

Update

The Society of Otorhinolaryngology
and Head-Neck Nurses, Inc.

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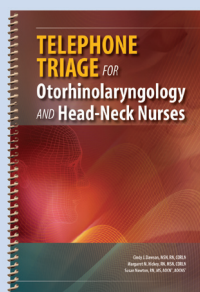
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New Telephone Triage Guide Provides Tips for ORL Issues



The delivery of health care is shifting from predominantly inpatient settings to ambulatory care and, more often, nurses are finding themselves faced with having to perform telephone triage. Telephone

Triage for Otorhinolaryngology and Head-Neck Nurses, edited by Cindy J. Dawson, Margaret M. Hickey, and Susan O. Newton, provides “how-to” tips for telephone assessment, communication, and documentation specifically for nurses treating patients with ORL problems. The next time a patient calls with ORL problems or symptoms, you’ll be glad you have this new reference to serve as your guide. \$60 (price includes shipping and handling charges) Order Online at www.sohnnurse.com



Dear SOHN
Colleagues and
Friends,

I am beginning
the second
year of my term
as President
of SOHN and

the Ear, Nose and Throat Nursing Foundation (ENT-NF)! 2010 was memorable but 2011 promises to be one of the best for the organization! I would like to address the “art of giving.” Philanthropy according to Webster’s Dictionary is the desire to help mankind primarily through gifts to charitable or humanitarian institutions. The ENT-NF’s mission is “to enhance the care of the Ear, Nose and Throat patient by advancing the art and science of nursing through education and research, funded by donations from individuals, corporations and health care providers”. The state of our economy has had an impact on ENT-NF. Donations by corporations have decreased dramatically over the past few years. This is where you as SOHN nurses can help. Please interact with your instrument, supply and pharmaceutical representatives to encourage giving to ENT-NF. Nurses make many of the product and use decisions in clinical settings for patients. Please encourage your local representatives to support the scientific and educational efforts of ORL Nursing. These contributors are publicly acknowledged at the Fall Congress in addition to recognition in the Update and other SOHN publications.

The Board discussed at the Midwinter Board Meeting the Chapter involvement in giving to the ENT-NF.

Many chapters give annually! Thank you! If every chapter would contribute an amount commensurate with their size and fundraising efforts the foundation would benefit immensely.

The SOHN raffle held in Boston was very successful. We are planning a similar opportunity in San Francisco. The planning committee has several exciting events, contests and challenges for members to assist with the growth of ENT-NF. Kari McConnell is working hard on the development of an ENT-NF Facebook page! This is a great opportunity to give and receive online.

What do you all receive from giving to ENT-NF?

- ORL Education Programs
- ORL-Head and Neck Nursing Journal
- Nursing Scholarships to advance nurses’ education and degrees
- Award Recognitions
- Nursing Research
- Funded Lectureships at the Annual Congress and Symposium

Take the opportunity to “Donate to Honor” program at ENT-NF. Donate to honor other nurses or physicians, favorite patients, family members, friends, special occasions or in memory of those no longer with us. The ENT-NF will acknowledge the meaningful gift you gave. No matter how large or small any contribution is appreciated. Remember all contributions are tax deductible.

Support excellence in ORL Patient Care! Watch for our annual ENT-NF Campaign letter early this summer.

Sincerely,

Cindy J. Dawson

Cindy J. Dawson MSN, RN, CORLN
President, SOHN

**Update is a publication
of the Society of
Otorhinolaryngology and
Head-Neck Nurses, Inc.**

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Golden Opportunities in ORL Nursing: Celebrating 35 Years

**September 9 – 13, 2011
San Francisco, California**

San Francisco, the City by the Bay, will provide an inspiring backdrop to SOHN's 35th Anniversary Congress and Nursing Symposium. State of the art courses, encompassing the diversity and specialty of Otorhinolaryngology and Head-Neck Nursing, have been developed to stimulate and educate; addressing clinical issues, professional roles and education and leadership/management strategies.

San Francisco is often called "Everybody's Favorite City," a title earned by its scenic beauty, cultural attractions, diverse communities, and world-class cuisine. Measuring 49 square miles, this very walkable city is dotted with landmarks like the Golden Gate Bridge, cable cars, Alcatraz and the largest Chinatown in the United States. A stroll of the City's streets can lead to Union Square, the Italian-flavored North Beach, Fisherman's Wharf, the Castro, Japantown and the Mission District, with intriguing neighborhoods to explore at every turn.

Views of the Pacific Ocean and San Francisco Bay are often laced with fog, creating a romantic mood in this most European of American cities. The City has a colorful past, growing from a small village to a

major city nearly overnight as a result of the 1849 Gold Rush. The writers of the "beat" generation, the hippies of the Summer of Love in the late 1960's and the global population have all contributed to making San Francisco the fascinating place it is today.

The City is home to world-class theatre, opera, symphony and ballet companies and often boasts premieres of Broadway-bound plays and culture-changing performing arts. San Francisco is one of America's greatest dining cities. The diverse cultural influences, proximity of the freshest ingredients and competitive creativity of the chefs result in unforgettable dining experiences throughout the City.

San Francisco will open its golden gates to welcome SOHN to its 2011 Annual Meeting. Certain to delight, the city will entertain you with historic streetcars, Fisherman's Wharf, sour dough bread, Ghirardelli chocolates, hills that never end, Victorian homes, shopping and the nightlife of Union Square, Chinatown and the Golden Gate Park. It will be easy for you to fall in love with this magical city.

For information on events, activities and transportation in San Francisco, visit www.onlyinsanfrancisco.com.

2011 SOHN Congress & Nursing Symposium

**Preliminary program, registration and housing
information will be available in May!**



35 Not-to-be-Missed Congress Sessions

- Keynote Speaker, Diana Jordan is a healthcare humorist. Oprah has named her as one of the "funniest people on the planet!"
- Laryngeal Transplant
- Tonsillectomy Guidelines 2011
- Chemotherapy Drugs for Head and Neck Cancer
- Scoping Course and Practicum
- Practice Management in Trying Times
- Audiology: Tests & Interpretation
- Sleep Apnea: Injection Snoreplasty
- A Different Kind of Facelift: Patient with Facial Paralysis
- Parotid Masses/Tumors: Evaluation, Diagnosis & Management
- Science, Hype & A Bit of Hope - Care of Self and Others in Our Aging Society
- Nurse Practitioner - ENT Radiology Pearls
- Transnasal Esophagoscopy
- Sudden Sensorineural Hearing Loss
- How to Evaluate and Triage the Dizzy Patient
- Image Guided Sinus Surgery
- Otoplasty
- Advanced Airway Management
- Cystic Fibrosis and Sinusitis
- Team Management: TEP and Total Laryngectomy
- Adult and Pediatric Cochlear Implants (2 separate sessions)
- The Gamma Knife: Acoustic Neuroma and Cholesteatoma
- Advocacy for the Head and Neck Cancer Patient: Patient and Nursing Perspectives
- Percutaneous Tracheostomy Program
- OR Issues: Time Out, Skin Care, Positioning and Pressure Ulcers
- Allergy and Sleep Medicine
- EMR Documentation in the OR
- Coding and Billing Issues for APNs
- The Ideal Patient Experience
- Head and Neck Cancer Screening Program
- Blessing of the Hands
- Closing Address: Footprints in ORL Nursing
- Government Relations Luncheon: Guest Speaker: Eileen Cody, BSN, RN - Washington State Congressional Representative
- Take Me Out to the Ball Game: San Francisco Giants (Friday evening)
- The SOHN's President's Reception, CORLN Luncheon, Reunion: 35 Years and Still Going Strong

Committee Corner

San Francisco, California is the beautiful location of SOHN's 35th Anniversary Congress and Nursing Symposium. It will take place on September 9 - 13, 2011. The Congress Education Planning Committee is working hard to put together an absolutely stellar program based on the feedback from our membership.

Preconference programs will be available again this year including the popular Comprehensive ORL and Head-Neck Nursing Course and the Pharmacology Course. We are also happy to offer the Scoping Course with Practicum on Sunday. The remaining four days are filled with spectacular sessions for all subspecialties, Special Interest

Groups for networking, working committee sessions and much, much more.

CALL FOR POSTERS- please share your professional expertise with your colleagues by contributing a poster to the conference. Poster applications are available under Awards/Grants/Scholarships on the SOHN website www.sohnnurse.com

The SOHN website will have the preliminary program, along with registration and housing information in May. So save the dates and stay tuned for more information coming soon.

Sincerely,
The 2011 SOHN Congress and Nursing Symposium Education Planning Committee

A Warm Welcome to New SOHN Members

Cheryl P. Bailey <i>New Rochelle, NY</i>	Kelly A. Menke <i>Topeka, KS</i>
Elizabeth A. Barber <i>Weatherford, TX</i>	Dawn M. Moore <i>Springfield, IL</i>
Sandra J. Buckle <i>Valley Stream, NY</i>	Martha Jean Mundy <i>Richmond, VA</i>
Laura A. Fuehrer <i>Martell, NE</i>	Tonya H. Oakley <i>Chapel Hill, NC</i>
Sara Joshua <i>Ellicott City, MD</i>	Jennifer Y. Pecot <i>Danbury, CT</i>
Jacqueline Joubert <i>Tiverton, RI</i>	Dusty M. Poe <i>Chambersburg, PA</i>
John A. Mardant <i>Gardendale, AL</i>	Melissa M. Raines <i>Big Bend, WI</i>
Carmela Mello <i>Glendale, AZ</i>	

Congratulations to Wendy Mackey!

SOHN member Wendy Mackey is a co-author of the new ANCC Pediatric Nurse Practitioner Review and Resource Manual published December 2010. It's ideal for the pediatric nurse practitioner who is preparing to take the pediatric nursing certification exam or looking for nursing CE credits. If you are looking for pediatric continuing education credits, you take a post-test and can earn 46 contact hours. Great job Wendy. We are very proud of you.

Lorie Sparacino

ENT-NF Wall of Honor "to honor, to thank, to cherish the memory"

Gifts Have Been Received in Memory of:

Max Berstein

by Deborah Rosenberg

Kalynn Quinn Hensley

by Ann McKennis

Cynthia Mabry

by Richard Mabry

Charles McAdoo

by Joyce McAdoo

Camilla Munson

by Hope Andresen

by Anne Bigelow

by Ginny Bowman

by Cindy Dawson

by Jo Ferrero

by Mary Huntoon

by Jill Lancaster

by Wendy Mackey

by Sandra Schwartz

by Lorie Sparacino

I would like to give a big thank you to all my friends and colleagues at SOHN for their generous donations to ENT-NF and heartfelt cards sent to me after the passing of my mother, Camilla. Your kindness was very much appreciated. Thank you again.

Jo Ferrero

Jeanie Whitaker's Mother

by Sandra Schwartz

Gifts Have Been Received in Honor of:

Hope Andresen

by Mark Andresen

David Parsons MD

by Hope Andresen

Kim Pollock's Facebook Challenge

by Hope Andresen

by Ginny Bowman

by Mary Klein

by Maggie Kramper

by Sandra Schwartz

Mary Reichert

by Denise Wood

SOHN's Past Presidents

by Ann Luther



Ear, Nose and Throat
Nursing Foundation

Click to Donate
www.sohnnurse.com

SOHN Spring Seminar Series and 25th Anniversary Pediatric ORL Nurses Spring Meeting

April 28 – 30, 2011 • Sheraton Hotel and Towers • Chicago, Illinois



Preliminary Program

Thursday ~ April 28th

Pediatric ORL Issues

7:50 am – 5:15 pm

Lunch Provided

(Included in registration fees)

Neonatal Airway Emergencies

Wendy Mackey APRN PNP-BC

Recurrent Respiratory Papillomatosis:

Current Research and Clinical

Practice

Farrel Buchinsky MD

Lisa Gagnon APRN CPNP

Diagnosis, Evaluation, and

Management of Children with

Common Vocal Fold Anomalies

Kristina Keppel DNP RN CPNP

Reflections of Pediatric SIG:

Networking Lunch

Linda Miller Calandra MSN RN

CPNP CORLN

Hematology Issues in ENT

Jennifer Spellman CPNP CORLN

MRSA

Janet Germann MSN CNP

Case Studies:

Preauricular Pit

Melissa Dziedzic APRN CORLN

Nasal Dermoid

Wendy Mackey APRN PNP-BC

Cystic Fibrosis & Tracheostomy Tube

Mary Horn MS RN RRT

Draining Ear

Lisa Gagnon APRN CPNP

Rosai Dwarfman

Nina DeSell CRNP

Chronic Cough

Jennifer Pecot APRN PNP

Friday ~ April 29th

Comprehensive ORL and Head- Neck Nursing Course

8:00 am – 4:45 pm

(Lunch on your own)

Otology

Lorie Sparacino MS PNP-BC CORLN

Disorders of the Nose, Sinuses and Oral Cavity

Erin J. Ross MS APRN CNP CORLN

Pediatric Otolaryngology

Kari McConnell RN CORLN

Head and Neck Disorders

Penelope Fisher MS RN CORLN

Treatment Modalities for Head & Neck Cancer

Penelope Fisher MS RN CORLN

Saturday ~ April 30th

Adult ORL Issues

7:50 am – 4:50 pm

(Lunch on your own)

Telephone Triage

Cindy Dawson MSN RN CORLN

Management of Parotid Disease and the Role of Sialoendoscopy

TBA

Audiology 101: Basics & How to Read

Kathleen E. Schore MS CCC-A

Hypocalcemia: Implications for Practitioners in Otolaryngology

Lou Ann Shea APN

Safety in ORL Nursing

Connie Yuska MS RN CORLN

Microvascular Reconstruction in Head Neck Cancer Patients

J. Trad Wadsworth MD

How to Set-Up an Allergy Practice

Margaret Kramper RN FNP CORLN

Target Audience:

ORL nurses who seek an opportunity to enrich their knowledge and expertise in ORL nursing practice and who value the opportunity to network with colleagues from various regions.

Program Purpose:

Provide an educational program for ORL nurses to update knowledge of selected otolaryngology issues effecting adults, children and families; to present new technology and/or research; to enable network time with colleagues; and to promote an opportunity to participate in the Comprehensive ORL and Head-Neck Nursing Course.

Program Goals:

- Present a comprehensive review of common ORL disorders/problems and management.
- Discuss new advances in the management of select adult and pediatric ORL problems/disorders.
- Describe the nursing implications in providing care to ORL patients of all ages and their families.
- Initiate development of innovative nursing strategies for patients/families with otolaryngic problems.
- Promote networking with ORL colleagues.

Program Chairpersons:*Adult ORL Issues*

Anne Bigelow BSN RN CORLN
Sharon Jamison RN CORLN

Pediatric ORL Issues

Lisa Gagnon APRN CPNP

Comprehensive ORL and Head-Neck Nursing Course

Lorie Sparacino MS PNP-BC
CORLN, Director of Education

Contact Hours

The Society of Otorhinolaryngology and Head-Neck Nurses, Inc. is accredited as a provider of continuing nursing education by the American

Nurses Credentialing Center's (ANCC) Commission on Accreditation (COA).

Provider approved by California Board of Registered Nurses, Provider #05239.

The maximum hours attainable for the Spring Seminar Series are 22 contact hours.

Registration Fees

	Member	Non-Member
Pediatric Day w/lunch	\$235	.. \$285
Comp. ORL Course	.. \$225	.. \$275
Adult Day.	\$185	.. \$235
Entire Program	\$535	.. \$585

Housing

Please make reservations as early as possible as the hotels usually sell out early. Be sure to mention you are attending the COSM meeting in order to get the group rate.

Sheraton Hotel & Towers
301 East North Water Street
Chicago, IL 60611

Single/Double Rate:
\$239 plus tax per night
Hotel Reservation Cut-off:
Monday, April 4th

Reservations 800-325-3535 or use the Hotel and Transportation link at www.cosm.md

Special Note:

Attendees registered for the Pediatric Day (Thursday) will automatically be registered for the American Society of Pediatric Otolaryngology's (ASPO) program April 29 – May 1. Pediatric Day registrations must be received by Monday, April 11th to receive a free ASPO registration through SOHN. Other Combined Otolaryngology Spring Meeting (COSM) organizations require an additional fee; registration information is available at www.cosm.md

Continuing Education Programs

More information is available under "Meetings/ Educational Offerings" on the SOHN website www.sohnnurse.com

Low Country Chapter**Annual Conference**

Saturday – May 21, 2011

Presentation titles include:

Trachs and Tubes
Laryngectomy
Salivary Gland Obstruction
Mission Work
Audiology
Free Flaps

MUSC Head and Neck Department Annual Conference

Summit To Sea
October 21–22, 2011

Contact:

Stacey DeFrank, RN, CORLN
defrank@musc.edu

Maryland/ Washington, DC Chapter**16th Annual Spring Seminar****What's Hot in ORL Nursing?**

Friday – March 25, 2011
Greater Baltimore Medical Center
Towson, Maryland

Contact:

Elaine Walizer MSN RN
emwalizer@gmail.com

North Carolina Chapter

March 5, 2011

Neil Hayes, MD - "Updates in Chemotherapy for Head and Neck Cancer"
Carol Shores, MD - "Cancer Staging in Head and Neck"

We usually have programs in June, September, November or December (two one-hour presentations and a business meeting after the speakers.)

Contact:

Kathleen Balliu RN
KBalliu@unch.unc.edu

Wisconsin Chapter**9th Annual Education Day**

March 5, 2011
Country Springs Hotel and Conference Center, Waukesha, WI

Contact:

Sharon Schroeder
sschroeder@chw.org

Extraordinary larynx transplant restores voice, sense of taste, smell to california woman

World's second documented voice box transplant

(Sacramento, Calif.) — In one of the most complex transplant surgeries ever performed, an international team of surgeons at UC Davis Medical Center has restored the voice of a California woman who had been unable to speak for more than a decade.

The surgical team announced today that they replaced the larynx (voice box), thyroid gland and trachea (windpipe) in a 52-year-old Modesto, California, woman who had lost her ability to speak and breathe on her own. The 18-hour operation, which took place over a two-day period in October 2010, is only the second documented case of its kind in the world. Just 13 days after the operation, the patient voiced her first words in 11 years and is now able to speak easily and at length.

On Jan. 20, when she met in Sacramento with her entire surgical team for the first time since the transplant, patient Brenda Charett Jensen was able to speak for herself about the remarkable surgery and what it has meant to her, and to her family and friends.

"This operation has restored my life," said Jensen, who was raised in the San Joaquin Valley town of Patterson, Calif. "I feel so blessed to have been given this opportunity. It is a miracle. I'm talking, talking, talking, which just amazes my family and friends. I am deeply grateful to the donor and to the donor family for making this gift possible for me."

The only other documented larynx transplant took place at the Cleveland Clinic in 1998. For the physicians in the UC Davis case, the novel procedure has advanced knowledge in the field of transplant medicine and otolaryngology.

"We are absolutely delighted with the results of this extraordinary case," said Gregory Farwell, associate professor of otolaryngology at UC Davis and lead surgeon for the transplant. "The larynx is an incredibly complex organ, with intricate nerves and muscles functioning to provide voice and allow breathing. Our success required that we assemble an exceptional, multi-disciplinary team, use the most recent advances in surgical and rehabilitation techniques, and find a patient who would relish the daunting challenges of undergoing the transplant and the work necessary to use her new voice box."

Prior to the transplant, Jensen was unable to speak or breathe normally because of complications stemming from a previous surgery several years ago that closed off her airway and made her completely dependent on a tracheotomy tube. For more than a decade, she has been limited to vocalizing words using a handheld

electronic device that produces an artificial, robot-like sound. In order to breathe, she has relied on the tracheotomy, which is still in place and visible at the base of her neck.

Jensen's 18-hour procedure was followed by two months of rehabilitation. Her newly restored voice, while sounding hoarse at times, has improved significantly since the transplant as her nerves regenerate and she learns again how to speak. While the donor organ came from an accident victim, Jensen's voice is her own and not that of the female donor. The transplant has allowed Jensen to smell and taste for the first time in years. She is in the process of relearning to swallow and hopes to soon be able to eat and drink normally again.

Farwell led a surgical team that included Peter Belafsky, associate professor of otolaryngology at UC Davis Health System; Martin Birchall, professor of laryngology at the University College London Ear Institute in England; Paolo Macchiarini, professor of regenerative surgery at the Swedish Medical University Karolinska Institutet; and Quang Luu, assistant professor of otolaryngology at UC Davis Health System. The entire transplantation involved nearly two dozen physicians, nurses, technicians, transplant coordinators and other UC Davis medical personnel.

"This is the kind of surgical advance that only academic health centers can accomplish," said Belafsky, who brought Jensen's case to the attention of his colleagues and was the transplant project's principal investigator. "This operation required extensive planning and a range of specialties. We all benefited from the university's highly collaborative environment, which fully supported and assembled the resources necessary for this type of procedure."

UC Davis helped fund much of Jensen's hospital-related costs, with most of the surgical team donating their time and efforts to the project.

Because Jensen's condition was not life-threatening, the transplant was an elective procedure. Currently, transplantation is not an option for everyone who suffers from a missing or nonfunctioning larynx because it requires a lifelong regimen of immunosuppressant medications to guard against organ rejection. Immunosuppressant therapy is associated with numerous medical complications and a greater chance of developing certain cancers over the lifetime of a transplant patient. As a kidney-pancreas transplant recipient four years ago and already taking anti-rejection medications, Jensen was a unique candidate for the

procedure. The expertise of the transplant team at UC Davis contributed to the surgeons' confidence of a successful outcome.

"Despite decades of effort, patients with advanced laryngeal disease or injury have faced reconstructive procedures that are literally 150 years old," noted Birchall, who specializes in the repair of paralyzed laryngeal nerves and throat disorders and is a visiting professor of otolaryngology at UC Davis. "This transplant provides us with a much greater understanding about the viability of laryngotracheal transplantation and patient response, and it may prove to be a good option to help other people."

Macchiarini, whose primary research interest involves transplantation of airways and tissue-engineered airway replacements, also views Jensen's transplantation as transformative.

"Being able to restore nerves and reconnect blood vessels in and around the larynx and trachea, and have it all work, was a real test," said Macchiarini, who led the world's first in-human transplantation of a tissue-engineered windpipe in 2008. "Not only is it highly relevant for future transplants, it offers us insights that may one day lead to using stem cells to repair the voice box and surrounding areas in the throat."

The surgery

The transplant involved several sophisticated steps: removing the larynx from the donor as well as removing and replacing the larynx in Jensen. Working in an operating room adjacent to Jensen's, the team retrieved the donor's entire larynx, thyroid and a 6-centimeter segment of the trachea. The thyroid gland is intricately intertwined with the larynx and provides critical blood supply for the new larynx and trachea. After removing the organ, the team immediately tested it using a saline solution to ensure that the larynx would be healthy and have a good supply of blood. The larynx and trachea were then placed in an ice saline solution until transplantation.

Correctly reattaching blood vessels and nerves was critical to the success of the operation. The acts of swallowing, moving the vocal chords and breathing entail extremely complex and coordinated movements, requiring good blood perfusion and well-functioning nerves. Much of the delicate implant work was conducted using a double-sided, surgical microscope, with surgeons working simultaneously on each side of the patient to suture the organ into place. The surgical team reconnected five nerves, three arteries and two veins during the operation.

Patient history and life without a functioning larynx

The larynx is located in the neck and contains the vocal chords, which allow for normal speech production. The small, fist-sized organ is important for channeling air flow during breathing. Jensen's larynx was irreparably

harmed during a surgery in 1999, when the breathing tube used to keep her airway open injured her throat and scar tissue prevented her from breathing. Her physicians at the time performed a tracheotomy -- a surgical hole in the trachea beneath the larynx -- to allow air into the lungs.

Without a new larynx, Jensen was expected to have a normal lifespan, but with various disabilities and reduced quality. Before the transplant, she could not speak without the assistance of the hand-held electronic device. Although her speech was understandable, it took considerable effort to talk. Her sense of smell and taste, which are highly dependent on air passing through the nose and mouth, were also compromised, leaving Jensen unable to taste and smell food, decreasing her enjoyment of eating.

Background on the transplant

Jensen initially was referred to Belafsky, who directs the UC Davis Voice and Swallowing Center, to see if the problems with her voice and breathing could be improved. Because air passage through the larynx and trachea was completely blocked, Belafsky felt that conventional surgery would not help her. He realized, however, that Jensen was a good candidate for the rare laryngeal transplantation because she already was on immunosuppressant therapy as a result of her kidney-pancreas transplant in 2006.

"Brenda also was an exceptional candidate for the transplant because she was highly motivated," said Belafsky. "That type of spirit is essential for success in a surgery with this degree of complexity. Anyone who's met Brenda knows that she is a strong and determined individual, with a terrific outlook on life despite the many physical challenges she's faced over her lifetime."

Planning for the transplant took nearly two years. The surgeons trained for the operation using animal and human cadaver models. They also developed a detailed surgical protocol to ensure that the transplant would run smoothly during each step in the lengthy operation.

Jensen's organ donation was coordinated by Golden State Donor Services, which donated its time and effort to the project. Blood type compatibility was closely matched, and permission to use the organ for an experimental transplantation was obtained from the donor's family, which wanted the donor's identity to remain anonymous.

Rehabilitation

Jensen remained hospitalized for nearly four weeks following surgery. During that time, she had several appointments at a nearby outpatient clinic, where Farwell and Belafsky checked the transplant to ensure it was healing properly and not demonstrating any evidence of rejection. Thirteen days after surgery, on

Continued on page 8

Continued from page 7

Oct. 29, Jensen was finally allowed to try out her new vocal chords. She uttered her first words in a croaky but understandable voice before breaking into a wide smile.

Jensen was discharged from the hospital on Nov. 11, 2010. Despite some medical challenges that required short readmissions to the medical center, she has recovered extremely well. She is following a rigorous regimen of daily swallowing exercises, which have helped restore sensation in her throat. Before being allowed to eat or drink, Jensen must be tested by her doctors to ensure that she can safely swallow. If all goes well, Jensen hopes to have her tracheotomy tube removed in the coming months, which would allow her to resume a completely normal life.

"Every day is a new beginning for me," says Jensen. "I'm working so hard to use my vocal chords and train my muscles to swallow. I'll probably never sing in a choir or anything, but it's exciting to talk normally, and I can't wait to eat and drink and swim again!" (Press Release from UC Davis web site)

History in the Making: SOHN Nurses at the Forefront

(Reflections from Ann Sievers, MA, RN, CORLN - Clinical Nurse Specialist. Ann coordinated Brenda Jensen's care).

There were over 25 nurses involved in Brenda Jensen's care. It was an amazing logistical process with donor and recipient next to each other in adjacent ORs. The donor came from another hospital. The procedure involved a multitude of microvascular equipment, laryngeal equipment, 18 hours of OR time and a film crew.

The patient was admitted around noon on a Friday and the transplant began during the night. Brenda

was rolled into the Recovery Room about 7:00 PM on Saturday and her family was waiting to see her. Following Recovery she was admitted to the ENT ICU for five days and was then transferred to the general ENT floor

Ann relates, "On Post-Op day 3 her nurses had her sitting on the side of the bed (still on the ventilator). It was a difficult maneuver with all the equipment, but the nurses were great!" She was scoped daily to assess viability of the organ.

As Brenda improved she was transported daily to the ENT Clinic for additional assessments. During one of the clinic visits, she was able to make sounds. By the time she returned to her room that day, she was able to place a cell phone call to her Mom and said, "Mom this is Brenda, I Love you." Ann recounted, "I only wish the film crew could have seen that...we were all crying." Ann continues to see her in the clinic since discharge, and she continues to do well as seen from the press release.

Congratulations to the SOHN members and their coworkers!

Ann Sievers, MA, RN, CNS, CORLN – closely coordinated the patient's care
Kim Olson, BSN, RN, CORLN – OR
Carolyn Hobbs, RN, CNOR – OR
Julie Musial, BSN, RN, CORLN – ENT Unit
Janet Peterson, BSN, RN, CORLN – ENT Unit
Barbara Taylor, RN, CORLN – ENT Clinic
Shannon Whitney, BSN, RN, CORLN – ENT Clinic
Brynne Kessler, RN – ENT Unit
Anne Vrinten, RN – ICU
Mary Humphrey, RN
Sylvia Chan, RN, CORLN
Patricia Marotte, RN, CORLN

FAQ's: Indwelling Voice Prostheses affected by the October 2010 Medicare Regulation Change

As we enter 2011, we are about three months into the new Medicare Regulation regarding indwelling voice prostheses (HCPCS Code L8509).

1. Why can't medical equipment companies file a claim to Medicare for an indwelling prosthesis any longer? Medical equipment companies are considered by Medicare to be Durable Medical Equipment (DME) companies and authorized to submit claims to DME MAC, the division of Medicare that processes claims for Part B DME benefits. In October of 2010, Medicare changed that authorization for indwelling style voice prostheses away from the DME MACs and moved it to the A/B MAC. The A/B MAC is the division that Hospital ENT clinics and physicians submit claims to for reimbursement. Medicare claims for indwelling

prostheses must now be submitted by the physician's office or outpatient ENT clinic in order for the claim to be considered for reimbursement. To be an eligible claim the physician or clinic must purchase, place and bill for the prosthesis.

2. What is the Definition of DME? Durable Medical Equipment. In order for something to be considered DME, it generally falls under the following guidelines: (1) Can withstand repeated use (2) Appropriate for use in the home (3) Is not useful in the absence of illness or injury (4) Is either rented or purchased (5) Is single patient use

3. As a facility, we are not a licensed DME provider and have been unable to bill for DME products. With this change does that mean even though we are not a DME

provider we can now bill Medicare for the indwelling voice prosthesis? Yes, but only for indwelling voice prostheses using the HCPCS code L8509. Hospitals or physician's offices are not authorized to file claims for any other product unless they are a licensed DME provider.

4. If we are not a licensed DME provider, can we bill for other items such as HMEs. No, HMEs (Heat Moisture Exchangers) and hands-free devices fall under Part B DME benefits and are claimed through a licensed DME provider.

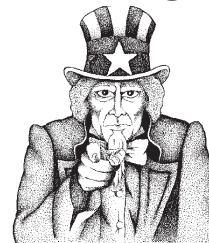
5. What about patient changeable style prostheses (HCPCS L8507). How are those billed? Non-indwelling or patient changeable prostheses are filed under HCPCS code L8507 but are still considered to be DME products as they are designed to be changeable by the patient in the home. As a result, in order to bill for reimbursement, this style of prosthesis would fall under the same Part B DME benefit as HMEs or free-hands valves and are to be submitted to the DME MAC for processing by DME providers.

6. How do hospitals or physician's offices get reimbursed for indwelling voice prostheses? All indwelling voice prostheses use the same HCPCS code regardless of brand or model. Normally once per year CMS (Medicare) issues a fee schedule that has been developed in cooperation with each State and sets the reimbursement rate for that State, this schedule is referred to as the "allowable rate". For an approvable claim, Medicare will reimburse up to 80% of the "allowable rate" for any product classified as being within HCPCS code L8509. As an example, if the allowable rate in a State is \$115.00, Medicare will reimburse 80% or \$92.00 for the indwelling voice prosthesis. What the prosthesis cost has no direct bearing on the "allowable rate". If a physician's office or ENT clinic is a "participating" Medicare provider (which most are), this amount is the maximum reimbursement they will receive from Medicare. The patient or their secondary insurance is responsible for the remaining 20% Medicare does not cover (in this case \$23.00). Indwelling voice prosthesis could cost the physician or the hospital \$200.00 each but because the physician or hospital is a "participating Medicare provider" the patient is not responsible for the difference, the physician or hospital must cover this difference.

7. As a Hospital or Doctor's office, can I bill the patient more than the Medicare allowable rate? No, as a "participating Medicare provider", the Medicare "allowable rate" is payment in full. Any costs above the Medicare allowable rate must be absorbed by the practice or the hospital. However, hospitals may bill an additional facility charge for the clinic visit to help offset any overhead costs.

Tara DiFabio, CORLN, MSN, CRNP (with thanks to Atos Medical)

SOHN NEEDS YOU!!!



SOHN Announces 2012 Call for Candidates

It's that time of year again...

The time for you to consider becoming a candidate in this year's election has arrived. The Nominating Committee is searching for qualified, motivated candidates to lead our Society through these changing times in health care. Dynamic leaders are needed to help our Society grow and thrive during these changes. Consider yourself or encourage other members of SOHN to get involved at the National level. We are seeking candidates for office in the year 2012. Treasurer, Board of Directors (3 positions) and Nominating Committee members (2 positions). To be eligible for the office of Treasurer, a nominee must have served at least one term as a member of the Board of Directors. To be eligible for a position on the Board of Directors or as a member of the Nominating Committee, a nominee must have been an active member of the Society for at least two years preceding the election.

Tips for the Candidates

Position Statement—This statement is 75 words or less and must be sent to SOHN Headquarters by May 1st, so it can be included in the Update. It should list what talents you would bring to the organization and this position. Also, you can include other activities and past experiences. A letter of intent is due with the position statement. A form can be obtained from SOHN Headquarters.

- Photograph—Emailed to Headquarters by May 1st for inclusion in the Update and display at Congress.
- Speech—At the Business Meeting you will give a three-minute speech, which can include your experience, length of service with SOHN, an overview of your position statement, and goals for the future.
- Mentoring—Remember you are not alone. If you are interested in running for an office in the future, get to know the chairs of committees and officers.

Contact Headquarters at 386-428-1695 or
sohn1@earthlink.net for more information



ORAL, HEAD & NECK
CANCER AWARENESS WEEK

Oral, Head & Neck Cancer Awareness Week

May 8–14, 2011

Learn more at www.headandneck.org

Call for Educational Posters and Research Posters

Each year at the Annual Congress, members are invited to contribute to the field of Otorhinolaryngology and Head-Neck Nursing by presenting a poster. Active SOHN members (those who complete a membership application prior to June 24) are encouraged to consider presenting a poster to share with other nurses in San Francisco, California. An application must be postmarked by June 24, to be considered as a poster presenter. Applications are available on the SOHN website. Any member who has received a cash award for an exhibit for two consecutive years will not be eligible for a monetary award but may submit a poster to share information at the annual meeting. A certificate of participation will be presented to those participants. Poster presentations will be displayed at the SOHN Headquarters Hotel. Each poster will be displayed on a 4' x 8' bulletin board.

Future Congress Dates

September 9–13, 2011
San Francisco, California

September 7–11, 2012
Washington, DC

Society of Otorhinolaryngology and Head-Neck Nurses 34th Annual Business Meeting Minutes

September 28, 2010

Boston Park Plaza Hotel — Boston, Massachusetts

- I. Call to Order by President, Cindy Dawson at 7:44 a.m.
- II. Welcome by President, Cindy Dawson
- III. Introduction of Guests - Officers and Board Members by President Dawson
- IV. Credentials Report by Denise Wood. There are 368 participants registered at the 34th Congress with 278 voting members and 90 non-voting members.
- V. Credentials Report. Credentials report approved by consensus.
- VI. Consideration of the Rules – President Dawson asked for any questions. Rules approved by consensus.
- VII. Adoption of Proposed Rules- Proposed rules were adopted.
- VIII. Timekeeper/Teller – Karlene Fuller, Mary Klein, and Linda Oberrender appointed by President Dawson.
- IX. Adoption of Proposed Agenda – No additions or corrections to proposed agenda as printed. Maggie Chesnutt moved to approve the agenda. Seconded by Mary Huntoon. Motion approved.
- X. Approval of Minutes. The September 2009 Business Meeting Minutes were approved by the SOHN Board at the January 2010 Board of Directors' Meeting. The board of directors will approve the minutes of the business meeting which will appear in the March 2011 Update.
- XI. Officer Reports – All reports were published in the 2010 August/September Update and are on tables for review.
- XII. Treasurer's Report – Sharon Jamison stated that the Society is financially sound. Assets: Checking/Savings \$159,510 and CDs \$97,328.
- XIII. Committee Reports – There are no updates and no questions.
- XIV. Election of Officers – Lenore Harris introduced the slate of officers: Mary Huntoon - candidate for the position of President Elect; Erin Ross - candidate for Vice President; Maggie Chesnutt - candidate for Secretary; Deborah Farragher - candidate for Board of Director; Deena Hollingsworth - candidate for Board of Director; Ashley Laursen - candidate for Board of Director; Mary Beth Chalk - candidate for Nominating Committee Member; Terry McGarvey-Tanenbaum - candidate for Nominating Committee Member; and Wendy Mackey - candidate for Nominating Committee Member.
- XV. Bylaws Proposals – The current bylaws and proposed bylaws were read by Vice-President, Mary Huntoon. A question was raised about the meaning of allied health personnel. Does this include unlicensed personnel? Certified allied health caregiver wording is proposed. Physician Assistants are included in this. Dr. Helene Krouse spoke against the proposal with concerns about unlicensed personnel to be

included as members. She stated that this would change the mission of our organization. Furthermore she stated that this will have an impact on resources and the organization for developing educational modules and clinical programs. Dr. Krouse recommended tabling the bylaws change and forming a special task force. Cheryl Brandt questioned who is included in this group. Mary Reichert was concerned about the vague wording of allied health caregiver. Linda Miller Calandra stated that there is enough concern and confusion about this change and recommended tabling this change of bylaws. President Dawson called the question. Helene Krouse made a motion to table the proposed bylaw changes now. Joanne Stow seconded the motion. The motion was approved.

XVI. NCBOHN Report given by Connie Lusk. We have nine new CORLNS and 20 recertified CORLNs for a total of 192 certified ORL nurses.

XVII. Presentation of Awards by Marybeth Gentry, Malou Yarosh and Ginny Bowman. 1st Place Poster: Laryngomalacia... What's All the Noise About? Julie A. Margrey and Eve E. Lofink; 2nd Place Poster: Fungal Sinusitis in the Immunocompromised Patient, Susannah Wargo, Angeline Thomas and Demonica Glaze; 3rd Place Poster: TransOral Robotic Surgery: A Different Approach, Danna Renner and Dawn Churchward. 1st Place Research Poster: Linking Geospatial Information with

Asthma Morbidity Across an Urban International Border, Helene J. Krouse, et al.; 1st Place Video: Tracheostomy and Laryngectomy Stoma Care Video, Carol Maragos, et al. Chapter Excellence Awards were given to the Greater Cleveland Chapter, the Atlanta Regional Chapter and the Southeast Pennsylvania Chapter. Anniversary awards granted to the North Carolina Chapter for 5 years, and 25 years to the Maryland/ Washington, DC Chapter.

XVIII. Recognition of Outgoing Board members - Mary Huntoon, Maggie Chesnutt, Erin Ross, Michelle Forcier, and Kari McConnell.

XIX. Election Results - President Elect: Mary Huntoon, Vice-President: Erin Ross, Secretary: Maggie Chesnutt, Board of Directors: Deena Hollingsworth and Ashley Laursen, Nominating Committee Members: Mary Beth Chalk, Terry McGarvey-Tanenbaum, and Wendy Mackey.

XX. Installation of Officers - Ceremony for officers and new board members was conducted by President Dawson.

XXI. Announcements: Lucy Kingston motioned to destroy the ballots. Motion approved. Anne Bigelow took pictures of outgoing and incoming board members and committees chairs. As Development Coordinator of the ENT-NF, Anne thanked everyone for their support and reported making \$4,000 with the raffle.

XXII. Adjournment by President Dawson at 8:54 am.

2011 SOHN CALENDAR

Events/Deadlines

March

- 5 9th Annual Education Day, Wisconsin Chapter
- 5 North Carolina Chapter Education Offering
- 15 CORLN Examination Application Deadline
- 25 What's Hot In ORL Nursing, Maryland/ Washington, DC Chapter

April

- 28-30 SOHN Spring Seminar Series, Chicago, Illinois

May

- 1 Nomination of Candidates Deadline
- 7-21 CORLN Examination Testing Period
- 8-14 Annual Oral, Head & Neck Cancer Awareness Week www.ohancaw.com
- 9 National ORL Nurse Day

June

- 24 Poster Application Deadline

July

- 1 Chapter Excellence Award Applications Deadline
- 1 Clinical Excellence Award Application Deadline
- 1 Honor Award Applications Deadline
- 1 Scholarship Applications Deadline
- 1 Forming Chapter Bylaws Deadline

September

- 1 CORLN Examination Application Deadline
- 9-13 SOHN 35th Annual SOHN Congress — San Francisco, CA

October

- 8-22 CORLN Examination Testing Period
- 15 Call for Abstracts 2012 Congress & Spring Seminar Series

November

- 1 Midwinter Board Meeting Guest Attendee Application Deadline
- 15 Lois Moore-Rogers Lectureship Deadline
- 30 Research Forum Abstracts Deadline

December

- 15 Nominations for Outstanding Service Award Deadline
- 15 Nominations for Friend of SOHN Award Deadline

Upcoming SOHN Educational Events

2011 SOHN Spring Seminar Series

Chicago, Illinois
April 28 – 30, 2011

SOHN's 35th Anniversary Congress & Nursing Symposium

*Golden Opportunities in ORL Nursing:
Celebrating 35 Years*
San Francisco, California
September 9-13, 2011

National ORL Nurse Day — May 9th

Let your SOHN Pride Shine Through

- Obtain a proclamation from the mayor of your town proclaiming May 9 as National ORL Nurses Day.
 - Develop a calendar of events.
 - Plan to honor your colleagues with a recognition award (certificate or plaque).
 - Plan a special celebration lunch to network with your colleagues.
 - Design a special poster that highlights the role of the ORL nurse and display at local hospitals or libraries.
 - Invite local government officials to planned events.
 - Write articles or letters to the editor about current nursing or healthcare topics.
 - Ask local radio stations to make announcements during National ORL Nurses Day.
 - Use TV, radio, and newspaper community bulletin boards to announce your activities.
 - Host a fundraiser (e.g., Fun Run) and donate the money to the ENT-NF Scholarship Fund.
 - Make a donation to the ENT-NF "In Honor of..." a co-worker or colleague.
 - Honor a fellow member with a SOHN pin or badge tag.
 - Write an announcement for your local newspaper or television channel.
 - Share an ORL Nurse Day cake with your co-workers.
 - Wear your SOHN and CORLN pins with pride.
 - Encourage a co-worker to become a SOHN member.
 - Collaborate with hospitals, schools and libraries to set up special ORL Nurse Day displays.
 - Suggest that your local newspaper solicit stories from readers who would like to pay tribute to an ORL nurse who provided exemplary care.
 - Promote a positive, realistic image of ORL nurses by sponsoring health fairs or conducting preventive screenings in underserved areas
 - This is a GREAT time to honor our fellow ORL nurses; you can do this by nominating a colleague for the SOHN Clinical Excellence Award (applications available from Headquarters).
 - Write an article about an ORL nurse you work side-by-side with for your local hospital paper and do not forget to send a copy to SOHN for the Update (fax to 386-423-7566 or e-mail to sohn1@earthlink.net)
 - Write a brief article for the Update on how you celebrated ORL Nurses Day in your area (this counts on the Chapter Excellence Award points).
 - Do a brown bag lunch talk in a local library or hospital. The facility will usually do all the advertising and all you will have to do is show up and give a short presentation about SOHN and your practice and leave the rest to questions and answers.
 - Set up a table in or outside your cafeteria with information about SOHN, your local chapter, membership applications and activities in your community. You could jazz this up by having a jar full of earpieces or rubber noses and have people guess how many are in the jar (everyone loves a contest). Have a baked treat or prize for the winner.
 - If you are in a large hospital, see if you can have a nurse fair during Nurses Week where all sub-specialties set up a table with information.
- Please let us know how you celebrated this day!

Government Relations Committee

IOM Report on the Future of Nursing Update

Robert Wood Johnson Foundation and the Institute of Medicine launched a two year initiative to respond to the need to assess and transform the nursing profession. The final report has been out since November 2010. Below is a synopsis of the IOM findings. The entire report is available at http://books.nap.edu/openbook.php?record_id=12956

The IOM findings are:

1. Nurses should practice to the full extent of their education and training.
 - There is tremendous variation in state scope of practice legislation.
 - Federal government should incentivize the adoption of less restrictive scope legislation.
 - Residency programs for new nurses should be encouraged to prevent high turnover rates.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
 - The profession needs to cultivate leaders
 - Serve on advisory boards on which policy decisions are made. Such as JCAHO, AHCA, Local and community boards.
 - Education needs to include leadership role.
4. Effective workforce planning and policy making require better data collection and an improved information structure.
 - Nursing workforce centers - improved infrastructure for collecting data.
 - Membership in the National Health Care Workforce Commission and the National Center for Workforce Analysis
5. Patients and system is more complex
6. Education with other professional (MD, PA, etc.)
7. Improve diversity in nursing to reflect the population.