

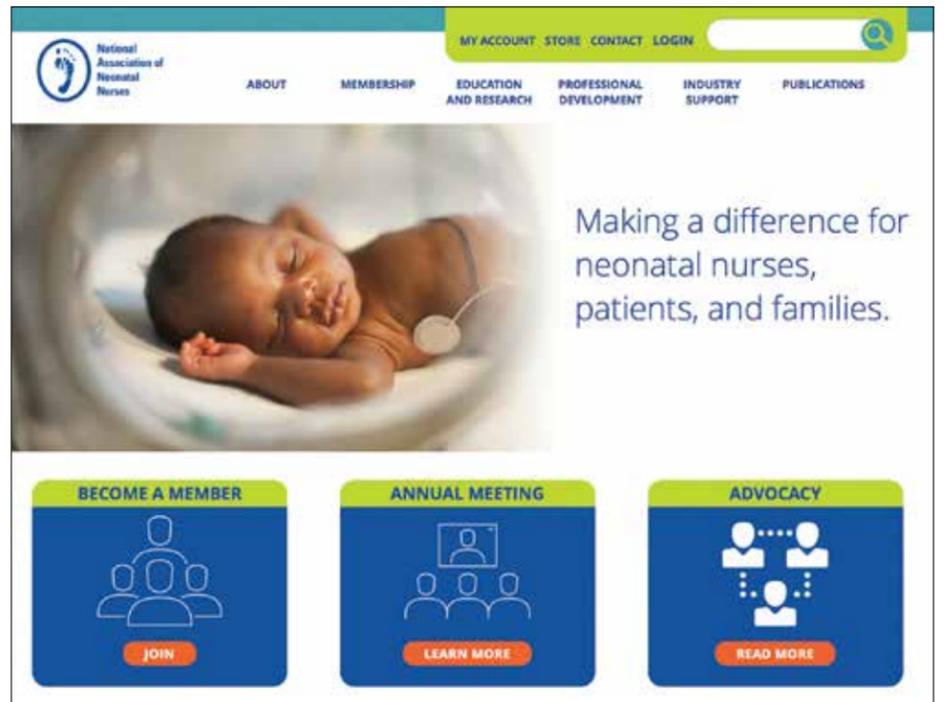


NANN Website Gets a Fresh New Look

To meet our members' needs, we strive to provide user-friendly, accessible resources that help carry out NANN's mission. One of these resources is our website, the central hub and home for all things related and important to NANN and its members. Times have changed and so have our members' web and digital needs.

NANN is proud to announce the launch of our new and improved website. The site, which receives an average of 3,500 visitors a day, has been redesigned with a refreshed look and feel to ensure members are able to find what they're looking for faster than ever. We are thrilled to offer updates to old features to accommodate our digitally advanced users' needs. New features include

- **Mobile responsivity:** Roughly one-third of NANN members view our website on mobile devices. The new mobile design allows for optimized viewing on whatever device you prefer.
- **Smart, speedy search:** Quickly find relevant results with our new search capability, powered by Google. As search terms are entered, this robust functionality analyzes them to ensure more accurate results.
- **"What's New" news feed:** A timely, concise news feed curates trending neonatal nursing news on NANN's home page.
- **Improved navigation:** Improved navigation ensures you'll find the content, information, products, and resources you need with fewer clicks.



- **Fresh, new look:** Clean, bright colors, pleasing graphics, inspirational imagery, and eye-friendly fonts give NANN's new site its signature look. Visit the new www.nann.org today.



From NANN's President

Regina Grazel, MSN RN BC APN-C

Making a Difference in Patient Safety

As integral and influential members of the healthcare team, nurses are positioned to positively influence the patient experience. Nurses play key roles in ensuring safe, compassionate, and quality care. Accordingly, the American Nurses Association (ANA) states that "nurses have a critical responsibility to uphold the highest level of quality and standards in their practice, including fostering a safe work environment" (ANA, 2016).

In 1999, the seminal report "To Err is Human: Building a Safer Health System," from the Institute of Medicine (IOM), revealed the widespread problem of preventable medical errors in hospitalized patients, which contribute to 44,000–98,000 deaths per year. Although recent studies highlight that an even greater number of patients experience adverse events than initially reported (James, 2013), the landmark report increased public awareness of the extent of the problem and charged healthcare providers and policy makers with making significant changes to reduce patient harm.

The IOM subsequently issued two other reports—"Crossing the Quality Chasm: A New Health System for the 21st Century" in 2001 and "Keeping Patients Safe: Transforming the Work Environment of Nurses" in 2003. Since then, healthcare providers and health systems have implemented multiple strategies to change work culture and improve teamwork, communication, and working conditions to decrease unacceptably high rates of medical injuries and reduce risks to patients.

Increased attention to reducing adverse events has led health systems to identify patient safety as a high priority. Patient safety campaigns and evidence-based initiatives focusing on communications, team training, checklists, and care bundles have been established to reduce preventable adverse events (Raju, Suresh & Higgins 2011; Samra, McGrath, & Rollins, 2011).

Nurses have made significant contributions toward improving the quality and safety of health care. Because of focused efforts to decrease surgical site infections, central line-associated blood stream infections, adverse drug events, and other preventable hospital-acquired conditions (HAC), 1.3 million patients avoided harm from 2010–2013 and approximately \$12 billion in healthcare costs were saved (AHRQ, 2013).

Although this represents a vast improvement, high rates of errors persist. Alarming, a 2013 study in the *Journal of Patient Safety* showed that preventable adverse events continued to account for up to 440,000 deaths of hospital patients every year (James, 2013).

There is still much work to be done to reduce patient harm, and nurses will play a crucial role. This is particularly evident in the neonatal intensive care unit (NICU), where the care provided (or omitted) during an infant's fragile beginning can have lifelong consequences. The complexities of the NICU environment combined with the vulnerability of the neonatal population increase the risk for medical errors.

Because of their small body size and organ system immaturity, the margin of error with newborns is very small and they are susceptible to injury from the slightest deviation in safety practice. Neonates are at an increased risk of exposure to toxic drug levels and are particularly vulnerable to medication errors. The most critical infants in the NICU receive complex care for a range of serious illnesses and conditions that require many medications and invasive procedures over an extended course of hospitalization, which further increases the potential for errors. NICU patients are more likely to suffer from the harmful effects of errors sooner, and even minor errors can lead to devastating consequences. (Raju, Suresh, & Higgins 2011; Samra, McGrath, & Rollins, 2011).

In 2010, the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development invited a panel of experts to a workshop to examine the unique aspects of patient safety issues in the NICU. Topics covered included errors during resuscitation, mechanical ventilation, and invasive procedures; medication errors; inadvertent administration of human milk; diagnostic errors; feeding and intravenous tubing misconnections; and misidentification of patients (Raju, Suresh, & Higgins 2011). Other investigations have cited additional frequently occurring harmful events and conditions in the NICU, including hospital-acquired infection, intravenous catheter infiltrates, unplanned extubations, intracranial hemorrhage, and ischemia (Samra, McGrath, & Rollins, 2011).

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Where Have All the Preceptors Gone?



Susan Meier, DNP APRN NNP-BC

When a discussion regarding neonatal APRN preceptor shortages begins, three themes emerge: expectations of APRN preceptors, educational preparation of APRNs to serve as preceptors, and ongoing development and support for neonatal APRN preceptors.

Expectations of APRN Preceptors

APRNs serve as preceptors to new staff, including new APRN graduates, experienced APRNs who are new to a particular unit, and experienced APRNs who are moving between levels of acuity. In addition to serving as preceptors for new staff, many APRNs serve as preceptors for students enrolled in neonatal APRN programs. In a manner similar to how some healthcare facilities treat nurses as a generic commodity—a nurse is a nurse—APRN preceptors are expected to operate in their assignments whether precepting APRN students or new staff (Alspach, 2008). In some institutions, it is not uncommon for APRNs to receive little to no notice or time to prepare before they are informed of their assignment as a preceptor.

Educational Preparation of APRNs to Serve as Preceptors

Many healthcare facilities offer very little preparation for APRNs to function as preceptors for new staff or students (Alspach, 2008). Often if an education program is in place, it is designated for nurses only and does not address the role-transition needs of the new graduate APRN. APRN education programs may offer little in the way of instruction to prepare APRNs to function as preceptors for their students.

Ongoing Development and Support of APRN Preceptors

Among potential APRN preceptors, the lack of incentives—beyond serving the profession—may relate directly to a lack of enthusiasm for precepting APRN students. Most educational

institutions are unable to compensate preceptors financially for their teaching roles and are limited in the nonfinancial benefits they may provide preceptors, such as faculty titles and access to educational resources. Potential preceptors may see the challenges to practitioner productivity or the additional time commitments of being a preceptor as disincentives to assuming the role. The lack of formal preparation and support for the teaching role may further discourage APRNs from being preceptors (Fitzgerald, Kantrowitz-Gordon, Katz, & Hirsch, 2012).

The professional responsibility placed on APRN preceptors for orienting new staff members and assisting in the development of APRN students is considerable. It is unfortunate that some healthcare institutions assume that APRNs should be able to function effectively as preceptors with little or no preparation or ongoing educational support (Alspach, 2008). NANNP represents and values the new neonatal APRN as well as the experienced neonatal APRN and strives to address issues and provide education and products that are pertinent across the novice to expert spectrum. To assist the APRN in the precepting role, NANNP offers *Precepting the Advanced Practice Nurse: From Expert RN to Novice NNP* as a member benefit. This manual is intended to guide those who are engaged in precepting neonatal nurse practitioners, and also can be used in precepting all neonatal APRNs. It discusses current theories and published evidence on the teaching and learning experience and offers practical examples and tools that will enhance the quality of preceptorships for both preceptor and preceptee. This publication is free to NANN members and can be purchased by nonmembers.

References

- Alspach, G. (2008). Calling all preceptors: How can we better prepare and support you? *Critical Care Nurse*, 28(5), 13–16.
- Fitzgerald, C., Kantrowitz-Gordon, I., Katz, J., & Hirsch, A. (2012). Advanced practice nursing education: Challenges and strategies. *Nursing Research and Practice*, 2012. doi:10.1155/2012/854918



2016 NANN Annual Educational Conference

Register for NANN's 32nd Annual Educational Conference Wednesday, October 26, through Saturday, October 29, 2016, at the Renaissance Palm Springs and Palm Springs Convention Center in Palm Springs, CA. Imagine enjoying the sun, sand, and palm trees with hundreds of your neonatal colleagues! Catch up on trending topics, increase your neonatal knowhow, and learn from leaders in the field. In the evening, head to beautiful downtown Palm Springs to refresh and reconnect with your peers.

Opening General Session: Let's Be Married to the Process, Not the Outcome

Lorraine Dickey, MD MBA FAAP, emphasizes that patient and family-centered care (PFCC) must include patients, families, and healthcare staff. Dr. Dickey will share her passion for PFCC and her experience as a patient and physician. PFCC is Dr. Dickey's platform and paradigm of leadership. Her presentation will demonstrate how the outcome generally takes care of itself when the focus is placed on the process of the care experience for everyone involved.

General Session II: Improving Outcomes for Substance-Exposed Infants and Families: Lessons from 200+ VON Teams

Madge Buus-Frank, DNP APRN-BC FAAN, will share highlights of the Vermont Oxford Network's multicenter quality improvement collaborative to improve outcomes for infants with neonatal abstinence syndrome. Learn how 200 teams tested potentially better practices, achieved rapid-cycle adoption of key components of the American Academy of Pediatrics Guidelines for Neonatal Drug Withdrawal, and decreased length of pharmacologic treatment, length of stay, and associated hospital costs.

Closing General Session Parents' Panel: Going Home: Emotional Times

Discharge from a NICU stay can be exciting, yet scary and uncertain. Three parents are excited to share and discuss their stories, including what was and wasn't helpful at discharge. Positive elements of communication, teaching, and support will be highlighted. Identification of opportunities for improvement also will be presented.

Visit www.nann.org/conference for program information and registration. Be sure to submit an abstract for the 2017 NANN Annual Educational Conference when the call goes live on July 1, 2016!

from NANN's President *continued from page 1*

Neonatal nurses at all levels play a vital role in safeguarding patients from harm. They are well positioned to protect this vulnerable population and further reduce adverse events and HACs through increased awareness, active participation in quality and safety initiatives, advocating for their voiceless patients, facilitating improvements in work culture, and sharing and adopting best practices.

To recognize the impact nursing has on patient outcomes and quality of care, 2016 has been designated as a "Culture of Safety" year by the ANA with the tagline of "Safety 360 Taking Responsibility Together." As neonatal nurses, we are challenged to work with families and other members of the patient care team to improve care and reduce harm for our young patients. By making positive changes to ensure the delivery of quality care, we have the chance to make a real difference every day.

References

- Agency for Healthcare Research and Quality. (2013). Annual Hospital-Acquired Condition Rate and Estimates. Retrieved from www.ahrq.gov/professionals/quality-patient-safety/pfp/hacrate2013.html
- American Nurses Association. (2016). National Nurses Week 2016: "Culture of Safety: Safety 360 Taking Responsibility Together" Key Messages. www.nursingworld.org/NationalNursesWeek
- Institute of Medicine. (2000). *To Err is Human: Building a Safer Health System*. Washington, DC: National Academy Press.
- James, J. T. (2013). A new, evidence-based estimate of patient harms associated with hospital care. *Journal of Patient Safety, 9*, 122–128. doi: 10.1097/PTS.0b013e3182948a69
- Raju, T. N., Suresh, G., & Higgins, R. D. (2011). Patient safety in the context of neonatal intensive care: Research and educational opportunities. *Pediatric Research, 70*(1), 109–115. doi: 10.1038/pr.2011.334
- Samra, H. A., McGrath, J. M., & Rollins, W. (2011). Patient safety in the NICU: A comprehensive review. *Journal of Perinatal and Neonatal Nursing, 25*(2), 123–132. doi: 10.1097/JPN.0b013e31821693b2

NANN and VON to Collaborate in NAS Education

The current opioid epidemic is now the leading cause of death in the United States and is disproportionately affecting women and newborns. The National Association of Neonatal Nurses (NANN) and Vermont Oxford Network (VON) are invested in neonatal care and exploring synergistic efforts to assist each other in combating this growing epidemic.

As such, NANN and VON have engaged in an educational collaboration to create and distribute new and existing programming throughout the neonatal nursing community. The goal includes widespread rapid cycle distribution of current evidence-based education and materials to caregivers at both NANN member and VON member hospitals to promote the rapid-cycle update of potentially better care practices for neonatal abstinence syndrome (NAS).

Distribution will be achieved through a preconference and general session at NANN's Annual Educational Conference in October 2016 as well as increased adoption of VON's online NAS training program. Learn about and register for NANN's NAS preconference session online at www.nann.org/conference. And stay tuned for more information on VON's online NAS training program in the coming months.

Zika Advocacy and You!

This April, the Obama administration announced the reprogramming of over \$500 million in global Ebola funding to be used for domestic Zika research and response. This means that Washington heard the pleas to secure Zika funding immediately; however, this is only a temporary and partial solution. Ebola and Zika require funding, and more action must be taken to keep Zika from spreading inside the United States.

As members of NANN, Zika funding and prevention should be a top priority. Here's how you can make a difference:

- **Social media.** Let Congress know how you feel about Zika awareness and funding on social media. Tag Speaker of the House Ryan, Senate Majority Leader McConnell, and your senators and representatives in your social media posts so they're sure to receive your messages.
- **Contact your representatives.** Thanks to the March of Dimes, you can easily send a letter directly to the people who represent you and what you're passionate about in Washington. Send your letter today via the March of Dimes Action Alert letter found on the NANN website at www.nann.org/about/advocacy.
- **Spread the word.** You inspire and influence your neonatal peers every day. Discuss the urgent need for dedicated Zika funding, in addition to Ebola funding, and share this article with others so they can get involved, too.

This is a great opportunity for you to apply what you learned in NANN's recent Virtual Lobby Week and prevent babies and families from dealing with the harmful effects of Zika. Thanks for taking a small moment to make a huge difference!

Have You Downloaded the Latest CNENow! Modules?

The Management of Human Milk in the NICU: Authors discuss specific evidence-based recommendations for the storage and handling of human milk. Best practices and risks are discussed to ensure the correct mother's milk is provided to the appropriate infant.

Module: Improving Outcomes with Colostrum Human Milk—Evidence to Guide Practice

Author: Lori Wood, MSN, CNS, RNC, NIC, IBCLC, DeWitt Regional Medical Center, Palm Springs, CA

Intended Audience: CNS, Nurse Practitioners

Project Manager: Loraine Shields, DNP, APHN, CNS, NNP, BC, National Medical Center, Salinas, CA

Lead Nurse Planner: Sandra Sundquist Reaman, MSN, RNC, NIC, University of New Mexico, Albuquerque, NM

Reviewers: There were no additional reviewers for this module.

Disclaimer: It is the policy of the National Association of Neonatal Nurses (NANN) that the author, project manager, reviewers, and lead nurse planner disclose the existence of any financial relationship or other relationship that they or their spouse may have with the manufacturer(s) of any commercial product(s) or services relating to the topics presented in the educational activity. It is the responsibility of the planning committee to review potential conflicts of interest submitted in the disclosure form and to resolve such conflicts. Resolving the conflict ensures that the content of the activity is aligned with the interests of the public. Disclosure information follows and will also make it known when no financial relationship exists. NANN also requires disclosure for participants of the intent to discuss off-label use of a commercial product.

- Lori Wood is an education consultant for Medela.
- Sandra Sundquist Reaman is a consultant for both Medela and APN Medical.
- Loraine Shields has no relevant relationships to disclose.

This presentation includes no discussion of off-label or investigational use of a product not yet approved for the intended use.

Disclaimer: NANN neither represents nor guarantees that the guidance provided by the content in this module, if followed, ensures the delivery of safe and effective care. NANN assumes no liability or responsibility in connection with the content. The content reflects the judgment of NANN and the author regarding the state of general knowledge and practice in this field at the date of publication and is subject to change as new scientific information becomes available. The guidance provided is not intended to substitute for professional medical judgment, diagnosis, or treatment.

Accreditation: The National Association of Neonatal Nurses is accredited as a provider of continuing nursing education (CNE) by the American Nurses Credentialing Center's Commission on Accreditation.

The National Association of Neonatal Nurses is accredited as a provider of continuing nursing education by the California Board of Registered Nursing (CNP 0009).

The National Association of Neonatal Nurses designates this module for 1 CNE contact hour.

Release Date: October 21, 2015

Planned Review Date: October 20, 2017

Improving Outcomes with Colostrum Human Milk—Evidence to Guide Practice:

The author describes the protective components of colostrum, verbalizing the role of colostrum in initiating both passive and active immunity in the neonate. Participants will understand the role of oligosaccharides and commensal bacteria, the detrimental effects of formula, and the dose amount of breastmilk received in relation to the benefits gained. New modules supported by NeoMed.

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NANN CENTRAL
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Health Policy and Advocacy 2016 Update: New Programs Complement Existing Offerings



Cindi Acree, DNP APRN NNP-BC, Health Policy and Advocacy Committee Co-Chair

This is an exciting year as we, the people of the United States, choose our 45th president. It has been an interesting campaign thus far, and it will be more interesting to see who wins!

In this election year, the Health Policy and Advocacy Committee (HPAC) introduces two new offerings designed to educate, inform, and engage NANN members with a personalized focus on creating health policies relevant to your state, practice, or neonatal intensive care unit. We also will continue our traditional programs.

Neonatal Advocacy Webinar

We will offer a webinar designed to help us make our voices heard on specific neonatal issues as we advocate for our patients, their families, and our nursing profession. While every legislator might be in favor of protecting the health of their constituents, they may not be familiar with the unique needs of neonates. We are in a privileged position to care for these babies and, as advocates, strive to optimize their health outcomes.

Our goal is to provide the webinar free of charge and offer continuing nursing education credit for the event, which is scheduled for September 14, 2016. We would like to record the webinar and make it available on the NANN website for viewing by those unable to participate during the live event.

Virtual Lobby Week

Virtual Lobby Week was held March 3–7, 2016, concurrent with the Nurse in Washington Internship (NIWI) and 2 weeks before the American Association of Nurse Practitioners' (AANP) annual Health Policy Conference. Both events provide nurses with health policy education and opportunities in Washington, DC, including "on the Hill" meetings with congressional representatives and staff.

The 5 days of Virtual Lobby Week provided a range of information on how NANN members can

participate in the legislative process. Participants learned how to track legislation, contact and meet with representatives and their staff, and discover other grass-root efforts that are not time consuming.

We are advocating for Senate Bill S.2041: Promoting Life-Saving New Therapies for Neonates Act of 2015. The bill promotes the development of safe drugs for neonates. It is being championed by the International Neonatal Consortium and supported by NANN as a way to remove barriers that prevent more neonatal drugs from getting to market. Virtual Lobby Week was an opportunity to learn how we, as neonatal nurses, can make our voices heard on this important topic.

Annual NIWI Scholarship Program Continues

NANN sent two members, Roxanne Stahl, MS NNP-BC, and Barbara Smith, BSN RNC, to the 2016 Nurse in Washington Internship program. Please consider applying this year for the NIWI Scholarship Program in 2017.

Issue Fact Sheets Updated

HPAC members have been updating fact sheets for the issues that HPAC members currently are following. These fact sheets provide members with a one- to two-page synopsis of an issue that can be used as a ready resource for a presentation, meeting, nursing school project, or advocacy initiative. Fact sheets are available on the Advocacy section of the NANN website.

Issues we are following this year include

- global neonatal and maternal issues
- nursing workforce and education
- neonatal abstinence syndrome
- Promoting Life-Saving New Therapies for Neonates Act of 2015 (S.2041)
- reimbursement for donor human milk for preterm infants.

Calendar

Advanced Practice Neonatal Forum
Washington, DC **June 1, 2016**

AANP 2016 National Conference
San Antonio, TX **June 21–26, 2016**

NANN & NANNP elections
June–July 2016

Abstract call open for the NANN 33rd Annual Educational Conference in 2017
July 1–November 1, 2016

Abstract call open for the 12th Research Summit in 2017
July 15–October 31, 2016

Council of International Neonatal Nursing Conference (COINN)
Vancouver, BC, Canada **August 14–17, 2016**

NANN 32nd Annual Educational Conference
Palm Springs, CA **October 26–29, 2016**

Look for chapter meeting dates at NANN.org



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