As a Registered Nurse for the past thirty years, I have walked a lot of miles in my work shoes. A comfortable pair of white Nike sneakers complements my uniform. My shoes have walked with a fresh post-operative patient needing to get up and move, paced with an inconsolable child, and answered the call light at the end of the hall for the 100th time that shift. They have bolted down the hall answering the overhead page “code 99” as well as taken me into a patient room that is delirious with alcohol withdrawal, angry, frustrated, hurting and hopeless. What I do as a nurse each day is to move towards my patients to provide professional care, compassion and comfort. It is not in a nurse’s nature to move away or leave their patients in times that they are most vulnerable, even if that means taking a personal risk. If someone had told me thirty years ago that I would be at risk for violence in my workplace I would have replied with, “maybe in a big city like New York, but not in rural Montana.” Healthcare workers face sixteen times the risk of violence from patients or clients that other service workers face.

The Montana Nurses Association has launched a campaign called “Your Nurse Wears Combat Boots: Improving workplace safety for healthcare workers.” One of our goals is to pass legislation in 2017 to make it a felony to assault a nurse or healthcare worker while on duty. Currently in Montana a police dog is afforded legislative protection against assault in the workplace; a nurse does not have this protection while on duty. Our taskforce quickly realized that this alone does not address the entire problem. The solution encompasses a much broader approach. We plan to conduct an extensive survey to gather statistics showing the prevalence and extent of violence Montana nurses are faced with in the workplace. We also intend to raise public awareness of the issue as well as educate that violence is not part of a nurse’s job. We seek to educate nurses and provide tools to reduce their risk at work, and help nurses to be proactive in their workplace by being the agent of collaborative change with their employer to ensure functional safety plans and safe work places.

You may be wondering why your nurse wears combat boots? It goes back to the shoes. Combat boots are heavy duty and probably not very comfortable. They are intended to keep the occupant safe and protected. The visual of a nurse in combat boots versus shoes that are comfortable and familiar invokes a response that something is terribly wrong. Why are nurses; the most trusted professional, forced to change their practice from offensive to defensive. I mentally put on my combat boots to walk into work each day. I am forced to survey my surroundings for objects like my stethoscope that could be used to strangle me, the temporal thermometer that could be used as a projectile weapon. Do I have a thought out exit plan if either my patient or visitor becomes violent? I do now. All healthcare workers need to engage to be educated and proactive in addressing workplace safety. Please join MNA in taking a stand against violence in the workplace.
Please visit MNA’s constantly updated website! www.mtnurses.org

Enjoy a user friendly layout and access to more information, including membership material, labor resources, Independent Study Library, a new Career Center for Job Seekers & Employers, and more downloadable information.

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MNA/ANA is doing so many wonderful things for the Nursing profession in Montana. You can join and be a part of that.

MNA is not only a union, we are the Professional Nursing Association for all RN’s in the state of Montana. If you are an RN who is in a management, supervisory, or director position you can be a member of MNA. If you are a staff RN in a facility that does not have a collective bargaining agreement with MNA, you can be a member of MNA. If you are an APRN, a nurse educator, or a casual call RN, you can be a member of MNA. If you are a staff RN in a facility that does not have a collective bargaining agreement with MNA, you can be a member of MNA.

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WRITER’S GUIDELINES:
MNA welcomes the submission of articles and editorials related to nursing or about Montana nurses for publication in The PULSE. Please limit word size between 1000 words and provide resources and references. MNA has the right to accept, edit or reject proposed material. Please send articles to: kathy@mtnurses.org

PULSE SUBMISSIONS
We are gathering articles that are relevant and appealing to YOU as a nurse. What is happening in your world today? Is there information we can provide that would be helpful to you? The Pulse is YOUR publication, and we want to present you with content that pertains to your interests. Please submit your ideas and suggestions to Hannah.

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January 2016 – December 2016
Nancy Maddock, RN

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*National Health Information, 2014
Executive Director Report

Nurse Licensure Compact (NLC) adopted October 1, 2015

The National Council of State Boards of Nursing (NCSBN), a nonprofit organization, is encouraging state boards of nursing to propose two revised compacts for multistate nursing practice that must be passed with legislation: a revised Nursing Licensure Compact (NLC) for registered nurses and a revised Advanced Practice Registered Nurse (APRN) Compact. (Approved by the May 4, 2015 Special Delegate Assembly—NCSBN)

NCSBN proposed a prior version of the NLC in 1998 but found limited success in convincing states to adopt it. By 2010, twenty-four states had joined the NLC. In the five years since, one additional state (MT 2015) joined the NLC of 1998. Twenty-five states and the District of Columbia, accounting for almost two-thirds of the U.S. population, declined to adopt it.

Montana Nurses Association (MNA) is open to reasonable efforts to facilitate efficient and safe regulation of nursing practice across the state. Montana adopted the prior 1998 version of the NLC during 2015 legislation but is now being asked to adopt the revised Nurse Licensure Compact and APRN compact. The compacts pose several concerns and we are continuing to work with our State Board of Nursing to address, understand and communicate these concerns.

The existing NLC and APRN compacts claim that the compacts will improve public protection and access to care but there are no facts to support this additional language. The language reads: “Uniformity of nurse licensure requirements throughout the states promotes public safety and public health benefits.” This is the biggest concern communicated by MNA members, the disparity (lack of uniformity) between the states in licensing and practice laws. This includes, but is not limited to, continuing education requirements, violations and disciplinary issues, criminal background checks (MT BON recently passed legislation 2015 for criminal background checks but not all states have same requirements) and not all states participate in the NURSYS’s system (provides online verification to a nurse requesting to practice in another state and nurse license lookup reports to employers and the general public).

• States vary in their disciplinary procedures and standards. Violations and discipline in one of the states that do not participate in NURSYS will not appear in that system. While criminal background checks and participation in NURSYS are important steps toward protecting the public, it is not acceptable for each state board to enter discipline data efficiently—if a state fails to do so, other states cannot be notified in a timely manner. Conduct that would result in investigation and discipline in one state may not do so in another state, so depending on the state in which that conduct occurs, it may not be reported at all. Until all states participating in the compact have uniform requirements it adds to confusion.

• The existing and revised compacts create new complications in regulating nursing practice by imposing a challenging approach such as defining practice as occurring wherever the patient is located, even when care is provided remotely through electronic communication. Defining practice as taking place in the patient’s location is not currently what is in practice for many in Montana and significantly changes nursing practice. MNA and ANA (American Nurses Association) continues to advocate for a long-standing ANA policy that supports licensure jurisdiction at the location of the registered nurse contrary to the position of the NCSBN. This is logical and practical. Telehealth and other forms of virtual practice is viewed as a separate issue and does not apply to our established face to face practice. Telehealth is for those who are practicing Telehealth and have no physical contact with their patients. For example, insurance case managers and specific telehealth and virtual practitioners Because the compacts say that practice takes place where the patient is located, these nurses providing services to patients from multiple states, often in the course of a few hours, and would be expected to be familiar with the practice acts, rules and policies of each of those states. Again, until all state participation in compact have uniform requirements, it adds to confusion.

Three examples of compact complications in relation to its understanding are:

I. An out-of-state patient seeking treatment in Montana: A patient from Eastern Idaho chooses to be treated by a Montana certified nurse practitioner. Shortly after discharge, the patient calls the oncology clinic to ask questions about follow-up care, and speaks to an oncology nurse. Later, the patient alleges that the nurse gave incorrect advice and that the patient suffered complications as a result. Although the patient chose to receive care from Montana providers, the nurse will now need to answer to the Idaho Board of Nursing, and possibly to the Idaho court system as well— in addition to Montana State.

Executive Director’s Report continued on page 9

If interested and one of these locations suits you, send resume, 3 professional references, and cover letter of interest to kharison@wwmhc.org. Questions? Call Karen at 406-532-5605, Web site www.wwmhc.org.

Executive Director Report

Vicky Byrd, BA, RN, OCN

Executive Director's Report

Montana Nurses Association Pulse
February, March, April 2016

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State Board of Nursing to address, understand and concerns and we are continuing to work with our and APRN compact. The compacts pose several revised NLC during 2015 legislation but is now being asked Montana adopted the prior 1998 version of the regulation of nursing practice across the state. states and the District of Columbia, accounting for state (MT 2015) joined the NLC of 1998. Twenty-five Assembly—NCSBN) (Approved by the May 4, 2015 Special Delegate Compact. (NLC) for multistate licensed practical nurses registered nurses and APRN Compact. (NLC) for states Adopted by the NCSBN in 1998, the NLC of 1998 was amended to improve the efficiency and effectiveness of regulating nurse practice across the states and the District of Columbia. The compact was subsequently adopted by 25 states and the District of Columbia, accounting for 69% of the U.S. population. Montana adopted the prior version of the NLC in 2015 legislation but is now being asked to adopt the revised Nurse Licensure Compact and APRN compact. The compacts pose several concerns and we are continuing to work with our State Board of Nursing to address, understand and communicate these concerns.

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Plan and execute communication to keep your members informed and engaged. At MNA, we are here to help you encourage and evaluate whether it’s working for the members. Assess your communication style and determine whether it’s effective. The case may be for your Local Bargaining Unit, and use a combination of these to reach out. Whatever works for you, use word of mouth to talk to members. Many units use the union bulletin board in their facility to communicate the goings on of their unit. Some units actively encourage participation in groups to get the word out about different topics.

Our nurses use texting, emailing, or Facebook monthly meetings to facilitate discussions. Some use the union bulletin board to post important updates and encourage members to participate in discussions. Each bargaining unit has a “better” way of communicating, and each bargaining unit has a different style. People become genuinely interested in hearing from its members. Some of our units have established committees to handle specific issues, and each bargaining unit has a “better” way of communicating.

How does that happen? Communication. Knowing about issues throughout the life of a contract, having those conversations going so that we can address them, and eventually tend to work itself out, and something new comes up. An issue is raised, an unprofessional supervisor, a fellow nurse is unprofessional, a fellow nurse is causing issues with patients. People become genuinely interested in hearing from its members. Some of our units have established committees to handle specific issues, and each bargaining unit has a “better” way of communicating.

The 2016 Labor Retreat is just around the corner! Our MNA planning committee has already solidified an agenda for this wonderful retreat that provides continuing education in a peaceful setting, allowing our members to learn from each other while taking a few minutes for themselves. Held from April 17 – 19, 2016 at Chico Hot Springs, our nurses gain knowledge around their MNA labor program, with this year’s theme being “Leadership Tools to Build Communication, Support and Engagement.” Each year this retreat provides our nurses the opportunity to connect with each other, share stories, and network to build advocacy within their local bargaining units. We encourage our collective bargaining members to take a few days for themselves for education and relaxation! Let’s recharge our batteries together!

Our Labor Retreat will focus on our “Your Nurse Wears Combat Boots” campaign to build awareness of workplace violence with a goal towards successful felony legislation, leadership tools for communication and advocacy, community building, social media, and negotiations. In addition, AFT is providing MMA with a Participation Grant to allow our local bargaining units to send TWO nurses to the Labor Retreat! Information on the AFT Participation Grant will be available on the MNA website at www.mtnurses.org soon! You can find the 2016 Labor Retreat agenda and information about registration on our website as well!

Each bargaining unit functions differently, and each bargaining unit has a “better” way of hearing from its members. Some of our units have monthly meetings to facilitate discussions. Some of our nurses use texting, emailing, or Facebook groups to get the word out about different topics and the goings on of their unit. Some units actively use the union bulletin board in their facility to communicate. And some units use old-fashioned word of mouth to talk to members. Many units use a combination of these to reach out. Whatever the case may be for your Local Bargaining Unit, I encourage you to assess your communication style and evaluate whether it’s working for the members in your facility. At MNA, we are here to help you plan and execute communication to keep your members talking, even outside of negotiations.
The National Academy of Medicine (formerly the Institute of Medicine) has recently published the 2015 update on its seminal work, *The Future of Nursing: Leading Change, Advancing Health*, published in 2010. This new report looks at progress that has been made nationwide on achieving the report’s 8 recommendations in the past five years.

Nurses are the largest group of professionals in the U.S. healthcare system. Therefore, nursing has a key role to play and an exciting opportunity to influence advancements in issues related to access, cost, and quality of care. As members of the nation’s most trusted healthcare profession, nurses are critical in assuring that the public sees nurses as vital contributors to providing quality care and creating change to promote a more efficient and effective process for care delivery.

One of the key ways nurses develop the ability to provide quality care and contribute to change is through education – both academic progression and lifelong learning. The 2010 report highlighted the importance of both of these areas. The 2015 update reinforces the need for continuing academic progression as well as ongoing professional development. In particular, the new report recommends more focus on nurse residency programs to support transition into practice and transition from one practice area to another. It re-emphasizes the need for continuing education not just in nursing, but with purposeful connection to our colleagues in other professions. Additionally, the report recommends developing skills to work in evolving healthcare environments, such as community based, outpatient, and primary care.

What are you doing to continue to stay competent in your practice? How do you learn about new guidelines and standards impacting nursing practice and healthcare delivery? How are you developing your knowledge and skills in interprofessional collaborative practice? How are you learning to become a more effective leader? While the report’s recommendations resound throughout the country, implementation is the responsibility of every one of us. Take a moment to assess your own educational trajectory. What’s next for you?

Montana Nurses Association has a number of exciting educational activities open to nurses, APNs, CRNAs and LPNs, at http://iom.nationalacademies.org/reports/2015/assessing-progress-on-the-iom-report-the-future-of-nursing.

### Montana Nurses Association Approved Providers

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<td>Kalispell Regional Medical Center</td>
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<td>Mat-Su Regional Medical Center</td>
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Executive Director’s Report continued from page 6

2. A local patient temporarily out of state: A patient who lives in MT is seen by their primary care provider in MT. A few days later, while visiting family in South Dakota, the patient receives a follow-up call on her cell phone from a nurse at the clinic. The patient later alleges that the nurse gave advice that exceeded her scope of practice. The nurse would be considered to be practicing nursing in South Dakota, perhaps and most likely without her even knowing it. She would be subject to South Dakota’s jurisdiction and judged according to South Dakota’s scope of practice laws.

3. A nursing faculty member with students who are out of state: Because the compacts state that the site of practice is the location where the client is receiving services, nursing faculty in Montana could find themselves subject to the jurisdiction of other states if they have students who are located in other compact states, either as residents or visitors. This would apply to faculty who teach on-line courses—and potentially to any course if the faculty member is in contact via email, telephone or the Web with a student who is out of state at the time. Will curriculums have to include the disparities from compact state’s differences in nurse practice laws?

• The existing compact definition of “home state”. Under the compacts, a nurse’s “home state”—the state in which the nurse resides—is the state that issues her or his license. That state also authorizes the nurse’s multistate privileges.

Thus, a nurse who lives in South Dakota or Idaho and commutes into Montana for work can no longer be licensed in Montana. The nurse instead needs to be licensed in his or her state of residence and be authorized by that state to practice in other party states, including Montana where they are employed. If a nurse who lives and works in Montana chooses to move across the state border while remaining at the same job in Montana, the nurse would need to inactivate his or her Montana license and obtain a new license in the new state of residence and pay the appropriate fees for that state, even if he or she has no intention of practicing there.

• The proposed APRN Compact will create additional new complications for advanced practice and contains contradictory language regarding whether Montana APRN’s will have to practice under physician supervision or in collaboration when practicing out-of-state. Montana is a pioneer in authorizing APRN’s to practice without the unnecessary restrictions that have imposed barriers to access in other states. The compacts would do nothing to promote access to their services.

We will continue to work with our State Board of Nursing to ensure that all Registered Nurses are informed of the legal ramifications of the existing 1998 NLC that was signed into law October 1, 2015. Additionally we will continue to address the revised NLC and what the changes will mean to our nurses and their patients. MNA is committed to the ongoing communication, thoughtful deliberation, and acknowledgement of the contributions of all to ensuring that the public and patients have access to safe nursing care.

For more information see the Montana Board of Nursing website: http://bsd.dill.mt.gov/license/bsd_boards/nur_board/board_page.aspx

NURSE LICENSURE COMPACT: Montana Board of Nursing—Website

Effective October 1, 2015, Montana joined the NLC (Nurse Licensure Compact) allowing all MT unencumbered licensees with a primary residence of MT to be eligible for a multi-state license. MT Licensees with a primary state of residence in a non-compact state will continue to hold a single state MT license. MT licensees with a primary state of residence in a compact state, can use their compact license to practice in MT. To see the status of a licensee, go to Primary Source Equivalent NURSYS look-up system: www.nursys.com (Quick Confirm). For more information about the NLC go to www.ncsbn.org/nurses

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Save the Date
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November 8, 2016
Jointly Provided by Montana Nurses Association & VA Montana Health Care System.
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Save the Date
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Be SMART! You are SWEET Enough!

Joey Traywick, CMSRN

Everyone has their new year’s resolution game face on! We all make up our minds that THIS year will be the year we spend more time being active or drop that stubborn 10 lbs or more. Trust me, I get it! Working as nurses we need to be focused on our own health. I don’t fault ANYONE for creating a new goal to improve their health. The problem with most resolutions, even for us nurses, is that they fail miserably!

So, when it comes to improving our health, why do we fall into the same traps as “regular” people? Well, for one, I believe it is because our goals are not SMART ones. You have seen this before, right? S.M.A.R.T. stands for SPECIFIC, MEASURABLE, ATTAINABLE, REALISTIC and TIME oriented. For example, rather than saying, “This year I am going to lose weight.” A SMART goal would be, “This year I am going to lose one pound a week until I reach my goal of losing 20 lbs., by April 1st!”

How do we do this SMART goal, then? I mean, diet and exercise are just too hard with our busy lives, right? Well, it would be easy to think so. I know what it’s like to come in to a station and you are waiting to hear back from the pharmacist... I get it!

Honestly, THIS is where most of our goals, as nurses, fall to the ground. They die in the never ending stressors of day to day life, on the floor and off! I mean, once you go home, the stress is over, right? HA! THEN it’s time to get kids in the car or balance the checkbook or call about that leak in the roof!

WHERE is that SMART goal now? How are you going to make that nutritious, low calorie meal for JUST YOU? when your family was STARVING 20 minutes ago? BOOM. Another night of egg rolls and tater tots!

Here’s the deal. Beyond the plastic glamour magazines that we ALL read in the break room (don’t lie, I know you at least GLANCE at them) is the reality of our lives. SMART goals are indeed a reality with everything “hitting the fan.” Sometimes you can spend hours with just one patient and it NEVER seems to stop! There’s an admit coming today, you might have a patient with a stroke, a patient in pain, a patient that is not breathing, a patient that is bleeding! Sometimes you need to be focused on our own health. I don’t fault ANYONE for creating a new goal to improve their health. The problem with most resolutions, even for us nurses, is that they fail miserably!

That’s it. SUGAR!

Don’t eat it. For ten days. See what happens! I have learned that for myself and my fellow nurses, the goals have to be CLEAR, EASY and SIMPLE. So, there it is. For ten days, don’t eat ANYTHING with added sugar. Watch what happens. You will feel better. You will lose some weight (maybe) and you will sleep better!

How do I know? I have done it with SEVERAL groups over the last year and literally HUNDREDS of people have had these results. I’m not selling anything and I’m not trying to create a boycott or a revolution against any industry. I’m simply telling you that if we are going to move toward health, as nurses, we need a goal that is SMART and EASY!

Lowering my overall sugar has lead me to one of the most profound realizations in my life. Eating too much sugar was DRIVING my appetite! I don’t want to go too much into MY story here but if you want, friend me on Facebook and join one of our ten day no added sugar challenges!

Better yet, check out the new documentary FED UP on Netflix or just do an internet search on “no sugar challenge” and see what comes up. Also, Dr. Mark Hyman with the Cleveland Clinic has written an amazing book titled, “The Blood Sugar Solution: The Ten Day No Sugar Detox” and I would highly recommend it! Bottom line, as I have pursued my OWN health oriented goals, I realized I needed something that didn’t cost me any money and something that was VERY clear and simple!

“DON’T EAT ANY SUGAR! That pretty much meets the criteria! HA! For ten days, if you see something in the ingredients of your food that is a sweetener of ANY kind, you don’t eat it. For example, you can have milk but you can’t have CHOCOLATE milk.

You can have apples and carrots and bananas but you can’t have the sweetened coffee creamer with any ADDED sugar or maltoose or fructose or aspartame or stevia or agave. Nada. ZIP. Nothing. For ten days!

Trust me on this one. You can be SMART with your resolution this year! You are SWEET enough! Take this challenge and just see what happens! Of course, you’re a nurse, if you have a history of blood sugar issues (i.e. diabetes) talk to your doctor first!

But for most of us, this challenge is:

- SPECIFIC (no added sugar or sweeteners)
- MEASURABLE (“none” is measurable, right?)
- ATTAINABLE (yes, you CAN do this)
- REALISTIC (it’s not FOREVER)
- TIME oriented (ten short days!)

Final note, I do a segment on KTVQ here in Billings every week called A BETTER YOU. We focus on success stories from people that have lost weight or are fighting cancer and generally being BETTER. Well, THIS VERY WEEK, I interviewed a GREAT grandmother who is turning 70 years old and she has lost over 150 pounds over the last two years! Want to know her secret? That’s right. She does not eat sugar. You can see the interview I did with her on my Facebook page or on the KTVQ website later in January.

You are sweet enough! And you are SMART! Now get those resolutions on! Happy 2016!

Veteran Centered Care in the Civilian Health Care World

Joan Stewart, MN, RN

In August 2014, President Obama signed into law the “Veterans Access, Choice and Accountability Act of 2014”. This law was designed to provide timely, high quality healthcare for Veterans through referral of services for Veterans to the civilian healthcare system. With increasing service to Veterans in the private sector, MNA staff developed a planning committee to discuss educational needs for civilian practitioners and ensure continued collaboration of quality care to Veterans with civilian partners.

MNA partnered with VA employees and “Veteran Centered Care in the Civilian Health Care World” conference was held November 12, 2015. The topics included “Healing our Veterans, Traumatic Brain Injury, Reintegration of the Reserve Component Service Member, Women’s Health Issues, PTSD and Substance Abuse Screening and Veteran Benefits and Enrollment”. The excellent speakers provided valuable resources and information to the audience. I believe this information will help maintain and improve quality care for Veteran’s in the civilian healthcare system. I look forward to continual, successful partnership with civilian practitioners and to attending this conference annually.

www.mtnurses.org
A Culture of Health for Montana

Nursing Education and Practice Summit - June 6 and 7 – Helena

By Montana Center to Advanced Health

Once again the Montana Center to Advance Health through Nursing (MT CAHN) is inviting all nurses to the third annual collaborative nursing summit. This 2-day event will be at the Great Northern Hotel in Helena on June 6 and 7, 2016. This year’s theme is “Challenging Practice and Education to Create a Culture of Health” to focus on nursing’s role in building a Culture of Health in Montana.

The Robert Wood Johnson Foundation (RWJF) has a national campaign to “Build a Culture of Health for Every American” based on the belief that every American deserves to live the healthiest life possible. The RWJF mission is to improve the health and health care for all Americans. In a recent address to nurse leaders from across the United States, the President of RWJF, Risa Lavizzo-Mourey, said, “When I talk about building a Culture of Health, we are talking about nurses... So much of what you do is building a Culture of Health.

What is a “Culture of Health”? Where did this come from? How can we create such a culture?

A Culture of Health places well-being at the center of every aspect of life. The movement came from? How can we create such a culture?

The emphasis on well-being and equity as key aspects of good health can mean greater potential for collaboration with many community partners, and stronger ties with workforce centers.

These interconnected areas are the action framework for RWJF’s campaign. The outcome is improved population health, well-being, and equity. The emphasis on well-being and equity as key aspects of good health can mean greater potential for collaboration with many community partners, and stronger ties with workforce centers.

These are the words of Dr. Susan Hassmiller, PhD, RN, FAAN, Senior Adviser for Nursing, RWJF, and Director, Future of Nursing; Campaign for Action and Dr. Susan Reinhard, PhD, RN, FAAN, Senior Vice President and Director, AARP Public Policy Institute and Chief Strategist, Center to Champion Nursing in America. For more information about the RWJF campaign, go to their website at www.rwjf.org.

Planning for this year’s conference focuses on strategies to develop a better-educated nursing workforce. One emphasis of last year’s conference was Transition to Nursing Practice with specific input from nurse leaders in the practice arena. MT CAHN-summit planners intend to build upon that input from nurse leaders in the practice arena. MT CAHN-summit planners intend to build upon that input from nurse leaders in the practice arena.

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This year’s theme is “Challenging Practice and Education to Create a Culture of Health.”

For more information contact the Human Resources office at 406-255-4147. For more information contact the Human Resources office at 406-255-4147.

Jamie Waldorf, RN, BSN was awarded The Montana Tech Alumni recognition award for the nursing department fall of 2015.

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We would like to congratulate Vicky Byrd on receiving the 2016 AANP Advocate State Award for Excellence! This is a prestigious award given annually to a dedicated nurse practitioner advocate in each state who has promoted the NP role and patient access to care. Vicky will be recognized for this achievement during the 2016 AANP National Conference at the Henry B. Gonzalez Convention Center in San Antonio, Texas June 21-26.

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The position is a 12-month full-time administrative appointment with a rank of Associate or Full Professor. Salary and tenure-track status are negotiable. The Chair should be a visionary leader able to provide effective management of the department’s resources, recognize and reward excellence, and promote accountability. The position will develop and assist with implementation of departmental, school, and university strategic plans. The Chair will be expected to effectively communicate with faculty and staff, clearly establish goals, and to continue strong working relationships with many and varied constituencies including the South Dakota Board of Nursing, national accrediting bodies, and several health care systems across the state.

The successful candidate will be a licensed RN, eligible for an unencumbered license in South Dakota, hold a graduate degree in Nursing with an earned doctorate in Nursing, Education or a related field, and have academic, clinical, and leadership experience with demonstrated research and teaching skills. She or he will have a deep commitment to interprofessional education, research, and care delivery. The Chair will have the opportunity to build on the formal agreement in place with the National Center for Interprofessional Practice and Education and a unique statewide interprofessional practice and education collaborative. The Chair will support the Associate Chair of Research in growing interprofessional research and evidence-based practice (EBP) projects, grant funding, and faculty and student involvement in the same endeavors.

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Michael Lawler, PhD, MSW
Dean, School of Health Sciences
Michael.Lawler@usd.edu

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Tune Into Safety for Hearing-Impaired Patients

Impact on patient safety

With more than one-fifth of all Americans experiencing hearing loss, nurses are increasingly likely to care for patients with this sensory deficit. Nonadherence to the treatment plan, including prescribed medications, is greater among patients experiencing hearing loss. Because it results in higher healthcare costs and greater morbidity and mortality, nonadherence has a significant negative impact on patient safety. In fact, Cardenas-Valladolid et al. found that hearing-impaired older adults taking multiple medications had double the risk of nonadherence when compared with others without hearing loss. This nonadherence occurs, they surmised, because hearing-impaired older adults have a poor understanding of the patient teaching provided by nurses and other healthcare professionals. They also found that healthcare professionals significantly overestimated their patients’ adherence to prescribed therapies. A lack of good communication between healthcare professionals and patients was the real problem, they concluded.

Legal concerns

Safe nursing care depends on good communication between nurses and patients. Equal access to safe, effective care is mandated by federal antidiscrimination laws. Legally, nurses have an obligation to do whatever it takes to effectively communicate with patients who are hearing impaired. For example, nurses are expected to ask the patient or the family to explain the patient’s communication needs and describe the communication services required. Without good communication, patients and caregivers can encounter these barriers to safe patient care:

- The nursing process isn’t appropriately implemented.
- Patients misunderstand important information.
- Informed consent for treatment isn’t provided.
- Medication regimens aren’t followed.

Nurses should be aware of their patients’ needs, willingly listen to their needs, and remain flexible and open to providing necessary support services. Nurses must also be aware of all support services and resources available in their facility to facilitate communication.

Don’t let family and friends act as language interpreters. They don’t have adequate medical interpretation skills and are too personally and emotionally connected to the loved one to remain objective. Their involvement can lead to role conflict, breach patient confidentiality, cause a conflict of interest, and prevent effective, accurate, and impartial communication between the patient and the healthcare team. Always rely on a trained language interpreter, if available, or an assistive device or strategy approved for use in your facility.

Care strategies

First and most important, ask hearing-impaired patients for their preferred methods of communication. In a clinic or outpatient setting, the message can be conveyed with posters, appointment screen messages, and flyers. In an inpatient facility, admission procedures include hearing assessments. If deficits are identified, they should be highlighted in the patient’s medical record. Then add a screen message that all staff will see. Ask how the patient prefers to communicate; for example, by lip reading, language interpreters, written information and notes, voice recognition software, or a combination. Remember that during times of stress, fatigue, and illness, patients have a reduced ability to concentrate and focus, and a reduced ability to write and read information, thereby worsening their ability to hear and understand. Encourage your hearing-impaired patients to wear hearing aids (if available) and learn sign and/or lip-reading strategies. Be aware, however, that lip reading is inaccurate and shouldn’t be relied upon as a communication vehicle. Nurses can take continuing-education classes that focus on the care of hearing-impaired patients.

After determining the strategies and enhancements the patient will need to communicate clearly and safely with you and other healthcare providers, plan to accommodate these needs. Make accommodations to the best of your ability, in accordance with facility policy and federal regulations. Even when using a language interpreter, face your patient, position yourself on the same level, and make direct eye contact. Keep bright lights on you, not your patient, and position the interpreter directly to the patient, not into a computer screen, and avoid interrupting the patient. As much as possible, keep extraneous noise and distractions to a minimum.

Speak clearly and distinctly, but not too slowly or in an exaggerated way. Never shout. Preface main conversation topics with your patient’s name. Eliminate medical jargon whenever possible; use short words and short sentences. Talk about one topic at a time, and before changing topics, summarize for the patient what you have said and confirm that the patient understands.

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topics, ask your patient to repeat to you what he or she understands. When misunderstandings occur, explain things in a different way rather than saying the same phrase over and over.¹

Courteously and empathetically listen to your patient and watch the nonverbal responses for signs of misunderstanding. If the patient misunderstands something, correct him or her in a respectful way.

If using a technology-enhanced communication device, make sure you’re thoroughly familiar with how it works and continuously evaluate its quality, usability, and effectiveness.

Put important information in patient handouts. Here’s where voice recognition software (speech to text) can be very helpful. Clearly dictate words into the microphone, show the on-screen written transcript during your conversation and dictation, and give related printouts to your patient. With all written information you share, consider carefully the patient’s literacy level and language skills.

If you work in a clinic or outpatient facility, encourage hearing-impaired patients to book and confirm appointments electronically through text messages, secured online website scheduling, or e-mail. Also, instead of calling hearing-impaired patients from the waiting room, use a visual call system display using their first name and last initial or walk over to them and escort them to the exam room. Don’t violate patient privacy by speaking loudly within the hearing range of others.

Speak up for safety

While performing patient teaching with Mrs. S, her nurse asks her what communication strategies will best help her understand her new medications. She says she’s a high school graduate who’s literate in English and that although she’s very hard of hearing, she’ll be able to “catch” most things as long as the nurse takes her to a quiet private place, speaks slowly, faces her at eye level, and supplements the teaching with printed information.

During the teaching process, the nurse periodically asks Mrs. S to repeat important points and provides feedback as needed. At the conclusion of this teaching/learning session, Mrs. S thanks her nurse for all the help and support. She says that because the nurse took extra time with her, she feels quite confident that she’ll be able to take her new medications exactly as prescribed.

Having patient safety strategies for specialty populations is important for all healthcare organizations. A well-written policy that can be used by managers and employees to respond to hearing impaired patients will help organizations function at their highest capacity to provide excellent patient care and customer service. Following these policies and documenting the care you provided may protect you from being named in a lawsuit.

References

Adapted from “Tune into safety for hearing-impaired patients” by Linda S. Smith, PhD, MS, RN, CLNC. This article originally appeared in the June 2015 issue of Nursing © 2015 Wolters Kluwer Health.
Registered Nurses

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