President’s Message

Catherine Coverston PhD, RN
catherine.coverston@gmail.com

On January 1st I will begin my term of office as president of the Utah Nurses Association. I hope to build on the relationships we have in the state and with neighboring states to serve you and all Utah citizens in our continuing efforts to build a healthier Utah.

We recently sent out a survey to our membership and we very much appreciate your participation in helping gather this crucial information. Thank you! Please see Angela York’s preliminary report on the survey results in this issue. (p.6) Your board of directors will be addressing the key ideas and actions you have identified in the survey. You also have an opportunity to contribute to the new Nurses Workforce Database in January. Read Kathleen Kaufman’s article on the database survey below.

I also want to call your attention to one of my favorite offerings from the American Nurses Association. These are webinars that are free if you are a member of ANA. The next webinar is on Values-Based Leadership: Creating a Culture of Ownership on Jan 29. It should give you a lot to think about. To find this, you can go to www.nursingworld.org and the webinars are listed on the opening page.

I look forward to working with you! May your new year be prosperous and exciting!

Your LAST Chance to Complete Nurse Workforce Survey!

Kathleen Kaufman MS, RN

This January is the last chance for Utah’s registered nurses to contribute their demographic and practice data to the Nurses Workforce Survey. Please add your data and build a better picture of the actual supply of nurses in Utah. This survey has been mailed for the third and final time to all registered nurses and APRNs in Utah. The purpose of the survey is to have actual data on which to project future needs for nurses in our state.

In many states this survey information is collected simply each time the nursing license is renewed. Due to concerns about making the licensure process more time consuming, the Utah Department of Commerce has declined to have this simple electronic data collected in this manner. Given that, this paper survey is the best way we have to collect this important nursing data. We each need to fill out this survey and the actual time involved is possibly 10 to 15 minutes.

To date the survey has been mailed twice in 2014. The return address is the Utah Medical Education Council (UMECA) … which many of you may have interpreted as junk mail that reached you by error. (This is from UMECA because they have volunteered to house the database in Utah, a very generous service to nursing.) This third mailing will have a better indication on the outside of the envelope that it is intended for nurses.

PLEASE open the survey, fill it out, and mail it in! To date, 42% of the licensed nursing professionals have mailed this in. A higher response rate is really needed so that nursing education can plan for the future. Thanks to all of you have filled out your survey, we have a good beginning, but this is not enough.

Make it a point to ask your colleagues if they have filled out the survey. See how many nurses in your workplace have completed the survey. Get your administration to give out stickers to wear for a day that celebrate your responsible action in completing the survey. Have an “I did the nursing workforce survey” party. (We all could use a party in midwinter.) We already have high patient to nurse ratios in many settings, let’s focus on a patient to nurse ratio in many settings, let’s focus on a patient to nurse ratio in many settings, let’s focus on a patient to nurse ratio in many settings, let’s focus on a patient to nurse ratio in many settings, let’s focus on a patient to nurse ratio in many settings, let’s focus on a patient to nurse ratio in many settings, let’s focus on a patient to nurse ratio in many settings, let’s focus on a patient to nurse ratio in many settings, let’s focus on a patient to nurse ratio in many settings, let’s focus on a patient to nurse ratio in many settings, let’s focus on a patient to nurse ratio in many settings, let’s focus on a patient to nurse ratio in many settings, let’s focus on a patient to nurse ratio in many settings, let’s focus on a patient to nurse ratio in many settings, let’s focus on a patient to nurse ratio in many settings, let’s focus on a patient to nurse ratio in many settings, let’s focus on a patient to nurse ratio in many settings, let’s focus on a patient to nurse ratio in many settings, let’s focus on a patient to nurse ratio in many settings, let’s focus on a patient to nurse ratio in many settings, let’s focus on a patient to nurse ratio in many settings, let’s focus on a patient to nurse ratio in many settings, let’s focus on a patient to nurse ratio in many settings, let’s focus on a patient to nurse ratio in many settings, let’s focus on a patient to nurse ratio in many settings, let’s focus on a patient to nurse ratio

Nurses Day at the Legislature!

Nurses Day at the Legislature will occur on February 27, 2015 in the Rotunda of the State Capitol! Time will be 8:30 to 10:30am. Come and learn about the current legislative issues impacting health care and nursing! Meet you and learn about the current legislative issues impacting health care and nursing! Meet you...
The basic Nightingale Tribute to be offered in a nurses funeral will take about two minutes to deliver and can fit in many different areas of any funeral service. The words, pronouns and content can and should be changed to meet the circumstances. The presentation of a white rose by the speaker or all nurses in attendance is an optional salute to the nurse. To read and print the basic tribute, please go to: http://www.kvmnurses.com/the-nightingale-tribute.html or go to the Kansas State Nurses Association and look under the publication tab.

Welcome New Officers!

The following new officers and board members have been elected to serve in the coming year. Please congratulate them and thank them for their service to your professional organization when you see them.

President
Catherine Coverson PhD, RN
1st Vice President
Peggy H. Anderson DNP, MS, RN
2nd Vice President
Aimee McLean RN
Treasurer
Karen de la Cruz RN, MSN, AACNP/FGNP
Director at Large
Sharon K. Dingman DNP, MSN, MSN, RN
Nominating Committee
Ginette (Ginny) Pepper PhD, RN, FAAN, FGSA
Marguerite (Peg) Brown MS, RN
Monte Roberts DNP, RN
ANA Membership Assembly Representatives
Catherine Coverson PhD, RN
Donna Richards PhD, RN

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Please visit the Utah Nurses Association’s Web Page!
utahnursesassociation.com

Visit our site regularly for the most current updates and information on UNA activities. You can obtain a listing of Continuing Education Modules available through UNA or a listing of seminars and conferences that offer CE credits.

Attention UNA Members

You can now find us on Facebook. Just search Utah Nurses Association and look for the page with the UNA logo. We will be posting updates for upcoming events and information on conventions in our blog.

ARE YOU INTERESTED IN FORENSIC NURSING?

Adolescent and Adult Sexual Assault Nurse Examiner Course
DATES: March 19, 20 & 21, 2015
Salt Lake City, UT
Grant funding for training will keep registration under $100
40 contact hours approved through Utah Nurses Association

SPONSORED BY: Salt Lake Sexual Assault Nurse Examiners, Department of Justice and STOP Violence Against Women Act

This course meets all requirements established by the International Association of Forensic Nurses in didactic training as an Adolescent - Adult Sexual Assault Nurse Examiner. This didactic material is required for those interested in sitting for national certification examination in Adolescent – Adult Sexual Assault Nurse Examiner. Clinical experience is also required before applying for the certification examination. This training is open to any registered or advanced practice nurse with an interest in forensics and sexual assault. For further information contact: slsaneadmin@comcast.net.

This course includes 20 hours of on-line independent learning to be completed prior to beginning of course. Course is limited to 25 Registrants. Registration deadline 3/10/15.

Contact
NAME _____________________________________________________________
Degree _____________________________________________________________
Address _____________________________________________________________
City ____________________________ Zip __________________________
Phone ____________________________ Cell __________________________
Email ______________________________________________________________

CONTACT slsaneadmin@comcast.net for final registration fee
Salt Lake SANE • 2035 South 1300 East • Salt Lake City, UT 84105
slsaneadmin@comcast.net

Contact Hours approval through
2014 House of Delegates Report

Kathleen Kaufman MS, RN

On December 9th, the Utah Nurses Association made history by conducting our House of Delegates via distance technology through the Utah Telehealth Network. As you may recall, bylaws changes in recent years have enabled us to embark on our annual business meeting with members through any available technology. The House of Delegates was broadcast from the Eccles Broadcasting Center at the University of Utah with receiving sites at Weber State University in Ogden, Southern Utah University in Cedar City, and Utah State University East in Price.

Our attendance was composed mostly of members who have been delegates in recent years and we did not achieve a quorum although we did save anywhere from two to twelve hours of driving for 13 members who chose to join us at the distance sites. For our first time, we feel this is a positive outcome that saved time and energy for our more distant members. We hope that more members will take an active interest in attending our annual business sessions in the future through this excellent technology. Setting up this meeting was an adventure in which we received able assistance from Ms. Patricia Carroll of Utah Telehealth Network. I, personally, was disappointed that we did not actually have a full quorum in attendance, but I am encouraged that in the future members may realize the convenience and participate.

Since we did not have a quorum under the existing bylaws, we could only discuss the many suggested bylaws changes which will need to be voted on in the future by electronic means. If you attended the House of Delegates, you will be contacted with a link to vote on the many suggested changes. We are very much looking for about 15 members to serve as additional delegates so that we may have a quorum to make some very sensible and much needed bylaws changes. PLEASE contact Lisa Trim in our office if you are willing to be a long distance delegate and we will sign you up and forward you the details of the discussion. (Call 801-272-4510) Those who have served as delegates in the past will be contacted to see if they are willing to consider the bylaws changes and vote as delegates. This vote will occur late in February.

Many of the bylaws changes were simply wording changes to match recent changes in the American Nurses Association bylaws with which the UNA, as a state constituency, needs to concur. Other changes will make this a more efficient organization. I ask you as a UNA member to allocate an hour or two of your time to thoughtfully consider the bylaws revisions and serve as a delegate. We need members to take an active interest in these significant decisions made for the benefit of the entire organization. The only requirement is membership in good standing. Please call and sign up to be a delegate!

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Or call Roxanne Oblund 208-367-3032 or Rick Diaz 208-367-3118

Southwest Region Indian Health Service

The Southwest Region Indian Health Service is seeking Registered Nurses with Medical/Surgical, ICU, Emergency, and OB/L&D experience that have an innovative spirit to improve the health status of our Native American population. We support this effort by providing:
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Our nursing career opportunities are based on needs identified by our nursing executives and patient population located at 14 rural sites throughout the states of Arizona, Nevada and Utah. The Southwest Region also has the largest Medical Center in the Indian Health Service located in downtown Phoenix.

If you, or someone you know has an interest, please contact CDR Stephen Navarro at 602-364-5222, or email Stephen at Stephen.navarro@ihs.gov

I hope we will talk soon.

P.S. Your Southwest adventure awaits you.
Submitted by Kathleen Kaufman MS, RN

During this year of 2014 we have celebrated the centennial of the Utah Nurses Association as many ways as possible. In May we selected the chosen nurses to attend the annual Honors for Nursing and Governor Herbert signed a proclamation honoring the work of registered nurses in Utah. This year we honored eleven of the most outstanding nurses practicing in our state today. We held a banquet in October in conjunction with our Centennial Conference to honor these nurses and to honor our past. Many of you attended the banquet. Our Centennial Conference was well-attended with the leadership track being cosponsored by the Utah Organization of Nurse Executives (UOHE). Many of you attended the banquet. Our Centennial Conference was well-attended with the leadership track being cosponsored by the Utah Organization of Nurse Executives (UOHE).

This year we have continued our work with the Western States Multistate Division. Our group now consists of the state nurses associations of Arizona, Colorado, Idaho, and Utah. Our group is working with the executive directors group and we plan to stay in touch so that we may address the major goals set in the IOM Report concerning nursing. One that all of you should have on your radar is the IOM Report on the Future of Nursing. This year the UACH has been a force in gaining parity on pay for NPs in the Medicaid and Medicare systems. Jean Galloge of the UACH continues to work on parity for CNMs. At our last meeting UACH announced that Utah has one of ten nationally selected emerging leaders in nursing. Danielle Pendergrass, a Women’s Health NP in Price, and Soren McLean for their sustained work as directors. Angela Goetz has also served as her schedule has allowed. We will be seeing results of the survey in upcoming issues of the Utah Nurse. Thank you all to those who responded to the survey!

This year our membership numbers have increased slightly to 440 members. The good news is that we now have an active membership committee which has just completed a survey of our membership to see how we can communicate better to our members. We will be working to increase membership as well as sharing methods such as CQ Roll Call to increase our effectiveness in advocacy. You will be seeing feedback on the survey in upcoming issues of the Utah Nurse. Thank you all to those who responded to the survey!

This is a beginning for gathering adequate data on those who are practicing nursing in our state so that we may address the major goals set in the IOM Report concerning nursing. One that all of you should have on your radar is the IOM Report on the Future of Nursing. This year the UACH has been a force in gaining parity on pay for NPs in the Medicaid and Medicare systems. Jean Galloge of the UACH continues to work on parity for CNMs. At our last meeting UACH announced that Utah has one of ten nationally selected emerging leaders in nursing. Danielle Pendergrass, a Women’s Health NP in Price, and Soren McLean for their sustained work as directors. Angela Goetz has also served as her schedule has allowed. We will be seeing results of the survey in upcoming issues of the Utah Nurse. Thank you all to those who responded to the survey!

As part of the UACH grant to increase diversity in nursing in Utah, a Utah chapter of the National Association of Hispanic Nurses has been formed. The first meeting with 15 attendees was held on December 4th. Anyone with a significant interest in the Hispanic community or increasing diversity is welcome to join. Please contact Ana Sanchez-Birkhead PhD, AFRN at anabirk@email.com for more information. We have an active membership committee which has just completed a survey of our membership to see how we can communicate better to our members. We will be working to increase membership as well as sharing methods such as CQ Roll Call to increase our effectiveness in advocacy. You will be seeing feedback on the survey in upcoming issues of the Utah Nurse. Thank you all to those who responded to the survey!

The UONL is interested in working with the UNA on various legislative issues as they arise. I am making good connections here that may aid in our future development and participation in health policy decisions in Utah. Over the summer and early fall I have continued to attend the Health and Human Services Interim Session meetings as well as the Health Reform Task Force meetings on Capitol hill.

As you know, the Utah Nurses Association took the position to support full Medicaid Expansion in Utah. At this point in time, it looks like Governor Herbert’s Health Utah Plan is the closest thing to achieving this outcome, and that plan has not cleared the Utah Legislature yet. We will be working to contact your legislators to rally support. Currently we have as many as 100,000 Utahns with no health care coverage and we will continue to work to remove this barrier everyday. Over thirty healthcare organizations are now in the coalition to support health care coverage for our fellow citizens. We believe that many legislators privately support the idea of coverage, but are reluctant to publicly speak out due to prevailing political realities. Your input as constituents is more and more important in getting your legislators to do the right thing. There are also four other possible plans that will be discussed in the general session.

We began our year with new affiliations with neighboring states…and in October we had a great meeting with the Utah Chapter of the National Association of Nurse Anesthetists to fight this legislation with great potential for negatively impacting patient safety in Utah. The legislative advocacy work of the UNA has been enhanced this year by the efforts of our part-time lobbyist, Justin Stewart who has done an outstanding job in keeping us alerted on issues involving nursing as well as speaking for nursing with legislators.

We held a successful Nurses’ Day at the Legislature with great support from the BOD and from Donna Murphy, our former lobbyist. Nurses Day in 2015 will be held on the morning of February 27th in the Rotunda of the Capitol. (Please mark your calendars to attend.)

ANA Membership Assembly: President-Elect Catherine Coverson and I represented Utah at the annual ANA Membership Assembly in June. This meeting was an election meeting and the new president of the ANA, Dr. Pam Cipriano has significant ties to Utah which she supported by coming to speak at our Centennial Conference this year. Pam is a potential for negatively impacting patient safety in Utah. The legislative advocacy work of the UNA has been enhanced this year by the efforts of our part-time lobbyist, Justin Stewart who has done an outstanding job in keeping us alerted on issues involving nursing as well as speaking for nursing with legislators.

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This year’s Nurses Day at the Legislature will occur on February 27, 2015 in the Rotunda of the State Capitol! Time will be 8:30 to 10:30am. Come and learn about the current legislative issues impacting healthcare today! Meet your legislators and reinforce your understanding of the legislative process! Make a difference! Show up! But surtout, bring classmates, family, and friends to learn about these important issues concerning healthcare and patients need! We do suggest that you carpool to the Capitol as parking is difficult. See the UNA website for updated information.

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Medicaid Expansion — NOT?

Kathleen Kaufman MS, RN (Past President and Government Relations Chair)

Well, despite over a year of negotiating Medicaid expansion alternatives with the federal government, the Health Reform Task Force has opted to ignore the Governor’s Healthy Utah Plan. Instead they discussed and ultimately voted to support two options which would cover significantly smaller portions of the Medicaid gap population (possibly 15,000 out of 110,000 people in the gap). Under the Health Reform Task Force, and House Majority Leader elect, noted that this is a “good, measured approach” implying that we simply can’t trust the Federal government to follow through and pay their part in the Governor’s Healthy Utah Plan. This fear occurs despite the fact that the feds have, to date, never failed to pay any promised federal match on Medicaid since Medicaid was first funded back in the 1960s (that is over 50 years of paying the bills—on time). If the Gov’s plan were passed, the feds would pay 90 percent of the costs in the year 2020 and beyond, leaving Utah responsible for 10 percent of the costs.

Under the Health Reform Task Force alternatives, Utahns who earn too little for federal subsidies, and do not already have egregious health problem, are simply not counted worthy of any consistent access to care. One is left to wonder if the legislators on the task force simply do not value human life if the human makes minimum wages. Why are the working poor being ignored? Are our legislators simply willing to balance their budget on the backs of those left behind and working to support two options which would not appear to really be their neighbors? Are the acute care hospitals simply assumed to pay for all charity care, or will even the most generous charity support that the feds used to be able to provide? That federal support has been withdrawn under the Affordable Care Act whose authors made an apparently faulty assumption that statesmen care about those who make too little to pay medical bills and would have expanded Medicaid by now. Dr. Vivian Lee, University of Utah Vice President and CEO of University Hospital noted (December 14, 2014) that the University Hospital system provides 3.7 million dollars each year just for emergency room visits of the uninsured—other hospitals have commensurate unpaid care. Yet providing preventive and primary care for the uninsured “frequent flyers” of these patients. Preventative and timely care saves money, and that is money not cost-shifted onto other patients.

At any rate, as you read this, the legislature has just reconvened and I urge you to contact your legislator regularly (weekly is not too often) about what they plan to do about the uninsured in Utah. Do not stand for pleasant acknowledgments of your communications—ask for their direct answer.

- Does Utah have a plan to provide healthcare to its poorest citizens?
- How much are they personally willing to contribute to “charity care” and how long are they personally willing to do this?
- Why do they willing to give tax money already paid by Utahns to other states for Medicaid expansion?
- How long are you willing to take care of patients who have had no preventative care, and who survive surgery for cancer only to not get chemotherapy and radiation as follow-up care since that is not typically part of charity care?
- Without follow-up care, how long will it take your surgical patient to die of recurrent cancer?
- If your patient with a TBI survives their head injury, what sort of productive life will be possible if they cannot get the prolonged PT and OT that their injury warrants?
- Charity care pays for little to no post-acute care treatment. Why are we struggling to save lives when those lives will be severely substandard because optimum follow-up care doesn’t exist if the patient makes little to no money?

What can be done? The Governor’s Healthy Utah Plan is far superior to the Health Reform Task Force alternative plans by way of the number of Utahns who will be reached, and the cost to taxpayers to provide coverage for those lives. Why are we seen into a state clause into the agreement for state infrastructure money that pulls state support out in case the feds do back out? Representative Dunnigan has said that it is hard to pull out a program once established—yet the two programs he commends will only have federal matches of 70 percent federal funding rather than the 90/10 percent federal funding in the year 2020 and beyond which is promised by the feds for full Medicaid expansion (or the Gov’s Healthy Utah Plan). Dunnigan complaints that the feds should knock under to our demands for full Medicaid expansion (or the Gov’s Healthy Utah Plan). Dunnigan complaints that the feds should knock under to our demands for full Medicaid expansion (or the Gov’s Healthy Utah Plan). Dunnigan complaints that the feds should knock under to our demands for full Medicaid expansion (or the Gov’s Healthy Utah Plan). Dunnigan complaints that the feds should knock under to our demands for full Medicaid expansion (or the Gov’s Healthy Utah Plan). Dunnigan complaints that the feds should knock under to our demands for full Medicaid expansion (or the Gov’s Healthy Utah Plan). Dunnigan complaints that the feds should knock under to our demands for full Medicaid expansion (or the Gov’s Healthy Utah Plan). Dunnigan complaints that the feds should knock under to our demands for full Medicaid expansion (or the Gov’s Healthy Utah Plan).

Under the other two programs he commends will only have federal matches of 70 percent federal funding rather than the 90/10 percent federal funding in the year 2020 and beyond which is promised by the feds for full Medicaid expansion (or the Gov’s Healthy Utah Plan). Dunnigan complaints that the feds should knock under to our demands for full Medicaid expansion (or the Gov’s Healthy Utah Plan). Dunnigan complaints that the feds should knock under to our demands for full Medicaid expansion (or the Gov’s Healthy Utah Plan). Dunnigan complaints that the feds should knock under to our demands for full Medicaid expansion (or the Gov’s Healthy Utah Plan). Dunnigan complaints that the feds should knock under to our demands for full Medicaid expansion (or the Gov’s Healthy Utah Plan). Dunnigan complaints that the feds should knock under to our demands for full Medicaid expansion (or the Gov’s Healthy Utah Plan). Dunnigan complaints that the feds should knock under to our demands for full Medicaid expansion (or the Gov’s Healthy Utah Plan).

For more information please visit
www.utahnurse.org

References:
The Utah Action Coalition for Health (UACH) brings together a diverse group of the state’s strongest leaders to implement the Institute of Medicine (IOM) report recommendations that provide a blueprint for transforming the nursing profession. The goal of the IOM report is to improve health care and meet the needs of diverse populations. The UACH is one of thirty-six state-based Action Coalitions formed to promote nursing leadership, remove barriers to practice and care, and to advance education transformation. The UACH co-leads are Maureen Keefe, RN, PhD, FAAN, Dean Emerita, University of Utah College of Nursing, and Juliana Preston, MPH, Executive Director, HealthInsight.

Many exciting activities and accomplishments have happened in the past months, such as:

1. All Nurse Practitioners (NPs) will now be eligible to become Medicaid providers. Historically, only pediatric and family NPs have been allowed to be Medicaid providers, as these groups were required to participate by federal regulation. Now, due to a persuasive policy argument made by the UACH, all licensed NPs are eligible to become Medicaid providers. This significantly broadens the provider pool to include such NPs as psychiatric/mental health, geriatric, women’s health, etc.

2. All NPs will be reimbursed at 100% of the physician fee schedule. Instead of being reimbursed at 75% of the physician fee schedule as was originally proposed by Medicaid, all NPs will be reimbursed at the 100% level. The “same pay for same services” argument was successfully made by the UACH on behalf of the NPs.

3. Six nurse residency programs are operational across the state designed to help the new graduate nurse make a smooth transition to a fully functioning registered nurse. Two additional nurse residency programs will become operational in January 2015. All acute care hospital corporations in the state have now implemented nurse residency programs. The nurse residency programs were launched through a grant received by the UACH from the Robert Wood Johnson Foundation.

4. Danielle Howa-Pendergrass, Women’s Health NP from Price, Utah was awarded the national emerging nurse leader award from the National Campaign for the Future of Nursing. Danielle is one of ten nurses selected nationally for this award. She was awarded this honor due to her work with the UACH on changing the NP Medicaid coverage and reimbursement policies.

5. The Utah Chapter of the National Hispanic Nurses Association was recently created with the kick-off meeting being held in November. Future chapter activities will focus on mentoring new minority nursing students and healthcare outreach education to the Hispanic community. All interested nurses are welcome to join! Launching this association is one of the many efforts of the UACH to promote a more diverse Utah nursing workforce.

The UACH welcomes the involvement of all interested nurses who want to make a difference in Utah’s nursing profession. Please contact staff coordinator, Kathleen Kaufman, at kathleenkaufman2008@gmail.com and put Legislative Policy West in the subject line. We will set a date to meet.

The GRC committee is composed of about a dozen nurses from around the state. We review relevant bills and determine an agreed upon position for the Utah Nurses Association. The bills in question are posted on a bill tracker located on our website for public information. This year we will be mastering the use of CQ Roll Call and we may also do some virtual real time meetings depending on our various schedules. If you are a UNA member and you are interested in joining the GRC and getting involved, just contact either myself at the above email, or Lisa Trim in our office at 801-272-4510 or unanews@emission.com.

Issues that we know will be of concern this year is, of course, the Medicaid expansion question and probably a reintroduction of the anesthesia assistant bill. No other hot topics are on the horizon, but one never knows just what will ensue once the legislature gets going.
Home Telehealth: Providing Health Care through Technology

Mark D. Bigwood RN, MSNed CNOR, CMSRN
Donna F. Richards, RN, PhD
VA Salt Lake City Health Care System

Today’s nurses have many challenging and rewarding opportunities to work with patients. One of these opportunities is home telehealth care coordination. The Health Resources and Service Administration defines telehealth as “the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration” (HRSA, 2014). Care coordination involves “deliberately organizing patient care activities and sharing information among all the participants concerned with a patient’s care to achieve safe and more effective care” (AHQ, 2014).

Since its inception, home telehealth has broadened its scope of practice to include videoconferencing, store-and-forward imaging, remote patient monitoring, and mobile health applications. Currently, qualified home telehealth care coordination nurses focus on monitoring the patient’s chronic conditions through the use of advanced technology placed within the patient’s own home. Studies have shown that nurse-led monitoring has improved health outcomes, prevented or lowered the number of emergency room visits, and reduced hospitalizations (Baker et al., 2013; Keeping-Burke et al., 2013; Guzman-Clark, J.R.S., van Servellen, G., Chang, B., Mentes, J., and Hahn, T.J., 2013).

Home telehealth care coordination services can be provided by removing the barriers of space and time in order to ensure that health care resources are available, cost efficient and customer friendly. Some of the greatest benefits to the programs are seen in rural and underserved areas in the country. One in every four citizens in Utah live in a rural (more than six but fewer than 100 people per square mile) or frontier (six or fewer people per square mile) county (UDOH, 2012).

One model of a home-based telehealth program includes the largest health care provider in the United States, the Veterans Health Administration (VHA). The VHA applies principles of care management to coordinate the veteran’s care through the use of informatics, disease management protocols, and advanced technology. The home telehealth nurse acts on behalf of the veteran to assure that necessary clinical services are received by providing professional assessments and coordination, as well as the planning of multiple health care services.

While home telehealth is not suitable for every patient, it can help support the individual who wishes to remain at home and live independently. Upon receipt of a home telehealth consult, each veteran is contacted by a home telehealth care coordination nurse who offers the veteran the opportunity to enroll and participate in the VHA’s voluntary home telehealth program. Primary care providers recommend specific disease management protocols (DMPs) which the home telehealth nurse promotes. Thirteen target DMPs have been identified which include many common chronic diseases such as COPD, diabetes, coronary artery disease, and hypertension. Other DMPs include mental health issues such as depression, substance use disorder, PTSD, and mild traumatic brain injuries.

Once the patient has agreed to enrollment and the initial evaluation has been completed, telehealth equipment is ordered and placed in the patient’s home. Equipment includes: 1) an in-home messaging device which provides sets of questions and responses based on the selected DMP. Response risks are then stratified and forwarded to the telehealth nurse care coordinators; and 2) a video telemonitor which has both video and audio monitoring capability. A wide variety of peripheral devices such as scales, glucometer readers, B/P cuffs are also available; and 3) an interactive voice response system which is a messaging service that utilizes either a land line or cell phone that pose questions to the patient based on DMPs.

The telehealth nurse care coordinator monitors each veteran on his/her panel, which can number up to 100 veterans on his/her panel. Each care coordinator monitors the veteran, looking for patterns in vital signs and DMP question responses. Each veteran is required to do health checks and transmit data five out of the seven days of the week. All responses are stratified from high to low alert. Each day the telehealth care coordinator reviews alerts and appropriately communicates with the patient.

Laura Hoffman, RN, BSN, a long-time SICU nurse, has been working as a VA Home Telehealth Care Coordinator since 2009.

Woundcare monitor and camera, and vital signs technology used in home telehealth.

Data are then transmitted to the primary care provider, as indicated. It is the role of the home telehealth nurse to act as a liaison between the veteran and the assigned primary care provider (PCP). The nurse assists with such responsibilities as medication refills, recognizing medical issues which arise, and transmitting responses and information back to the veteran from their PCP. Each interaction is documented in the computerized chart. Each home telehealth care coordinator must also reevaluate each veteran on a regular basis, identifying technology in use and DMPs assigned.

Throughout the U.S., both at the VHA and civilian healthcare facilities, home telehealth is rapidly diffusing into all aspects of healthcare practice. Nurses are uniquely positioned to contribute to the home telehealth movement that will enable more effective, patient-centered, safe, and timely access to innovative care.

References


For more information about Mental Health Center of Denver and our forward-focused wellness culture please visit our website at www.mhcd.org.

*Bilingual applicants are encouraged to apply.

To apply: Complete the online application or email your resume to resumes@mhcd.org. Fax: (303) 758-5793.

Mental Health Center of Denver Where Recovery Happens
Psychiatric Nurse Practitioner
Prescriptive Authority Nurse

Mental Health Center of Denver is a nonprofit community mental health center, and is the nation’s leader in progressive community-based mental health. Work as part of a multidisciplinary team to provide crisis-oriented treatment to a diverse patient population. We offer counseling, housing, education, and vocational services for adults, children and families. We build upon each consumer’s strengths and resiliency to help them toward recovery.

For more information about Mental Health Center of Denver and our forward-focused wellness culture please visit our website at www.mhcd.org.

To apply: Complete the online application or email your resume to resumes@mhcd.org. Fax: (303) 758-5793.
American Association of Occupational Health Nursing News in Utah: AAOHN Certificate Course held in Salt Lake City

Dianne Stewart, RN, DNP, COHN-S, FAAOHN

On November 6 and 7, twenty-five occupational health nurses (OHNs) from 8 states, with varying levels of education and occupational health experience participated in the American Association of Occupational Health Nurses (AAOHN) 15.0 CNE Certificate Course in Sandy, Utah. The course was organized and sponsored by AAOHN, the University of Utah Rocky Mountain Center for Occupational and Environmental Health (RMCCEH) (a NIOSH Education and Research Center) and Dianne Stewart, RN, DNP, COHN-S, FAAOHN. In addition to Dianne, the following AAOHN Members participated as faculty: Maureen Newman, BSN, RN, COHN-S, David Alfroot, APRN, ANP-BC, COHN-S, FAAOHN, Sharon Petersen, MHA, BSN, RN, COHN/CM, and LaDonne Loveday, BSN, RN, COHN-S. This faculty represents a variety of experience in Utah workplaces.

The AAOHN CNE Certificate course was developed by AAOHN in 2012 and is designed for RNs and LPNs who are new or relatively new to occupational and environmental health nursing. The course follows the AAOHN Core Curriculum and covers the scientific foundations of occupational health nursing, disability case management, global occupational health nursing, emergency preparedness and population health information management, safety/environmental, legal/ethics, occupational health nursing, disability case management, and environmental health.

The need for the AAOHN Certificate Course in Salt Lake City, Utah, was determined as a result of the DNP Scholarly Project of Dianne Stewart. In October 2013, 135 nurses from Utah, Idaho and Wyoming were surveyed using an 18 item questionnaire developed with the REDCap survey system. Fifty five (41%) of the nurses surveyed responded to the survey. Thirty respondents (58%) indicated they are likely or somewhat likely to attend the AAOHN Certificate Course in Utah, it also supported the need to introduce and recruit nurses into the field of occupational health, and to recruit OHNs for membership in AAOHN and UAOHN to increase professional support and networking.

Nurses who attended the course came from a wide array of work settings including refineries in Wyoming, Oklahoma, Kansas, and Arkansas; an occupational health clinic in Pocatello, Idaho; a power plant in Delta, Utah; several large employers including ATK, Nestle Foods, Sun Products, and Northrop-Grumman all in Utah as well as several employee health nurses from Intermountain Healthcare hospitals. This field of occupational health nursing is an interesting and challenging area of nursing with excellent pay and good hours AND a fine opportunity to teach health, safety and wellness to workers: the backbone of American industry.

Additional information about occupational health nursing can be found at the AAOHN website, www.aaohn.org or at the Utah Association of Occupational Health Nurses (UAOHN) website, www.uaohn.org or by contacting Dianne Stewart at dscn147@msn.com.

References

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For more information, contact Daniel Fale, BSN, RN
Phone: 801-582-7565 ext 1128 or email daniel.fale3@va.gov

I'm just not a nurse.

Follow VA Careers
IN MEMORIAM

Vickie Anderson passed away October 28, 2014. She graduated from Holy Cross School of Nursing in 1972 and has lived a life of service both in and out of the nursing field, she was successful as an infection control nurse for Intermountain Healthcare.

Janet Jasperson passed away September 25, 2014. She graduated from Brigham Young University’s nursing program. She worked as a nurse at LDS Hospital, Cottonwood Hospital, and Shriners Hospital. She lived in Salt Lake City until she retired.

Winifred Margaret Thomas passed away September 10, 2014. Winnie returned to the University of Tulsa to earn a baccalaureate degree in nursing in 1978. She worked as a nurse at Primary Children’s Medical Center from 1985-2005.

Loretta Greaves passed away October 13, 2014. Loretta’s career as a Registered Nurse (BS, University of Utah) spanned five decades where she compassionately served thousands in surgery, mental health, and rehabilitation.

Betty Jane Holstead Christensen passed away November 03, 2014. Betty loved education and learning; she graduated from the University of Utah with a degree in nursing, and worked for numerous years as a Registered Nurse.

Lynne Hicken Wallentine passed away November 25, 2014. She graduated from Weber State Nursing School with Honors at the age of 44, then proceeded to work as an exceptional RN for Primary Children’s Hospital in NICU for several years.

Paula Marie Siciliano passed away November 12, 2014. Paula pursued a nursing career at the University of Utah. She began her journey in the Neonatal unit, pouring love into struggling newborns. Her career followed with nursing positions at St. Joseph’s Villa, the VA Hospital, Applegate Home Health, and The Neighborhood House. Her love for the elderly grew as she received her degree in geriatrics. Her achievements earned her a role as a Professor at the U of U College of Nursing and in the last several years, she achieved her Doctorate in Nursing. Her most recent employment was as a Nurse Practitioner at the University Greenview Clinic.

Phyllis Jane Jeffs passed away December 08, 2014. She fulfilled a lifelong dream of being a nurse after she had her 5 children. She enjoyed working at the LDS hospital in the OB/GYN department. The new babies born into our family were still her favorite. She then worked alongside Dr. Steele in his OB/GYN office for many years. She would faithfully drive downtown to work each weekday.

Sharon Kreusel passed away December 05, 2014. She graduated from the Barnes Hospital School of Nursing in 1965. She was very dedicated to nursing, working initially in Rochester, New York, and then for 31 years at the University of Utah Medical Center, where she was part of the artificial heart team, specialized in cardiac nursing, and became the Nurse Manager of the Surgical Intensive Care Unit.

Mary Delene Edwards passed away December 09, 2014. At the University of Utah, she studied at the School of Nursing. Mary became a registered nurse, working for many years at LDS Hospital, then for Dr. Malcolm Jeppsen in private practice. For five decades, she was the “neighborhood nurse,” giving shots, taking blood pressures, and assisting with all kinds of emergencies and everyday medical care for many in her Rose Park neighborhood.

Application for Membership in Both UNA/ANA

Please print this form, fill it out, and mail it to UNA. The address is at the bottom of the page.

Today’s Date: ___________________________ Home Phone: ___________________________
First Name/Last Name: ___________________________ Home Fax: ___________________________
Address: ___________________________ Work Phone: ___________________________
Street or P.O. Box: ___________________________ Work Fax: ___________________________
City: ___________________________ Specialty: ___________________________
State: ___________________________ Year Graduate: ___________________________
Zip: ___________________________
RN License #: ___________________________ Referral By: ___________________________
Email: ___________________________
Basic School of Nursing: ___________________________ Employer Name: ___________________________
Referral By: ___________________________ Employer Address: ___________________________
City: ___________________________ State: ___________________________ Zip: ___________________________
Job Title: ___________________________
Membership Categories

Full Membership: Employed full or Part-time Reduced Membership: Not employed; student nurse or new graduate within six months after graduation from basic nursing education. Special Membership: 62 years of age or over and not employed, or totally disabled

PAYMENT OPTIONS (Choose either Annual or Monthly)

Annual Payment: Monthly Payment: (Electronic Funds Transfer for Checking)
- Full $261.00 / year - Full $22.25 / month
- Reduced $130.50 / year - Reduced $11.38 / month
- Special $65.25 / year - Special $5.94/month

Details: The ANA will automatically deduct membership dues from your checking account. Dues transfer on approximately the 15th of each month. A check must be submitted, payable to UNA for first month’s amount to initiate transfer. Dues deductions will continue on a month-to-month basis until UNA/ANA receives notification to stop deductions.

Expiration Date: ___________________________ ANA is authorized to change the amount giving the above-signed thirty (30) days written notice. You may cancel authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date as designed. A $50 service charge is included in adjusting monthly payments. By signing the form, I agree to these conditions.

Signature: ___________________________

Please check committees or councils that you would like to have more information about:

COMMITEES:
□ Continuing Education □ Government Relations □ Membership □ By Laws □ Conference □ Nominating

For Office Use Only

Date: ___________ District: ___________ Paid Thu: ___________ Anniversary: ___________ Data: ___________
Packet: ___________

Please return this completed application with your payment to UNA, 4505 S. Wasatch Blvd, 8330B, Salt Lake City, UT 84124

Becoming a “Friend of Utah Nurses Foundation”:
□ I would like to receive further information about the Utah Nurses Foundation, an organization dedicated to awarding scholarships and research awards to nurses in Utah since 1979.
□ I have enclosed a donation in the amount of: _______ for the Utah Nurses Foundation with my membership application. (If you choose to pay membership dues by electronic funds transfer, you must send a separate check for your donation.)

APPLICATION FOR MEMBERSHIP IN Utah Nurses Assoc. ONLY

If you desire membership in the state local association without affiliation in the national organization you may now join the Utah Nurses Association directly through our Utah Nurse Association Member Organization.

Date: ___________ Name: ___________ Employer: ___________
Credentialed: ___________
Address: City: ___________ State: Zip: ___________
Home Phone: Work Phone: Birthday (mm/dd): ___________
RN License #: State: ___________
Email: ___________
Specialty/Practice Area: ___________

PAYMENT OPTIONS:
□ Annual Payment: $120.00 Annual Payment Method
□ Check Enclosed □ VISA/Mastercard (circle choice)
Card Number: ___________ Exp. Date: ___________

Signature: ___________________________

Utah Nurses Association
4505 S. Wasatch Blvd, 8330B
Salt Lake City, UT 84124
Phone 801-373-4510
The guidelines listed below shall be followed to assist in ensuring the best possible coordination of efforts in receiving and processing nursing student requests for scholarships. Scholarships will be awarded for tuition and books only.

SCHOLARSHIP INFORMATION

- Scholarships must be postmarked by June 1 or October 1 of each calendar year to be considered.
- Applicants will receive notice of the Board’s recommendations by July 15 and October 15 of each calendar year.
- Recipients are only eligible to receive scholarships twice.
- Applicants must abide by the criteria listed below.

GENERAL SCHOLARSHIP CRITERIA

The applicant must:

- Have a cumulative grade point average, which is equivalent to a 3.0 or higher on a 4.0 scale.
- Be a United States citizen and a resident of Utah.
- Have completed a minimum of one semester of core nursing courses prior to application.
- If a student in undergraduate nursing programs, be involved in the school’s chapter of the National Student Nurses Association.
- If a registered nurse completing a Baccalaureate Degree or an Advanced Nursing Degree, be a member of Utah Nurses Association (state only) or a member of Utah Nurses Association/American Nurses Association.
- Submit a personal narrative describing his/her anticipated role in nursing in the state of Utah, which will be evaluated by the Scholarship Committee.
- Submit three original letters of recommendation. Letters submitted from faculty advisor and employer must be originals addressed to the Utah Nurses Foundation Scholarship Committee.
- Be enrolled in six credit hours or more per semester to be considered. Preference will be given to applicants engaged in full-time study.
- Demonstrate a financial need. All of the applicant’s resources for financial aid (scholarships, loans, wages, gifts, etc.) must be clearly and correctly listed (and include dollar amounts and duration of each source of aid) on the application.

The Scholarship Committee shall consider the following priorities in making scholarship recommendations to the Board of Trustees:

- RNs pursuing BSN
- Graduate and postgraduate nursing study
- Formal nursing programs - advanced practice nurses
- Students enrolled in undergraduate nursing programs

The Applicant is required to submit the following with the completed application form:

- Copy of current official transcript of grades (no grade reports).
- Three letters of recommendation.
  - One must be from a faculty advisor and
  - One must be from an employer. (If the applicant has been unemployed for greater than 1 year, one must be from someone who can address the applicant’s work ethic, either through volunteer service or some other form.)
  - At least one should reflect applicant’s commitment to nursing.
- All must be in original form and must be signed and addressed to the UNF scholarship committee.
- Narrative statement describing your anticipated role in nursing in Utah, upon completion of the nursing program.
- Letter from the school verifying the applicant’s acceptance in the nursing program.
- Copy of ID from National Student Nurses Association or Utah Nurses Association with membership number.

AGREEMENT

In the event of a scholarship award, the nursing student agrees to work for a Utah Health Care Facility or Utah Educational Institution as a full-time employee for a period of one year, from February, March, April 2015.

If for any reason the educational program and/or work in Utah is not completed, the student recipient agrees to join the Utah Nurses Association within 6 months of graduation. The applicant will be bound by the terms and conditions of the award. The applicant certifies that the above statements are true and correct and are given for the purpose of obtaining a UNF scholarship. The undersigned applicants agree to the terms and conditions of the award and all information contained on this application will be held in confidence.

If you have any questions regarding the application, you may send an email to uma@xmission.com.
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