

It's A . Balancing Act

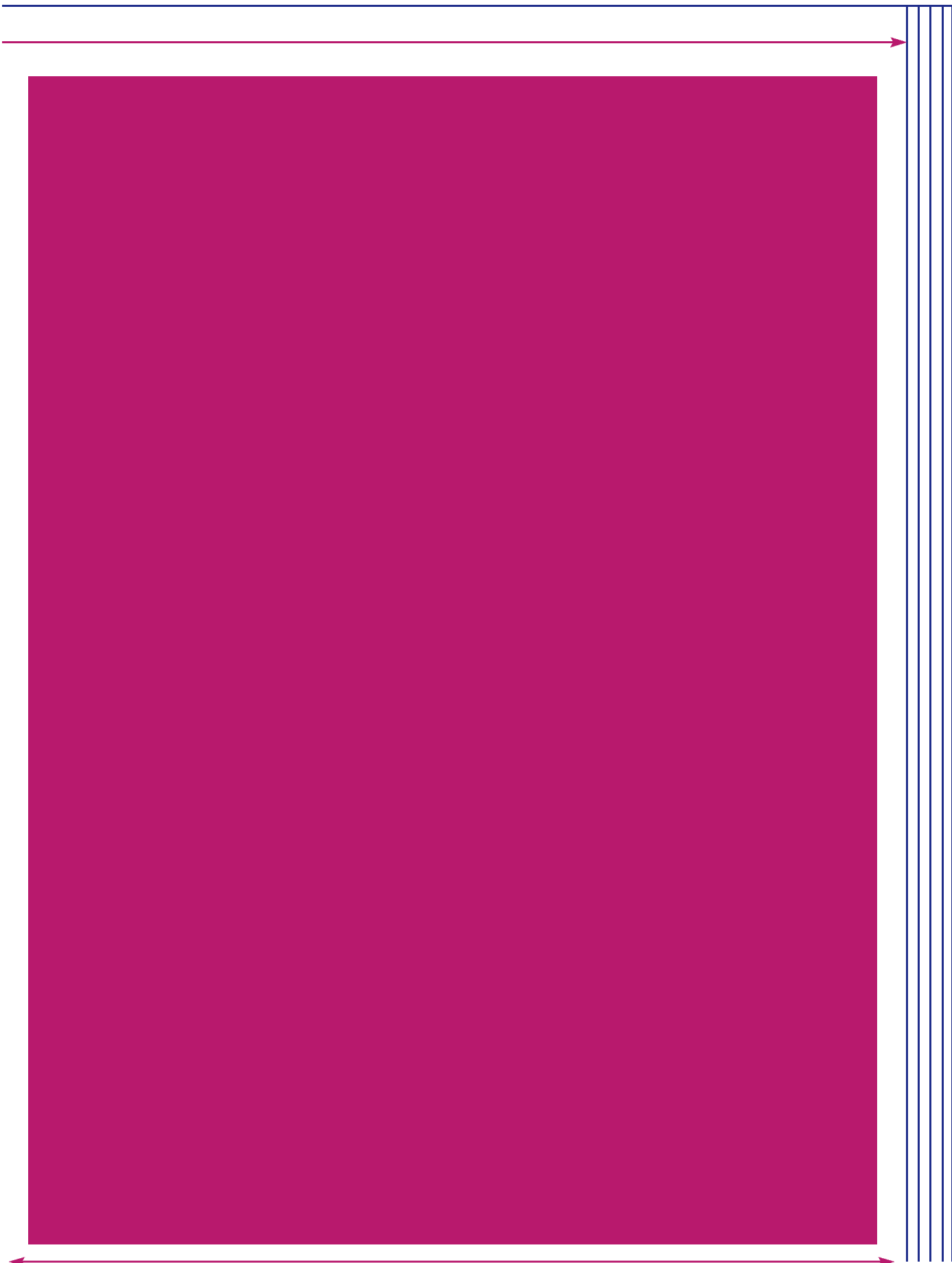
Today's DON must **juggle** a dizzying array of responsibilities that include **reimbursement** and **quality control** as well as **compliance** with complex new regulations like HIPAA.

Lynn Wagner

Norma Todd's workday at Sun Bridge Pine Lodge starts at about 6:00 a.m. She arrives early to touch base with the midnight shift and resolve questions or patient care issues that arose with the overnight nursing staff. Then she makes patient rounds at the 120-bed nursing facility in Beckley, W.Va., where she has been the director of nursing (DON) for more than a decade, managing a staff of about 80 licensed nurses and certified nurse assistants (CNAs).

Once the midnight shift settles into preparing its report for the day shift, Todd reviews the facility's 24-

LYNN WAGNER is a freelance writer based in Shepherdstown, W.Va.



hour report, which describes what has happened on all shifts. By 8:30, she is in the daily “stand-up” meeting with the administrator and department heads, where each manager outlines the day ahead. She then reviews any accidents, injuries, or skin tears and ensures that incident reports and other related documentation have been properly completed and followed up with appropriate care. Todd then turns her attention to the “customer base” and goes over all planned discharges, transfers, admissions, and bed availability. Throughout the day, she monitors staffing and patient care, attends a crush of administrative and clinical meetings, and puts out any fires that erupt.

Persistent Paperwork

Much of the day is spent on paperwork, checking and writing up the vast amount of documentation needed for regulatory compliance and Medicare reimbursement. Todd, who has been a long term care nurse since 1975, says the amount of time spent on paperwork is among the most dramatic changes in her field. There is little time, she says, to visit with patients outside of routine care and almost no time to spend with family members.

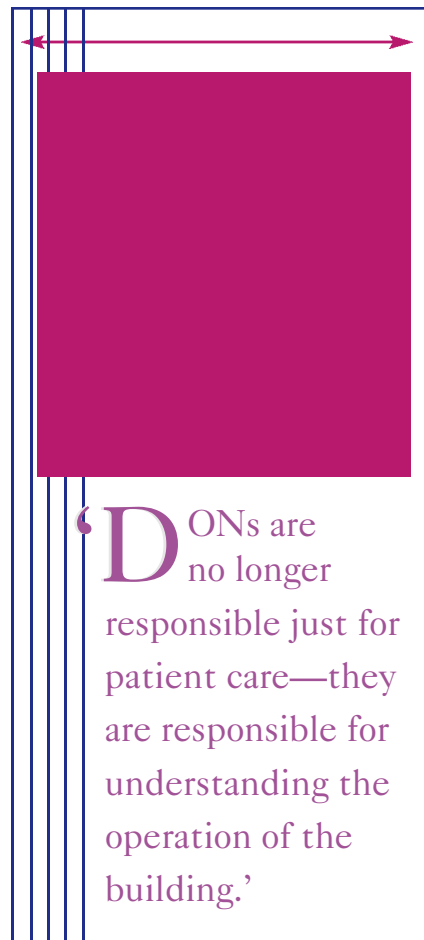
“There is so much paper compliance now that I spend most of my time doing something along those lines,” says Todd, who is certified in gerontological nursing through the American Nurses Association and holds a DON certificate from the National Association of Directors of Nursing (NADONA) in Long Term Care. She also serves as president of the West Virginia chapter of NADONA and is a trained paralegal.

Clinical documentation in today’s nursing facilities drives everything from Medicare reimbursement to the survey process, resulting in a more intensive focus on paperwork and a greatly expanded scope of responsibilities for DONs, say long term care nursing experts.

The shift in the regulatory framework for nursing facilities has created new challenges for DONs, who are no longer responsible solely for the supervision and provision of nursing services.

New Expertise Needed

The DON was once distinguished by being “the best clinician in the build-



ing,” says Robin Bleier, a registered nurse and chief operating officer of Country Health Associates, a long term care company based in West Palm Beach, Fla.

Today, in addition to clinical and nursing skills, a DON needs regulatory expertise, some concept of the legal process in the event the facility is sued, and an understanding of risk management principles and investigation, says

Bleier, who spent many years as a DON and was recently chosen Nurse Administrator of the Year by the Florida Association of Directors of Nursing Administration. In some facilities, the DON serves as the nursing facility’s risk manager, Bleier adds.

In addition, DONs need “financial savvy” and a solid understanding of human resources and staff relations, which are critical to running a nursing department in the midst of a severe labor shortage, experts say. More recently, implementation and compliance with new medical records privacy rules, commonly known as HIPAA (Health Insurance Portability and Accountability Act) and new guidelines from the Occupational Safety and Health Administration have fallen—at least in part—under the purview of DONs, adding to the volume of federal rules with which these managers must contend.

DONs “have become generalists,” Bleier says. They are still expected to function as nurses and engage in direct patient care when the need arises for them to fill in for absent staff. But versatility has become the hallmark of a successful DON, she adds.

LuMarie Polivka-West, director of policy and quality assurance for the Florida Health Care Association, likens the DON to a “chief operations officer.” Among surveyors, the public, and government regulators, there is little recognition or understanding of the “complexity of skills” and the role of DONs, she says. “A DON has to know so much more than 10 years ago,” she says. “They are no longer responsible just for patient care—they are responsible for understanding the operation of the building.”

Ann DaSilva, a long term care nurse consultant in Pinellas Park, Fla., who started her career 40 years ago and had her first DON job in 1980, says DONs used to “get out onto the unit, see what was going on, be with her staff, and truly direct them in a hands-on manner.” DONs from that era “didn’t

worry about the budget. That was the administrator's job," she adds. Today, however, the position is mostly administrative, and DONs are "very involved in the budget, making sure they stay within the budget, and taking a lot of heat if they don't."

Care Needs Grow

DONs are also managing increasingly complex patients. Heartland Health Center, a 200-bed facility in Adelphi,

Md., for example, has a 60-bed subacute unit and an inpatient dialysis unit, says Anne Marie Barnett, assistant director of clinical services. Barnett started in long term as a CNA 35 years ago and eventually became a registered nurse. The biggest change she's seen is the complexity of patients coming into long term care facilities.

She remembers her excitement the first time a nursing facility patient had an intravenous line inserted. Today's

patients commonly require ventilator care, hyperalimentation, pain management, rehabilitation, and complex medication regimens. The heightened complexity of patients' medical needs is stimulating, but it also raises the bar for staff, who must remain current with nursing skills and education and gain expertise with the equipment and processes required to properly manage these patients, Barnett says.

"No one comes in with just one

The Role Of Assisted Living Nurses

Nurses in assisted living communities face mounting job pressures, which differ substantially from their counterparts in nursing facilities.

The role of licensed nurses in assisted living is different than that of a nursing facility DON, says Mary Beth Kitchens, education director for the California Assisted Living Network in Napa, Calif., and founding board member of the American Assisted Living Nurses Association. Much of the stress experienced by these nurses stems from a "Catch 22" in their role, she says.

They are usually the only licensed nurse in the community, yet they do not have a direct supervisory role over the care staff, says Kitchens. Furthermore, their role is not to direct the care provided to residents, but to support their choices and autonomy in a residential setting. At the same time, "everybody looks to them" for guidance and turns to them first when there is an emergency, says Kitchens.

"Most often they are there to do inservice education," Kitchens says. In addition, they conduct initial assessments when residents enter a community. They also "point out things" to the direct care supervisor that should be added to or taken away from a resident's service plan, as that individual declines or regains functionality. "But they don't have ultimate responsibility for resident care," she says.

Nurse Role Shifts From Traditional

Assisted living nurses coordinate communication among physicians, family, and staff about the status of residents, she says. They also review physician orders and ensure that medications residents need are ordered

and available. While that is a "huge job" in an assisted living community with 60 to 100 residents, it is not consistent with most nurses' training and experience.

"All their clinical experience has been trying to assure that [patients] are following what we know clinically to be the best for them." But in assisted living, a nurse's role is to "teach, empower, and establish systems" aimed at helping residents remain autonomous, says Kitchens. "That's a big difference for nurses to deal with," she adds. If that role is not adequately described to them when they are hired, the conflict becomes a contributing factor to the "reasons why our nurses quit, fail, and have horrendous turnover," Kitchens says. "We set them up to fail. We don't empower them to recognize they are only there to do case management, monitoring, training, and teaching."

The Assisted Living Nurses Association, based in San Marcos, Calif., formed about four years ago for the purpose of "educating, supporting, and helping develop nurses who go into assisted living," says Kitchens.

"This is a new opportunity for nurses that is very different from anything they have been in before," she adds. "Nurses in this field were really screaming for help and support, because they recognized that they are isolated in their work settings."

The association sponsors educational conferences and seminars and gives nurses an opportunity to share their knowledge, skills, and frustrations, Kitchens says. The organization also expects to establish standards of practice for this emerging field, she adds. It is so new, however, that the group is still in the "toddler phase" of development.

diagnosis, such as diabetes,” she adds. “It’s a heart attack and 15 other [conditions]. You have to know what to assess, anticipate, and follow up on.”

The pressure on DONs is often compounded by the expectation that they will be available around-the-clock to respond to staffing or patient care emergencies, observers say. DONs can get a call for anything from being short-staffed on a shift, to a patient fall or other injury, says Barnett. “That phone will ring 24-seven,” she says. DONs typically spend 10 to 14 hours a day in the nursing facility, she adds.

The growing complexity of the DON role and widening demands means these nurse managers need greater support in the form of continuing education, professional development, and management tools to ensure their success in this evolving position, observers say.

“All DONs have a lot on their plate,” and many talk about feeling overwhelmed, says Barnett.

DONs need appropriate preparation to meet the multiple challenges and expectations of their job, experts say.

In addition, they must be relieved from some of the mundane tasks—such as staff scheduling and being on call around-the-clock—which can be performed by, or at least shared with, other clerical and nursing staff, says Joan Warden, executive director of the 4,000-member NADONA.

“You can’t work someone into the ground,” she says.

Mounting Pressure

DONs are commonly promoted from a staff nurse position, where they have little or no exposure to the daunting leadership challenges and multitude of responsibilities of their new job, experts say.

While they have the clinical competence to manage the care needs of increasingly complex long term care patients, they do not necessarily have the leadership and communication skills needed to manage a large nursing

staff and facilitate change, says Claudia Mitchell, a registered nurse and director of education and corporate development for Multi-Health Services in Dayton, Ohio.

“Many staff nurses have no idea how the MDS [minimum data set] or RUGs [resource utilization groups]



DONs are very involved in the budget, making sure they stay within the budget, and taking a lot of heat if they don't.

work [together]” and have no experience with nursing budgets, calculating staffing needs, or regulatory compliance, she adds.

The result is often frustration and burn-out, say current and former DONs. The average stay for a DON in any one job is two years, says Heartland Healthcare Center’s Barnett.

“I don’t know if any one thing drives DONs out other than they wear out,” Barnett says.

According to Jacqueline Vance, a

former DON who is currently director of clinical affairs for the American Medical Directors Association (AMDA) and president of the Maryland chapter of NADONA, many DONs leave due to “regulatory and legal pressure. They say they can’t take this anymore. They give up their nights, weekends, they are working 24-seven,” and still not succeeding, she says.

Turnover Escalates

The frustration of these professionals is reflected in high turnover among their ranks. According to the American Health Care Association’s (AHCA) 2002 survey of nursing facility staff, the annual turnover rate among DONs is 50 percent.

Because DONs have become increasingly essential to the successful management of nursing facilities, high turnover has significant implications for day-to-day operations and long-term strategic objectives, such as quality improvement, observers say.

One of the key challenges facing nursing facilities, for example, is high turnover among all nursing staff, particularly CNAs who provide most of the hands-on care. Annual CNA turnover reached 71 percent in 2002, according to AHCA.

The turnover of DONs and CNAs are linked, observers say. CNA turnover becomes an aggravating factor for DONs as they attempt to implement best practices and quality improvement initiatives, and it is equally difficult to achieve effective CNA retention with short-term DONs.

“Education is the frustration of all DONs, who have to constantly re-educate staff on processes put in place in the facility because of turnover,” says AMDA’s Vance. “If you could get a stable nursing force, you could keep building on education,” she adds. “But when you have to start over, it’s frustrating.”

“It is very difficult for a DON to

implement best practices or work consistently on quality-of-care improvement initiatives” when they spend much of their time trying to fill staffing holes due to vacancies or the widespread and problematic practice of “call-offs,” a term for last-minute notification from staff that they won’t be coming to work that day, says Mitchell.

Reducing DON turnover is critical to addressing these problems and bringing down the overall turnover rate among nursing staff, says NADONA’s Warden.

“You are not going to have a stable workforce” until DON turnover stabilizes, she adds.

The relationship between DON longevity and effective problem-solving is manifest at Sun Bridge Pine Lodge, where long-time DON Todd has implemented a mix of strategies to reduce CNA turnover to a low 20 percent.

Creativity and flexibility are key to

retaining nursing staff, says Todd. Changes that have made an impact on staff retention include flexible scheduling and a shorter work week. When she started as DON, Todd says, the nursing staff worked for six days, then got a four-day weekend. That schedule was “too much” and has been changed to four days on, two days off. In addition, nursing staff can stagger the start time of their shift, and in some cases even split shifts, to accommodate their special needs and family demands. At a time when CNAs can work in fast-food restaurants for similar pay and easier work, “you have to become more creative” and work to meet the needs of nursing staff to retain them, she adds.

Early Preparation Key

DONs are frequently promoted too quickly and not given the tools they need on the job, particularly in the area of leadership skills, says Todd.

A nurse who does well on the floor

may be quickly put in a charge nurse position, and soon after that rise to assistant DON. This doesn’t give them sufficient time to grow in the job and prepare for the rigors of being a DON, Todd adds.

Long term care providers must “get away from the warm body syndrome,” says Julie Standefer, a registered nurse and clinical coordinator for the Illinois Health Care Association in Springfield, Ill. A charge nurse or assistant DON may be good in their position, but won’t necessarily make an effective DON, she says.

Nurturing successful DONs requires an investment of time and attention before they plunge into the position, experts say. Training should begin immediately, not several months after an individual has been in the position, says Todd, who believes that all DONs should go through the 27-hour certification program offered by NADONA.

According to the organization, more

Educators Seek To Enhance Geriatric Training

As the front end of the baby boom generation heads into retirement poised to fuel a burgeoning population of elders, which will double to 70 million by the year 2030, according to the U.S. Census Bureau, health care professionals and educators are increasingly concerned about the shortage of practitioners with geriatric training.

This gap is particularly acute in nursing, where less than 1 percent of the 2.56 million registered nurses are certified in gerontology, according to the American Association of Colleges of Nursing. The shortage is exacerbated by an overall nursing shortage, experts say. The Bureau of Labor Statistics projects that 1 million new nurses will be needed by the year 2010.

Schools Increase Geriatric Training

With the help of a handful of grant programs, the nation’s nursing schools are starting to revamp their curriculum to offer a more intensive focus on geriatrics.

The John A. Hartford Foundation (JAHF) in New York has developed grants on several tracks to bolster geriatric training in nursing schools.

The first program to receive funding was at New York University (NYU), which in 1997 received \$5 million over five years, with a mission “to touch every curriculum of every nursing program in the country,” says Mathy Mezey, a nursing professor and director of the JAHF Institute for Geriatric Nursing at NYU.

A survey of the nation’s 600 baccalaureate nursing programs found that fewer than a quarter of them had a required course in geriatrics, and the majority didn’t have full- or part-time faculty credentialed in geriatrics, says Mezey. The institute has developed curriculum content and materials and identified competencies that should be included in nursing programs. The materials are made available to all nursing schools, which tailor them to meet their needs, says Mezey. The goal is to provide training to student ►

than 1,700 DONs have completed the program, a self-study course that is now offered online. The in-depth curriculum covers everything from administration of the nursing department, budgeting, and human resources to regulatory requirements governing patient care, quality assurance, and legal issues.

In whatever form it takes, preparation is critical to the grooming and retention of skilled DONs, experts say. A growing number of long term care providers are recognizing the importance of this training and responding with programs geared to the professional development needs of DONs.

An emerging component of this preparation is mentoring. The objective is to pair new or prospective

DONs with more experienced nurses, who can answer questions and help solve problems.

Extendicare's Program

Milwaukee-based Extendicare, for example, combines mentoring with a heightened focus on case studies in a newly revamped orientation program designed to better meet the needs of DONs, says Karlyn Saffran, executive director of clinical services. The company has

a longstanding tradition of bringing new managers to the corporate office for six days of orientation at what has been dubbed "Extendicare University." This year, the focus of that training for DONs has shifted to clinical, financial, and staff management case studies designed to give DONs a more hands-on orientation experience. This pro-

gram is preceded by a period of mentoring, aimed at grooming people for management slots, Saffran says. Typically, a DON will serve as a mentor to an assistant DON, or a strong unit manager, so those nurses can step into the position when the need or opportunity arises, Saffran says. As a result, new DONs are usually familiar with policies and procedures when they arrive at Extendicare University for orientation. "We changed our focus to help them utilize what they know when they get here," Saffran says.

Extendicare is also convening a Director of Nursing Services Council, comprised of five to 10 DONs who will have broad latitude to identify practices that would help DONs do their job. The panel will address issues ranging from the best way to train MDS coordinators to recruitment and retention techniques, Saffran says.

One of the major initiatives the council will undertake is paperwork

nurses so that no matter what specialty they choose they will know how to care for older patients who will inevitably be part of that practice.

Years ago, nurses say, they were a geriatric nurse because they cared for a lot of older patients, says Mezey. Today, however, "that is not acceptable, because that is not where the science is." Much more is known about the aging process, clinical syndromes associated with aging, and the management of chronic conditions, Mezey says. As a result, "if you are delivering care to an 80-year-old and you don't know the science of care of geriatric patients, you are not delivering state-of-the-science care."

Currently, there are only about 4,000 geriatric nurse practitioners nationwide to care for 35 million elderly, Mezey says. About 300 nurses graduate in this specialty each year. "The data suggest we could easily use three times this many and incorporate them into nursing homes, home health care, and ambulatory and hospital practices," she adds.

Grants Fund More Advanced Training

In addition to focusing on enhancing nursing programs nationwide, NYU has bolstered its own undergraduate program with state-of-the-art required coursework in

geriatrics, a diversified clinical experience that includes a variety of long term care settings, and a mentoring program in which students are paired with older people in the community to give them a perspective on healthy aging and the opportunity to interact with older people.

JAHF also provides funding for advanced training in geriatrics at five schools that have been identified as "centers of excellence" in nursing, and last year awarded a total of \$2.2 million to an additional seven schools to help them build geriatric nursing capacity.

Last July, a second foundation, the Atlantic Philanthropies, awarded \$5 million in grant funds to enhance geriatric training among practicing nurses. The program, launched last July and administered by an alliance between the Hartford Institute for Geriatric Nursing and the American Nurses Association (ANA), will be designed to help more than 400,000 nurses nationwide improve their skills. ANA will work with specialty nursing groups to promote gerontological certification and develop a Web-based comprehensive geriatric nursing resource center.

The goal of this program is to "reach into the specialty nurse market, whether you are a family nurse or adult nurse practitioner, so that everything can become gerontologized," says Claire Fagin, JAHF program director.

reduction. Every time a patient falls, for example, there are 198 pieces of information that must be recorded, says Saffran. "Sometimes we answer the same question four or five times on different forms," she says. The same is true with supplemental assessments. The council might look at options such as a consolidated interdisciplinary assessment, as opposed to "everyone doing their own piece of it."

The goal of the initiative, called "Paper to People," is to "get rid of some unnecessary paperwork, which has become so much a part of long term care and is a big reason nurses leave this area," says Saffran. Extendicare hopes to cut the paperwork burden in half.

Other Educational Efforts

In Evanston, Ill., Care Centers, which operates 27 facilities in three states, is rolling out a DON training and mentoring program geared to assistant DONs. The program will start with four monthly educational sessions, covering topics such as the regulatory process, human resources, and staff scheduling and management, says Bernadette Sanner, director of clinical services. Participants will be paired with a mentor, who may be a DON or a consultant nurse.

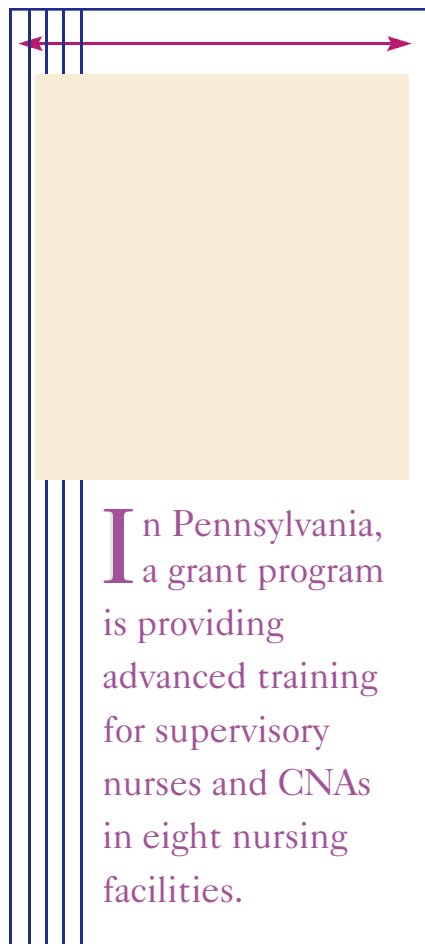
"We want to take persons interested in being a DON and show them what the job entails so they can work through the processes," says Sanner.

The importance of mentors, whether it's another nurse or an administrator, cannot be overstated, says Barbara Magerl, an educator with Specialized Medical Education and Training and a Chicago-area nurse consultant who has helped develop Care Centers' program. Magerl, who has been in nursing for 33 years, says one of her mentors was a hospital nurse who watched new staff carefully and studied them to determine who would make good head nurses in the future.

"She molded her future generation," says Magerl. "Her philosophy was to

make a future so that when she walked away from her profession, she knew she was leaving it in good hands."

Care Centers' program will be ongoing, providing educational programs as DONs identify areas in which they need further development, says Magerl.



In Pennsylvania, a grant program is providing advanced training for supervisory nurses and CNAs in eight nursing facilities.

In addition, the company will offer nurses tuition assistance for those who want to further their education, Sanner says. Care Centers also hopes that ultimately all of its DONs will receive NADONA certification, Sanner says.

"It's extremely difficult to recruit DONs because it's an extremely difficult position," she says. "We're trying to figure out what we could do to facilitate this."

Multi-Health Services is also drafting an orientation program coupled

with mentoring for its new DONs, says Mitchell. The program will be comprised of two-and-a-half days of training, after which they will be paired with a mentor "to get them acclimated" to the job, she adds.

Initial training will be followed up with additional educational programs at 60- and 90-day intervals, Mitchell says.

At the six-month mark, new DONs, as well as those who are more seasoned, will have access to a self-assessment workshop developed by AHCA to help nurse leaders identify their strengths and areas where they need to improve their skill level. The program, called Radiating Excellence, was developed through a broad and extensive process of peer review, in which experienced nurse leaders identified and categorized the multitude of competencies and skills needed in leadership positions. The result is a compilation of seven detailed competency areas—including leader, human resources developer, and resource and finance manager—and 14 self-assessment scales against which nurses measure their strengths and weaknesses.

The tool is presented to nurses through regional workshops run by trained facilitators. The program, which also helps nurses develop a self-improvement plan, provides a critical touchstone for nurses who can benefit from assessing their leadership skills. The program is an opportunity for participants to "applaud their strengths," as well as identify areas in which they need to improve, says Mitchell, who serves as a facilitator for the program.

In Pennsylvania, meanwhile, a grant program administered by the Institute for Caregiver Education in Chambersburg, Pa., is providing advanced training for supervisory nurses and CNAs in eight nursing facilities around the state.

"Our thinking is that when people are better trained, it makes the job of management much easier and relieves

←

frustrations that cause people to leave,” says Betty MacLaughlin Frandsen, project manager for the grant program and vice president of NADONA. The program, which also serves as training for future DONs, includes 40 hours of career development for supervisory nurses in areas such as effective leadership, communication, conflict resolution, teamwork, and change management. The grant also provides an expansive 84-hour series of advanced CNA training, covering topics such as skin care, pain management, cognitive impairment and behavior management, major body systems, and common chronic illnesses.

The CNAs who are participating are “hungry for more knowledge,” says Frandsen. “They love the understanding they are gaining and why they are doing the things they do for residents.” Some are expressing an interest in a nursing career, she adds. The grant includes \$4,000 for each facility to

fund nursing education for CNAs who meet the program’s guidelines.

Frandsen is hoping to get an extension on the grant, which ends June 30. She’d like to expand the program and create premiere facilities at which outcomes in patient care and staff retention could be measured to demonstrate the impact of training.

What It Takes To Be A DON

Ultimately, succeeding as a DON requires well-developed nursing and management skills, in combination with certain personal traits and a positive attitude toward the job, say nurse managers.

First and foremost, career long term care nurses say they love working with the elderly.

“When you ask any nurse who goes into long term care, they say they really want to make a difference,” says Extencare’s Saffran. There are two broad categories of patients in long

term care, she adds: short-stay, high-acuity patients, who were once cared for in hospital medical-surgical units, and longer-term patients with whom nurses build relationships.

“You are family for some residents,” she says. “You know what time they like to get up, how they take their medications, things you don’t get to know in acute care.”

“You have to have a love of following residents for a period of time,” says Care Center’s Sanner. “The long term care nurse really becomes attached to residents and watching them through the years of decline.” When there is a death, DONs must be able to cope emotionally and help other staff cope with the loss, she adds.

“I love the relationship nurses build with long term care patients,” says Barnett. “I love end-of-life care. The elderly have so much wisdom to pass on to us. I want to know what they know.”

GOJO

4/c

New

This boxed rule does not print

DONs must also be perceptive and vigilant about everything going on in the building relative to patients and patient care, says Todd.

“You have to walk the halls with your eyes open,” she says. In her facility, for example, she noticed that it was taking a long time for staff to take patients back to their rooms after meals. The solution was an announcement after mealtimes that summons all available staff to help with the task.

Todd also attributes her longevity and success to a calm demeanor and being surrounded by nurses who independently solve staffing and other problems.

“Monday morning I may find three nurses called off the weekend, and [the nursing staff] covered it,” says Todd.

Survey Stressors

One of the most stressful periods in a nursing facility is often the survey process. As this oversight becomes

more rigorous, and in some states more hostile, long term care nurse managers say the key to a successful outcome is to avoid operating in a crisis mode and to always be ready for a survey.

“You cannot operate in pre-survey and post-survey fear,” says Barnett. “You need to manage the survey process, or it manages you.” Part of her job when surveyors are in the building, she says, is to keep staff calm and remind them to do what they do every day. Barnett says she tells staff this is an “opportunity to demonstrate to those who license us that we are committed to quality of care.”

“You must always be survey-ready every day,” she adds, comparing a nursing facility’s survey-readiness to a visit from a mother-in-law.

“You polish the silver, but shouldn’t

have to clean the house,” she says. “The house should always be clean. You polish the silver because you want to shine and let them know you have been working hard and show them the results.”

Ultimately, Barnett says, being a successful DON comes down to leadership. “I believe the DON role is more about leadership than anything else,” she says. “Leadership is about relationships with staff. You

can’t hide in the office and be successful.” ■

For More Information

■ For information on AHCA’s Radiating Excellence program, go to www.ahca.com, click on “Quality Improvement,” then on “Competencies for Nurse Leaders.”

GOJO

4/c

New

This boxed rule does not print