

# OACNS Spotlight

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The Official Newsletter of the Oklahoma Association of Clinical Nurse Specialists

## THE PURPOSE OF OACNS:

- To be a cohesive, supportive group to promote the practice of CNSs
- To unite as Advanced Practice Nurses for the advancement of the practice of nursing

## THE GOALS OF OACNS:

- To address issues impacting the advanced practice of CNSs
- To increase visibility of the CNSs through participation on appropriate state and local committees
- To act as a resource group and provide continuing education programs for CNSs
- To support the coalition of advanced practice groups, such as CNSs, ARNPs, CRNAs, and CNMs

## 2009 OFFICERS:

**President** - April Merrill  
**President Elect** - Susie Jones  
**Secretary** - Rise' Kester  
**Treasurer** - Amy Kluge  
**Immediate Past President** -  
Stephanie Moore

## FORMAL BOARD MEMBERS:

**Directors-at-Large for:**  
**Membership** - Stacey Rose  
**Programs** - Linda Baird  
**Public Relations** - Carol Stewart  
**Chair for Nominations Committee** -  
Kimetha Broussard

## INFORMAL BOARD MEMBERS:

**Senior Student Rep** - Katie Lamar  
**Senior Student Rep** - Tamara Meier  
**Junior Student Rep** - Krista Rein  
**APN Coalition** - Susie Jones  
**NACNS Liaison** - Susan Dresser  
**Board Advisor** - Susan Goodwin  
**Faculty Advisor** - Sally Tibbals  
**NACNS Affiliate Rep** - Candace Becker  
**Administrative Assistant** - Sandi Hinds

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## Letter From the President

Welcome!

I hope everyone had a very Merry Christmas and a Happy New Year. I would like to welcome our new officers and members. Thank you all for your commitment to advancing our nursing profession. I would like to say a special thank you to Susie Jones, Rise' Kester and Stephanie Moore for volunteering to participate on the APN Advisory Committee with the Oklahoma Board of Nursing.

I am looking forward to exciting changes for 2009. We will be combining our two conferences into one large annual conference and offering you several pharmacology hours over the course of 2-3 days. The NACNS conference will be coming up in March in St. Louis, Missouri. We will also be reviewing and updating our bylaws. Thank you to Sandi Hinds for helping us with our new website, please check it out if you haven't already: [www.oacns.org](http://www.oacns.org)

I am eager to serve as your new president. Please feel free to contact me anytime.

Sincerely,  
April Merrill, MS, APRN, CCNS





## Letter From the Immediate Past President

Dear Fellow Members of OACNS,

What a fantastic year it has been for OACNS! OACNS has accomplished and contributed to many items. As a membership we can be proud of our contributions and celebrate the impact that we have had on CNS and advanced practice nursing. Here are just a few of the items I am most proud to share with you - the creation of a website for OACNS, adoption of a logo, the first pharmacology conference hosted by OACNS, our 3<sup>rd</sup> Annual CNS Recognition day conference, participation in the writing of the CNS core competency exam, representation on the NACNS Board, having the CNS of the Year as part of our membership and the addition of an administrative assistant for the organization.

It has been a privilege to serve as your President in 2008. I look forward to continuing on the OACNS Board for 2009 and working with you!

Sincerely,  
Stephanie R. Moore

## April 2009 OACNS Pharmacology Conference

Watch your mail for more information.

# SAVE THE DATE

2<sup>nd</sup> Annual  
Advanced  
Pharmacology  
Conference



Community  
Caring  
Commitment



[www.oacns.org](http://www.oacns.org)

April 23, 24, & 25, 2009

INTEGRIS Baptist Medical Center Conference Center  
3300 NW Expressway, Oklahoma City, OK.

### Pharmacology Hours Available

Course Sponsors:  
Oklahoma Association of Clinical Nurse Specialists  
&  
University of Oklahoma College of Nursing



Patient Name:  
Address:



RX Medical Lab  
888, Street 999,  
City, State, Country





## Meet the 2009 OACNS Board



**The President - April Merrill** [april@oacns.org](mailto:april@oacns.org)

April Merrill is a Clinical Nurse Specialist at INTEGRIS Baptist Medical Center (IBMC) and works with glucose management services. April graduated from the University of Oklahoma in 1996 with a BSN and received her MS summer 2008. April has been at IBMC since May 1996 where she has worked as staff nurse, team manager, clinical director and clinical education consultant in the areas of cardiac and transplant. April has been married since 1994 and has two beautiful daughters. April enjoys movies, music, reading and OU Sooner football.



**The President-Elect - Susie Jones** [Susan.jones@integrisok.com](mailto:Susan.jones@integrisok.com)

Susan K.B. Jones MS, RN, APN, CCNS-P, CCRN-P, EMT-P

Susie has been a registered nurse since graduating with her BSN from the University of Oklahoma in 1982. She has practiced in a variety of settings since that time including adult and pediatric intensive care, emergency department and was a flight nurse/paramedic for 8 years with Mediflight Oklahoma. Susie became a pediatric clinical nurse specialist after graduating from OU in 2002. Susie has completed all of the course work for her PhD in nursing from the University of Missouri St. Louis and plans to defend her dissertation proposal in January 2009. Susie was named the Oklahoma Nurse Researcher of the Year by the Oklahoma Nurses Association in 2006 and the Clinical Nurse Specialist of the Year by the National Association of Clinical Nurse Specialists in 2008. Susie is currently responsible for research development and evidence based practice implementation at INTEGRIS Baptist Medical Center in Oklahoma City. She continues to work actively with the pediatric population.

Susie has been married for 14 years to Gary Jones and they have 2 children together – Ben age 12 and Sam age 10 ½ . Both boys are involved in a variety of sports, faith based and scouting activities. Susie looks forward to a having some free time upon completing school but knows that with two boys about to hit puberty that isn't likely to happen for a while.



**Immediate Past President - Stephanie R. Moore** [stephanie-moore@ouhsc.edu](mailto:stephanie-moore@ouhsc.edu)

Stephanie R. Moore, our current past OACNS President, is a Clinical Nurse Specialist and educator. Stephanie is faculty at the University of Oklahoma College of Nursing and instructs students pursuing graduate education as a Clinical Nurse Specialist. Stephanie is currently a doctoral student and pursuing a PhD as a nurse scientist and researcher. Stephanie's interests include geriatrics, care-giving, organizational processes and acute care nursing.





## Meet the 2009 OACNS Board



### **The Secretary - Rise Kester** [secretary@oacns.org](mailto:secretary@oacns.org)

Rise' Kester is a Clinical Nurse Specialist working at INTEGRIS Baptist Medical Center with the patient population experiencing hyperglycemia and diabetes. She has been employed with IBMC since October 2006 and has been a registered nurse since 1975. Previous experience as a registered nurse includes rural healthcare experience in med/surg, endoscopy, surgery, emergency medicine, and administration. Rise' graduated from the University of Oklahoma Health Sciences Center with a Master of Science, Minor in Case Management, Clinical Nurse Specialist focus in May, 2006. Rise' is married and has two grown sons.



### **The Treasurer - Amy D. Kluge, MS, APRN-BC;** [treasurer@oacns.org](mailto:treasurer@oacns.org)

Amy D. Kluge has been a pediatric nurse for the past 12 years. She started with an A.A.S. from Oklahoma State University at Oklahoma City. After her first year of pediatric nursing experience, she became a certified pediatric nurse through the ANCC. After 5 years of general pediatric inpatient experience, she returned to school at the University of Oklahoma to complete her B.S. in Nursing. As a B.S.N., she served as an Education Specialist for two years while pursuing her Master's as a Clinical Nurse Specialist. In 2005, she completed the Parent-Child pathway at OU. She has served many roles such as staff nurse, charge nurse, preceptor, mentor, BLS instructor, PALS instructor and certified breastfeeding educator. As a hospital-based CNS, Amy served as committee chair for many hospital and departmental councils including nurse practice, research, patient education, performance improvement, professional excellence and leadership.

In 2007, she transitioned into an acute care and primary care provider role for special needs children. For the past year, she has been the study coordinator for her site of a multi-site research project on drooling in children with cerebral palsy. As part of an advanced practice nurse hospitalist team, Amy now provides for the day to day medical needs for a 100 bed inpatient specialty hospital. For the past two years, she has served as treasurer for the OACNS.

Amy has been married for the past 16 ½ years to Jason Kluge. She has three beautiful daughters, Autumn, 14, Jayci, 10 and Averae 3. The Kluge family is expecting another child in June 2009. In her free time (ha, ha), she enjoys reading, scrapbooking and spending time with her family.





## Meet the 2009 OACNS Board



### **The Director-at-Large for Programs -**

**Linda Baird, M.S., A.P.R.N. - B.C. [linda-baird@ouhsc.edu](mailto:linda-baird@ouhsc.edu)**

Linda Baird Taught at Oklahoma University College of Nursing for 11 years, Worked at Saint Anthony Hospital Behavior Medicine Center for 20 years, Taught at Southern Nazarene University for 7 years. She is a Clinical Nurse Specialist in Psych, Mental Health Nursing and is Board Certified.



### **The Director-at-Large for Membership –**

**Stacey Rose [okcrosses@swbell.net](mailto:okcrosses@swbell.net)**

Stacey graduated from OUCN in 1979 with a BSN. She worked in the intensive care unit at OMH after graduation. After a 10 year break spent raising children Stacey returned to nursing and worked four plus years in the medical intensive care unit at Mercy Health Center. From there Stacey moved into the outpatient clinic setting working with adult pulmonary patients. She did some part time work with Hospice of Oklahoma County. She graduated from OUCN with a Masters in Science in 2000. She is currently a Clinical Nurse Specialist with prescriptive authority and continues to work in an outpatient adult pulmonary clinic. Stacey has previously served as secretary on the board of OACNS.



### **The Director-at-Large for Public Relations**

**Carol Stewart MS, GCNS-BC [Carol@oacns.org](mailto:Carol@oacns.org)**

Carol is currently on faculty at The University of Oklahoma College of Nursing-Tulsa campus. Primary teaching responsibilities focus on Psychosocial nursing through classroom lectures and supervision of clinical experiences. I am Board Certified as a Gerontological Clinical Nurse Specialist. She has an extensive background in hospital management, including program development and implementation for psychiatric populations, quality improvement of patient care, operational issues of staff recruitment and retention, orientation and training, compliance and budget oversight. Most recent clinical experience is in the area of geriatric psychiatry and mental health, managing the behavioral challenges in our aging population.





## Meet the 2009 OACNS Board



### **The Chair of Nominations Committee**

**Kimetha Broussard** MS, RN, GCNS-BC [Kimetha@oacns.org](mailto:Kimetha@oacns.org)

I have been a faculty member with the University of Oklahoma Health Sciences Center-College of Nursing at Lawton since 2005. I graduated from the University of Oklahoma Health Sciences Center-College of Nursing in the Clinical Nurse Specialist Gerontology track with a focus in case management in 2004. My research interest and focus is in Oklahoma geriatric care and education. I am a project faculty with the University of Oklahoma Health Sciences Center-Oklahoma Geriatric Education Center and the University of Oklahoma Health Sciences Center Reynolds Center for Geriatrics. I am a train-the-trainer with the American Association of Colleges of Nursing- Geriatric Nursing Consortium Faculty Development Institute for Senior Level Curricula Development in Geriatrics.



### **Senior Student Representative**

**Katie Lamar** [katie.lamar@integrisk.com](mailto:katie.lamar@integrisk.com)

Katie L. Lamar is currently a student at the University Of Oklahoma College Of Nursing. She is a senior in the Acute Care Clinical Nurse Specialist track with a focus in pulmonology and critical care.

Katie started her nursing career as an LPN in 1994 from Duncan, OK. She earned her ASN from Cameron University in 1997, and her BSN from SNU in 2005. She has been a member of Sigma Theta Tau since 2005, and earned her CCRN in 1998 followed by her CMC (CCRN subspecialty) in 2006.

Katie currently works as a pulmonary nurse clinician at INTEGRIS Baptist Medical Center. Her current projects include CAP (community-acquired pneumonia), VAP (ventilator-associated pneumonia), and sepsis. Her nursing interests include acute care, critical care, pulmonary, and disease prevention.



**Tamara Meier** [tamameier@gmail.com](mailto:tamameier@gmail.com)

Tamara R Meier is currently a senior graduate student at the University of Oklahoma College of Nursing. She is in the Acute Care Clinical Nurse Specialist track with a focus in Diabetes. She is a member of OACNS and NACNS.

Tamara graduated from Northwestern Oklahoma State University with her BSN in 2005. She began working at Norman Regional Hospital following graduation and presently works on the Progressive Care Unit. She is a member of the CQC and assisted with the national patient safety goal fair, specifically the goal of anticoagulation safety.





## Meet the 2009 OACNS Board



### **Junior Student Representative**

**Krista Rein** [Krista@oacns.org](mailto:Krista@oacns.org)

I am a BSN graduate of Langston University. Currently I work at Hillcrest Medical Center in Tulsa, Oklahoma as an ICU Education Specialist. I have held this position for 6 years. I started my nursing career in a step down cardiac unit and then moved in between all the ICU units from 1995 until 2003. I did have a brief stay as a charge nurse for a CHF critical unit that was guided by Debbie Crawford, CNS. I have had the honor of working with CNS at Hillcrest Medical Center. I'm currently in the CNS program working towards a CNS in Neurosurgery.



### **Board Advisor**

**Susan Goodwin** [susan.goodwin2@healthcare.com](mailto:susan.goodwin2@healthcare.com)

Susan Goodwin, received her BSN in 1977, MS in 1985 and has been practicing as a CNS since 2001.

Certification as a Certified Post Anesthesia Nurse since 1991.

Editor of the *Journal of PeriAnesthesia Nursing* from 1994-1999.

Have served on the OACNS board of Directors since 2001.

Currently work at OUMC as the CNS in Surgical Services.

I am available for special projects and requests by the President and the Board. I served as the Director of Projects for 8 years, from 2001 through 2008. I am on the ANCC-NACNS Core CNS construct exam committee.



### **NACNS Affiliate Representative**

**Candace Becker** [Candace@oacns.org](mailto:Candace@oacns.org)

Candace Becker, ACNS-BC, began her CNS career in 2002 after graduating from OU College of Nursing with a MS with emphasis in Adult Acute Care. Since that time she has functioned as a CNS in the OU Heart Failure Clinic, in a home health setting, as the CNS for Critical Care Services for Wyoming Medical Center and most recently as a CNS for the Integris Heart Hospital. She looks forward to serving on the Affiliate Advisory Board and welcomes your questions/comments to share with NACNS.





## Meet the 2009 OACNS Board



### **NANCS Liaison**

Susan Dresser MSN RN CCRN CNS APRN [susan.dresser@deaconessokc.com](mailto:susan.dresser@deaconessokc.com)

Graduated as an adult critical care CNS from Duke University

CCRN since 1980

Worked in CCU, SICU and MICU at Duke Medical Center for 11 years

Worked for Oklahoma Cardiovascular Associates as a CNS in a mid-level provider role for 7 years

Served on the Board of Directors of NACNS for 3 years and am now serving a 2 year term of office as the Secretary of NACNS



### **Faculty Advisor**

Sally Crim Tibbals RN ACNS-BC - [sally-tibbals@ouhsc.edu](mailto:sally-tibbals@ouhsc.edu)

Sally has 30 years practice as a Pulmonary CNS including critical care, in patient and outpatient pulmonary rehabilitation and home pulmonary rehabilitation. Faculty in the Acute Care CNS Program at University of Oklahoma College of Nursing, OUHSC, Oklahoma City, OK.



### **APN Coalition**

Susan Jones [Susan.jones@integrisok.com](mailto:Susan.jones@integrisok.com)

See bio under Pres elect



### **Administrative Assistant - Sandi Hinds, [sandi@oacns.org](mailto:sandi@oacns.org)**

Sandi Hinds is the Administrative Assistant for OACNS and assists the board members with their duties. Sandi received her LPN in 1977 and has worked at INTEGRIS Baptist Medical Center since 1985. She has 10 years in Corporate Compliance and is experienced in coding and billing. She works in the Burn Center currently as a Financial Consultant. Sandi has skills in organization, Computer Science, Computer Graphics, photography, writing, and is a musician.





## **INTEGRIS Baptist Medical Center Strives for Clinical Excellence in Diabetes and Hyperglycemia**

April Merrill, MS, APRN, CNS  
Rise' Kester, MS, CNS, APRN-BC

The Joint Commission has created several disease specific certifications that hospitals may apply for. These are voluntary certifications designed to showcase best practice and improvements in patient outcomes. INTEGRIS Baptist has applied for Advanced Inpatient Diabetes and Hyperglycemia. Five hospitals across the U.S. have achieved the Advanced Inpatient Diabetes certification.

On October 9<sup>th</sup> & 10<sup>th</sup> IBMC underwent a site review. We are the first hospital in the nation to apply for the hyperglycemia certification and we will be the first to be awarded both together. The reviewer was very complimentary of the outstanding work that goes on with our patients.

The reviewer looked for the following key elements:

- Specific staff education requirements
- Written blood glucose monitoring protocols
- Plans for the treatment of hypo and hyperglycemia
- Data collection of incidences of hypoglycemia
- Patient education on self-management of diabetes
- An identified program champion or program team champion

The Joint Commission has requested more information and the data is currently being collected. We are hopeful to have official certification sometime in November. Four clinical performance measures will be reported monthly, these include:

- percentage of hypoglycemia (BG 46-69 mg/dL)
- percentage of harmful hypoglycemia (BG < 45 mg/dL)
- patient satisfaction for hyperglycemia
- patient satisfaction for advanced inpatient diabetes

The certification is awarded for two years with a one year intra-cycle phone follow-up.





## Diving into Collaborative Relationships!

Greetings fellow Clinical Nurse Specialists! I will be sharing with you information about the OKLAHOMA ADVANCED PRACTICE NURSE COALITION. We will “dive” into some general information about the structure of the group and then “swim” in more depth in subsequent newsletters. Hold on tight, here we go!

### *Who comprises the Coalition?*

An official representative of one of the official APN organizations, including, but not limited to, the Oklahoma Clinical Nurse Specialists Association, the Oklahoma Association of Nurse Anesthetists (OANA), the Oklahoma Chapter of the National Association of Pediatric Nurse Practitioners (OKNAPNAP), the Oklahoma Nurse Midwives, and the Oklahoma Nurse Practitioners (ONP).

### *What is the mission of the Coalition:*

To create a legal and regulatory climate in which Advanced Practice Nurses in Oklahoma can use their full potential to improve the health and well being of all Oklahomans.

### *What is the purpose of the Coalition?*

- provide a forum for communication and collaboration between official organizations of each of the four Advanced Practice Nurse (APN) categories recognized by the Oklahoma Board of Nursing.
- remove barriers to APNs functioning within their full scope of practice,
- increase third party reimbursement,
- improve recognition by managed care organizations,
- inform APNs on laws and regulations, and
- increase awareness of advanced practice nursing.

Wow....that was a quick jump into the Coalition! I hope you enjoyed the diving experience.

Until then, if you have questions, please contact Susie Jones or Rise Kester!





## Oklahoma Board of Nursing Forms Advanced Practice Task Force

*Susie Jones*

Recent recommendations from the National Council of State Boards of Nursing (NCSBN) have prompted the Oklahoma Board of Nursing (OBN) to develop a task force to review the recommendations and assist with the development of potential revisions to be considered by the Advance Practice Advisory Committee. This committee will then make their recommendations for changes to the BON.

The task force will consist of representatives from each type of the advanced practice nurses – certified nurse midwives, certified registered nurse anesthetists, clinical nurse specialists, and nurse practitioners. Each group will have one representative from the educational arena, one representative from the professional organization representing their group and one representative who is currently a member of the Advance Practice Advisory Committee. The representatives for the clinical nurse specialists are: Stephanie Moore – University of Oklahoma Clinical Nurse Specialists program ([Stephanie-moore@ouhsc.edu](mailto:Stephanie-moore@ouhsc.edu)), Rise' Kester – OACNS representative ([rise.kester@integrisok.com](mailto:rise.kester@integrisok.com)) and Susie Jones – Advanced Practice Advisory Committee CNS representative ([susan.jones@integrisok.com](mailto:susan.jones@integrisok.com)).

The first meeting has yet to be scheduled but the timeline is sometime around the first week in February. Please take the time to review the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education passed by the NCSBN in July 2008 ([https://www.ncsbn.org/APRN\\_leg\\_language\\_approved\\_8\\_08.pdf](https://www.ncsbn.org/APRN_leg_language_approved_8_08.pdf)). The CNS representatives will work with OACNS to keep you informed as to the work of the group. If you have questions or concerns regarding this task force, please feel free to contact one of the representatives noted above.

### News from NANCS Committees

Gero Task Force: A Subgroup of Practice Committee  
Submitted by Susan E. De Rosa, MS, APRN, BC.

Members of the Gero Task Force have been continuing their level of commitment to gerontological nursing. Joanne Alderman, a member of the Gero Task Force, is currently serving on the American Nurses Association's Gerontological Nursing Revision Task Force and is representing NANCS and the National Gerontological Nurses Association (NGNA). She is currently serving as chair of NGNA's task force on Advancing Excellence in America's Nursing Homes and is a member of the 2008 Advancing Excellence Interchange Planning Committee. She is writing 2 chapters for the NGNA Core Curriculum for Gerontological Nursing and is coauthoring with Ron Walent, Wanda Borges, and Sheila Williams a manuscript they will submit for publication. She is serving on the planning committee for the 2008 NGNA fellows evidence-based practice preconference. Finally, she is serving as coordinator for the Nurses Improving Care for Health System Elders Program at the Ohio State University Medical Center and coordinator for the Gerontological Nursing Certification Review Course.

Deborah Conley presented at the 2008 Nurses Improving Care for Health System Elders Conference. Her topic on acute care of elder unit principles used on a medical unit was very well received.

Reprinted from Clinical Nurse Specialist Volume 22, Number 3, page 119.





## Helicobacter Pylori Infection

Christine Hauck, MS, CCNS-Peds

H. pylori are spiral shaped gram negative bacteria and are the most common chronic bacterial infection in humans. This organism has been shown to infect more than 50% of the world's population with an incidence of up to 80% in developing countries. H. pylori's urease, motility, and ability allow it to adhere and survive in the gastric epithelium. Therefore, it is a common cause of chronic gastritis, peptic ulcers and gastric cancers. The transmission of H. pylori infection is unknown, but person-to-person transmission through fecal/oral or oral/oral route is the most likely cause.

The signs and symptoms of H. pylori are common of many gastrointestinal diseases. There are some individuals with chronic gastritis or duodenitis that have no symptoms. There are also some individuals that may develop stomach or duodenal ulcers with common complaints of mid epigastric pain, bloating, feeling full after eating a small amount of food, lack of appetite, nausea, vomiting and dark or tar-colored stools.

Additional signs and symptoms a clinician may see in a special needs child include: PO refusal, coffee ground drainage from gastrostomy tube, bleeding from gastrostomy tube stoma not tissue related, abdominal pain, vomiting and or diarrhea.

Testing for H. pylori should be performed if the clinician plans to treat, if patient has active peptic ulcer disease, if the patient is less than 55 years of age with uninvestigated dyspepsia and in a special needs child with the above signs or symptoms. There are many ways to test for H. pylori, but the recommended testing is 13C-urea breath test or stool antigen test. Follow up eradication testing should not be performed until four to six weeks after completion of treatment.

Multiple regimens have been used in the treatment of H. pylori. The most common first line treatment is a triple therapy with proton pump inhibitor, Amoxicillin and Clarithromycin for 10-14 days. Metronidazole may be substituted for penicillin allergy patients. The initial treatment of eradicating H. pylori fails in as many as 20 percent of patients, but once eradicated successfully re-infection is unusual.





## ADVANCE PRACTICE NURSES IN SOONERCARE CHOICE

*Susan Goodwin, CNS, CPAN*

SoonerCare Choice is the managed care network that provides health care for Oklahoma's Medicaid population. The Oklahoma Health Care Authority (OHCA) is the state entity that oversees SoonerCare Choice. In the past, payment for services rendered to Medicaid patients has been below market levels of reimbursement. OHCA recognized that this was a barrier to the provision of adequate health care for its Medicaid population.

OHCA is rescripting the provision of care to its Medicaid patients. The mission of OHCA is to purchase state and federally funded health care in the most efficient and comprehensive manner possible and to study and recommend strategies for optimizing the accessibility and quality of health care. To achieve this mission, one action by OHCA is to restructure SoonerCare Choice as a managed care model in which members are linked to a primary care provider (PCP) who serves as their "medical home".

The concepts of the patient-centered medical home include:

- A personal PCP
- PCP directed practice
- Whole person orientation
- Enhanced access
- Quality and safety
- Adequate payment
- Care is coordinated and/or integrated.

Advance practice nurses, including clinical nurse specialists, may function as PCPs within the SoonerCare Choice network. APNs may have a maximum enrollment of 1,250 members; the average enrollment is 300 members per PCP.

Currently, the primary care payment structure is based on capitated bundled rates that include payment for monthly case management. The OHCA has proposed a new reimbursement that is "unbundled"; this will allow the PCPs to provide care based on the principles of a patient-centered medical home. One of the proposed changes is a case management fee tier structure that will reward the provision of more comprehensive care.

Tier One is the entry level medical home. This tier provides all medically necessary primary and preventative services. Tier Two is an advanced level medical home. Tier Two includes all the requirements of Tier One, as well as additional requirements of off-hour availability, and can include medication reconciliation and evidenced-based clinical practice guidelines. Tier Three is the optimal medical home, and includes all the Tier One and Tier Two mandatory requirements. In addition, Tier Three requires a proactive care team, patient self-management plans, electronic prescriptions, electronic communication with patients, and increased utilization of other electronic systems. Each Tier provides additional reimbursement for the PCP, thus rewarding excellence.

The changes proposed by OHCA have a target date of January 1, 2009. OHCA anticipates having transition payments available to assist some providers with the shift from capitation payments to fee-for-service.

There are many other changes proposed by OHCA to provide more effective care to its patients. The OHCA website, [www.ohca.state.ok.us](http://www.ohca.state.ok.us), has a wealth of information for interested practitioners. Interested CNSs, who are eligible to participate as PCPs under SoonerCare Choice, can learn about the concepts of a patient-centered medical home, fee structures, and much more at the OHCA website.

### REFERENCES

1. Oklahoma Health Care Authority Board Retreat syllabus, August, 2008.
2. [www.ohca.state.ok.us](http://www.ohca.state.ok.us), accessed on November 9, 2008.





## Congestive Heart Failure: Back to the Basics

*Sarah Prochaska, RN, BSN, Clinical Nurse Specialist Student*

In today's hospitals, the Clinical Nurse Specialist role excels by assisting the staff and organization on the latest guidelines and evidence-based practices. In a fast-paced healthcare environment, maintaining competency for staff can be a challenge for the clinical nurse specialist. In order for the staff to maintain their competency, educational teaching sessions are necessary.

One idea to help the staff learn better is to use innovative ideas and teaching methods. As a clinical nurse specialist student, there are many projects assigned that require a person to utilize their artistic side and effectively create an educational project for the nursing staff. This semester, my staff project focused on congestive heart failure and the primary nursing interventions that need to take place on a daily basis with these patients. The educational project also reviewed the primary medications used with these patients and basic teaching principles nurses can use to help their patients comprehend the plan of care. Here is a quick review of my efforts for this education. I hope that it inspires you to get 'Back to the Basics'.

The educational project was titled, 'Congestive Heart Failure, Back to the Basics' and was presented on a tri-fold poster board. The nursing staff was given a pre and post-survey to help evaluate the effectiveness of the presentation. The center of the poster discussed daily nursing interventions that should be performed on every patient with a primary or secondary diagnosis of heart failure. Additionally, the discharge instructions for heart failure were included in the presentation to help the nursing staff remember key talking points with their patients. Daily nursing interventions included weights, strict I & O's, and restricted sodium diet. One easy way to emphasize the importance of weighing daily is a simple mnemonic, 'weigh, weigh, weigh, everyday'. This phrase was coined to help patients remember to weigh daily at home and help recognize weight gains that could lead to readmissions.

The sides of the poster board addressed medications that the nursing staff would commonly give their heart failure patients during the inpatient stay and at home. ACE inhibitors, ARB's, diuretics, beta-blockers, and anti-coagulants were addressed. ACE inhibitors are one medication that every heart failure should be taking if they have an ejection fraction of <40%. It was also discussed that this medication prolongs life and helps improve quality of life. This is something the nursing staff can articulate to the patient and families and this concept is understandable. ACE inhibitors have become part of the Joint Commission core measures for left ventricular systolic dysfunction, and that was articulated to the nursing staff as well. I also identified the beta-blockers as another medication that is also gaining popularity with the heart failure population medication regimen. I emphasized to the staff that this medication can lessen the symptoms associated with heart failure and even reduce the risk of death. When the benefits of the medications are explained in a simple fashion such as stated above, the patient and family will be able to better comprehend the importance of taking this medication, as well as possibly lead to increase of compliance.

*(continued on next page)*





## **Congestive Heart Failure: Back to the Basics**

*(continued)*

This 'Back to the Basics' in-service is quick and easy for the nursing staff and helps maintain staff competency. It is also applicable in the patient sphere through designing nursing interventions that result in synergistic patient outcomes. All of the interventions mentioned are predictable and measurable nurse-sensitive patient outcomes based on evidence-based practice (National Association of Clinical Nurse Specialists, 2004). By serving as a leader and mentor to the patient and nursing staff, the clinical nurse specialist becomes an asset to the organization and we prove how our expertise is valuable to all three spheres of influence.

Bonow, R., Bennett, S., Casey, D., Ganiats, T., Hlatky, M., Konstam, M., et al. (2005). ACC/AHA Clinical performance measures for adults with chronic heart failure. *Circulation*, 112, 1853-1887.

National Association of Clinical Nurse Specialists. (2004). *Statement on clinical nurse specialist practice and education*. Harrisburg, PA: National Association of Clinical Nurse Specialists.





Membership Application

(Membership year runs from October 1, 2008 to September 30, 2009)

Personal Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Are you a NACNS Member? \_\_\_\_\_ If yes, please give member number: \_\_\_\_\_)

Are you a member of the Oklahoma Nurse Association: \_\_\_\_\_ Yes \_\_\_ No

Work Information

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Professional Information (Please check all that apply)

- A. Professional Status: \_\_\_ CNS \_\_\_ Student \_\_\_ Other
B. Position: \_\_\_ CNS \_\_\_ Staff Nurse \_\_\_ Administrator \_\_\_ Faculty \_\_\_ Consultant \_\_\_ Educator
C. Practice Setting: \_\_\_ Nursing School/College/University \_\_\_ Acute Care (Hospital) \_\_\_ Clinic
\_\_\_ Community/Public Health \_\_\_ Other: \_\_\_\_\_
D. Patient Population: \_\_\_\_\_
E. Specialty: \_\_\_ Cardiology \_\_\_ ENT \_\_\_ Gastroenterology \_\_\_ Genetics \_\_\_ OB/GYN
\_\_\_ Oncology \_\_\_ Orthopedics \_\_\_ Neurology \_\_\_ Pulmonary \_\_\_ Renal \_\_\_ Diabetes
\_\_\_ Special Needs \_\_\_ Other: \_\_\_\_\_

Membership entitles you to CNS Spotlight newsletters, reduced tuition at OACNS education offerings and free attendance at membership meetings.

Receive a discount on Regular & Student OACNS Membership dues when you are member of NACNS\*\*

Table with 3 columns: Membership Levels, Regular OACNS Yearly Dues, OACNS Dues if member of NACNS. Rows include Regular (\$75.00/\$60.00), Associate (\$50.00/\$50.00), and Student (\$25.00/\$10.00).

OR JOIN ONLINE AT www.oacns.org

Mail OACNS dues & applications to: (Make check payable to OACNS)

OACNS

P.O. Box 12335 Oklahoma City, OK 73157-2335

OFFICE USE

Form fields for Office Use: Today's Date, Expiration Date, Check Number, Amount, Membership # Assigned, Entered in Comp, Card Issued.

