



Consider Nominating an Outstanding Colleague

Each year, NANN and NANNP recognize deserving individuals for their dedication to neonatal nursing and their extraordinary contributions to the neonatal nursing field.

The **Robyn Main Excellence in Clinical Practice Award** recognizes and encourages excellence in neonatal nurses responsible for providing direct patient care. Each nominee should be a NANN member, provide direct patient care as a staff nurse, and demonstrate consistent excellence in care involving difficult or unique patient, family, or staff situations.

The **NNP Excellence Award** honors a neonatal nurse practitioner (NNP) who contributes to the field of neonatal nursing through exemplary practice, leadership, service, and education. Each nominee must be a NANNP member who is actively practicing as an NNP and demonstrates excellence in the practice and art of advanced neonatal nursing.

The **Leadership Award** recognizes a neonatal nurse who exhibits superior leadership skills. Each nominee should be a NANN member, exhibit superior leadership qualities in a neonatal nursing role, and demonstrate consistent excellence in practice.

The **Navigator Award** recognizes a NANN member who consistently demonstrates the power of mentoring as a force for decreasing turnover rates, fostering camaraderie, and contributing to the positive growth and development of new nurses in the specialty of neonatal nursing. Nominees should be NANN members in mentoring roles (e.g., as NNP, clinical nurse specialist, nurse manager, educator, or preceptor for a staff nurse) and demonstrate consistent excellence in practice.

The **Chapter of the Year Award** acknowledges the accomplishments and contributions of chapters. Applicants must be chartered NANN chapters in good standing. Chapters submit information in five areas: chapter communications, community service, educational offerings, fundraising efforts, and membership recruitment and retention. Chapter of the Year applicants also will be considered for Individual Project Awards in each of these areas. Chapters also may submit applications in one or more of these areas to be eligible for an Individual Project Award.

NANN and NANNP comprise innumerable gifted and devoted experts who put their knowledge and enthusiasm to work every day. Our members deserve accolades for the important work they do for their patients and families. Be sure to recognize your colleagues for their talent and dedication to neonatal nursing. For more information or to nominate yourself or a deserving colleague, please visit www.nann.org/2014awards.



Register now for NANN's 30th Annual Educational Conference!
Register before August 4 to save \$100! Visit www.nannconference.org to register.



from NANN's President

Neonatal Nurses Are Special

Cheryl A. Carlson, PhD APRN NNP-BC

There are close to 3 million registered nurses practicing in the United States healthcare system. The Bureau of Labor Statistics recently reported that 61% of nurses work in hospital environments, 7% in nursing and residential care facilities, 7% in physicians' offices, 6% in home healthcare services, and 6% in government. The remaining 13% work in environments such as correctional facilities, schools, or in the military (2014). In addition, the Bureau of Labor Statistics predicts a 19% increase in the number of nursing jobs by 2022, which is higher than average for any profession. Nurses are in the position of providing and directing patient care, and they have the unique opportunity to be leaders in implementing the changes needed to provide quality health care for patients.

Proposed changes in healthcare reform will affect the demand for nurses and will also have an impact on the education, competencies, and scope of practice. Some of the changes impacting nursing include the advancement of care management models and the continued growth of patient-centered medical homes, where nurses coordinate the interdisciplinary care of patients. As we work to send infants home with their families, this focus on care management is important to neonatal nurses, who have the specific knowledge and expertise to provide ongoing care for infants and their families after discharge.

Although neonatal nurses are a small part of the nursing world, the work that we do for our patients and their families is unique in the healthcare setting. The term neonate refers to the first 28 days of a newborn's life, but the neonatal nurse today cares for infants on the edge of viability at 23–24 weeks gestation, critically ill term newborns, and infants with surgical and cardiac

conditions. These infants often require long-term inpatient care through the age of 2. The neonatal intensive care unit (NICU) is only one area where neonatal nurses and advanced practice nurses (APNs) provide and direct patient care. Recent guidelines from the American Academy of Pediatrics (AAP) have identified four levels of neonatal care in the hospital (AAP, 2012). The criteria for the levels of care build upon the prior level. Level I comprises well-born nurseries, with the ability to provide neonatal resuscitation at every delivery; provide postnatal care to the stable, term newborn infant; and stabilize and care for infants born at 35–37 weeks gestation. Nurses at this level also have the ability to stabilize critically ill newborns prior to transfer to a higher level of care. Level II consists of special care nurseries, providing care for infants at 32 weeks gestation and above and 1500 grams or more who are expected to recover rapidly and are not expected to need additional subspecialty services. These nurses may provide mechanical ventilation for a brief duration and also provide continuous positive airway pressure. Level III units are NICUs that provide a full range of respiratory, medical, and advanced imaging support for infants at all gestational ages. Level IV comprises regional NICUs with the capability to provide surgical and cardiac surgery for repair of complex conditions, as well as the ability to transport neonates and provide outreach education.

In the past, neonatal patients were considered part of the pediatric population. With the opening of the first NICUs in the 1960s, the neonatal patient population began to change dramatically, and technology has changed along with it. With the advancement of technology came new equipment such as ventilators

and beds and new neonatal-specific medications such as surfactant. As technology changed and care became more specialized, neonatal nurses began to notice a change in the outcomes of infants who would not have survived previously. This was advanced even further with evidence-based improvements in prenatal management and the pediatric subspecialties. Advances in the care and knowledge of the preterm neonatal patient allowed us to care for younger and younger gestational-age infants.

To continue to provide quality care to this growing population of premature infants and sick newborns, neonatal nurses need to maintain specific competencies to meet the special needs of these patients. For example, the orientation or mentoring programs for new neonatal nurses should incorporate the special needs relative to fluid and electrolyte management, respiratory disease, risk of infection, and nutrition. The physical and developmental needs of an infant born at 24 weeks continue to evolve until the time of discharge. The impact of the NICU environment on the development of infants is a vital part of the care provided by neonatal nurses. In addition to the direct care at the bedside, the care of the family, including helping them work through the process of being in the NICU, also becomes the responsibility of the neonatal nurse. It is critical to understand that neonatal patients compose a unique population of their own. They cannot be incorporated into the larger population of pediatrics because their care needs are too different.

Neonatal APNs, both the neonatal nurse practitioners and neonatal clinical nurse specialists, have been actively involved in the development of competencies

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The Neonatal Perspective

Suzanne Staebler, DNP APRN NNP-BC

As I promised in the October 2013 issue of *NANN E-News*, I would like to use this column to recap the proceedings from the 2013 NANNP Business Meeting held in Nashville, TN.

The meeting opened with a time of remembrance and a moment of silence for two NANNP members who passed away during the past year: Melissa White and Janet Pettit. Their presences will be missed in our organization and in our profession.

The first agenda item was the recognition of the 2012–2013 Council members and introduction of the incoming Council members for 2013–2014. NANNP took this opportunity to recognize Carol Greene, Carol Jeager, and Paula Timoney, all outgoing members of the Council who had served during the previous 4 years.

The NANNP Strategic Plan aligns with the core pillars of NANN: education, research, membership engagement, and advocacy. The 2013 Work Plan for the Council and the association included revisions of the *NNP Program and Curriculum Standards* and the *Competencies and Orientation ToolKit for NNPs*, and the development of a white paper related to neonatal advanced practice registered nursing (APRN) practice. NANNP also received a grant to support the development of the second edition of the *NNP Workforce Survey*.

Organizational Progress in Education

- The NANN Educational Provider Committee is developing webinars and online education module(s) for APRNs. One of the first webinars to be developed will focus on controlled substance prescribing in the neonatal population, as many state boards of nursing are currently mandating this for licensure.
- The Neonatal APRN Faculty Summit was held earlier in the day and the new accreditation standards for programs were outlined from both the Commission on Collegiate Nursing Education and the Accreditation Commission for Education in Nursing. These new standards are in line with the consensus model and ensure that APRN programs are meeting these standards. The last hour of the Faculty Summit was

spent reviewing the draft revisions for NNP program standards.

- NANNP, in collaboration with the University of Washington, held a webinar on November 12, 2013, that discussed the issues impacting neonatal APRN education. APRN faculty from many of the neonatal APRN programs participated in the webinar.
- Planning is underway for the 2014 Leadership Summit. This event, free to NANNP members, will cover timely and relevant topics in education and professional practice. You won't want to miss it!

Organizational Progress in Research

- Eight APRNs presented their original research at the 2013 NANN Research Summit held in April in Scottsdale, AZ.
- Small grant opportunities are available for APRNs through the NANN Research Institute. One NANNP member, Patricia Fleck, was awarded a grant for her research, "Mother's Lived Experience During Repair of Long-Gap Esophageal Atresia: A Phenomenological Inquiry."

Organizational Progress in Membership Engagement

- NANNP membership as of the 2013 annual meeting was 1,202. This is a new record in membership for NANNP, but still represents only 23% of the certified NNPs in the country. NANNP has received approval from the NANN Board of Directors for our "value and visibility" plan. The plan is designed to increase the visibility of the organization in the global APRN and NP communities while articulating the tangible impact of the organization on the neonatal NP profession.
- NANNP has several member involvement opportunities. Currently, five active task forces involve 5–15 members each to accomplish the vision of the organization. Later this spring, watch your e-mail inbox for the call for nominations for NANNP Council positions.
- NANNP and the Council have worked diligently over the last 12 months to get members the tools they

need to impact their practice. Two big-ticket items that members made clear needed revision were the *NNP Program and Curriculum Standards* and the *Competencies and Orientation ToolKit for NNPs*. The third edition of the *NNP Program and Curriculum Standards* launched in early February. We are hoping to have the second edition of the *NNP Competencies* ready for members by fall 2014.

- Member feedback received at the 2012 Leadership Summit in Palm Springs clearly articulated a need for the organization to address some professional practice issues that are impacting our role and profession globally. What started as a white paper on neonatal APRN practice morphed into two timely documents: a position paper on neonatal APRN practice and a white paper addressing current barriers to practice and future considerations to ensure the longevity of the NNP role. These two documents were released in February.

Organizational Progress in Advocacy

- NANNP represented the neonatal population in the National Organization of Nurse Practitioner Faculties population-focused competencies work. Those competencies were released in April 2013 and will serve as the foundation for the revisions of the NNP-specific competencies currently under revision.
- NANNP and the neonatal population continued to be represented at the LACE table and at the National Council of State Boards of Nursing (NCSBN) APRN Roundtable in April. LACE organizations and the NCSBN are continuing to grapple with the issue of grandfathering and how to ensure safety and continued competency of APRNs who do not meet current educational and certification standards. The 2013 business meeting concluded with an open forum for members to ask questions and give feedback to the NANNP Council and NANN staff. For those of you who were not able to attend, we welcome your questions and feedback! You can contact NANNP via the website at www.nannp.org.

Submit Your Manuscript to *Advances in Neonatal Care*

Benefits of Publishing in this Journal

When you publish in *Advances in Neonatal Care (ANC)*, you will enjoy

- rigorous peer review
- prompt publishing
- guaranteed targeted, multidisciplinary audience
- international visibility.

About this Journal

Co-Editors: Jacqueline M. McGrath, PhD RN FAAN FNAP, Professor, School of Nursing, University of Connecticut; and Debra Brandon, PhD RN CCNS FAAN, Associate Professor, Duke University School of Nursing

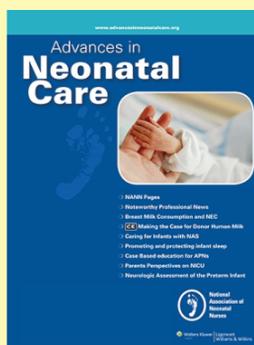
Peer reviewed and published six times annually, *ANC* focuses on the care of newborns and their families with a focus on high-risk situations. *ANC* serves as a forum for discussion about diverse and innovative approaches to neonatal care that shapes the practice and research around infants, their families, and health-care providers. *ANC* includes foundational and advanced clinical management, original research, research reviews, and evidence-based innovations in clinical practice, policy, and ethics. In addition to nursing, experts from medicine, occupational therapy, physical therapy, social work, and psychology also contribute. This journal is a member of the Committee on Publication Ethics (COPE).

We look forward to receiving your submission.

Sincerely,

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Now Available— NANN Guideline on Oral Feeding

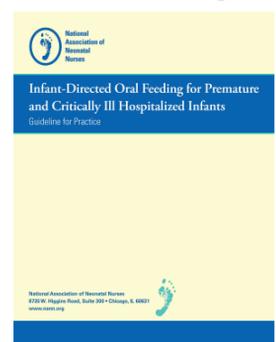
NANN's clinical practice guidelines provide extensive knowledge to neonatal nurses by gathering evidence-based research on important topics in the neonatal nursing field.

Published in November 2013, *Infant-Directed Oral Feeding for Premature and Critically Ill Hospitalized Infants* focuses on the continu-

um of feeding strategies. This guideline offers evidence-based procedures for safe and developmentally appropriate prefeeding and feeding strategies. In addition, it offers a consistent approach and language for all caregivers, including family members, in the pursuit of optimal oral feeding outcomes.

Recommendations are intended for all neonates and infants in a NICU or other intensive or critical care units.

To purchase this guideline, visit www.nannstore.org.



Mind the Gap: Discharge Process Versus Discharge Transitioning

Arlene Lovejoy-Bluem, DNP(c) MS PNP RNC-NIC C-NPT



“Mind the Gap” signage first appeared in the late 1960s in the London Underground to alert passengers of the treacherous space between the station platform and the train car. Now, most subways use similar signage to caution passengers of the risk of changing from the concrete world of the platform to the mobile world of the train. Similarly, in health care, the transfer from the acute care world of the intensive care unit to that of the fluid and “moving” arena of ambulatory care merits clear guideposts.

Several programs and toolkits exist for discharging the adult hospital patient to the ambulatory world. Some examples include Boston University’s Project RED, Picker Institute’s Always Events Program, and the Institute for Healthcare Improvement’s SMART Discharge Protocol. The Agency for Healthcare Research and Quality (AHRQ) is one of the major players in making these programs and toolkits available to the healthcare community. No neonatal programs were available in the AHRQ library until late 2013. The experiences of the Texas Children’s Hospital in Houston Safe Passages Program are now reflected in the *Transitioning Newborns from NICU to Home: A Resource Toolkit*. This neonatal toolkit recommends the role of the health coach, a master’s-prepared healthcare professional, to facilitate and oversee the program in a healthcare facility. The goals of the program are improved outcomes, decreased number of readmissions, and reduced use of urgent care or emergency care services. The “gap” in the discharge process still exists but is narrowing. To eliminate the gap, neonatal health care must move to a “discharge transitioning” concept by researching

- current practices in discharge from NICUs
- transdisciplinary guidelines for discharge from acute care to ambulatory setting
- partnerships with community advocacy groups
- extension of linkages for family- and patient-centered care
- identification of more quality indicators in this unique population
- maximum use of technology to support discharge transitioning
- demonstrations of improved outcomes.

“Mind the gap” signage remains metaphorically in place for the NICU graduate and his or her home caregivers. As neonatal healthcare professionals, can we guarantee all of the following would be available to each home caregiver of a discharged neonate?

- Separate discharge summary for the parent or guardian written for low health literacy and numeracy at the fourth-grade reading level
- Tailored/adapted written handouts on information in graphic pictorials and home languages
- Visual and verbal introductions of home caregiver(s) to staff in the ambulatory settings via photos, tours, or virtual face-to-face audio and visual communication vehicles, such as Skype or FaceTime
- One day or more in the hospital facility just before the official discharge with the baby off all electronic monitoring equipment. This will simulate the home environment and communicate to the parents or guardians the readiness for discharge from all critical care. This period should be under the direct supervision of the primary home caregiver and the available NICU nurse if called upon by the home caregiver.
- Comprehensive child care instruction to the primary and secondary home caregivers that includes administration of prescribed and over-the-counter pediatric medications (even when not accompanied by a written physician’s order) and education about home safety that goes beyond mandated subjects
- Advocacy tips and guidelines
- Home caregiver, not the bedside caregiver, placing and positioning the neonate in the car seat for the safety challenge prior to discharge
- Onsite “clinics” for optimal checks of infant car seat usage in the home vehicle in which the infant will be transported, actively supported and manned by law enforcement and community safety groups with the acute healthcare personnel (and open to the public for car seat checks)

These eight issues can be a starting point for the to-do list of NANN’s special interest group (SIG) on Discharge Transitioning. We invite your participation in the identification of additional topics and the examination of current issues. This SIG’s goals include examination, assessment, and education on the systems, processes, and psychosocial impact of transitions from the acute care setting of the neonatal patient/client and his or her family into ambulatory care settings, as well as the investigation and establishment of best practice recommendations for these transitions for the healthcare practitioners and the home caregivers. Contact the Discharge Transitioning SIG via the NANN website or send an e-mail to neon8alnurse@yahoo.com.



Brighter Tomorrows Story Contest Now Open

Enter the Brighter Tomorrows Story Contest for a chance to win a complimentary registration for NANN’s 30th Annual Educational Conference in Phoenix, September 10–13, 2014.

Stories should be relevant to neonatal nursing practice or be descriptive of the neonatal nurse’s professional development. The maximum length for stories is 500 words (stories that exceed the maximum length will not be considered), and photos may accompany stories if the appropriate permission has been granted (include a signed release form with the entry). To print a release form and read submissions

from previous years, visit www.nann.org/storycontest. To enter, send your story and release form via e-mail to info@nann.org. All entries must be received by **Monday, May 12**.

Please note: By submitting a story, you give NANN permission to reproduce it in the association’s print and electronic media. The winning entry will be chosen in late May, and its author will be notified immediately. It will be printed in *NANN Central* and posted on NANN’s website.

Call for Election Nominations

Are You Ready to Lead? 2014 Election Nominations Are Now Open!

Nominations are now being accepted for the NANN Board of Directors and the NANNP Council. To elect yourself or a colleague, please visit www.nann.org and submit your nomination by **April 9**.

Available Positions

Four positions on the NANN Board of Directors will be open in 2014: secretary/treasurer, staff nurse director-at-large, special interest group (SIG) director at-large, and director-at-large. Four seats on the NANNP Council will also be open.

It’s Up to You

The purpose of both NANN and NANNP is to support the professional needs of neonatal nurses throughout their careers. Electing the best leaders for the association allows us to fulfill that purpose. Please do your part by nominating and casting votes in the NANN and NANNP elections.

from NANN’s President *continued from page 1*

and educational standards that are specific to the neonatal population. It is vital that, as neonatal nurses, we continue to be present and actively involved in standing up for our neonatal population as a separate focus within nursing and the healthcare field. We must continue to emphasize the importance of providing our babies with specialty care from experts in their area of practice.

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- American Academy of Pediatrics, Committee on Fetus and Newborn. Policy statement: Levels of neonatal care. (2012). *Pediatrics*, 130(3), 587–597. doi:10.1542/peds.2012-1999
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NANN CENTRAL
(ISSN: 1544-3382)

President Obama Signs PREEMIE Reauthorization Act

Katie Malin, MSN APRN RN NNP-BC



In July 2013, I wrote a short article for *NANN E-News* encouraging NICU nurses to contact their congressional representative and ask for movement on the PREEMIE Reauthorization Act. Since then, the bill has passed through the Senate in September and the House of Representatives. President Obama signed the PREEMIE Reauthorization Act (S.252) into law on November 27, 2013.

The passage of the PREEMIE Reauthorization Act secures federal funding for research, education, and interventions related to preterm labor and delivery and infant mortality. It also signifies the government's dedication to the prevention of prematurity and its devastating personal and financial effects.

The PREEMIE Act, originally passed in 2006 by President Bush, provided for the expansion of federal research on premature labor, premature birth, and outcomes for premature infants. It furthermore provided the financial support for the prevention and management of prematurity for both the public and healthcare providers. It also called for the funding of a conference by the surgeon general regarding prematurity. When the PREEMIE Act was passed in 2006, the United States' prematurity rate was at 12.8%. Over the next 5 years, the rate fell to 11.7%. It was the first percentage decline after 3 decades of gradually increasing rates of prematurity.

The PREEMIE Act expired in 2011 and there was little, if any, legislation in place to help address the multiple causes of prematurity or to improve outcomes of premature infants. Congress failed to move any

legislation in 2012, and it was not until February 2013 that the PREEMIE Reauthorization Act was introduced into the Senate.

The House of Representatives added two amendments to the PREEMIE Reauthorization Act, the National Pediatric Research Network, and the Chimp Act. The National Pediatric Research Network allows the director of the National Institutes of Health (NIH) to develop a national pediatric research network. The Chimp Act authorizes the appropriation of funds to the NIH for the care and maintenance of chimpanzees used for medical research and testing. The Act also allows the NIH budgetary flexibility to increase funding for sanctuary care for retired chimpanzees. With these amendments, the PREEMIE Reauthorization Act was sent back to the Senate for a vote on November 12, 2013. The Senate passed the bill with the amendments on November 14, and President Obama then signed the Act into law.

NANN has supported the PREEMIE Reauthorization Act and teamed with the March of Dimes throughout the past few years to support the work needed to see the passage of this bill.

As NICU nurses, we are in the trenches. We live and breathe the realities of prematurity and what it means for families throughout our country. NICU nurses continually care and advocate for the premature infant. Congress coming together in an act of bipartisan fellowship to continue federal support for the prevention of prematurity is monumental. The passage of this bill has not been easy.

I would like to thank all of you who took the time to contact your congressperson and ask for movement of the PREEMIE Reauthorization Act.

Calendar

NANN 30th Annual Educational Conference Registration Opens

April 1, 2014

NANN's 9th Annual Research Summit

April 1-3, 2014 Scottsdale, AZ

PSANZ Annual Congress

April 6-9, 2014 Crown Perth, Western Australia

NANN & NANNP Election Nominations Deadline

April 9, 2014

Texas Association of Neonatal Nurse Practitioners Conference

April 9-12, 2014 Fort Worth, TX

18th Annual NICU Leadership Forum

April 27-May 1, 2014 Ponte Vedra Beach, FL

NANN & NANNP Awards Nominations Deadline

May 1, 2014

Neonatal Advanced Practice Nursing Forum

May 28-31, 2014 Washington, DC

NANN & NANNP Elections

June 1-30, 2014

NANN 30th Annual Educational Conference

September 10-13, 2014 Phoenix, AZ

Look for chapter meeting dates at www.nann.org.



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NANN Central Content Reviewer: Ann G. Phalen, PhD CRNP NNP-BC

NANN Central™ (ISSN: 1544-3382) is published 3 times per year by the National Association of Neonatal Nurses, 8735 W. Higgins Road, Suite 300, Chicago, IL, 60631, and is distributed to members as a direct benefit of membership. A portion of this membership (\$9) goes toward a subscription to this newsletter. Printed in the U.S.A. POSTMASTER: Send change of address orders to NANN Central™, c/o National Association of Neonatal Nurses, 8735 W. Higgins Road, Suite 300, Chicago, IL, 60631-2738.

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Make a Difference, Help NANN Grow

You can make a difference for your neonatal nurse colleagues by sharing the benefits of NANN. By doing so, you contribute to enhancing the resources available to shape neonatal nursing through excellence in practice, education, research, and professional development. Share the benefits of NANN with your colleagues using our Online Membership Recruitment Toolkit.

- **Visit the member center** at www.nann.org to find a wealth of information about the value of NANN membership and **share this information** with your fellow neonatal nurses. As NANN continues to grow, the quality of resources available to neonatal nurses will increase and opportunities for networking and professional development will expand.
- **Spread the word about group discounts** (up to 20% off). The group discount promotion will expire **May 31**.
- **Receive your own renewal discount.** Any NANN member who refers a group will receive the same discounted rate for their next renewal!

With more NANN members and resources, you win, your colleagues win, and neonates and their families win!