossing Golf Resort and Inn in Speedway, Indiana. Current members were encouraged to bring a guest to introduce them to ENA. The evening started off with time for networking. There was great food and door prizes were also awarded, plus other giveaways. Guest speaker, Dr G. Kris Bysaini, gave an excellent presentation about Septic Shock especially in regards to pediatrics. The Education Committee really outdid themselves. A good time was had by all who attended!



CENTER OF  
HOPE

### Who should take the sexual assault forensic nurse examiner course?

RNS and Advanced Practice Nurses (APNs) who plan to become employed as Sexual Assault /Forensic Nurse Examiners, who can be described as:  
 Passionate about excellent patient and family care  
 Self motivated /self directed learners  
 Highly reliable  
 Outcome oriented  
 Collaborative in their nursing practice – working well with other nurses, physicians, social work, outside agencies and families.

### What are the dates and times?

**DATES:** The course runs for 10 consecutive Thursdays Sept 1 through Thursday Nov 3rd Plus one Saturday (court training October 25th) **TIMES:** 4pm – 8:30 pm with the exception of Saturday, October 25th 9 am – 12 noon.

## Sexual Assault Forensic Nurse Examiner Course Fall 2005

contact Paula Reiss  
[preiss@clarian.org](mailto:preiss@clarian.org)  
 for details



## Patient Safety Act Passes and Heads to the White House

President George W. Bush signed into law the Patient Safety and Quality Improvement Act of 2005, creating a new confidential and voluntary medical error reporting system. Under provisions in the bill, nurses and doctors would report medical errors and near errors to patient safety organizations. "This bill is a critical step toward our goal of ensuring top-quality, patient-driven health care for all Americans," said Bush, at the signing ceremony. "To maintain the highest standards of care, doctors and nurses must be able to exchange information about problems and solutions. Yet in recent years, many doctors have grown afraid to discuss their practices, because they worry that the information they provide will be used against them in a lawsuit."

"It fosters a blame-free environment for the reporting and study of medical errors," said Erin McKeon, associate director of the American Nurses Association's Department of Government Affairs. "Even though we don't think it will be as effective as it would be if it were mandatory reporting, we think good things can come of this." "These organizations will strip the reports of identifiable information and use them to develop information that goes back out to health care providers about means to avoid these errors," McKeon said. "We feel it will be helpful in the ongoing education about common errors," McKeon said. "We like that it's blame free, because too often nurses are blamed for system errors."

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), which already has a reporting system in place for sentinel events, is considering forming a separate entity to serve as a patient safety organization, said Margaret VanAmringe, vice president of public policy and government relations for JCAHO.

## Study Finds Nurse-to-Patient Ratios Cost-Effective

A cost-effectiveness study conducted by Michael B. Rothberg, M.D., MPH, an assistant professor of medicine at Tufts University, in Boston, Massachusetts, and a physician at Baystate Medical Center, in Springfield, Massachusetts, found that the cost of reducing a nurse's patient load to four patients is less costly than several other safety interventions commonly employed by hospitals. Rothberg's study concluded that: "Considered as a patient safety intervention, improved nurse staffing has a cost-effectiveness that falls comfortably within the range of other widely accepted interventions. The study looked at cost effectiveness in relation to cost per life saved. It estimated that as many as 72,000 lives per year could be saved if there were a ratio of one nurse for every four patients. Dr Rothberg explained that this is due, primarily, to nurses' attention to the safety of their patients. "Nurses prevent complications that are expensive—medication errors, patients getting pneumonia or urinary tract infections," he said. "Having nurses around saves doctors—we make mistakes and they catch them. If they're not around or they're too busy to catch them, it can be costly."

"I would like to see hospitals consider nursing as a cost-effective way to improve patient safety," Rothberg said, citing California's Kaiser Permanente as an example to follow. The hospital system instituted a 4:1 ratio prior to the passing of the state law earlier this year, which mandates a higher 5:1 ratio. "Every hospital has to look at its own cost structure to determine the right ratio, knowing that the lower the ratio, the more expensive it will be," he said. "But I think it behooves us to compare the various interventions that we have."

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