

April 2013



The Official Newsletter of the
Northeast Texas Chapter

Rehab in the  of Texas

Newsletter Editor:
Maribeth Fontabla, RN, BSN, CRRN

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ARN ROLE AWARDS

RECOGNIZE A COLLEAGUE BY NOMINATING HIM OR HER FOR AN ARN ROLE AWARD (VISIT THE ARN WEBSITE AT WWW.REHABNURSE.ORG FOR DETAILS).

National
Nurses
Week 2013

Delivering
Quality
and

Innova-
tion in Pa-
tient Care

May 6-12, 2013

Mission

Statement of ARN

The Association of Rehabilitation nurses promotes and advances professional rehabilitation, nursing practice through education, advocacy, collaboration and research to enhance the quality of life for those affected by disability and chronic illness.

The Northeast Texas Chapter supports the same mission and values of [ARN](http://www.rehabnurse.org).



CRRN CERTIFICATION

Certification in rehabilitation nursing shows employers, colleagues, patients, and the public that you are committed to excellence in caring for people with physical disabilities and chronic illnesses. It indicates that you are an experienced rehabilitation or restorative nurse who has achieved a level of knowledge in this practice area. Certification is an investment that can reap great rewards. These include increased professional credibility, recognition of your expertise, greater impact as a job candidate, and a heightened sense of personal achievement.

For the December CRRN Examination, application needs to be submitted by October 15, 2013

“Knowing is not enough, we must apply. Willing is not enough, we must do (Johann Wolfgang von Goethe).”

THE IMPACT OF INTERACTIONS WITH PROVIDERS ON STROKE CAREGIVERS’ NEEDS

Preparation for caregiving is improved through engaged interactions between stroke family caregivers and healthcare providers throughout the care trajectory. We explored caregivers' perceptions about interactions with providers in rehabilitation, and how these experiences affected caregiver preparation. Seventeen caregivers, included in this grounded theory study, were interviewed during a rehabilitation stay and post discharge. Data were analyzed using dimensional and comparative analysis.

Caregivers described interactions with providers on a continuum from collaborative to disconnected, and a range of strategies to enhance interactions. Caregivers want to be actively engaged with providers during inpatient rehabilitation and collaborative interactions enhance preparedness and care satisfaction.

Family members should be assessed for caregiving capacity and interactions between providers and caregivers should be individualized to specific needs. Providers must also be aware that many caregivers are not active information seekers. They must engage caregivers who may not even know what questions to ask.

Authors: Kerry Rae Creasy, MSN, PMHNP-BC; Barbara J. Lutz, PhD, RN, APHN-BC, CRRN, FAHA, FAAN; Ariel Ford, BSN student; & Crystak Martz, MSN, RN. Rehabilitation Nursing (2013, March/April). Vol 38 (2), 88-98.

NE TX ARN PRESENTS A SPECIAL PROGRAM FOR MEMBERS AND GUESTS

Scott Sabolich Prosthetics & Research will sponsor the next NE TX Chapter meeting.

This program will not provide contact hours, but will give you an opportunity to see how prosthetics are made and fitted and to learn about new technologies.

This will be on May 3, 2013 at 3 pm. Please RSVP to Cyndi Murphy at 214-345-7103.

MESSAGE FROM THE CHAPTER PRESIDENT

As I sat in the airport yesterday for hours waiting for a flight to leave I watched the airports “mandatory” channel of CNN display the news of the Boston Marathon attack. Talk of the many new amputees was cause for sadness, as we have had so many return from Iraq and Afghanistan. This will make our spring event perhaps more timely for us – to learn more about the process of fitting and making state of the art prosthesis. I hope you all will be able to attend. This is not a CE event, and you are welcome to bring team members with you. Often, we nurses have all the fun. For example, I thought Dr. Ken Adams had a unique and pragmatic approach to the Accountable Care Act and the Sequester. I hope it enlightened us a bit on the challenges ahead. The program was well attended and the evaluations universally good. The board would certainly like to know any new topic that you have in mind.

Happy Upcoming nurses week to you all! I hope you took the time to nominate some of your outstanding co-workers for the various awards present this time of year. It is often difficult to nominate a winner, there are so many applications now, but it is so fulfilling. I plan to be there on May 8 at the Meyerson to honor the DFW Great 100 Nurses, it’s a great way to honor the new winners, and honor nursing.

As I was developing competencies this year teaching was a big subject for the rehabilitation nurses. We don’t exactly follow national standards for every patient problem. I was wondering if our chapter members would want to share some of the strategies, tools, and perhaps cultural and health literacy situations in a short forum after a meeting? E-mail me if you have any interest.

As we boomers age, we struggle with our own disabilities. Some of them “invisible”, I have to say I have often wondered about the able-appearing adult using the disabled parking space. Yet, I need to be gracious and assume I just can’t see it. Part of our advocacy role is to do what we can to assure people with all disabilities are treated with dignity and respect. Maybe fairness as well.

Lynda Cook and I attended a conference in Charlotte last month, and adjacent to the convention center in a tiny city park was a walking circle with this message “Life is mostly froth and bubble, two things stand like stone, kindness in another’s trouble, courage in your own” 1866 Adam Lindsay Gordon. I hope you all will be able to see the quote (and the park) in October for national. If you are an active member, consider applying for a scholarship to help defray the costs, talk to any of the board members, and we’ll get you an application.

The message made an impression on me.

Sincerely,

Cyndi Murphy

About a Nurse



“This is strange. My bladder just sent me text message begging me to start taking bathroom breaks.”

KUDOS KORNER:

Congratulations to Lisa Concannon, Board Member at Large for passing the CRRN Examination in December!

LET’S FIM:

Roger eats breakfast and lunch after a helper provides setup assistance. In the evening, however, he is fatigued and requires a nurse to feed him supper. Roger refuses liquids during this meal. What is Roger’s FIM rating for Eating?

(Answer of page 4).

LET'S FIM ANSWER:

Level 1, Total Assistance: The nurse is completely responsible for feeding Roger his meal. Overall, Roger performs less than 25 percent of his eating tasks (Source: UDS).

TOP TEN REASONS YOU SHOULD DATE A NURSE

1. They can help you get over a hangover or sickness.
2. Bed baths!
3. The uniform.
4. They are exposed to so many X-rays, it's like a form of birth control.
5. You will never need to buy condoms, paracetamol, toothbrushes or any hospital supplies.
6. They know how to handle bodily fluids!
7. Nothing shocks a nurse—they have seen smaller or bigger!
8. They won't be disgusted by your toilet habits.
9. They are experienced in manual evacuation when you are full of you-know-what.
10. They know how to handle the human body.

(Source: scrubsmag.com)

FEATURED REHAB FACILITY: TEXAS HEALTH PRESBYTERIAN HOSPITAL DALLAS

For nearly 40 years, Texas Health Presbyterian Hospital Dallas has been serving patients through a compassionate approach to rehabilitation, helping them toward their goal of regaining enjoyable and productive lives.

The 44-bed rehabilitation unit provides a full spectrum of services for strengthening and healing the whole person. Seven days a week, patients are involved in three or more hours of combined physical, occupational, speech and/or recreational therapy, for relearning lost skills, while a physiatrist on the medical staff develops and leads an interdisciplinary rehabilitation program for each individual patient.

The stroke rehabilitation program was the second program in the United States and the first in Texas to receive "Stroke Specialty Program" accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF). CARF is a not-for-profit organization that establishes quality standards for organizations to use as guidelines in developing and offering their stroke and rehabilitation programs or services to consumers.

Location: 8200 Walnut Hill Lane, Dallas, TX 75231-4402; 214-3454543
Website: www.texashealth.org/dallas-rehab

VISIT THE NORTHEAST
TEXAS CHAPTER
WEBSITE FOR CURRENT
ACTIVITIES:

WWW.NETXREHAB.ORG

