

WAPNAP Newsletter



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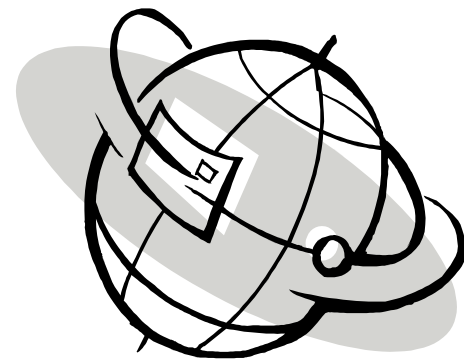
President's Message

I'd like to introduce myself as your "new" President, even though I took office last July!

My name is Beth Balder-Schroeder and I am a PNP practicing primary care in Onalaska, which is near LaCrosse. I've been in practice for 22 years and have seen lots of changes in the health care field.

The one thing that has not changed is my admiration for so many of the Advanced Practice Nurses that work with children. This was my impetus for becoming more active in WAPNAP.

I have been a part of the Board since the early 90's and have had an opportunity to work with some wonderful, fun and dedicated WAPNAP members. One of my missions is to stimulate member's interest in



participating on the Board. It has been an amazing opportunity to find out what is happening with other pediatric APN's in our state. Please think about joining us!

I attended the National conference in Chicago in April and want to fill you in on some of the activities on that level. The main issues discussed were national health care reform, NAPNAP chapter unification,

and social networking and social networking among NAPNAP members.

You can read on for more information about these topics.

As always, I welcome input from all members with new ideas or thoughts. My contact information is bethschr@gmail.com or mbalder@gundluth.org or 608-386-4246.

Help us grow our Chapter in the great state of Wisconsin!

National Health Care Reform Bill

By: Beth Balder-Schroeder, RN, CPNP

Key points in the HCR Bill for NP's

- Recognition of nurse practitioners as primary care providers
- Funding for nurse-managed clinics
- Funding for graduate nurse education
- Inclusion in primary care Medicare payment increases
- Protects patient choice of PCP
- Protects individuals with preexisting conditions
- Protects against caps and out of pocket requirements by insurance companies
- Expands Medicaid
- Provides funding for health promotion and disease prevention

Beth Balder-Schroeder is a Pediatric Nurse Practitioner at Gunderson Lutheran in Onalaska, WI



Chapter Unification

By: Beth Balder-Schroeder, RN, CPNP

Unification-What does it mean for WAPNAP?

- WAPNAP has more members-how do we reach out to them? What needs do our members have? Survey time?
- Fuzzy numbers-not sure (around 140) due to transition year
- Each member's renewal is still based on their anniversary date
- Discussed delay in NAPNAP/WAPNAP member sending in membership registration and notification to each state. Lag time is sometimes 3 months in some states before member is recognized in their home state. For us, this means there is no recognition of membership, ie welcome note, placement on the list serve.

Other updates from National

- NAPNAP now has over 7200 members! 1158 attended the conference. There are 48 chapters plus the new E-Chapter (290 members)
- NAPNAP treasurer: clean audit. Losses in long-term assets due to economy but overall NAPNAP is financially strong
- NAPNAP has had an active voice in Health Care Reform Legislation

Social Networking

By: Beth Balder-Schroeder

NAPNAP strongly encourages use of social networking. Once our WAPNAP website is up and running again, there will be a link to the National website. Check out how the system works by clicking on "Member Center" on the home page, then "Community Home Page". From there it directs you how to connect with other members. If a lot of our members sign on to the member directory, we could have our own group. Check it out and send me your thoughts at bethschr@charter.net. We might be able to use this site instead of our current list serve system.

There will be postings of webinars on the NAPNAP website: so far, "Navigating the site" is up and running. Coming soon: training series for learning the role of officers. President, President-Elect, Treasurer, Secretary at the State level

We are eagerly searching for interested members who may want to become more involved with the Board. The following positions are open with key people to contact to hear more about the roles. I have asked the current reps to write up a summary of their jobs and post it to the list serve so you should be hearing from them soon!

Student-rep: Beth Balder at bethschr@charter.net
 Secretary: Deb Bretl at dbretl@chw.org
 President-Elect: Beth Balder At bethschr@charter.net
 Legislative committee: Lynn Doyle at ldoyle@chw.org
 Program committee: Susan Medd at susan.medd@phci.org

*Elections will be held via electronic vote in June

One of our goals as a Board this summer is to develop a strategic plan that will help us determine what areas we want to focus on in the future. We'll be updating you on this endeavor as we roll it out.



Michele Polfuss is a Pediatric Nurse Practitioner for the NEW Kids Program at Children's Hospital of Wisconsin,



Childhood Obesity

By: Michele Polfuss, PhD

Childhood obesity is now recognized as a national healthcare crisis. The topic of childhood obesity recently gained momentum when First Lady Michelle Obama made it a goal to end childhood obesity in a generation.

Childhood obesity rates have tripled in the last thirty years and is estimated to carry a cost of \$147 billion dollars a year. One aspect of this higher cost is due to higher illness and hospitalization rates for obese children. Obesity related hospitalizations cost Medicaid \$118.1 million dollars in 2005, which was a 120% increase from 2001. This can also affect parent's who need to care for their obese children through decreased work attendance and productivity.

While prevalence and financial statistics are eye opening we must be aware of the pervasive effect that obesity has on a child. Today we are seeing young children at risk for or diagnosed with Type 2 Diabetes, Hypertension, Hypercholesterolemia, Fatty Liver Disease, Obstructive Sleep Apnea and Polycystic Ovary Syndrome to only name a few.

When interacting with parents and children there are some critical pieces that should be integrated into our appointments.

- Recognizing the importance of genetics
 - If the parents are overweight, this will place the child at a higher risk
 - Include the family medical history. Childhood obesity along with familial traits increases the child's risk of being diagnosed with certain diseases such as cardiovascular disease or diabetes.
- Include and explain the Body Mass Index (BMI).
 - Start to monitor the trend and look for deviations to catch problems early.
 - A BMI graph is an objective measure that can help illustrate why we are concerned.
- Incorporate basic questions regarding lifestyle
 - Skipping of meals
 - Recommendation is eating 3 meals a day
 - Sedentary activity
 - Recommendation is 2 hours or less of all sedentary activity (television, computer, video games, telephone).
 - Physical activity
 - Recommendation is 1 hour a day of moderate to vigorous activity – sweating, heart beating faster, and breathing harder.
 - Sweetened beverage consumption
 - Recommendation is none.
 - Eating meals as a family
 - Eating as a family at a table without a television on increases awareness of food being ate and increases family interaction

Childhood obesity is multifactorial in origin and will need layers of work from parents to communities to government. We as nurses have the opportunity to impact the health of children and can be appropriate role models to our own families and communities. Nurses can educate parents and children on the benefits of living a healthy lifestyle.

Marquette University: May 2010 Graduates

Submitted by: Maureen O'Brien, PhD

Master of Science in Nursing – MSN – Pediatric Primary Care

Isabelle Heier
Amy Heinrich
Jenna Prigge
Glory Tutaj

Doctor of Nursing Practice – DNP

Jaime Fox
Kristina Keppel
Carrie Lapnow
Hollis Mertens
Gail Stendahl

Doctor of Philosophy in Nursing – PhD

Michele Polfuss



*Maureen O'Brien is
a Clinical Associate
Professor at
Marquette
University College
of Nursing in*

2010 PNP of the Year: Gloria McGrath

Submitted by: Jayme Frank, RN, MS, CPNP

Gloria is a PNP at the Marquette Neighborhood Health Center. She is the only PNP among six NPs and provides invaluable, expert pediatric consultation. She has expertise in the management of ADHD, adolescent gynecology and obesity. She serves as an excellent role model for PNP students as well as providing them with an invaluable education in the care of children.

Gloria is a very active and competent member of the MNHC health care team, and provides leadership for the clinic in the area of Pediatrics.

Gloria is a strong advocate for children and their families, providing multidisciplinary collaboration between other health care providers and community agencies. She heads up a drive for donations to provide a specially selected gift to the low-income families she serves at the holiday time that is presented to the families on behalf of the Marquette Neighborhood Center.

Gloria demonstrates an exceptional commitment to the care of children and their families as well as advancing the role of the Pediatric Nurse Practitioner through her involvement with NAPNAP and WAPNAP, her positive portrayal of the PNP role, and providing expert education to future PNP's.

*Jayme Frank is a
pediatric nurse
practitioner for
Pediatric Cardiology
at American Family
Children's Hospital*





Lynn Doyle is a Clinical Nurse Specialist for Educational Services at Children's Hospital of Wisconsin, Milwaukee

Regina Dunst is a Clinical Associate Professor at UW-Madison School of Nursing

Legislative Update

By: Lynn Doyle, MS, RN, CPNP

What Health Care Means for you. This has been the topic lately in several consumer magazines. *Time* magazine reported in their April 5th issue that passing the bill was just the start. "It's what happens next that will determine what health care costs, whom it helps and how much changes."

Wisconsin has proactively addressed issues surrounding insurance coverage for the child and young adult. Several bills are in process to expand coverage (eg. extend coverage for dependent children to age 26, barring insurance companies from denying coverage for previous conditions).

The definition and scope of APNP practice has been an important recent development both at the state and national level. There are two bills currently in circulation (SB 451 & AB 675) that we should pay close attention to. These bills reflect an effort to define roles and compensation under the Patient Compensation fund. The Patient Compensation fund directly affects NPs in the hospital or those needing to admit to the hospital.

As advanced practice nurses, we need to be seen as national leaders in health care. In order to impact the overall health of children, we need to have a voice.

So, what can you do? Send any of the following to your representative:

- A story about something you are passionate about
- Support a bill that impacts your practice
- An automated letter

Who can pass up a story about a child? Do you know your local representative's stand on issues related to health care and children? Do they support your practice?

Nurses are passionate people, show it!

UW-Madison News

By: Regina Dunst, MS, RN, CPNP

The UW-Madison Doctor of Nursing Practice program was approved by the Board of Regents for the UW system. The post-Master's DNP program has admitted its first class. Students in the post-Master's DNP program will start the program in fall 2010. The program is designed as a part-time two-year program, with a combination of online and hybrid (part online, part on-campus) courses. The BSN to DNP program will begin in the fall of 2011.

Fourteen students remain in the Master's PNP program, which is no longer accepting admissions. Six of these students will graduate this August. Many congratulations to Katie Kramer, Pat Lynam, Michelle Kenowski, Emily Meyer, Darcie Hayden, and Kaitlyn Pufahl. You will all be wonderful Advanced Practice Nurses!

Wisconsin's Online Organ Donor Registry

Submitted by: Regina Dunst, MS, RN, CPNP

The online Wisconsin Donor Registry was launched on April 1 of this year. The registry allows persons aged 15 and ½ and older to give legal authorization for donation of organs and tissue in the event of death. Since the launch of the registry, over 10,000 persons have added their names. Registration ensures that in the event of death, the wishes of the person would be clear, relieving the family of the need to make a decision about donation at a very difficult time.

The URL for the website is www.donatelifewisconsin.com

Registration is voluntary, and can be revoked at any time. When you access the site, there is information about the registration process, and about organ and tissue donation. There is a FAQ that answers many questions about these processes. Registration takes only a few minutes. I recently registered and informed my husband and son about my registration and wishes.

My youngest son is 20 years old. During a routine health supervision visit at age 14, he was told that he would need glasses. I called to make an appointment with an optometrist, but was told that the first available appointment in their practice happened to be with a pediatric ophthalmologist who I knew professionally. I thought it was strange that the Dr. performed an exam that included tests I knew were not part of a typical eye examination for refraction. Then he called in a colleague. We were given the news that our son most likely had keratoconus, a cornea disease of unknown etiology, and we were referred to a cornea specialist.

Our son was diagnosed with keratoconus in both eyes, with the right eye more affected than the left. Keratoconus is a disease of unknown etiology which often manifests in puberty. The cornea thins and assumes an abnormal "cone-like" shape, which distorts vision. Most cases of keratoconus can be treated with hard contact lenses, and many cases do not progress. In about 10-15% of cases, the disease progresses to the point that it is no longer possible to wear lenses or achieve vision correction with contacts. My son is one of those persons. He effectively lost all vision in his right eye. Loss of binocular vision affects many areas of life, for example driving and sports participation. Last summer, our son underwent a corneal transplant. The healing process is slow as the cornea has no blood supply. Though we don't yet know exactly what his vision will be at the end of the healing process, he has already regained some vision, and there has been no sign of rejection.

I am eternally grateful to the generous donor family that enabled my son to have the possibility of better vision. My son and I plan to send a letter of gratitude to this family through the Lions Eye Bank, through which he received his cornea. I hope that someday my corneas, or other organs, might be used to give the gift of life or sight. If you are willing to be a donor in the event of your death, please go to the site and register.



*Regina Dunst is a
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Website and Listserve Update

Bv: Regina Dunst. MS. RN. CPNP

Website: We are finally in the process of updating the WAPNAP website. With unification with the national organization, chapter websites will now be hosted on the national site. I will be working with national over the next few weeks to update our chapter website. Once it is ready to “launch” I will send the URL through our chapter listserv.

Listserves: Member names are added to the chapter listserv when we receive notification from national. There will be a little “lag” time between the time you join/renew your NAPNAP membership and your addition to the chapter listserv, as national sends member updates once a month or so. Any member who provides an email address will be added to the listserv. You have the option to unsubscribe yourself at any time. We hope that you will utilize the listserv to communicate with other WAPNAP colleagues. Listserv traffic is very light, so you will not be inundated with email messages. The listserv is also set so that there is no “reply all” option if you wish to reply to a posting. Your reply goes only to the person who sent the original posting, so that other list members do not receive unnecessary emails.

Any WAPNAP member who has been subscribed to the listserv can post a message. This is a wonderful means to inform fellow members of conferences, legislative issues, professional issues, etc. You may also use the list to seek input from other members, for example, asking other members if they take call and if so, how they are reimbursed for this. To post a message to all members of WAPNAP, send the message to wapnapmembers@lists.wisc.edu

If you wish to send a message only to the WAPNAP Board, you can send to wapnap_board@lists.wisc.edu

*Susan Medd is the
Pediatric CNS at
Waukesha
Memorial Hospital
and also works as
the PNP in the
NICU
Developmental*

Program Committee Update

Bv: Susan Medd. MSN. RN. CPNP

Thanks to everyone who attended the 24th Annual Pharmacology and Clinical Update last month in Wisconsin Dells. This year's event was sold out with almost 600 advanced practice nurses attending!

Keynote speakers presented on medical care of patients along the Amazon River and those utilizing nurse practitioners in retail settings. Pediatric topics ranged from aromatherapy to autistic spectrum disorders to primary care of the solid organ transplant recipient. Many of our pediatric speakers were doctorally prepared in addition to being highly qualified nurse practitioners!

At the WAPNAP meeting we had a lively discussion about chapter merger with NAPNAP.

Please let us know what you thought of this year's conference. You may email me directly at susan.medd@phci.org. Thanks so much!



Happy 25th Anniversary! Clinical and Pharmacology Conference

By: Susan Medd

Next year we will celebrate the 25th anniversary of the combined clinical and pharmacology conference on April 14-16, 2011, in Madison, at the Monona Terrace and Convention Center.

We welcome your ideas for upcoming pediatric topics and support getting to know the wealth of pediatric nursing experts in our state. If you are interested in joining the Program Committee, please contact me at susan.medd@phci.org.

Thanks so much!

Prevea Health: Job Posting

Prevea Health is expanding its Pediatric Hematology/Oncology department. Opportunity exists for an Advanced Practice Nurse Practitioner to join our department of Board Certified Pediatric Hematology/Oncology physicians and one APNP who provides services in Green Bay through St. Vincent Hospital and Prevea Health. St. Vincent Hospital is the regional cancer and pediatric care leader in Northeastern Wisconsin and a full member of the Children's Oncology Group.

Opportunity exists for the right candidate to be trained in Pediatric Hematology Oncology. This position allows you the ability to practice independently while providing both inpatient and outpatient care. This position is supported by the PICU, Peds Cardiology, Peds Neurology, Infectious Disease patients, Pediatric Palliative Care CNS, and the chemotherapy certified RN staff.

Experience in the following procedures is preferred:

- Perform lumbar punctures
- Bone marrow biopsies
- PALS certification
- APHON certified (or become certified in 2 years)

Prevea Health is owned and operated by our physicians; giving you a decision-making voice that is hard to find in today's corporate health care world. Prevea offers a VERY COMPETITIVE SALARY and benefit program including:

- Malpractice, Health, Life, Dental, and Disability Insurance
- Licensing
- 401(k) and Retirement Plan
- 4 weeks vacation
- CME

For more information please contact Amy Lewandowski, Provider Recruiting, by phone (888) 277-3832 ext 1589 or by email at amyl@prevea.com.

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