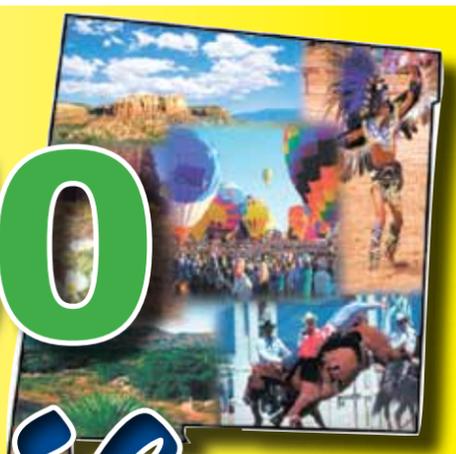


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July, August, September 2015

Inside



National Nurses Week;
Year of Ethics
Page 8-9



Nurses in Our News
Page 10

Highlights from NMNA During National Nurses Week

**Las Cruces Nursing Community Joined Across Practice Settings
for Mayoral Proclamation
Reflections of NMNA President Leigh De Roos**



**NMNA President Leigh DeRoos Accepts Las Cruces Mayoral and City Proclamation for
Nurses Week 2015**

What a reaffirming experience for over fifty nurses from multiple practice settings and various health care organizations and agencies in Las Cruces on May 4, 2015!

At the City Council meeting Mayor Miyagishima officially and publically proclaimed May 6th - May 12th as *National Nurses Week* with the theme "*Ethical Practice=Quality Care*." The Proclamation centered on the value of nurses, especially as our community ages, and on the unique contributions registered nurses (RNs) make to provided "cost-effective, safe and quality health care services." It also noted that today's registered nurse possesses an extensive knowledge base and skill-set in order to address a wide range of health care needs of individuals in our diverse community.

I wished I had the opportunity to talk to every nurse who attended this Proclamation. However, those who I did talk with were honored and empowered that they could participate in this official recognition of nurses who strive to meet the complex health needs of individuals in our community. There were many heartfelt reflections by many of the nurses who attended this proclamation. I would like to share some of these comments with the *NM Nurse* readership:

It was great to be officially recognized and it makes me proud of my profession. Nurses are not always recognized and this proclamation validates how important nurse are to our community, clients, and families as a whole. A public health nurse's first priority is to protect the public by using evidenced-based research that validate our nursing and public health knowledge and skills, so we can provide the best quality of care and healthcare outcomes. In the public health profession, we have different levels of

nursing to address the wide range of public health services: sharing our expertise in the community, assuring access to coordinated services, and delivering services to promote health, prevent disease, injury, and disabilities. It is nurses' day everyday but it is nice to have that special week. ~ Bea Davis, RN, MSN, New Mexico Department of Health, Southwest Region, 18 years as an RN

It was fun being with other nurses and hearing praise for the work we love to do, and it occurred to me that having a week dedicated to nurses is not just flowery words but a tribute from the community and its leaders commemorating the important work we do. I remembered the many nurses who guided me through the years, good times and bad, and I hope all nurses remember they are appreciated. ~ Laura Steinmann, RN, member NMNA, 36 years as an RN

I appreciated the acknowledgement of the work we do every day. It filled me with pride to have our contributions recognized not to mention the fact that our elected officials recognize the ethical care we provide in our community. End of life care is an unusual passion. Making one person comfortable often makes the entire family comfortable. With the help of a social worker, a chaplain and volunteers we are able to bring comfort to a multitude of patients and their loved ones. I love hospice more than any work I have ever done. And, I have done just about every kind of nursing a person can do. ~ Kate Walsh, RN, CHPC, Case manager Mesilla Valley Hospice, 40 years as an RN

For the mayor and city officials to recognize nurses week was up lifting. I think people are now more aware of the existence of a national nurses week. It was nice to see a good cross-section of nurses represented at the Proclamation.

Index

ANA News	6
Nurses in Our News: Nurses Honored for Military Service by Santa Fe County Commission May 12	10
Nightingale Scholarship Fund	11
Legislative	12
Hispanics' Health in the United States ...	13
IOM Dying in America Report	14
Membership Application	15

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Highlights continued on page 3

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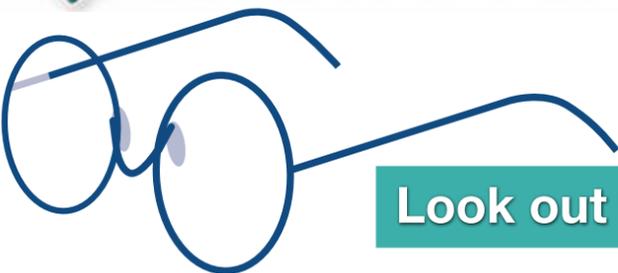
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Santa Fe Mayoral Proclamation

Highlights continued from page 1

In home care we take a holistic view of the patient, including disease management, educational needs, medication management. We also work with the families to educate them about the disease processes. I have a lot of empathy and compassion for the patient, the families and their caregivers. I have met and cared for some amazing people who have touched my life in many positive ways. Nursing is my second career and my passion.



Anne Rodriguez, RN, Ester Lujan, RN and Adriana Galaviz, RN of La Clinica de Familia at Las Cruces City Hall for Nurses Week Proclamation

~ Leigh Ruther, RN, Ambercare Home Health, 9 years as an RN

The fact that over 50 nurses were present for the Mayoral Proclamation shows that nurses in our community are proud of their profession and value the recognition of elected officials. This event was empowering for me as a nurse. ~ Ruth Burkhart, MSN, MA, RN, BC, LPPC, NMNA member, NMSU, College Assistant Professor, 30 years as an RN

My participation in the Mayoral Proclamation impacted me in the way I see the everyday experiences of the community. As I was walking out of City

Highlights continued on page 4



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Highlights continued from page 3

Hall, my co-workers and I were talking about all the Proclamations that were announced, and we said that we play roles as nurses on those different things that were proclaimed. Proclamations that were for:

- Clean up day
- Arsenic awareness
- Cultural awareness
- Prayer day
- Veterans day for those who were in Vietnam

We, as nurses, are safety officers for our clinics and we are in charge of making sure everyone is evacuated from the building during fire drills; we are always cleaning up after doctors or procedures and cleaning after patient use of rooms, etc.; we pray constantly for wisdom and knowledge to carry out the day; and, we pray for our patients to be safe and taken care of. We are aware of violence and abuse, and know that we can listen to our patients when they need someone to talk to about unfortunate events in their lives. We listen and admire those who fought in wars, and to them, listening and being grateful for their services is all they need. ~ Ester Lujan, RN, the Nurse Coordinator for La Clinica De Familia, 24 years as an RN

Nurses are the only health profession that assess, plan and provide care for patients within a holistic framework. This overview provides nurses with unique opportunities to observe what works to bring the best outcomes for patients in a cost-effective manner.

Nursing has always been a complex profession. The increase in health care knowledge and technology will continue to require the ongoing development of both a wide knowledge base plus critical thinking skills within the profession. A challenge is to remember that the primary focus of our profession is the patient. ~ Mary J. Sletten, DM (c), MSN, RN, NMNA member, DACC Associate Professor, 46 years as an RN

I was very honored and felt very privileged to be a participant in this Proclamation. I do not think that nurses are recognized enough and to have a week set aside for us is great. As a Public Health Nurse (PHN), we promote and protect the health of the people in NM. We practice nursing with individuals, families, communities and tribes. As a PHN the main goal is prevention and control of Communicable disease and education in a variety of areas.

I am the Regional Coordinator for Families FIRST with the Department of Health (DOH). Families FIRST gives us the ability to educate



and support pregnant women and children so they can have an optimal pregnancy and a healthy childhood. All nurses are special in all different kinds of ways. Nurses have the ability to influence people every day. We care for the most vulnerable people and when you think about it nurses give people hope for a healthy recovery and a better tomorrow. ~ Susie Arredondo, RN, Families FIRST Regional Coordinator, DOH, 11 years as an RN

It is nice to as part of nurses week and participate in the Proclamation. I enjoyed that I got to “high-five” the mayor. It the highlight of the Proclamation. In home care we have a lot of autonomy and we are entrusted to provide quality, ethical care to our patients and their families. As our patient’s advocate, we use all our nursing skills and knowledge to teach the patient and their family about their disease and prevent further complications.

We are the boots on the ground that evaluate the needs of the patient in their home and develop



Mountain View Regional Medical Center was represented at the mayoral event by Gayle Nash, RN, Susan Bushaw, RN, Kathleen Upp, RN, Kimberly Smetzer, RN, Samantha Gomez, RN, Julie Reyes, RN



Carole Carson, RN, Rehabilitation Hospital of Southern NM; Debbie Tellez, RN, Advanced Care Hospital of Southern NM; Raychel Treece, RN, Mountain Shadows Home Care

realistic care plans for the patient. We are charged with maintaining the patient in their home and preventing re-hospitalizations. A nurse who is truly passionate about his/her profession does not feel the need to be recognized but it was nice to have our elected officials and our community to publically recognized our contributions. ~ Raychel Treece, RN, DON, Mountain Shadows Home Care, 5 years as an RN

After reading many of the comments from registered nurses who are employed in various health care settings it became very clear to me why “society entrusts its most vulnerable members to us – the sick, the wounded, the newborn and the dying” (Buresh & Gordon, 2006). In December 2014 nurses were again voted as having “the highest honesty and ethical standards” of surveyed professions in the U.S. (Riffin, 2014). Since 1999 when nurses were first included in the Gallup Poll we have been at the top of the honesty and ethical standards for surveyed professions, except for 2001 when firefighters received this honor (Riffin, 2014). I was impressed by the depth and breadth of the experience of nurses who attended the Proclamation. These are knowledgeable, empowered and empathetic professionals who believe that they provide an invaluable service to our community and they are dedicated to our community. After you read their comments I believe you will agree with me – nurses are the foundation of our health care system and they engage in ethical practices while providing quality care.

Health care entities that were represented at the Proclamation: Advanced Care Hospital of Southern New Mexico, Ambercare Home Care and Hospice, Dona Ana Community College, New Mexico Department of Health (Southwest Division), La Clinica de Familia, Mesilla Valley Hospice, Mountain Shadows Home Care, Mountain View Regional Medical Center, New Mexico State University School of Nursing, Rehabilitation Hospital of Southern New Mexico, and the Village at Northrise.

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American Nurses Association



The American Nurses Association Urges Congress to Prevent Nurse Injuries

Rep. Conyers Working with Senate on National Standard for Handling Patients

WASHINGTON, D.C. – The American Nurses Association (ANA), Rep. John Conyers (D-MI), and health care safety experts urged health care employers to implement common-sense, comprehensive programs to protect health care workers from career-ending injuries, and safeguard patients from falls at a briefing today on Capitol Hill.

“Nurses and health care workers experience the highest rate of non-fatal occupational injuries and illnesses, including the manufacturing and construction industries. Every day, nurses and other health care workers suffer debilitating musculoskeletal disorders, due to manually lifting patients,” ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, told congressional officials. “In no other profession would we ask workers to lift 90 pounds or more without mechanical support. Nurses and health care workers should not be the exception.”

In an ongoing ANA survey, 42 percent of nurses said they are at a “significant level of risk” to their safety from lifting or repositioning patients, and more than half said they experienced shoulder, back, neck or arm pain at work. In a prior ANA Health and Safety Survey, 62 percent of RNs indicated that suffering a disabling musculoskeletal injury was one of their top three safety concerns. And from 2011 through 2013, government figures show registered nurses ranked fifth of all occupations in the number of cases of musculoskeletal injuries resulting in days missed from work, with more than 11,000 each year, a rate that can be reduced considerably through widespread adoption of safe patient handling and mobility programs.

Health care safety experts emphasized that national legislation would signal a “true investment” and “true progress” in preventing injuries to health care workers and patients.

“We understand how lives can be seriously ruined by on-the-job injuries,” said Rep. Conyers, noting that he is working with a senator on a companion bill and expects to introduce the measure by the end of June. “For nurses, nursing aides and orderlies, this is what happens, and it’s driving up the cost of health care. This is something we want to try to deal with.”

Rep. Conyers’ bill, the Nurse and Health Care Worker Protection Act, aims to reduce costly, potentially career-ending injuries and preventable harm to patients. The act is the only national legislation that has addressed safe patient handling and mobility. It will establish a national occupational safety standard that will eliminate the manual lifting of patients by direct-care RNs and health care workers through the use of modern technology and safety controls.

Jean Lucas, a retired RN from New Jersey, is one of those nurses who suffered a career-ending injury. While working on a maternal care unit for women with high-risk pregnancies, Lucas assisted a bariatric patient in pain by lifting her leg onto her bed. She felt immediate pain in her lower back. Diagnostics revealed herniated and bulging discs in her back and neck. Lucas can’t be sure if her injuries resulted from the one-time lift or if it was “just the straw that broke the camel’s back” after 24 years of lifting and moving patients and accumulated strains.

The Conyers bill will incorporate principles from *Safe Patient Handling and Mobility: Interprofessional National Standards*, a framework developed by an expert ANA panel for establishing a comprehensive program to eliminate the manual handling of patients.

ANA Commends Introduction of the Registered Nurse Safe Staffing Act

Legislation Presents Balanced Approach to Protect Patients and Nurses

SILVER SPRING, MD – The American Nurses Association (ANA) commends Senator Jeff Merkley (D-OR) and Representatives Lois Capps (D-CA) and David Joyce (R-OH) for introducing the Registered Nurse Safe Staffing Act. This bill would require Medicare-participating hospitals to establish registered nurse (RN) staffing plans using a committee, comprised of a majority of direct care nurses, to ensure patient safety, reduce readmissions and improve nurse retention.

Endorsed by ANA, the Registered Nurse Safe Staffing Act (H.R. 2083/S. 1132) presents a balanced approach to ensure adequate RN staffing by recognizing that direct care nurses, working closely with managers, are best equipped to determine the staffing level for their patients. Without the necessary nurse coverage, patients risk longer hospital stays, increased infections, avoidable medication errors, falls, injuries and even death.

The bill’s sponsors chair Congress’ Nursing Caucus, Merkley in the Senate and Capps and Joyce jointly in the House. The Nursing Caucus educates lawmakers on issues significant to the profession and patients, and the impact of nurses on the health care system.

“Optimal nurse staffing could mean the difference between a patient surviving or dying,” said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. “Research tells us it’s that crucial. If you or your loved one were in the hospital, you’d want to be certain that the hospital was continually setting, evaluating and adjusting its nursing coverage to meet your changing needs and the conditions of all patients. That is what this legislation seeks to ensure.”

Research has shown that higher staffing levels by experienced RNs are linked to lower rates of patient falls, infections, medication errors and even death. One study showed the likelihood of overall patient mortality (in-hospital death) and mortality following a complication increases by 7 percent for each additional patient added to the average RN workload.

When unanticipated events happen in a hospital resulting in patient death, injury, or permanent loss of function, inadequate nurse staffing often is cited as a contributing factor.

In setting staffing plans, the Registered Nurse Safe Staffing Act considers:

- RN educational preparation, professional certification and level of clinical experience.
- The number and capacity of available health care personnel, geography of a unit and available technology.
- Intensity, complexity and stability of patients.

It also includes these patient protection, reporting, investigation and enforcement provisions:

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Submit applications to the Human Resources Department,
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Year of Ethics

Making decisions based on a sound foundation of ethics is an essential part of nursing practice in all specialties and settings. In recognition of the impact ethical practice has on patient safety and the quality of care, NMNA gladly embraced the American Nurses Association (ANA) decision to designate 2015 as the "Year of Ethics."

While most readers are aware of the newly revised Code of Ethics for Nurses" it should also be noted that ANA participated as a strategic partner in the National Nursing Ethics Summit convened by the Johns Hopkins University's Berman Institute of Bioethics and School of Nursing to strengthen ethics in the profession. The summit resulted in the Blueprint for 21st Century Nursing Ethics: Report of the National Nursing Summit. Summit leaders are encouraging individuals and organizations to adopt and implement the ethics blueprint to "create and support ethically principled, healthy, sustainable work environments; and contribute to the best possible patient, family and community outcomes."

NMNA hosted Martha Turner, Martha Turner, PhD, RN-BC American Nurses Association Assistant Director, Center for Ethics and Human Rights as the keynote for the NMNA Workshop during National Nurses Week: Our Journey Through Today's Health Care: The Role of Values and Ethics. Dr Turner's motivational presentation on the updated Code of Ethics for Nurses captivated the over 120 RNs in the audience.

The NM Secretary of Health, Retta Ward, Mayor of Santa Fe Javier Gonzales, and Santa Fe County Commissioner Elizabeth Stefancis joined the workshop participants in the afternoon, honoring nurses in NM for National Nurses Week.



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Santa Fe Mayor Javier Gonzales addresses nurses for NNW.



Santa Fe County Commission Weighs in on National Nurses Week: Siri GuruNam Khalsa and Mary Kay Pera participated in the Santa Fe County Commission Recognition of National Nurses Week.



County Commissioner "Liz" Stefanics praised nurses as the backbone of the health care delivery system. Secretary of Health Retta Ward, Mark Edwards and Amy Wilson of the DOH were able to Meet Martha Turner from ANA.



NM Secretary of Health Retta Ward addressed over 130 participants during NMNA National Nurses Week event.



Martha Turner, PhD, RN-BC, ANA Assistant Director, Center for Ethics and Human Rights, NM Secretary of Health Retta Ward, Mark S.R. Williams, Division Director, Public Health, Amy Wilson, MPH, BSN, RN, APHN-BC, Chief Nurse Public Health Division.



NMNA members at the NMNA Nurses Week Ethics conference.



Commissioner Stefanics, Martha Turner, Leigh DeRoos and Kathy Lopez Bushnell.

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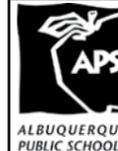
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**NURSES IN OUR NEWS:
Nurses Honored for Military
Service by Santa Fe County
Commission May 12**



Pictured here with fellow co-workers center right are Lisa Leiding and Michael Seizys both of whom work as nurses in a correction practice setting.

Michael Seizys, BSN, RN was born in Okinawa, Japan to a military family. His father was a fighter pilot 1st class from the USAF Academy. Mike spent 10 years as a USAF as a survival master instructor (SERE). He left military services to obtain his bachelor of science in nursing degree. He has spent 4 years working in the ER in Albuquerque and has worked at Santa Fe County Correctional Health Care Professional – Registered Nurse at Santa Fe Corrections for 2 years.

Lisa Leiding, BSN, RN, CCHP-RN comes from a long line of military service dating back to the Revolutionary War. Lisa joined the 2291st USAR after completing her RN degree and spent 8 years in reserve service. Lisa has been a 20 year nurse in September. She is currently the only Certified County. In October she will have completed 10 years working for Santa Fe County Corrections.



from left to right

Jennifer, RN - Telemetry
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Pharis, RN - Telemetry
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NURSES IN OUR NEWS CONTINUED: Nightingale Scholarships Awarded

Has it been a while since you were in nursing school? Did you know the cost can run from \$1,837 to \$8,750 per semester, depending on the school attended and whether it is a state or proprietary school?

The New Mexico Center for Nursing Excellence has recently awarded \$1,000 scholarships each to six students. The Nightingale Scholarships were designed to help nursing students stay in school and finish their degrees, no matter what it takes to attain that goal.

This year's recipients are Amy Gundelach, Creighton Burson, Marie S. Sanchez, Miao Weihong, and Lyric Hammonds of Albuquerque, and Jocelyn Davis of La Plata.

Amy Gundelach, RN, BSN, works full-time as a certified oncology nurse (OCN) at the University of New Mexico Cancer Center. She is pursuing a Master of Science in Nursing degree from the Marcella Niehoff School of Nursing at Loyola University Chicago with a goal of become an advanced practice oncology nursing focusing on gynecological cancer patients in New Mexico.

Gundelach has 18 years of nursing experience. In 2012, she founded and became executive director of The Gynecological Cancer Awareness Project (GCAP), a nonprofit organization providing education and support to women fighting gynecological cancer. Since it was established, GCAP has raised \$40,000 each and every year. It has built a lending library, assisted several patients with non-medical expenses and established the Circle of Hope. The Circle of Hope is a social support group for women fighting gynecological cancer and their caregivers.

Gundelach was praised by her instructors and peers as an outstanding student who has an "unwavering interest" in patients and their families living with gynecological cancer. In 2015, she was recognized by the New Mexico Legislature with a Memorial for her work in creating awareness of gynecological cancers, and in 2012 she received a Peoples Caring Award from People Living through Cancer in the nurse category.

Creighton Burson is pursuing a Bachelor of Science in Nursing degree at the University of New Mexico, College of Nursing, after a life-changing experience with the healthcare system in Brazil. She explains, "I not only gained the perspective of stress and vulnerability in a state of compromised health, I also learned how a simple, caring gesture can provide mountains of relief and encouragement."

After returning to the United States and deciding to pursue nursing as a career, Burson also decided to dedicate herself to volunteerism. She has logged more than 70 volunteer hours at the University of New Mexico Hospital Intermediate Care Nursery, Medical Intensive Care Unit, Outpatient Surgery Recovery and the Emergency Room.

She is a member of the International Honor Society, Phi Theta Kappa, where she is the Vice President of Service. She is currently organizing student groups to contribute time to the Roadrunner Food Bank and is collaborating with others to establish a food pantry on the campus of Central New Mexico University. "Hunger in New Mexico exists, but it doesn't have to. Organizing available resources can help the health of communities throughout New Mexico," she says. Burson also recently joined the Civil Air Patrol to learn more about emergency response and prepare for her goal of becoming a flight nurse in New Mexico.

Burson's instructors describe her as an extraordinary student who has a high degree of integrity, responsibility and ambition.

Marie S. Sanchez is also pursuing a Bachelor of Science Degree at the University of New Mexico, College of Nursing. She volunteers at Healthcare for the Homeless as well as serving on the Student Nursing Association and conducting honors research. She graduated cum laude with a Bachelor of Science degree in Biochemistry from UNM in 2006.

Sanchez is interested in pursuing pediatrics and preventive nursing focusing on the treatment of early stage disease. Two of her professors described her as an outstanding student who is intelligent, hard-working and a self-motivated learner who always comes to class prepared and on time.

Sanchez recognizes that there is a disparity of care in rural areas and among economically disadvantaged populations in New Mexico and wants to focus on addressing those disparities once she earns her degree. She hopes to eventually become a nurse practitioner and believes that "everyone has the right to excellent medical care," adding, "My philosophy is to give back to those in need and to strive to have current knowledge."

Miao Weihong, RN is a student in the RN to BSN degree program as the University of New Mexico, College of Nursing with a goal of becoming a Certified Gastroenterology Nurse and earning an advanced degree after completion of his current degree program.

He came to America in 2006 with an original goal of earning a Master of Business Administration (MBA) degree since his background was in accounting. When his wife was diagnosed with gestational diabetes during her pregnancy, he said his career goals changed when he "became fascinated with the world of medicine and the art of nursing."

Weihong began studying nursing at the University of New Mexico in 2010 because he wanted to be "that nurse who smiles and brightens the day of someone going through a crisis, even if for a moment," he explained. He is credited with showing a "consistent thread of caring and respect for human needs without prejudice as well as a consistent thread of leadership and a commitment to the profession of nursing," by one of his professor.

Weihong is currently working as a staff nurse at the University of New Mexico Hospital in the Endoscopy Center and also volunteers with the Cerebral Palsy Parent Association of New Mexico.

Lyric Hammonds is an Associate of Applied Science Degree in Nursing (ADN) student at Central New Mexico College who says her decision to become a nurse was not lightly made. "I understand the implications that come from a life of service because many members of my immediate family are teachers and military veterans," she explains. Hammonds adds that she hopes to become an RN, and then earn her Bachelor of Science in Nursing and Master of Science in Nursing degrees after completing her current course of study.

A volunteer at Presbyterian Hospital's Child Life Program, Hammonds assists pediatric patients and their families with activities such as play supervision and reading to help reduce their stress and anxiety during hospitalization. She also plays a key role in the organization's Newborn Intensive Care Unit by holding infants whose parents are absent, providing a nurturing touch and stimulation critical to their normal development.

Described as smart, compassionate and enthusiastic, Hammonds says patient care is not only something she is good at, but also that it "warms" her and makes her "heart full."

Jocelyn Davis is pursuing an Associate of Applied Science in Nursing degree at San Juan College. She is a Senator at Large in the College's student government as well an active participant in the Student Nurses Association.

A member of both the Navajo and Zuni tribes, Davis will be the first of her family to graduate from college. However, she learned to love healthcare from her mother, who has been a Certified Nursing Assistant (CNA) for 30 years. "My obligation in life is to serve my fellow New Mexicans and start by working in the San Juan County area," she explains, adding that she hopes to work at a neonatal or pediatric nurse because she loves to care for children.

Davis is described as a dedicated student who is well organized, has good study habits and shows

exceptional caretaker attributes and skills as well as cultural sensitivity. "When she was caring for a Navajo-only speaking patient, she inquired if the pain scale came in Navajo. She was quick to speak the Navajo she knew and showed genuine concern for the patient," said Camera Mbuga, CNP in nominating Davis for the scholarship.

Through surveys of past recipients, the NM Center for Nursing Excellence has found that although over 80% say they used their scholarship to pay for tuition or books, they also used it for other expenses that enabled them to remain in school – from gas money to child care costs. As we survey the recipients the year after their scholarships are awarded, we find that all are still in nursing school or have received their degree, are working as nurses and intend to further their education. And many are both in school and working as nurses. Since 2008, scholarship recipients have come from 26 different communities throughout New Mexico.

The Nightingale Scholarship fund was established in 1989 by the New Mexico League of Nursing. The League formed a partnership with the New Mexico Center for Nursing Excellence (NMCNE) who now solely administers the annual Nightingale Scholarships. The fund has awarded more 86 scholarships since its inception. The 2015 scholarships are supported through a grant from the Nursing Excellence Fund of the New Mexico Board of Nursing, which is financed by a portion of the licensure fees of Licensed Practical and Registered Nurses in the state.



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Legislative

Summary of 2015 NM Legislative Session

When the 2015 Legislature ended at noon on Saturday, Legislators had passed a budget that increased certain areas of government by \$83 million. The 2015/16 budget of \$6.23 billion raises the state budget back to 2007 levels equating to a 1.3% increase overall from the current fiscal year. Education received the bulk of the new money at \$36.6 million while prisons and CYFD received about \$20 million. \$37 million went into the economic development fund (some of those funds were from non-recurring sources). Salary increases were included for new teachers, state police officers and nurses in the Department of Health. Medicaid also received increased funding. *The governor vetoed all the language in HB2 in the Department of Health to raise the salaries of nurses.*

By the 30th day of the session which is the cut off for bill introductions, 626 House bills and 691

Senate bills had been introduced. On Tuesday night of the last week of the Session, only 8 bills had passed both the House and Senate. By Thursday night, 71 bills had moved through both chambers. This is a dramatic reduction from prior years, demonstrating the high level of conflict between the Republican controlled House and the Democratic controlled Senate. As an example of the unique situation in this session, a total of 192 bills passed both chambers by noon on Saturday now on their way to the governor. In the 2013 session, 514 bills, memorials and constitutional amendments had passed and in 2011, 460 bills, etc. had passed both chambers. *In the end (April 10th), the governor signed 158 bills and vetoed the rest. Seventeen of them were pocket vetoed which means they died without any action hence "pocket veto."*

This session was dramatically different from any other legislative sessions I have experienced. New House leadership created different policies and procedures, as well as all new committees with new names and duties. I actually thought that the new committees enabled legislation to be divided up quite effectively so no committee had too many bills. The House made an effort to start and end committees on a clear time schedule. It was a significant difference in the schedule to hold the bulk of the House floor sessions in the late

afternoon and evening. The Senate functioned as it normally does on its own time schedule. Because there are fewer Senators, the Senate committees have much longer agendas in order to hear all the bills assigned to their committees. Early on in the session, we were in Senate hearings till 10pm or later many evenings.

The reality of politically divided chambers resulted in long hearings on abortion, right to work legislation and immigrant driver's licenses. Both the House and Senate committees had multiple hearings for as long as eight hours on many of these bills. Numerous long hearings prevent other bills from passing. In addition, the House had at least eight three hour floor sessions on every one of these controversial bills. It is unusual for the House to debate this long on one bill during a legislative session much less eight times. The Senate on the other hand, had five attempted "blasts" of the abortion bills, right to work and driver's license bills. Blasts happen after a bill has been tabled in a committee, but members of the Senate try to obtain a majority vote on the floor to pull the bill out of committee to be heard by the full Senate.

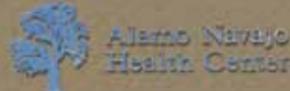
All in all it was a very difficult session for legislators, lobbyists, advocates and staff. A tremendous amount of work was required by all with very little "product" in the end.

With all of this in mind, nursing fared very well. We succeeded in passing SB299 which removed the administrative barriers within statutes which prevented NPs or CNMs from operating within their full scope of practice. In our second year's attempt, HB121/ SB341 Use of the Nurse Educator Fund was successfully expanded to allow PHD and Doctorate seeking nurses eligibility for the loan fund. The School Nurses succeeded in passing HM61 which will convene a group to study how to assure adequate coverage on health services in schools without a nurse. Nurse Midwives now are able to license their midwifery birthing centers thanks to the passage of HB84. In addition to that important legislation, HB171 expands the language in the Birthing Workforce Retention Fund to cover more Nurse Midwives in private practice. The CRNAs reached a compromise with the Anesthesiologist Assistants (AA) in HB54 to keep AAs practice limited to the largest hospitals in the State. Nurses supported HB121, the Vaccine Purchasing Act which especially helps independent practices assure the insurance companies have contributed their fair share to the State to pay for vaccines. A bill that will help all provider groups especially our independent practice nurses, SB220 will expedite the Centennial Care credentialing process. So despite the limited number of bills that passed, nurses prevailed with passage of significant legislation.

All Bills introduced:
 House bills – 626 (90 passed)
 House joint memorials – 21 (3 passed)
 House memorials – 134 (109)
 House joint resolutions – 20 (1 passed)

Senate bills – 691 (102)
 Senate joint memorials – 29 (8 passed)
 Senate memorials – 139 (88 passed)
 Senate joint resolutions – 19 (2 passed)

Total bills passed – 192



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Hispanics' Health in the United States

Health risks vary by Hispanic subgroup

The first national study on Hispanic health risks and leading causes of death in the United States by the Centers for Disease Control and Prevention (CDC) showed that similar to non-Hispanic whites (whites), the two leading causes of death in Hispanics are heart disease and cancer. Fewer Hispanics than whites die from the 10 leading causes of death, but Hispanics had higher death rates than whites from diabetes and chronic liver disease and cirrhosis. They have similar death rates from kidney diseases, according to the new Vital Signs.

Health risk can vary by Hispanic subgroup. For example, nearly 66 percent more Puerto Ricans smoke than Mexicans. Health risk also varies partly by whether Hispanics were born in the U.S. or in another country. Hispanics are almost three times as likely to be uninsured as whites. Hispanics in the U.S. are on average nearly 15 years younger than whites, so taking steps now to prevent disease could mean longer, healthier lives for Hispanics.

"Four out of 10 Hispanics die of heart disease or cancer. By not smoking and staying physically active, such as walking briskly for 30 minutes a day, Hispanics can reduce their risk for these chronic diseases and others such as diabetes," said CDC Director Tom Frieden, M.D., M.P.H. "Health professionals can help Hispanics protect their health by learning about their specific risk factors and addressing barriers to care."

This Vital Signs report recommends that doctors, nurses and other health professionals:

- Work with interpreters to eliminate language barriers when patients prefer to speak Spanish.

- Counsel patients with or at high risk for high blood pressure, diabetes, or cancer on weight control and diet.
- Ask patients if they smoke and, if they do, help them quit.
- Engage community health workers (*promotores de salud*) to educate and link people to free or low-cost services.

Hispanic and other Spanish-speaking doctors and clinicians, as well as community health workers or *promotores de salud*, play a key role in helping to provide culturally and linguistically appropriate outreach to Hispanic patients.

The Vital Signs report used recent national census and health surveillance data to determine differences between Hispanics and whites, and among Hispanic subgroups. Hispanics are the largest racial and ethnic minority group in the U.S. Currently, nearly one in six people living in the U.S. (almost 57 million) is Hispanic, and this is projected to increase to nearly one in four (more than 85 million) by 2035.

Despite lower overall death rates, the study stressed that Hispanics may face challenges in getting the care needed to protect their health. Socio-demographic findings include:

- About one in three Hispanics have limited English proficiency;
- About one in four Hispanics live below the poverty line, compared with whites; and
- About one in three has not completed high school.

These socio-demographic gaps are even wider for foreign-born Hispanics, but foreign-born

Hispanics experience better health and fewer health risks than U.S.-born Hispanics for some key health indicators such as cancer, heart disease, obesity, hypertension, and smoking, the report said

If you are interested in participating in the NMNA Institute for Nursing Diversity and becoming an advocate on issues of health equity, leadership development for emerging Hispanic nurse leaders, health care reform implementation and impact, or mentoring new nurses please call NMNA at: (505) 471-3324.

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ALBUQUERQUE JOURNAL

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CARE + COMPASSION

IOM Dying in America Report

Chris Zinn, RN, MSc, CHPN
Executive Director of the Hospice Council of West Virginia

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'A substantial body of evidence shows that broad improvements to end-of-life care are within reach.... improving the quality and availability of medical and social services for patients and their families could not only enhance the quality of life through the end of life, but may also contribute to a more sustainable care system' -IOM

The Institute of Medicine's (IOM) Dying in America Report is the 7th major report that has emphasized the importance of palliative care and highlighted gaps and problems with the nation's end-of-life care. Nurses are viewed as key to the implementation of the IOM recommendations and there is much work to be done here in West Virginia. The report addresses the need for improved nursing curricula in end-of-life care; more interprofessional collaboration; and removal

of practice barriers for advanced certified hospice and palliative nurses. Removal of practice barriers for all APRNs in West Virginia is already an important goal for WVNA that all nurses should support.

Within the lengthy report, there are many testimonials that support the benefits of hospice and palliative care and the need to expand access to this kind of care. However, even when knowledgeable advocates within families request hospice for a loved one, these testimonials reveal that patients suffer many burdensome transitions of care before finally getting hospice when they are dying. The authors suggest that admission criteria for hospice should be needs-based rather than prognosis-based due to the uncertainty in prognostication. Having to certify that a patient has a prognosis of less than 6 months is a major barrier and some patients need hospice care for longer. Policy changes are recommended to improve timely access for those in need of palliative care.

Key IOM recommendations

- Care must be patient-centered; family-oriented; evidence-based; and provided at the right time
- High-quality communication must be provided and advance care planning must be encouraged. Plans must be discussed at various times during the illness to reflect changing priorities
- All those who work with seriously ill patients must have more training in palliative care
- Policy changes and payment reform are needed
- There needs to be more public education and engagement

West Virginia is fortunate to have the WV Center for End-of-life Care advocating for advance care planning and leads the nation in this area. Although we have great policies and infrastructure here for advance care planning, there is still much to be done. For example, many institutions do not use the eDirective registry and nurse advocacy for this is needed in all settings. The eDirective Registry stores patients' advance directives making them accessible to health providers across the state. Many providers have had Respecting Choices training and know how to have difficult conversations about options at end of life, but more specialists need this training. The Physician Orders for Scope of Treatment (POST) is a helpful order set that is transferrable between settings and defines what treatments a patient does and does not want. However as the IOM has recommended, advance directives must be discussed at various times because priorities can change. Not all providers are trained or comfortable with these conversations. Some providers find it difficult to give bad news and continue to offer false hope by providing more aggressive treatment that has little or no benefit. They may fail to find out what is most important to the patient and where he wants to spend his time. Nurses have always been advocates for honest communication. Nurses also work in leadership roles in WV's institutions and can improve the system to make sure that these conversations take place. Chaplains can assist and need to be recognized and valued for their leadership in end of life care. IOM also calls on social workers to be advocates for improving care of the dying and both professions are vital members of hospice and palliative care teams.

Two books have recently been published whose physician authors speak eloquently about some of the problems and solutions outlined in the IOM report. The first is Atul Gawande's 'Being Mortal: medicine and what matters in the end,' which is now a best seller and also the subject of a recent PBS Frontline episode. Dr. Gawande writes about how we need to transform aging and end-of-life care. The other book is 'The Conversation: a revolutionary plan for end-of-life care' by Angelo Volandes. Dr. Volandes has made a video to help people understand their options at end of life in an unbiased way. Both books tell personal stories about patients and family members and could be very helpful to educate the public and students of all health professions. These books give good insight into the failings of our system and how it could be improved.

IOM continued on page 15

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The IOM has short documents that summarize the recommendations and 'proposed core components of quality end-of-life care' that might be helpful to nurses as they work to implement changes in our state. WVCEOLC offers many resources for advance care planning on the website and more information about POST and the eDirective Registry. Nurse policy makers, administrators, educators and clinicians all have a role to play and need to work together to transform dying in West Virginia.

For more information:

www.iom.edu/Reports/2014/Dying-In-America-Improving-Quality-and-Honoring-Individual-Preferences-Near-the-End-of-Life.aspx
www.wvendoflife.org

Editors Note

This article by Chris Zinn, RN, MSc, CHPN, Executive Director of the Hospice Council of West Virginia is reprinted with her kind permission. It provides a terrific summary of a 2014 Institute of Medicine report called "Dying in America" and highlights some of the initiatives in West Virginia to improve end of life care and the critical roles played by nurses at all levels of the system.

As readers may recall, *The New Mexico Nurse* initiated a series of articles about this important topic beginning last summer (Volume 59 #3) and this past winter (Volume 60 #1) in which NM authors Caroline Burnett, ScD, RN and Barak Wolff, MPH traced key historical developments: why end of life issues are gaining so much importance and national attention; components of advance care planning; and the critical roles that nurses play in working with patients and their families to help ensure that people have the kind of death they seek. Part 3 of this series in the next edition of "The NM Nurse" will address palliative care developments and "aid in dying" which is currently under appeal in the NM Judicial System.

Related to the importance of nurses in end of life care, we are pleased to report that in the recent legislative session Senate Bill 299 was passed and signed by Governor Martinez to recognize the capability of advance practice registered nurses, certified nurse midwives and licensed physician assistants practicing within their scope of practice to accomplish many of the duties and tasks previously reserved only for physicians. Among the many sections of law changed to include advance practice nurses, Senate Bill 299 specifically amended the Uniform Health Care Decisions Act to allow advance practice nurses to be designated as "primary care practitioners" for purposes of ensuring that the patient's advance directives are honored by the health care system.

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