President’s Message

Catherine Coverston, PhD, RN

Thanks to Sharon Dingman and Peggy Anderson for facilitating The American Nurse screening event. As President I am grateful for their hard work. The event was sponsored by the Utah Nurses Association and the Utah Action Coalition for Health and the Utah Organization of Nurse Leaders. It included the first screening in Utah of the film The American Nurse. Following the screening there was a panel discussion.

Utah Nurse Leader Honored by UPHA !!!

Audrey Stevenson, PhD, MPH, MSN, FNP-BC was awarded the Theodore Beatty Award at the 2015 Utah Public Health Association Conference held last April. Dr. Stevenson is the immediate Past President of the UPHA and also a past President-elect of the Utah Nurses Association. Audrey’s day job is the Division Director of the Family Health Services of the Salt Lake County Health Department since 2001.

While Dr. Stevenson spends most of her time with the Salt Lake County Health Department, she’s also made a mark at the national level of public health. For example, she serves on the board of CityMatCH, the national organization of Urban MCH leaders. In 2010, she was recognized by the American Nurses Association for her outstanding leadership and commitment to immunizations. Audrey is a family nurse practitioner with bachelors and masters degrees in nursing as well as a master of public health and a doctorate in public health. She is also the author of several articles related to pharmacology and immunization. She has over 30 years of experience in clinical and public health settings. Audrey has been the Director of the Family Health Services of the Salt Lake County Health Department since 2001.

She has been an active member of the Utah Public Health Association for 32 years during which she served on many committees and organized two highly successful UPHA conferences. She has also been an active member of the Utah Nurses Association for many years.

According to one of her nominators, “another of Audrey’s major contributions to public health is her pioneering work in ‘cocooning,’ the practice of protecting infants from vaccine-preventable diseases before the infant can be vaccinated, by immunizing the infant’s family and caregivers. Cocooning has become standard practice in immunization. She has over 30 years of experience in clinical and public health settings. Audrey has been the Director of the Family Health Services of the Salt Lake County Health Department since 2001.

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According to one of her nominators, “another of Audrey’s major contributions to public health is her pioneering work in ‘cocooning,’ the practice of protecting infants from vaccine-preventable diseases before the infant can be vaccinated, by immunizing the infant’s family and caregivers. Cocooning has become standard practice in the MCH and vaccination world of public health across the country, and Audrey was instrumental in that effort.”

We are indeed fortunate to have such a dedicated public health nurse, Colleague, and role model as Audrey Stevenson is. Nurses do make a difference every day!
From the Editor

Aimee McLean, RN, CCHP

I sincerely hope that you enjoy this issue of the Utah Nurse! My goal as editor is to bring you content that expands your knowledge, creates a sense of community, and elicits excitement for our profession. In every issue you can look forward to columns from our President, our Governmental Affairs Committee, and our Membership Committee. In this issue you will also find the second article in our vaccination series. I continue to encourage letters to the editor! We all know how our contributing author Kathleen feels about Medicaid expansion, but what do you see in your practice? What have you experienced with your families? Let us know, let’s get the discussion going on this and other important topics. I look forward to hearing from you!

Nurses Day at the Legislature 2016
will be on February 5th, 2016 from 8:30 am to 10:30 am in the Capitol Rotunda.
On May 6, 2015 Utah Nurses Association (UNA) partnered with the Utah Action Coalition for Health (UACH) and the Utah Organization of Nurse Leaders (UONL) in sponsoring the first screening in Utah of The American Nurse film at the Carmike, Wynnsong 12 Theater, in Provo, Utah. Following the screening, a panel of nurses from practice, leadership, education, and newly graduated nurses concluded the screening with a panel discussion on the role and value of nurses to health consumers. Over 90 nurses attended this screening. Those who attended indicated that the film was helpful in understanding the responsibilities nurses have to their patients and families. All nurse participants related to the nurses featured in the film and agreed that in their own roles as nurses, there is value in pausing to reflect at the end of a shift before returning to engage at home.

The UNA is presently in negotiations with The American Nurse representatives on behalf of UNA, UONL, UACH, HealthInsight, and others to obtain permission and access to the use of The American Nurse film for educational showings and conferences across the State of Utah in the near future. Membership of these organizations will be notified when The American Nurse film is available and how to obtain copies in the near future. For questions and information, please contact the membership committee. Once arrangements are completed, information will be available from each of the nursing organizations above.

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Kathleen Kaufman, MS, RN

Recognizing Utah’s position as the state with the highest number of adolescent suicides and also a very high number of adult suicides, the State Legislature passed the following two bills in the 2015 General Session.

HB 364 Suicide Prevention Amendments, (Eliason, S.)
This bill amends State Board of Education and Division of Substance Abuse and Mental Health program components for suicide prevention. It appropriates one time funding from various funds and distributes those funds to multiple programs in fiscal year 2015.

HB 209 Suicide Prevention Program Amendments, (J. Fawson)
This bill modifies provisions related to suicide prevention training for behavioral health professionals. Requires an individual to complete a course in suicide prevention in order to obtain or renew a license in a behavioral health profession.

HB 209 requires a broad number of behavioral health professionals to complete two hours of continuing education on suicide prevention when they get new licenses. Those behavioral health professionals listed in the bill include: therapeutic recreation specialist, Clinical social worker, certified social worker, social service worker, marriage and family therapist, clinical mental health counselor and certified advanced substance use disorder counselor. Clearly these individuals provide care for those who already have an issue related to overall mental health.

However nurses see people in many settings in which mental health issues may not be as expected. As frontline caregivers, nurses should review their knowledge and be vigilant in the work of suicide prevention. The Utah Nurse is initiating a series of articles on suicide prevention. Former State Representative Tim Cosgrove is contributing some basic information about identifying suicidal risk. He has served on the Executive Board for Utah Suicide Prevention, and as a patient advocate he has reviewed cases of suicides for over 14 years.

Suicide Prevention
Written by Tim Cosgrove

Since 2013 the leading cause of death for Utahns ages 10 to 17 is suicide. Suicide can be a difficult topic to discuss and address with others but everyone plays a role in suicide prevention.
Start with yourself and your own ideas about suicide. Be open; listen and validate feelings. Create a sense of connectedness.

Learn the Warning signs: There is Hope
• A Change in interaction with family and friends
• Recent disappointment or rejection
• Sudden decline or improvement in academic performance.
• Physical symptoms: changes in eating, changes in sleep patterns, chronic headaches, stomach problems, menstrual irregularities.
• Increased apathy.
• Being expelled from school / fired from job.
• Family problems / alienation.
• Feeling embarrassed or humiliated in front of peers.
• Victim of assault or bullying.

Reach Out: Asking the Suicide Question does not increase risk. Persuading someone not to end his or her life and to get help begins with the simple act of listening. Listening can be lifesaving.
• Giving Your full attention.
• Not interrupting and only speaking when the other person has finished.
• Not rushing to judgment or condemnation.
• Taming your own fear so that you can focus on the other person.

Know where to get help:
National Suicide Prevention Lifeline: 1-800-273-TALK (8255).
Suicidepreventionlifeline.org, and Veteran’s Crisis Line at: http://www.veteranscrisisline.net/

Tim Cosgrove works as a Child Advocate for Primary Children’s Hospital. He serves on the Executive Board for Utah Suicide Prevention overseeing and working to implement a state wide strategic plan to prevent suicide. Excerpts taken From QPR, Question, Persuade, Refer: http://www.qprinstitute.com/

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Factors Influencing Immunization Rates In Utah

Audrey M. Stevenson, PhD, MPH, MSN, FNP-BC

History is filled with accounts of the pain and suffering caused by communicable diseases. Fortunately, over time, many vaccines have been developed in an effort to reduce the morbidity and mortality associated with these vaccine-preventable diseases. The development of vaccines has been considered by many to be one of the most important public health advancements of the 20th century. Immunization programs have had a dramatic impact on reducing the number and severity of communicable diseases. Both nationally and in the United States since 1994. In that same year, the Utah Statewide Immunization Information System (USIIS) provides information on the immunization status of individuals and over time is expanding to include information on adult vaccines.

One of the many values of having an immunization registry system is to enable both health-care providers and families the ability to access the most up-to-date vaccine record for each individual. This information assists the family and health-care provider in determining the vaccine status of the individual. For the health-care provider, USIS can provide a record of the vaccines the patient has previously received, not only from that office but any vaccines received from any source such as health department clinics, pharmacies or other health-care providers. USIS can assist health-care providers in determining if vaccines should be offered at the time the individual is in the office. This information can reduce missed opportunities for administering vaccines during nontraditional visits such as utilizing a sick or urgent care appointment to educate families about the need for vaccines. Receiving vaccines from different types of providers may not have a single centralized vaccine record if the vaccine information has not been entered into USIS. The USIS system can be queried for the vaccination history and provide information of previously received vaccines from any source that downloads into the USIS system.

IMMUNIZATION REGISTRIES

Several factors have been identified as impacting immunization rates in the United States. Kimmel, Burns, Wolfe, and Zimmerman (2007) categorized these barriers as barriers in systems, health-care provider barriers, and parent or patient barriers. The authors described system barriers as factors that impact health-care organizations and economics. Health-care provider barriers include the provider’s personal and philosophical beliefs as well as inadequate knowledge of the vaccination schedule and contraindications. Parent or patient barriers include misunderstandings of the schedule of needed vaccines, concerns about relative benefits and risks of vaccines, and personal attitudes toward vaccines (Kimmel et al.).

IMMUNIZATION SCHEDULE

Another system barrier is the complexity of the immunization schedule. Over the past many years the number of recommended vaccines has more than doubled. Immunization rates in Utah are measured by the percentage of the population that is fully vaccinated with recommended vaccines. The Utah Immunization Schedule includes those vaccines needed by each age group and use every patient encounter as an opportunity to ask about the individual’s vaccine status. Missed opportunities are a significant barrier to adequate immunization by the age of 2 years. In a study by Bardenheier et al. (2004), the majority of children who were not up-to-date on vaccines had missing vaccines because of missed opportunities. They found that underimmunization at 3 months of age was a strong predictor for remaining underimmunized by the age of 2 years (Bardenheier et al.).

In another study, delayed receipt of the 2-month vaccines was a strong risk factor for lack of age-appropriate vaccines at age 2 years (Brenner, Simons-Morton, Blhaker, Das, & Clemens, 2001).

CDC has recommended the use of combination vaccines as a strategy to reduce the number of injections that an individual receives and as a strategy to ensure that individuals are getting all needed vaccines. Combination vaccines reduce the vaccine-associated risks of contracting some of the more rare diseases such as diphtheria or polio. However, combination vaccines are available such as for (a) hepatitis A and hepatitis B vaccines, tetanus, and pertussis vaccines are combination vaccines that are familiar. However, other combination vaccines are available such as for (a) hepatitis A and hepatitis B vaccines, tetanus, and pertussis vaccines.

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Many such strategies would impact immunization rates in Utah. Ensuring that all immunization providers enter accurate and timely vaccine information into the USIS program will improve the efficacy of this vaccine registry in providing an accurate record of an individual’s vaccine status. In addition, consistently using a universal vaccine record that could be utilized by both families and health-care providers would be beneficial in reducing missed opportunities and would provide information to assist families in understanding when vaccines are needed.

Health-care providers, nurses and families need to review the immunization record at each health-care encounter in order to identify needed vaccines that could be administered at the time of the health-care encounter. Health-care providers and nurses also need to reinforce the recommended intervals for patients to receive vaccines and to implement systems to remind families that they are due to receive vaccines. Education opportunities should be developed in the health-care provider’s office to provide information regarding the benefits and risks associated with recommended vaccines.

Finally, families need to receive accurate information regarding the safety of vaccines, resources for receiving vaccines, and recommended immunization schedule across the lifespan. Utah is a unique state in that family sizes are larger than elsewhere in the United States. In addition, Utah has a large proportion of fundamentalist groups and others that are opposed to vaccines. The challenge for both public and private health-care providers is to identify factors that affect individual family decisions regarding vaccines and to develop interventions that will ultimately improve immunization rates across the state and protect the health of all Utahns.

References


In Short: The Nurse Needs To:

* Be familiar with the vaccines needed by each age group and use every patient encounter as an opportunity to promote vaccines.

* Instruct patients on the importance of completing the vaccine series in situations where individuals need additional booster doses of a vaccine.

* Be aware that in most studies, the second or greater child within a family was less likely to be adequately immunized by the age of 2 years than the first child in the family.

* Ensure that all immunization providers enter accurate and timely vaccine information into the USIS program to improve the efficacy of this vaccine registry in providing an accurate record of each individual’s vaccine status.

* Consistently use a universal vaccine record that could be utilized by both families and health-care providers to reduce missed opportunities.

* Review the immunization record at each health-care encounter in order to identify needed vaccines that could be administered at that time.

* Reinforce the recommended intervals for patients to receive vaccines and to adopt this schedule. In addition, Utah has a large proportion of fundamentalist groups and others that are opposed to vaccines.

* Develop educational opportunities in the health-care provider’s office to provide information regarding the benefits and risks associated with recommended vaccines.
To Eat or Not to Eat?
Nurses Offer Healthy Advice to Colleagues and Their Patients

Reprinted from The American Nurse

Proposed federal dietary guidelines are calling for Americans to limit their consumption of added sugars, like those found in cookies, soft drinks and pastries, to 10 percent of their total daily caloric intake. The guidelines also lift, for most Americans, a restriction on their intake of dietary cholesterol in foods like eggs and shrimp.

Given changing recommendations and often conflicting research, it’s not surprising that some nurses and patients might be confused about what to eat and what not to eat. That said, most nurses know that heavy belongings of certain foods are a recipe for chronic conditions: obesity, metabolic syndrome and cardiovascular disease, for example.

So what can nurses do to ensure that they remain or get healthy themselves, and be healthy role models and trusted advisers to their patients?

Nurses are people too

In general, one-third of people in the United States are overweight, and another one-third are obese, said Deborah Greenwood, PhD, RN, BC-ADM, CDE, FAAD, president of the American Association of Diabetes Educators, an organizational affiliate of the American Nurses Association. About 86 million have prediabetes.

Looking at the nurse population, the percentage of RNs who are obese or overweight is at least on par with the general public, which also puts them at greater risk for prediabetes or diabetes, she said.

RN’s work environment is one major factor that contributes to their less than ideal health status.

“Shiftwork is the greatest culprit,” said Jane Nelson Worel, MS, ANP-BC, APNP, FPCNA, FAHA, a board member of the Preventive Cardiovascular Nurses Association, an ANA organizational affiliate, and practitioner at Phases Primary Health Care for Women in Madison, WI. “It’s also hard to follow a healthy diet when you’re rotating shifts. Your eating patterns get in disarray, and you tend to grab high-sugar, high-fat snacks to stay awake and alert. And when your sleep is disturbed, you feel tired and not up for exercising.”

Then there is the stress of the job. Research has shown that stress hormones provoke people to want to eat — and often overeat — foods that have more sugar, fat or both.

Research also has shown that working night shifts and often overeat – foods that have more sugar, fat or both.

CA, Greenwood knows that reducing added sugars is important. But it’s only one component of good nutrition.

“In our diabetes prevention programs, we encourage people to focus on foods that are low in calories, low in refined sugars and low in saturated fat.” Greenwood said.

“But really aiming for these goals is something everybody can benefit from.”

“We also encourage people who are overweight or obese who are in these programs to reduce their weight by 5 to 7 percent and engage in 150 minutes a week of physical activity,” she said. “And because we individualize our plans, we can help people identify realistic goals that are attainable so they will be successful.”

Many hospitals have educational programs that can help nurses and other employees get healthier and reduce their risk for diabetes, and many of them are covered to varying degrees by insurance, Greenwood added.

Greenwood and Nelson Worel also offer other effective strategies to eat healthy and get healthy:

- Partner with someone who can help you stay accountable — either a diabetes educator, a family member, a co-worker or a friend.
- Track daily food intake by either writing it down or by using a mobile app, which also can calculate total calories consumed and burned through physical activity.
- Bring your own meals and snacks to work.
- Advocate for 24/7 access to healthier choices in employee cafeterias and in vending machines.

Additionally, Nelson Worel said, “Nurses need adequate break times, so they can go for a walk and get away from the stress.”

She also recommends that nurses seek out only reputable websites, such as the U.S. Department of Agriculture, for nutrition information, and also lift, for most Americans, a restriction on their intake of dietary cholesterol in foods like eggs and shrimp.

Greenwood believes it’s critical for nurses to be good role models for their patients and colleagues by engaging in other healthy behaviors, you can bring people along with you [and everyone will be healthier].”

— Susan Trossman is the senior reporter for The American Nurse.

Resources

ANA’s HealthyNurse℠ and Health Risk Assessment: www.nursingworld.org/healthyurse
Preventive Cardiovascular Nurses Association’s heart healthy toolbox: www.pcnna.net
American Association of Diabetes Educators: www.diabeticseducator.org
Centers for Disease Control and Prevention: www.cdc.gov/healthyweight

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Reprinted from The American Nurse

U.S. Sen. Jeff Merkley (D-OR) and U.S. Reps. Lois Capps (D-CA) and David Joyce (R-OH) introduced on April 29 federal legislation that would require Medicare-participating hospitals to establish 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 the American Nurses Association, 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 sponsors of the bill chair the Congressional 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 is often cited as a contributing factor. In setting staffing plans, the legislation 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.
- RNs would not be forced to work in units where they are not trained or experienced without orientation.
- Procedures for receiving and investigating complaints.
- Potential for civil monetary penalties imposed by the Secretary of Health and Human Services for each known violation.
- Whistleblower protections.
- Public reporting of staffing information.

To learn more about and advocate for important nurse legislation, go to www.rnaction.org.

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

State of Wyoming, Department of Health, Aging Division, Healthcare Licensing and Surveys is recruiting for Health Facility Surveyor

Conduct surveys and investigate complaints in accordance with Wyoming State Statutes and agreement with the Federal Centers for Medicare and Medicaid Services (CMS). Enjoy small town atmosphere only 100 miles from Denver, NO STATE INCOME TAX, an average of 300 days of sunshine and unlimited outdoor activities.

For more information or to apply online go to:
http://agency.governmentjobs.com/wyoming/default.cfm and use keyword search = HSHPO9

Open until filled. EEO/ADA Employer.

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New! Now offering monograms!
Continuing Education - Patients Deserve Nothing Less

Robin Schaeffer, MSN, RN, CAE
Multistate Division Leader,
Western Multi-State Division

Health care is evolving quickly. During my 37 years as a nurse, I’ve seen our field change in ways I couldn’t have imagined. Technology, protocols, specialization and much more – nurses today have greater challenges than ever before when it comes to staying current.

That’s why Continuing Education (CE) is so important. The American Nurses Association has defined CE as “learning activities designed to augment the knowledge, skill and attitudes of nurses and therefore enrich the nurses’ contributions to quality healthcare.” CE is a simple and effective way to keep current and acquire additional skills and knowledge that are essential to our everyday practice of nursing.

Organizations that sponsor CE benefit by demonstrating to the public, to nursing professionals and to state licensing boards the organization’s commitment to high standards of performance and a well trained workforce. Ultimately, patients benefit most of all when nurses take it upon themselves to keep up-to-date with the latest in the nursing profession.

Nurse educators and trainers work hard to develop meaningful, needs based programs that merit approval to award continuing education credits.

Nurses who attend CE programs recognize their professional commitment to lifelong learning as well as fulfill their criteria for certification and re-certification in their specialty field of practice.

In 2014 the nurses associations of Arizona, Colorado, Idaho and Utah formed a nursing collaborative known as the Western Multi-State Division (WMSD). As an ANCC Accredited Approver of CE, the WMSD works across state lines to support nurses, educators, organizations and institutions acquire CE credits for their educational programs.

Ready to get started? Taking the next step is easy. Visit www.utnurse.org/Education to determine if your program is eligible for CE.

Nursing professionals are in high demand. Nurture your craft and stay ahead of the curve when it comes to the latest innovations in health care. Our patients deserve nothing less.

1. References available upon request.
Are You Interested in Forensic Nursing?

Adolescent and Adult Sexual Assault Nurse Examiner Course

DATES: September 10, 11 & 12, 2015
Roosevelt, UT

Registration Fee $100

44 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 8/24/15

Contact Hours approval through Utah Nurses Association.

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Contact Hours approval through Utah Nurses Association.

For more information please visit jobs.slco.org.
The Special Session of the Legislature could be called with as little as 48 hours public notice. We need to be ready to act, in fact we can act now by contacting our legislators once again to give them our measured response. They could conceivably put pressure to the Speaker of the House Greg Hughes, Representative Jim Dunnigan, and Senate President Niederhauser to do the right thing. Only people (such as many Utah legislators) who have guaranteed life-long good quality health care insurance can be callous enough to say, “Let’s not do anything... We don’t have the time to deal appropriately with this problem.” This was the message during last year’s Interim when legislators were asked to deal with the problem. Do not let your legislator off the hook. If he or she has ten years in the legislature, they qualify for lifelong health insurance. Surely those in such an enviable position could try to remember (or imagine) what it was like to not be sure if their next job would have health insurance.

WHEN the Special Session is announced, it will be posted on the legislature’s website (www.leg.utah.gov), the Utah Nurses Association’s website, the Cover the Gap Website (http://coverthegap.org/), and at the Utah Health Policy Project website (www.uuhp.org). BE READY TO ACT when the Session is called. If you are passionate about this issue, try to get the days of the special session off from work and show up in a white top to sit in the Gallery. This will give a visual notice to the legislators of who is there to support a bill much like Healthy Utah. If you cannot get off work, send emails to both your state representative and your state senator — Better yet, call them NOW! Possible date of the Special Session might be as early as August 19th, the next Interim committee meeting day. Wear white and write!

Do you need some ideas of what to say? The coalition of many Utah organizations who support a Healthy Utah-type plan has come up with four principles that really address the heart of the issue on a policy level. Review these for some ideas:

- Principle #1: Respect the Taxpayer. Return the maximum amount ($680 million/year) of Utah taxpayer dollars to strengthen healthcare access for Utah families.
- Principle #2: Consider a Private Market Solution. Create choice and accountability with multiple coverage options which include private insurance, employer-based insurance, and Medicaid.
- Principle #3: Close 100% of Utah’s Coverage Gap and Qualify for Enhanced Federal Funding. Extend eligibility to a level that qualifies for the maximum enhanced federal contributions and advance coverage plans with affordable and comprehensive health insurance which is accepted by all Utah providers, hospitals, and specialists.
- Principle #4: Promote Personal Empowerment. Promote resources for beneficiaries to improve their employment status and to use the new health coverage to improve their overall health outcomes. (Retrieved from www.utahhealthpolicyproject.org on June 21, 2015) See the Utah Health Policy Project website for a more detailed discussion of these principles.

If YOU teach nursing students over the summer, or even in the fall, this is an issue that could be impacted by student advocacy efforts.

2015 Dare to Care Award Goes to Ronda Miller-Ernest, DNP, APRN, PNP-BC

When Ronda was 12 years of age her mother died from a preventable death. Even though death is imminent at some time in all of our lives, losing a loved one at such a young age left an impression that motivated her to want to help prevent such tragedies when possible. It was this life event that propelled her into choosing Nursing as a career.

During nursing school at Washington State University she wasn’t until her Pediatric rotation that she found her niche and then she decided to get a bachelor’s degree in Child Development at the same time. Ronda then obtained her graduate degree as a Pediatric Nurse Practitioner at the University of California, San Francisco and returned to Utah to help develop the Pediatric Nurse Practitioner program at the University of Utah. Ronda has always worked in Pediatrics since graduating with her RN degree through to her Doctorate of Nursing Practice.

Ronda has felt that her career choice as a Nurse has provided her with many opportunities to provide service. Professionally as a nurse practitioner she has been able to serve diverse populations not only abroad in three different countries but also locally. Abroad Ronda has been on 4 medical missions to Ghana, Kenya and China. Locally she is the primary health care provider for many refugee patients in her private practice. Due to this work she saw a necessity to expand her volunteerism because of witnessing the great needs of so many people. So along with her 19 year old daughter who had been serving at her side since age 11 they began their own nonprofit 501c(3) Education for Generations which is accepted by all Utah providers, hospitals, and specialists.

Ronda Miller-Ernest

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Are you interested in advocating for nurses in Utah? Want to get involved but are not sure how? Here is your opportunity!!

The Utah Nurses Association is seeking to fill three board positions with elections held in October. We are seeking a diverse candidate pool for the offices of President-Elect, 2nd Vice President, and Secretary. This is a great opportunity to serve the nursing profession, and have your voice heard. Elected Officers will serve a two-year term, except for the President-Elect who will serve three years, one year as President-Elect, and two years as President beginning in January 2016, attend all meetings unless excused. You must be a member of UNA/ANA in order to apply for these positions. Summaries of the Office responsibilities are listed below. More information and applications are available by contacting Lisa Trim, Office Manager of the Utah Nurses Association at 801 272-4150. The deadline for nominees to submit their applications will be August 3, 2015.

**PRESIDENT-ELECT**
1. Shall be a member of the House of Delegates and the Board of Directors, and shall attend all scheduled meetings.
2. Shall automatically succeed the President in the event that the President is unable to fulfill the elected term of office.
3. Shall serve as a resource person to the Conference Committees
4. Shall accept assignment from the President
5. Shall serve as a liaison to the Nominating Committee

**SECOND VICE PRESIDENT**
1. Shall be a member of the House of Delegates and the Board of Directors, and shall attend all scheduled meetings.
2. Editor of the Utah Nurse quarterly paper unless another editor is appointed.
3. Shall accept assignment from the President.
4. Shall serve as a liaison to the Utah Nurses Foundation.
5. Shall serve as a liaison to the Membership Committee.

**SECRETARY**
1. Shall be a member of the House of Delegates and the Board of Directors, and shall attend all scheduled meetings.
2. Shall assure the minutes are taken at each meeting and distributed to all members of the House of Delegates and Board of Directors. Review minutes prior to distribution.
3. Shall maintain the office record of term of office for officers and committee chairs of the organization. This shall be recorded annually in the Board of Directors minutes.
4. Shall accept assignment from the President.
5. Shall serve as a liaison to the Membership Committee.

**ANA/Membership Assembly Delegates**
Represent UNA at the annual ANA membership Assembly in Washington DC.
Become part of our team!
See our new Oncology Pavilion,
Obstetrics Suites, and
Surgical Services Department.

For more information please visit
www.tetonhospital.org  Click on the “careers” tab

New Continuing Education Opportunities Available at:
www.educationsjmc.org

Drug Free Employer/EOE
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 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, or part-time for a period of two years.

Student recipient agrees to join the Utah Nurses Association within 6 months of graduation at the advertised reduced rate.

If for any reason the educational program and/or work in Utah is not completed, the scholarship monies will be reimbursed to the Utah Nurses Foundation by the nursing student.

NURSING GRANT-IN-AID SCHOLARSHIPS

Date:________________________  Name:________________________  Present Address:
Street:________________________  City:________________________  State:________________________  Zip:________________________
Permanent Address:
Street:________________________  City:________________________  State:________________________  Zip:________________________
Telephone Number:
Home:________________________  Work:________________________

Please indicate school of nursing to which you would apply a UNF scholarship.

Starting Date:________________________  Expected Graduation Date:________________________

Current and previous nursing experience (if applicable) - Attach Resume

Where did you obtain your information about UNF and its scholarship program?

Reason for scholarship need.

Description of scholarship amounts requested (itemize tuition and books for each quarter or semester as well as financial support available).

Please use this format and attach to application.

Semester  Expense Description  Amount Requested  Financial Support Available

Starting Date:________________________  Expected Graduation Date:________________________

List amounts of all other financial support available (i.e. awards, loans, gifts, scholarships, tuition reimbursements, wages, parents, spouse). Please attach to application.

The undersigned applicant agrees that if this application is accepted and an award made, 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 is given for the purpose of obtaining a UNF scholarship. The Utah Nurses Foundation is authorized to verify the statements contained herein and all information contained on this application will be held in confidence.

Signature:________________________  Date:________________________

Send completed application to:

UTAH NURSES FOUNDATION
P.O. Utah Nurses Association
4056 South Wasatch Blvd #330B
Salt Lake City, UT 84124

If you have any questions regarding the application, you may call the Utah Nurses Association at 801-272-4510.

Work where you truly make a difference.
10K sign on bonus for 2+ years experience in acute care
20K sign on bonus for 2+ years ICU and NICU experience

Join our team!

Shriners Hospitals for Children - Salt Lake City

Pediatric Specialty Care Orthopedics

For 90 years, the mission at Shriners Hospital for Children has been simple: deliver state-of-the-art, specialty orthopedic care to children who need it most.

Opportunities now available for Registered Nurses and RN Care Managers

For more information, contact HR at 801.536.3715 or 801.536.3710
**RN–BSN**

Already licensed as a Registered Nurse?

If you are looking to expand your education and take the next step in your nursing career, contact us today.

**NEW!** Online options now available.

Applications will be accepted for **SPRING 2016** from August 17 - November 1.

**PAYMENT OPTIONS (Choose either Annual or Monthly)**

<table>
<thead>
<tr>
<th>Annual Payment</th>
<th>Monthly Payment: (Electronic Funds Transfer for Checking)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full $261.00 / year</td>
<td>Full $22.25 / month</td>
</tr>
<tr>
<td>Reduced $130.50 / year</td>
<td>Reduced $11.38 / month</td>
</tr>
<tr>
<td>Special $65.25 / year</td>
<td>Special $5.94 / month</td>
</tr>
</tbody>
</table>

**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 monthly-to-month basis until ANA/ANA receives notification to stop deductions.
- ANA is authorized to charge 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 figuring monthly payments. By signing the form, I agree to these conditions.

**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 |

**The Utah State Developmental Center in American Fork, UT is currently hiring several positions for:**

- **REGISTERED NURSE II - FULL & PART-TIME SHIFTS**
  - Guaranteed 40 hours per week
  - 8 hours shifts with consistent hours & days off
  - Great Benefit Package

If you are interested in applying, please go to [https://statejobs.utah.gov](https://statejobs.utah.gov)

Any questions please call:
- (801) 763-4070 or (801) 763-4061

**PHYTOMONTH**

- Presbyterian made the 2015 New Mexico’s Top Workplaces list!
With more than 80,000 RNs, APNs, LPNs/LVN s and nursing assistants, VA is the Nation’s largest employer of nurses. Join us in serving those who have unselfishly served our country.

At VA, you’ll be given the tools and training you need to provide our Veterans with the best care possible. You will participate in research initiatives focused on enhancing health and preventing disease among our Nation’s heroes. And, you’ll be able to further your career through our various nursing leadership and clinical development programs.

What’s more, you will have the freedom to practice at any one of the over 1,400 VA medical facilities throughout the 50 states, the District of Columbia, and other U.S. territories—with only one active state license.

VA nurses earn a competitive salary, plus many other benefits:
- Generous annual and sick leave accrual
- Shift/Weekend Differentials
- Pension and Matching Funds for TSP (similar to 401k)
- 10 Paid Federal Holidays a year
- Health, Dental and Eye Benefits

For more information, contact Daniel Fale, BSN, RN
Phone: 801-582-1565 ext 1128 or email daniel.fale3@va.gov