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THE OFFICIAL PUBLICATION OF THE MONTANA NURSES ASSOCIATION
Quarterly publication direct mailed to approximately 17,000 RNs and LPNs in Montana.

See Our New Section!

ANA
AMERICAN NURSES ASSOCIATION

Read evidence-based practice & advocacy excerpts from ANA's member publications

HAPPY ANNIVERSARY, BABY!

Page 4

104th Annual Convention

Page 5

Executive Director Report

Vicky Byrd, BA, RN, OCN
Executive Director

First and foremost MNA is our professional association. We are the recognized leader and advocate for the professional nurse in the state of Montana. We do and will always advocate for the professional nurse whether they are a member or not.

Our Mission statement: Montana Nurses Association is to promote professional nursing practice, standards, and education, to represent the professional nurse and provide nursing leadership in promoting high quality health care.

We are a blended organization whose members are comprised of APRN's and RN's. Under this organizational structure we have collective bargaining (union) members (mostly RNs and a couple APRNs) and non-collective bargaining members (APRNs and RNs).

Under our collective bargaining arm we represent over 30 local units across the state, where nurses belong to MNA through their collective bargaining agreements (CBA) in place at their place of employment. Our collective bargaining nurses belong to their professional association and additionally have protection at their workplace from their contract. It is their collective voice to advocate for their wages, hours and working conditions all helping to improve quality patient care.

Under our non-collective bargaining arm (APRNs and RNs not covered by a CBA) we have Nurse Practitioners, RNs in long term care, corrections, the VA, home care and nurse educators.

As we are a blended organization, I believe it is challenging for nurses to understand our structure and membership, especially the difference between Districts and Locals. As I mentioned earlier we have over 30 locals or local bargaining units, which creates the union arm of our organization. These locals are all assigned a number and are referred to as MNA local 1, 2, 13, 15, 45 etc. The nurses defined within their respective CBA's, often referred to as contracts, outline our individual local bargaining units and who the members are in those units.

The MNA districts are geographically based and divide the state of Montana into 8 different districts. Districts are referred to as MNA districts 1-8 and are the geographical representation of our nurse members residing in those areas, whether you belong to a local bargaining unit or not. The districts are inclusive of all MNA members!

Many nurses believe because they receive our quarterly *Pulse* (our official news publication) that they are already a member and do not understand that *The Pulse* is sent to all licensed nurses in the state of Montana! We actually obtain our mailing list from the BON, therefore whether you are a member of MNA or not, if you have a nursing license in MT, you will receive *The Pulse*!

Our association binds us together so we can advocate for our profession legislatively and professionally and gives us a powerful voice with our state and national affiliates.

Thank you for your forward thinking and trust in MNA and your MNA staff for the support with the dues increase passed last year at convention. This

Executive Director Report continued on page 2

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, continuing education information, a new Career Center for Job Seekers & Employers, and more downloadable information.

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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 Jennifer.

Jennifer@mtnurses.org

PUBLISHER INFORMATION & AD RATES

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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 500--1000 words and provide resources and references. MNA has the right to accept, edit or reject proposed material. Please send articles to: jennifer@mtnurses.org.

Executive Director Report continued from page 1

has allowed MNA to transform into the association that can truly be the recognized leader and advocate for the professional nurse. Designating funds for member engagement, legislative action and campaigns, solidifying a 3rd labor representative to increase member service and securing an RN CE specialist to support our educational needs as our CE departments services have skyrocketed.

We are able to secure our 10 staff, with living wages and benefits. We should all be very proud of that. We have an Executive Director (ED), Chief Financial Officer (CFO), Administrative Assistant, Director of Continuing Education (CE) with 2 CE specialist and a Labor Program Director and 3 labor representatives.

ED—a full-time professional who provides the leadership, communication and coordination that assures an effective and transparent organization and will be your lobbyist for the 2017 legislative season.

CFO—responsible to provide financial and membership oversight and leadership. She has had laser focus on membership compliance and finances are pristine.

Admin Assistant—responsible for supporting the administrative needs of the Executive Director, the MNA association and staff and assisting with MNA publications. Additionally she will be assisting our state districts with elections and meetings—emails flyers etc.

Director of CE—This person provides key leadership in operation of MNA's accredited provider and approver units in adherence to ANCC Accreditation Program standards. Included in this department is our CE Specialist and our RN CE specialist. Our CE department has been recognized with distinction and is setting standards for other CE departments across the US.

Labor Program Director—responsible for the development, implementation and communication for the Collective Bargaining Units and Economic and General Welfare Programs. Included in this department is our Labor Representatives x 3!! Your Labor Dept. has increased our local units and membership support and provides representation for bargaining, member engagement, grievances, labor management, organizing, and providing education.

Our main product at MNA is member service and we are continuing to adjust and think out of the box to support our members.

Member engagement example—ANA quality conference this year where 6 nurses from across the state attended the Quality conference in Orlando. Talk to Jack from Butte, Willow from Basin, Brandi from Missoula, Heather from Missoula, Gina from Helena, and Debby from Lewistown. They all attended this national conference and obtained invaluable networking opportunities with nurses from around the country and awarded contact hours from the education provided that they can bring back to their facilities.

I occasionally get calls from nonmembers (RNs-APRNs) and we assist them with limited advocacy as it is the right thing to do. We also take the opportunity to inform and educate them regarding their professional association.

This is your investment into your professional association, we can drive your nursing issues even while you are working in the hospital, at the clinic, providing home care, staffing the long term care facilities and educating student nurses…. you invested in MNA allowing MNA to advocate for you and it is our pleasure.

www.mtnurses.org

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The Pulse

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VOICE OF NURSES IN MONTANA

MNA is a non-profit, membership organization that advocates for nurse competency, scope of practice, patient safety, continuing education, and improved healthcare delivery and access. MNA members serve on the following Councils and other committees to achieve our mission:

- Council on Practice & Government Affairs (CPGA)
- Council on Economic & General Welfare (E&GW)
- Council on Continuing Education (CCE)
- Council on Advanced Practice (CAP)

MISSION STATEMENT

The Montana Nurses Association promotes professional nursing practice, standards and education; represents professional nurses; and provides nursing leadership in promoting high quality health care.

CONTINUING EDUCATION

Montana Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Montana Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

MNA

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Questions about your nursing license?
Contact the Montana Board of Nursing at: www.nurse.mt.gov

My MNA Leadership Experience

Brittany Lee, RNC
MNA Local 13
Member

As an ASN prepared RN, returning to school for my BSN meant careful consideration of the various associated factors such as cost, location, and, the biggie: time. However, while considering the time commitment associated with a return to school, I only considered my own time: can I balance work, my husband, kids, and their various activities, as well as my own various activities, with school? What I never considered, or even thought for a second to consider, was the time commitment required from other people for me to complete my degree.

Enter, Vicky Byrd, BA, RN, OCN current Executive Director of the Montana Nurses Association (MNA). When she considered the position of Executive Director of MNA early 2014, she no doubt weighed the various aspects of the position in the context of her own life. What she did not do was consider my schooling needs as part of her decision to take the position. As it turns out though, her willingness to give of herself and her time was an additional time "requirement" that my BSN journey could not have progressed without.

I needed a leadership rotation for a leadership class, I needed it now, and my distance education school did not already have an established affiliation agreement with my local, small town hospital. Rendered incapable of completing a leadership rotation at the hospital, I racked my brain for other options, eventually thinking of Vicky as a potential nurse leader to shadow.

Taking a deep breath I picked up the phone and called the MNA office. Because I was unsure of the appropriateness of my forthcoming request, I decided to filter it through her secretary, leaving Vicky an easy route by which to dodge the idea. To my fleeting dismay, Vicky was the one who answered the phone and I was forced to buck up and ask her directly.

Her voice didn't waver, halt, stutter, lower, or do anything at all to raise any doubts as to the authenticity of her enthusiastic response: a chiming "Sure!" The weight of the assignment fell – I'm sorry, make that "tumbled" – off my shoulders in that instant, and within a few minutes we had all the details worked out and a date and time scheduled for me to shadow her.

The day came and was everything I needed it to be. To best describe it, let me first tell you what it was not. It was not boring, tedious, or dull. I was not situated in an obscure, minimally comfortable location where my dismissible presence allowed for operations to proceed uninhibited. I was not given directives of silence, nor was I ever shunned from a conversation. Rather, I was warmly welcomed and my pre-written, undoubtedly blasé questions were answered with enthusiastic responses. I was shown respect I have in no way earned, and kindness I couldn't have anticipated.

During that time I learned how the leader of a statewide professional nursing association, that includes union and non union members, juggles a facility complete with staff, grounds, and problems; nurse members with questions, problems, or complaints; and professional affiliates such as ANA and AFT. Thrown into the juggling act is the current *Your Nurse Wears Combat Boots* campaign.

Suffice it to say that I learned a great deal about nursing leadership, and I earned a 100% on the assignment!

Announcements and Awards

Congratulations to Brenda Donaldson, our Distinguished Nurse of the Year for 2016!!
Brenda Donaldson BA, RN
Vicky Byrd BA, RN, OCN

Barbara Schaff won the MNA Historian Award for 2016!
Vicky Byrd BA, RN, OCN
Barbara Schaff DNP, FNP-BC

Jennifer Taylor BSN, RN, CCRP was awarded with the Excellence in Nursing Education Award of 2016!

Our 2016 Political Nurse Leadership Award went to Laurie Glover MN, APRN, FNP!

Delayne Gall RN, OCN is the 2016 Economic & General Welfare Council Achievement Award winner!!

Congratulations to Keven Comer, MN, APRN, FNP-BC!! She was named the MSU College of Nursing Outstanding Alumni!

District 3 received our 2016 Membership Award!
Vicky Byrd BA, RN, OCN
James Fredrickson BSN, RN

HAPPY ANNIVERSARY, BABY!

Joey Traywick, CMSRN, B.S. Kinesiology

Jack Preston RN, Lorri Bennet RN, Katlin VanMeel RN, Joey Traywick CMS, RN and Cindi Smith RN

Last year, at the Montana Student Nurses Annual Convention, I talked about the connection between WELLNESS and SERVICE. The obvious connection is WELLVIS!! We danced and laughed and discussed how to take care of yourself in the busy atmosphere that is today's healthcare system. It was also one year ago that I wrote my first article for THE PULSE! I remember writing about the conference and how I had spoken at the Academy of Medical-Surgical Nurses annual conference in Las Vegas just before coming to Helena. I remember the picture accompanying the article, in fact. There I was, in my Elvis costume, wig and all, right in front of a restaurant with a sign that read, "350 lbs and over eat free!"

That photo was a great contrast to my WELLVIS!! concept, to say the least!

This year, I had the opportunity to speak for the Montana Nurses Association annual convention AND the Montana Student Nurses Association! What a blast! But, I knew they were on to me now and would be looking for me to get them up and dancing and for me to wear a costume again this year. So, this year, for my presentations, I was very clear that I would be much more serious and much less entertaining but that the subject matter would be about the same.

But they were on to me from the start.

Yes, I talked about stress in the workplace and how we MUST take care of ourselves if we are to take care of others. I offered strategies to help with self-care. I mentioned mindfulness and how to create better habits. We reviewed the efficiency of seven minute workouts and the benefits of eating less processed sugar. Then, just when they thought I was done, I changed into my STAYING ALIVE outfit! My purple and green "leisure suit" was a perfect match with my gold sunglasses and big hair wig! We discoed and, I must say, nurses can DANCE!

While I don't think anyone was shocked that I talked about self-care nor that I came out in a costume, I do think we were all surprised that we could learn so much while having so much fun! That really was the theme of the entire convention! We all had a blast learning about topics like constructing a medical narrative and skin cancer prevention as well as the new developments in the "Your Nurse Wears Combat Boots" initiative. The speakers were engaging and passionate (not to mention UBER smart) and the attendees were all smiles and hugs no matter where they were from.

One speaker that stuck out to me was Shawn Paul. He is the Director of Security at his hospital and he is SUPER passionate about preventing the physical and verbal abuse of nurses. But the moment that stuck out most to me during his presentation was when one of the audience members made a comment that we should all MAKE the time to address violence prevention education in our facilities, "We HAVE the time," she said, "we just need to make it a priority."

B.I.N.G.O.

While she may have been talking about violence prevention (which is a TOP priority for all of us at MNA) I immediately wrote down her comment and asked her if I could use it in MY presentation. She agreed and I was very thankful. Because, you see, whether it is making time for educating a patient about skin care or taking the time to review safety policies with colleagues to prevent abuse, we all DO indeed have the time for the priorities that we put in place for ourselves.

It has been a year of me writing this little piece in *The Pulse* and I couldn't be more proud. The question I want to leave you with is "Have you made YOURSELF a priority, this year?" If so, well done, keep it up and continue to be the role model to your sphere of influence. If not, why not make that a goal for yourself? You really DO have the time. You simply need to make YOU a priority.

Will I see you next year? I sure hope so! You can tell me all about YOUR journey to being better! And I have good information that cowboy hats and chaps will be allowed! Can't wait! I've got JUST the costume!

Cheryl Richards MS, BSN, RN-BC
Pam Dickerson PhD, RN-BC, FAAN

Paul Lee CCRN

Deborah Lee
BSN, RN-BC, CCRP

Carroll College Students: Alexa Daskalos, Terry McClement, Jessica Denborne

104th Annual Convention

Alex Redfern RN, Julian Rogers RN

Jennifer Tanner RN, CCRN, NREMT
Terry Dutro MSN, AGPCNP-BC

Keven Comer MN, APRN, FNP-BC,
John Honsky APRN, Nanci Taylor APRN

Ellen Osborne BSN, RN, CEN,
Pam Majerus BS, RN, CEN, Tami Schoen RN, BSN

Patricia Kelly MSN,
CNP, FNC-BC,NP-C

Janet Ivers MSN, RN

Back: Brian McCord CCRN, Brooke O'Neil CCRN,
Jennifer Taylor BSN, RN, CCRN, Paul Lee CCRN
Front: Leslie Shepherd RN, Anita Doherty AND,
Karen Gaare RN, CCRN

Lorri Bennet RN, Jewel Crist RN, Chelsee Baker RN

James Fredrickson BSN, RN; Shawn Paul
Regional Director Safety and Security

Your Nurse Wears Combat Boots Update

Embracing the Legislative Process 101

Brenda Donaldson, BA, RN, MNA Campaign Chair

On a 0-10 scale (which every nurse is familiar) with 0 defined as no confidence and 10 defined as super confident, I would rate my confidence level regarding communicating with legislators a negative 5. I have never enjoyed it, desired to be a part of it or engaged in it as I have never felt that I could make a difference. After all, these people were so much more knowledgeable and well-spoken than I. I found the whole process very intimidating. I always rationalized that this type of political advocacy should be left to the "professionals."

As I have embarked on a journey with a great group of professionals addressing workplace violence in healthcare through the *Your Nurse Wears Combat Boots Campaign*, it has become painfully apparent to me that I needed to find my place in the legislative advocacy process. Step one, recognizing I needed to engage, checked off. The second step seemed a little more perplexing. How? After getting a little advice from some experienced people, I learned that engaging legislators is not really about making sure I had a 50 page document covering every statistic, fact and study related to workplace violence to provide them. Instead, it was about sharing a personal story or painting a picture for legislators of how violence affects me, my coworkers and patients and what action I want them to take to address it.

I made a plan to first send my area legislators an e-mail. In my mind this would be non-threatening and safe. I wouldn't actually have to talk to any of them. This seemed easy enough until I started drafting an intelligent, from the heart and less than sixteen page message. After another consultation with the pros, I drafted an email a few sentences long

Dear _____,

My name is Brenda Donaldson and I am a 30 year Registered Nurse from your District. This is the fourth consecutive year that rates of workplace violence have increased in healthcare. Many of my colleagues have been assaulted while at work, and it is a constant thought in my mind each day I go to work "will it be me today" Please support the nurse assault bill LC0223 (this is the draft bill number)

Your communication should include three short points:

1. Introduce who you are and you are a constituent from their district
2. Your personal story or how you have been affected by workplace violence.
3. Action (what you want them to do)

I really didn't expect any replies, but I actually got a response from one Legislator wanting more information over coffee. Wow! It worked!

My mentor then said that I should follow up the e-mail with a phone call. Gulp! Hurdle number three, here I come. I prepared what I would say, but secretly hoped that none of them would answer their phones and I could just leave a message. First call no answer, message left. Second call no answer, message left. This would be easy, so I proceeded down the list until one legislator answered my call. I was a little taken back but somehow managed to spit out my rehearsed message and invited them to the *Your Nurse Wears Combat Boots Roadshow* the following day. I waited for one of two things to happen: the person on the other end to hang up or to start asking questions that I could only envision I would not be able to answer. Neither happened and I was pleasantly surprised by the great conversations that followed. All but one seemed to appreciate the information and call.

The following day at the Roadshow three legislators/candidates attended the Roadshow and listened intently to the information and asked many questions. I liked to think my actions influenced their attendance.

This experience served as a valuable learning lesson in a couple of ways. First, short, personal and to the point is better than trying to articulate a long drawn out communication. Second, my individual effort is important and effective.

Be on the lookout for some tools to help you communicate with your legislators. Make sure we have your current e-mail address to receive these tools. You can also access these tools on the mtnurses.org website as they become available.

Encourage your friends and family to also contact their legislators as well. Assault not only affects the healthcare worker, but also their family and friends that make up their support system.

I would challenge you to become engaged in this process. Be assured that your individual efforts do make a difference.

How a Bill Becomes a Law

Sandi Luckey, Labor Representative

Nurses have a self-sacrificing nature. It's an honorable trait. But your workplace has become among the most dangerous…more so than in mining or construction. It's time to make the work of taking care of others safer…for you, patients, co-workers, and for the next generation of nurses. You deserve nothing less.

The *Your Nurse Wears Combat Boots* campaign is focused on getting a law passed making it a felony to assault a healthcare worker or emergency responder. The path to a new law is simple.

In Montana we have a citizen Legislature. We have no fulltime legislative politicians. Our elected lawmakers convene for 90 days every odd numbered year to add, remove, or alter the laws that make up our collection of state laws called Montana Codes Annotated (MCA). The 2017 Montana State Legislature, most of whom will be selected by your vote this November, will begin their official work January 2, 2017.

The bill draft for our proposed law has been requested by Montana State Senator Ed Buttrey. The bill draft is called LC 0223. LC stands for Legislative Counsel and indicates a bill draft that has not entered the legislative process. The actual words that make up a bill are drafted by the state's Legislative Services Division which includes a legal review. Our bill will begin the process in the Senate because it was requested by a Senator instead of a Representative in the House of Representatives.

Once it has been introduced in a Senate Committee, its name will change to Senate Bill ### (For example: SB 999). The official bill number is given to each active bill based on the order it was officially introduced so LC 223 might become SB 15, for instance. Every bill that passes into law, comes before each chamber at least three times. Bills that don't get a passing vote, eventually die.

The three times a bill is heard in short summary:

1. On 1st reading the bill is assigned to a committee to be heard,
2. On 2nd reading the committee may amend it and/or recommend it for passage, or it may fail,
3. On 3rd reading there are no more amendments allowed and the full chamber has the recommendation from the committee that heard it on 2nd reading. If it passes 3rd reading, it has successfully passed one chamber of the Legislature.

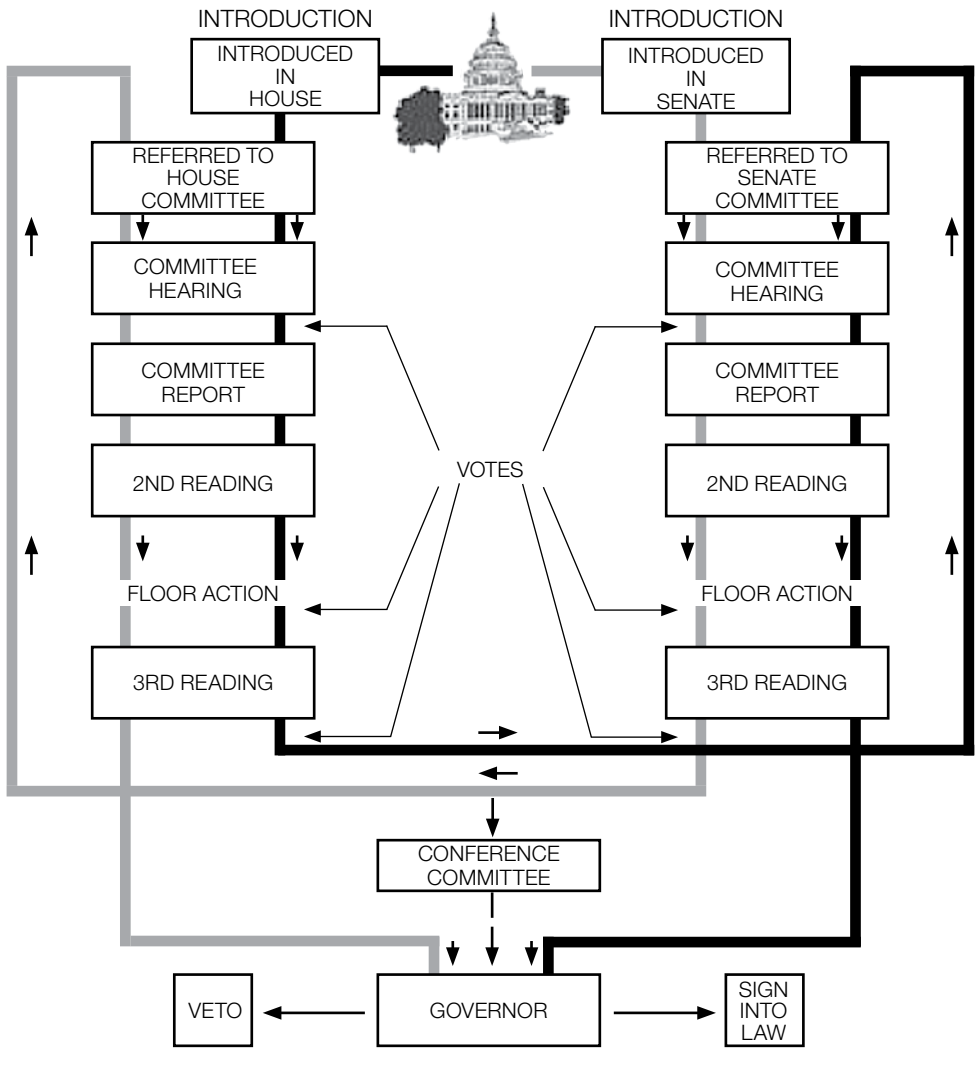
During Transmittal, which is sometime in late February and sort of like half time at a sporting event, all bills (excluding those that generate state revenue) that have passed either the Senate chamber or the House chamber are transmitted to the opposite chamber for potential passage.

No bill makes it to the Governor's desk to be signed into law without first passing in both the House and Senate. The Governor can also veto bills or recommend amendments for legislative passage. Most new laws take effect in October of the year they were passed into law but some specify an earlier or later enactment date.

As you can see, it's a clear and simple process. It's the people that handle it along the way that make it look a little messy. That's where you come in. Passing the law will require people power.

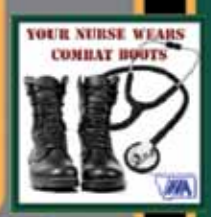
Most people don't know nurses get hit, kicked, punched, pushed, chased, strangled, or threatened. It's imperative that we each tell our state Senators and Representatives that violence is up as much as 110% in some areas of healthcare and Montana nurses need safety and legislative support.

Diagram of how a bill progresses through the legislative process
Courtesy of the State of Montana



ASSAULTED
WHILE ON DUTY IN 2016

Amber Brensdal, RN
Jefferson City, MT



"PUNCHED WITH ENOUGH FORCE" TO KNOCK ME OVER"

I entered a patient's room who was in bed. After a conversation with her, I turned to leave the room and was punched in the back of my head with enough force to knock me over. She began pulling my hair and ripping handfuls out as she proceeded to bash my head against the wall and the floor. I was punched multiple times in the head. I lost consciousness for a period of time as I waited for assistance. The visible injury was a black eye and a significant amount of hair pulled out. The unseen injuries include a concussion, whip lash, anxiety and insomnia.

My experience is an all too real reminder of how fast something can happen and the unfortunate reality that this is considered "acceptable behavior." Had this person done this exact thing to me in a grocery store or on the street it would be a felony assault, but because it took place inside a health care facility it is just "part of the job."

"He flipped his table over AND PUSHED ME TWICE."

I have been a nurse for 24 years. I have worked as a nurse in several critical care areas including the Intensive Care Unit, Emergency Department, Helicopter Flight Nurse and a Trauma Nurse Specialist. I am now a Nurse Practitioner in chronic pain. I have been exposed to intense working environments my entire career. I had only experienced verbal assaults in my career until April 2016. That is the first time a patient put their hands on me in a physical manner.

I work extra shifts with the long-term care provider group. In April, I was at a local nursing home & was asked to speak to a patient who was being aggressive with the nursing assistant staff. The patient was an adult male who is a paraplegic & had been wheelchair confined for about 28 years. I entered the patient's room to talk with him & before I could get any words out he started to yell and flipped his bedside table over. It was lunch time so his entire food tray went flying against the wall. He reached out to his right side where I was standing and pushed me twice into a chair. After the second time he pushed me, I landed in the chair and got myself up to head for the door. As I get up, he reached out and grabbed the stethoscope around my neck and began to pull down on it and my scrub top. It became clear that he was out of control and attempts to de-escalate him would not work.

When I got out of the room and got to the nurses station I was so scared, angry, confused—I was shaking. I was struck by a couple of things:

1. I could leave but what about the staff at the nursing home?
2. What do they do when they are in danger?
3. The nurses, nurses aides and ancillary staff at the nursing home are vulnerable to violence too.

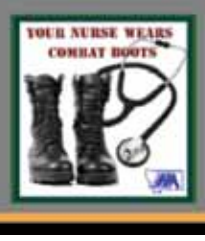
ASSAULTED WHILE ON DUTY

Lisa, RN, APRN
Billings, MT

Assault is not part of the job.

ASSAULTED
WHILE ON DUTY IN 2015

Greg Smith, RN
Anaconda, MT



"THERE WAS A LOUD CRASHING NOISE AS I LOST MY VISION"

I earned my nursing degree in 2006 at the age of 50 and I worked for 10 years as a nurse before enduring a substantial concussion that might end my career. It was 8 months ago. I have not found safe employment that is a match for my skillset since. The first sign I had been hit was a loud crashing noise and loss of vision. I had a difficult time retaining balance. Then vision returned, someone handed me my glasses and the pain started. I was struck on the left cheek. Again. I knew the feeling all too well, this was the third time in my career this had happened. Last time it cost me a molar when a patient, who was a trained boxer, hit me twice in the same spot. The first time I thought I was going to die as I passed out in a choke hold. That assault required a CAT scan to rule out broken facial bones. This time was different though, I immediately knew I was not right. I asked to be evaluated at the ER. For several days I was confused, angry, moody, unhappy. My first shift back to work 10 days later was short-staffed with elevated patient behavior. As the Charge Nurse, I was responsible for everyone's safety. Much psychological damage occurred in making it through that shift. I called security several times. It was not a therapeutic environment. It was the straw that broke my will to continue."

Labor Reports and News

Organizing – One Way MNA Continues to Grow!

Robin Haux, BS
Labor Program Director

As the MNA Labor Program Director, I find it hard to contain my excitement on your labor department's success in organizing new nurse members! With our focus to educate nurses in Montana on the benefits of coming together—creating a larger, collective nursing voice to impact patient care and to improve our working conditions—understanding the organizing process is the first step towards building nursing power. Our unions are our nurses working together to create a collective voice for negotiations with our employers to improve patient care and the nursing profession.

How Do We Start?

- Most importantly, you need to KNOW YOUR RIGHTS! Both federal law—the National Labor Relations Act (NLRA)—and state laws protect your right to form your nurses' union. The NLRA protects your rights to express your opinions about forming a nurses union—to talk to your coworkers, wear insignia to show your support, hand out literature, post supportive messages and information on social media, attend union meetings, and ultimately vote "yes" to form a union with your colleagues.

What Is the Process?

- Talking with your co-workers is the most important step to forming your union. One-on-one conversations with one another give you the ability to gauge whether your fellow employees are likely to support a union election.
- Identify the issues important to your coworkers that need to improve. Once your concerns are identified we can share ideas on how forming your union can make positive changes. Take time to educate yourself on the nursing issues important to your coworkers and prepare how you will respond to challenging questions. (We will help with this.)
- It is important to have these conversations during non-work time. Although the National Labor Relations Act guarantees your right to organize and to discuss union membership, keeping these discussions discreet helps to protect the success of your campaign. When the time is right, you'll make your union drive public by nurses declaring their support for your union.
- Gather important information about your workplace by mapping out your facility and identifying all departments, employees, shifts, etc. You'll use this information to talk to RNs and to ensure that everyone eligible to vote in the election gets an opportunity to get their questions answered.
- Utilize the resources available to you and your organizing committee to research your facility and what wages and benefits other nurses earn in your state, and be prepared to make comparisons across the state using good data.

What Can We Expect from Our Employer?

Forming a nurses union gives you the ability and power to bargain collectively to improve patient care, working conditions, and wages and benefits. These facts alone often cause employers to discourage nurses from organizing. Common employer tactics against you and your colleagues may include:

- Increasing your pay or providing a "bonus," promises of better communication or treatment in the future, or sudden changes in the relationships between nurses and managers. With these positive changes, your employer hopes that you lose your motivation to organize. Ask yourself why they wouldn't want you to have a voice in the decision-making process.
- Threatening your wages and benefits by saying that they will no longer have control over these kinds of economic items. You may be told that you don't need a "middleman" to talk to your managers. Your employer may say that a nurses union will only protect "bad" workers or they may insist that your union will try to intimidate you. Always remember that your RIGHT to organize with your fellow nurses is federally protected and that violating your rights is illegal.

How Do We Get To Vote?

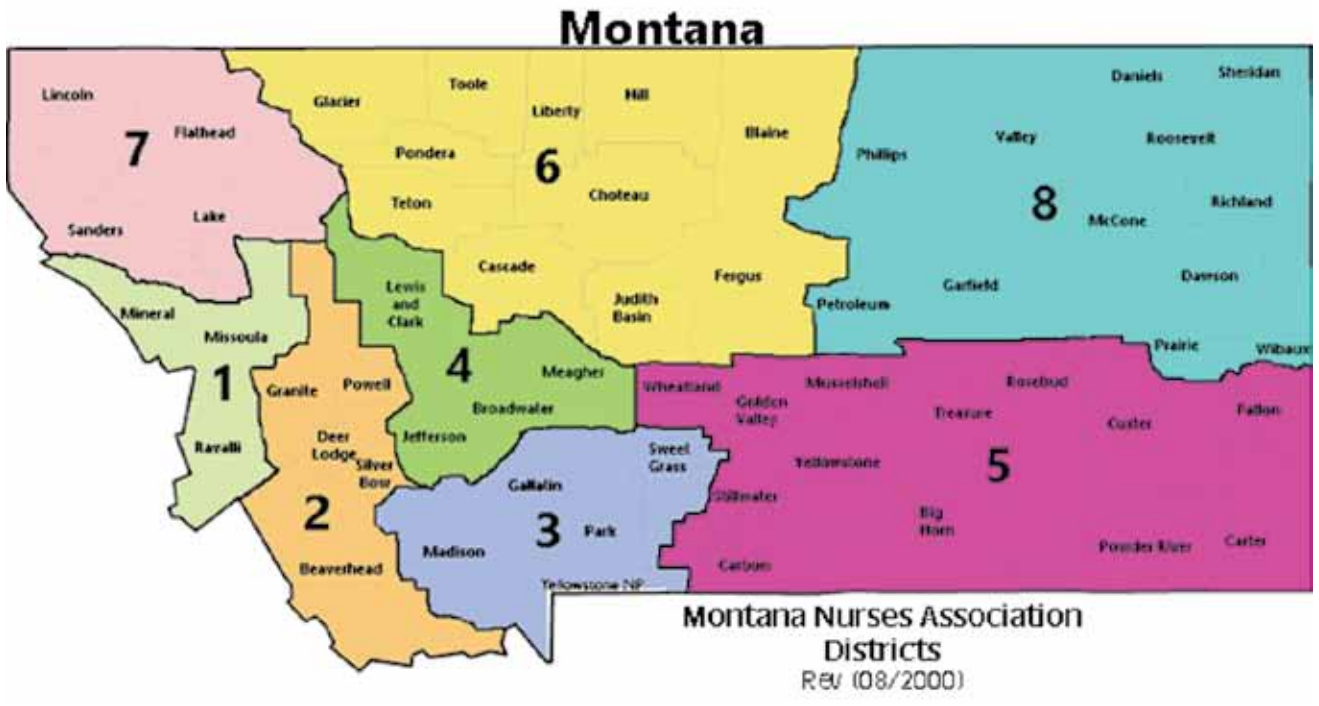
The process to get to your union election is defined by law, under the NLRA, and governed by the National Labor Relations Board (NLRB). As you begin talking to your colleagues, you need to identify enough support that will allow you to collect the signatures needed to prove to the NLRB that an election is warranted. To schedule an election, the NLRB requires the signatures of at least 30% of RNs. When MNA organizes nurses, we set our goals at a much higher threshold prior to any election. We do this for two reasons:

1. With only 30% support, we will not win.
2. Our goal is to win a *strong* first contract; to do this we need nurses to win the election with a *large majority* to create a strong voice at the bargaining table!

What Next?

Give us a call! We always work closely with nurses throughout the entire organizing process. It can seem daunting, but we will meet with you, create a plan, and guide you every step of the way toward an election—and ultimately through bargaining your first contract. The more nurses in Montana that have a unified voice, the more effectively we'll be able to advocate for our patients, our work environments, and our communities.

The Montana Nurses Association promotes professional nursing practice, standards and education; represents the professional nurses; and provide nursing leadership in promoting high quality health care. Our goal is to represent the nurses in Montana and to improve upon the nursing voice in improving patient care, improving on nursing benefits and wages, and create fair and equitable policies and processes.



Excerpts from ANA

MNA is launching a new feature in *The Pulse*. Each quarter, we will be showcasing excerpts from American Nurses Association's publications that relate to clinical practice and professional advocacy. Don't forget—full ANA monthly publications are included with each Montana Nurses Association membership!

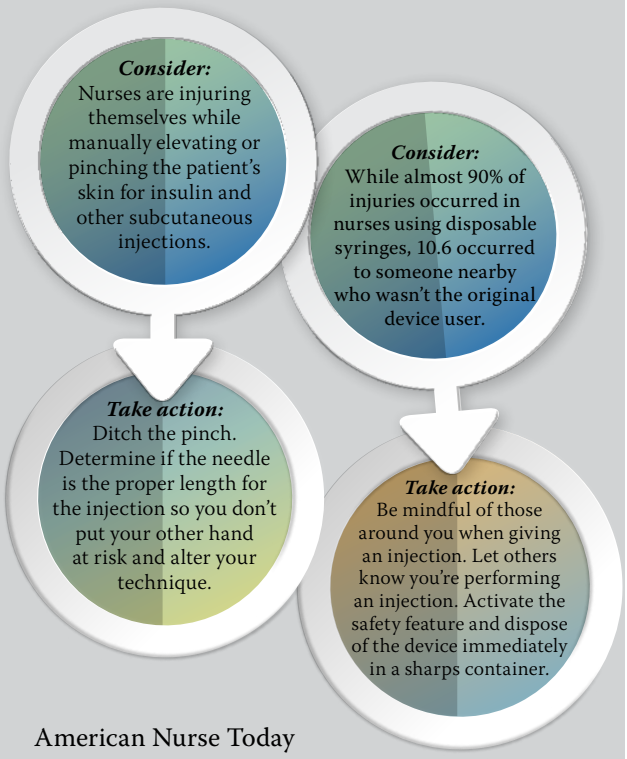
Caroline Baughman, BS, Labor Representative

Excerpted From

Preventing injuries from disposable syringes

By Amber Hogan Mitchell, DrPH, MPH, CPH, and Ginger B. Parker, MBA

The Exposure Prevention Information Network (EPINet®) serves as a tool to measure occupational exposures, and the International Safety Center (ISC) distributes the data. The authors, both employees of the ISC, discuss the findings from 2009-2013.



American Nurse Today
January 2016
Volume 11, Number I
Pages 7-8

Excerpted From

Practical steps for applying acuity-based staffing

By Meaghan O'Keeffe, BSN, RN

Acuity-based staffing and nursing hours

Patient-related factors affecting nursing workload

The factors defined below play a role in determining a nurse's workload intensity.

Medications	The number of medications a patient receives during a 12-hour nursing shift that must be verified against a medical doctor's order and based on standards of medication delivery
Complicated procedures	Task- and time-oriented procedures carried out to perform competent patient care in management of disease process and prevention of complications
Education	Requirements for complex patient care encompassing teaching about disease processes, procedures, preventive measures, and standard facility protocols
Psychosocial	Nursing tasks related to monitoring and intervention correlating with mental disabilities, end-of-life care, and palliative care, and including personal or family dynamics
Complicated I.V. medications	Task- and time-oriented distribution and monitoring of I.V. medications, blood or blood products, or hemodynamic monitoring of vascular access

Harper K, McCully C. Acuity systems dialogue and patient classification system essentials. *Nurse Admin Quarterly*. 2007;3 1:284-299.

Determining how to measure nursing care has been a persistent challenge for our profession. Often, nursing is seen as a cost center, not a core service. Healthcare organizations are reimbursed for medical care based on a diagnosis or procedure, but current payment systems don't account for nursing care differences.

Patient acuity levels in acute-care settings have increased. What's more, patients are being discharged from hospitals at a faster pace than ever, which increases the intensity of care each patient requires. Combined with the wide range of patient variability-even within the same patient population-this has made nursing care needs much more difficult to ascertain objectively. Patient acuity data offer transparency that allows accurate calculation of how many nursing hours are needed in a given situation.

John Welton, PhD, RN, FAAN, professor at the University of Colorado College of Nursing and senior scientist for Health Systems Research, shared data he presented at the 46th annual American Organization of Nurse Executives Conference, along with findings that show the calculation of direct-care hours and the cost of those hours for each patient on a medical- surgical floor. Patients who stayed 1 day had a much higher average of care need (in mean hours) than those who stayed 2, 3, or 4 days. Also, patients who stayed more than 3 weeks required more care on average. Although these patients made up only 20% of the patient population, they required 50.4% of all available nursing care hours and dollars. Additionally, patients aged 65 and older (the Medicare population) required 30 to 45 minutes more nursing care per day.

American Nurse Today; September 2016; Volume 11, Number 9; Pages 30-34

Continuing Education

The Specialty of Nursing Professional Development

Pam A. Dickerson, PhD, RN-BC, FAAN Director, Continuing Education

Nursing professional development (NPD) is a specialty practice area, similar to emergency, critical care, med-surg, oncology, OB, and other clinical areas. Nursing professional development practitioners are those who focus on professional role development of nurses and other healthcare personnel. There is a *Scope and Standards of Practice* document that guides practice (updated in 2016) and a certification process to recognize those who have achieved a high level of competence in the field. The Association for Nursing Professional Development is the specialty organization for NPD practitioners.

There are two subsets of NPD practitioners – NPD generalists and NPD specialists. Generalists are baccalaureate-prepared nurses with or without NPD certification or graduate-prepared nurses without NPD certification. Specialists are those who hold graduate degrees in nursing or a related field and are certified in NPD. If the graduate degree is in a related field, the undergraduate degree must be in nursing. There are competencies expected of practitioners at each level.

NPD practitioners are critical to the safety and well-being of patients and the professional development of nurses. They use adult learning and educational design foundations to assess professional practice gaps, collect evidence to identify educational needs that will close practice gaps, and develop educational activities to achieve desired outcomes. They carry out multiple functions in education departments or on clinical units, such as arranging meeting space, selecting speakers for activities, developing learning plans and course materials, securing teaching aids, facilitating educational activities, evaluating learner achievement, and measuring outcomes.

In September of 2016, MNA was pleased to host a 2-day workshop to prepare NPD practitioners to sit for the certification examination. Seventeen participants from four states participated in the activity, learning about gap analysis, learning styles, budgeting, educational design, change, motivation, marketing, competence, and many other things. Participants were actively engaged in creating plans for their own professional development as well as learning how to support the professional development of others. The workshop was provided by the Association for Nursing Professional Development. We were honored to have Dr. Mary Harper and Dr. Patsy Maloney as presenters for the session. They are the authors of the 2016 edition of the *Nursing Professional Development Scope and Standards of Practice* and are exemplary national leaders in the field of nursing professional development.

Coincidentally, the week the certification prep course was offered was also "Nursing Professional Development week" around the country. Have you ever stopped to think about NPD practitioners as a value-added resource you have in your organization? Are you aware of the time, attention, and credibility they bring to the table to support you in your practice? Are you comfortable in sharing with them your practice concerns and ideas for educational activities that would help you improve your patient care?

NPD practitioners are a valuable resource for you. Please take a moment to recognize the work they do to support your practice and work with them to develop educational activities that will improve practice and patient care in your organization.

Educating the Educator

Gwyn Palchak BSN, RN-BC, ACM, Council on Continuing Education Member

The ANCC Annual Symposium on Continuing Nursing Education was presented on July 19th in Pittsburgh and I was fortunate to be able to attend on behalf of the Council of Continuing Education. As a member driven association, the MNA Directors are committed to providing educational opportunities for its members which benefits them personally but are also instrumental in advancing the Association.

Attending a national conference is both exhilarating and intimidating. I felt small as the morning opened but quickly realized that the educational work being done in Montana by our CCE was advanced and cutting edge. Given that, it was more comfortable to engage in conversation and interact with my peers allowing me to gain knowledge, give knowledge and commiserate over shared challenges.

So why this conference? Being presented by ANCC, I expected a higher level of material to be presented as befitting their reputation and was impressed by the choice of speakers. I also thought the price was appropriate for the return on investment from MNA.

And as I expected ANCC delivered. The high level of information presented was exhilarating, complex, up-to-date and the speakers were thoroughly dynamic. The time allotted for each presentation was appropriate and questions were answered timely. The richness of the information presented could not easy be duplicated with reading articles or listening to webinars. The questions asked and answered added to the presentation by focusing on real problems and solutions.

As a Peer Reviewer, the symposium provided much needed education to expand my knowledge and to better appreciate the nuances of the review process. It also provided much needed education on establishing and evaluating outcomes. For the planning side, I especially appreciated the information on the use of technology and to incorporate that into "just-in-time" learning. Dr. McGowan session on learning and time was most fascinating and it was fun to learn about the Ebbinghaus "Forgetting" Curve.

My biggest take away, though, was the recognition that continuing education is undergoing a rapid and needed transformation which will be crucial in preserving and elevating outcomes; patient, financial, and satisfaction outcomes. Since MNA is beginning that transformation, we will continue to be on the cutting edge of continuing nursing education.

As stated earlier, the high level of information presented was stimulating and very thought provoking. The interaction with my peers also provided "education" and differing perspectives which added another dimension of value and richness. I highly encourage all nurses to attend a national conference—it is well worth the time and money.

Montana Nurses Association Approved Providers

St. Vincent Healthcare, Billings, MT	Alaska Native Medical Center, Anchorage, AK
Kalispell Regional Medical Center, Kalispell, MT	Fairbanks Memorial Hospital, Alaska
Benefis Healthcare Systems, Great Falls, MT	Central Peninsula General Hospital, Soldotna, AK *With Distinction*
St. Peter's Hospital, Helena, MT	Wrangell Medical Center, Wrangell, Alaska
Community Medical Center, Missoula, MT	Montana Health Network, Miles City, MT
Bozeman Heath, Bozeman, MT	Livingston Healthcare, Livingston, MT
Providence St. Patrick Hospital, Missoula, MT	Alaska Nurses Association, Anchorage, AK
Billings Clinic, Billings, MT	North Valley Hospital, Whitefish, MT *With Distinction*
MT Geriatric Education Center, Missoula, MT	South Dakota Nurses Association, Pierre, SD
St. James Healthcare, Butte, MT	Partnership Health Center, Missoula, MT
Providence Alaska Medical Center, Anchorage, AK	Mountain Pacific Quality Health, Helena, MT
South Peninsula Hospital, Homer, AK	Alzheimer's Resource of Alaska, Anchorage, AK *With Distinction*
Bartlett Regional Hospital, Juneau, AK	Wisconsin Nurses Association, Madison, WI
Alaska Division of Public Health, Anchorage, AK	Shands Healthcare, Gainesville, FL
Mat-Su Regional Medical Center, Palmer, AK	

APRN Corner

Keven Comer, MN, APRN, FNP-BC

Hello APRNs,

Please mark your calendars for the annual APRN Pharmacology Conference—March 3rd & 4th 2017 in Helena. Our keynote speaker will be **Dr. Peter Buerhaus, PHD, RN, FAAN, FAANP(h)**, a renowned nurse economist who is recognized nationally for his expertise on health care workforce issues. Throughout his career, Dr. Buerhaus has seen firsthand how research can transform national conversation on an issue as important and complicated as health care delivery.

He is currently faculty at MSU and previously served as the Valere Potter Distinguished Professor of Nursing at Vanderbilt University School of Nursing, director of the Center for Inter-disciplinary Health Workforce Studies at Vanderbilt's School of Medicine, and professor in the Department of Health Policy in the Institute for Medicine and Public Health at Vanderbilt University Medical Center. Buerhaus also chairs the National Health Care Workforce Commission and is a member of the Institute of Medicine.

Dr. Buerhaus's research includes forecasting nurse and physician supply, developing and testing measures of the quality of care in hospitals, determining public and provider opinions on issues involving the delivery of health care, and assessing the quantity and quality of health care provided by nurse practitioners. He will discuss his findings and thoughts at the spring convention. He was recently inducted as an honorary fellow in the American Association of Nurse Practitioners.

As always, we will have a broad variety of topics and speakers, including sleep apnea, women's health, Crohns, peds, wound care just to mention a few.

Friday night we will have a legislative update as we will be in a current legislative session.

We will be submitting a global signature bill, allowing NPs to sign where legally able.

Remember to contact me if you have any concerns or issues. Keven.comer@gmail.com.

SAVE THE DATE

*** Veterans Care Conference ***
Helena, MT ~ November 8th 2016

*** Transition To Practice ***
Helena, MT ~ January 22nd & 23rd 2017

*** MNA Legislative Day ***
Helena, MT ~ February 9th 2017

*** APRN 2017 Pharmacology Conference ***
Helena, MT ~ March 3rd & 4th 2017

*** Labor Retreat ***
Chico, MT ~ April 9th 10th & 11th 2017

*** MNA Convention ***
Helena, MT ~ October 4th, 5th & 6th 2017

Has your contact information changed?

New name? New address?
New phone number?
New email address?

To update your contact information, please email or call Montana Nurses Association:
jill@mtnurses.org or 406-442-6710

MEMBERSHIP MATTERS!

Montana Nurses Association would like to invite you to join us today!

BENEFITS INCLUDE:

- EMPOWERING RNs TO USE THEIR VOICES IN THE WORKPLACE
- IMPROVING PATIENT CARE
- HAVING INPUT REGARDING WAGES & BENEFITS
- CONTINUING EDUCATION OPPORTUNITIES
- LEGISLATIVE REPRESENTATION

Call or email today
jill@mtnurses.org
(406) 442-6710

Applications also available on our website.

mtnurses.org

Upcoming Webinars

Provided by Montana Nurses Association

November 17, 2016
Addressing Violence Against Healthcare Workers
7:00 pm - 8:00 pm 1 contact hour
Free
Register online at **www.mtnurses.org**
or call **406-442-6710**

December 7, 2016
Ethics to Guide Our Care
12:00 pm - 1:00 pm 1 contact hour
$15 for MNA members, $25 for non-members
Register online at **www.mtnurses.org**
or call **406-442-6710**

Montana Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

LEGISLATIVE DAY AT THE CAPITOL

Capitol Rotunda
8:30am-3:30pm
February 9, 2017

http://leg.mt.gov

- MNA is pursuing felony legislation for assult against a nurse while on duty with the intent to harm
- Advocate for Nursing
- Meet with your legislators
- Special Guest Speakers
- Lunch Provided

REGISTER ONLINE AT WWW.MTNURSES.ORG

Statewide Nursing News

MSU's CO-OP Supports Native Nursing Students

Brian King and Lisa Perry

According to the Census Bureau in 2014, 6.6% of Montana's total population was Native American and, in 2013, the percentage of Native American nurses in the Montana workforce was estimated at 3% by the National Council of State Boards of Nursing. Since Montana's Native American nursing workforce is not representative of the state's population, there are ongoing efforts to increase the number of Native American nurses. The Montana Academic Progression in Nursing (APIN) and HealthCARE Montana grants have worked together to identify strategies to increase Native American nurses and, also, resources to aid in such efforts. One particular program that stands out in Montana that supports Native American nursing students is Montana State University's Caring for Our Own Program (CO-OP).

The College of Nursing at Montana State University created the CO-OP in 1999 as a support program for Native American and Alaska Native students pursuing their nursing degree at MSU. The CO-OP's overall goal is to build a strong pool of American Indian and Alaska Native nurses who are prepared for practice, management, and leadership to serve Indian Country. The CO-OP receives grant funding from the Health Resources and Services Administration (HRSA) and Indian Health Services (IHS) "American Indians Into Nursing Program."

The CO-OP program has an annual budget of about $400,000 and employs four people full-time including a recruiter who travels to Montana's 7 federally recognized Indian reservations where 11 Tribal groups reside. High school students, tribal college transfer students, and Registered Nurses who want to advance their education are encouraged to apply to the College of Nursing at MSU and enroll in the CO-OP program.

The CO-OP supports 35-40 American Indian or Alaska Native (AI/AN) students annually. Currently this includes pre-nursing students, BSN students, accelerated BSN students and DNP students. The program provides monthly cost-of-living stipends, tuition and book assistance for IHS scholars and a place for students to connect and support each other. In addition students receive weekly academic advice, bi-weekly nurse mentoring, and other academic support such as customized tutoring and organized cohort support. Freshman and Sophomore pre-nursing students meet with an academic advisor weekly while Junior and Senior nursing students meet with a nurse mentor (RN) bi-monthly. Graduate students check-in with their mentor monthly. Upon graduation, students in the CO-OP program are obligated to do 2-years of service with the IHS as payback for support received.

The major key to success of the CO-OP program is that all advising, mentoring and general support are provided from a culturally appropriate perspective. The program has now reached the point where former students who have been practicing as Registered Nurses have returned to the CO-OP in professional roles to support students in the same way they were once supported and achieved success. Since the first group graduated in 2002, 83 Native Americans have graduated and 88 students have earned their nursing degrees. To learn more about MSU's CO-OP please visit: http://www.montana.edu/nanurse/.

Flu Vaccination and Health Care Personnel

Collaborated by the Montana Immunization Program, Mountain Pacific Quality Health Foundation, and the Montana Hospital Association

The Centers for Disease Control and Prevention (CDC) recommends that everyone six months and older receives a flu vaccine every flu season. Optimally, timing of vaccination should occur before the onset of influenza activity and by the end of October; however vaccination should continue to be offered as long as influenza viruses are circulating for people who are unvaccinated throughout the flu season.

Last year in Montana, there were over 433 influenza-associated hospitalizations and 33 deaths, two of which were pediatric. Of these, over 62 percent were not vaccinated against influenza. It is especially important to prevent influenza among health care personnel (HCP) who might serve as sources of influenza virus transmission to patients already at risk for influenza complications. Vaccination of HCP can specifically benefit patients who cannot receive vaccinations (infants younger than six months or those with severe allergic reactions to prior influenza vaccination), patients who respond poorly to vaccination (people older than 85 years, and immune-compromised) and people for whom antiviral treatment is unavailable (people with medical contraindications).

The CDC's Advisory Committee on Immunization Practices (ACIP) and the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommend that all U.S. health care workers get vaccinated against influenza annually. Annual mandatory influenza vaccination for HCP is supported by more than 12 national health care associations, including the American Academy of Family Physicians, the American Academy of Pediatrics and the American Hospital Association, to name a few.

Mountain-Pacific Quality Health is working with home health agencies, pharmacies, hospitals and clinics to improve immunization rates across Montana by promoting public awareness campaigns, disseminating media materials, partnering with key stakeholders and providing education to health care personnel.

Other efforts in Montana to improve the vaccination rate of HCPs are funded in part through the Rural Hospital Flex Grant Program. This federal grant to the Montana Department of Public Health and Human Services supports quality improvement activities in critical access hospitals through a contract with the Montana Hospital Association. Flex Program patient safety improvement activities focus on helping rural hospitals report HCP vaccination rates to the CDC database and develop performance improvement activities to increase those rates. The Flex Program also provides resources that include policy samples and other tools for improving HCP vaccination rates. The Flex Program works closely with quality improvement coordinators and nursing officers in critical access hospitals to adopt influenza vaccination for HCP as the standard of care and to implement processes that will help achieve the Healthy People 2020 goal of a 90 percent HCP vaccination rate.

If you would like to learn more about vaccination strategies and receive 1.25 contact hours, we encourage you to view this webinar hosted by the Montana Immunization Program, Immunization Series and presented by Gregory A. Poland, MD, from Mayo Clinic Rochester entitled "Prevention of Influenza in High-Risk Groups: What Are the Vaccine Options and Strategies?" To access the webinar go to https://education.mmaoffice.org

Statewide Nursing News

Annual Nursing Summit Focuses on Building a Culture of Health

Rita Cheek, RN, PhD

Nurses from practice and education gathered together again to address issues of common interest. For 5 years Montana's Action Coalition, the Montana Center to Advance Health Nursing (MT CAHN) has sponsored an annual conference for nurses in Montana. This year's theme was ***Challenging Practice and Education to Create a Culture of Health in Montana.*** Nurses from large and small hospitals and public health departments were represented as well as educators from most of the 13 nursing programs in Montana. Learning about national trends and local needs and initiatives is a beginning step toward building a Culture of Health in Montana.

Because every American deserves to live the healthiest life possible, the Robert Wood Johnson Foundation (RWJF) has a national campaign to "Build a Culture of Health for Every American." Their mission is to improve the health and health care for all Americans. Nurses are key to making that happen. A Culture of Health places well-being at the center of every aspect of life. RWJF's action framework focuses on these four interconnected areas:

- Making health a shared value.
- Fostering cross-sector collaboration.
- Creating healthier, more equitable communities.
- Strengthening integration of health services and systems.

This year's Nursing Summit used the RWJF framework as a platform with a particular focus on strengthening integration of health services and systems.

Feature speakers who shared their expertise from a national perspective, linking their work to a Culture of Health, were:

- Peter Buerhaus, PhD, RN, FAAN, Director of the Center for Interdisciplinary Health Workforce Studies, Montana State University College of Nursing.
- Donna Meyer, MSN, RN, the first CEO of the Organization for Associate Degree Nursing.
- Tina Gerardi, MS, RN, CAE, Deputy Director, National Program Office Academic Progression in Nursing.
- Mary Sue Gorski, PhD, RN, Nurse Researcher and Political Analyst, Washington State Nursing Care Quality Assurance Commission, AARP Foundation/ Robert Wood Johnson Foundation.
- Montana nurses also shared their expertise from various practice and academic settings across the state.

Native American nurses shared their experiences and challenges in pursing nursing education and beginning their nursing practice in Montana. The presenters were Mariya Waldenberg, BSN, RN and Raelene Schott, BSN, RN, both from the Caring for Our Own Program (CO-OP) at Montana State University and Milissa Grandchamp, MN, APRN, FNP, Confederated Salish and Kootenai Tribal Health in Polson. The audience was visibly moved by the powerful stories of these women who overcame significant obstacles to achieve their professional goals. The challenges of Native American nursing students are often overwhelming as they move from a Native American culture into a culture with differing values that may be foreign to them.

Nurses from different practice settings described five unique examples of innovation in their daily roles. Jeannine Brant, PhD, APRN, AOCN, FAAN, Oncology Clinical Nurse Specialist & Nurse Scientist, created tremendous interest in nursing research with vivid tales of the effectiveness of her work on evidence-based practice at the Billings Clinic. Janine Clavadetscher, RN, Clinical Care/Quality/Safety/Risk Coordinator, at Madison Valley Medical Center in Ennis shared the patient and organizational benefits of outreach to patients through increasing preventive health strategies. The results of her work generated sufficient income to support her new position. From Butte, Danette Melvin MN, RN-BC, CNL, at St. James Healthcare and Maureen Brophy, MN, RN, Assistant Professor at Montana Tech and Clinical Mentor at St. James Healthcare, shared their new program on mentoring nurses who are transitioning into nursing practice. Their work was presented at the American Nurses Association earlier this year. Finally, Mandy Pokorny, MHA, BSN, RN, Nursing Residency Program Coordinator, at Kalispell Regional Healthcare shared information about their yearlong residency program with an enthusiastic explanation of the rationale.

Educators gave an overview of changes in nursing education in Montana from associate degree through graduate levels. Mary Nielsen, MSN, RN, Nursing Curriculum Director for the HealthCARE Montana Project described the rationale and process behind creating the new curriculum for LPN and ASN programs involved in the grant. Karen Vandaveer, MN, RN, Director of Nursing, Montana Tech of the University of Montana told about Montana Tech's new generic BSN program and their ongoing RN to BSN program. Helen Melland, PhD, RN, Dean, MSU College of Nursing described the Clinical Nurse Leader and DNP programs as well as the planned expansion of the accelerated nursing program for students with a college degree who seek a bachelor's degree in nursing. Nursing education does not end with a bachelor's degree since graduate level nurses are especially needed to achieve a Culture of Health for all Montanans.

The conference closed with strategies to build a Culture of Health in Montana by sharing what individual nurses are doing and can do in their professional or volunteer work environment to help achieve that goal. This 2-day event at the Great Northern Hotel in Helena June 6 and 7 was supported by Montana's Academic Progression in Nursing grant from the Robert Wood Johnson Foundation. Next year's Nursing Summit is scheduled for June 5-6, 2017 at the same location- so mark your calendars! For more information about the annual summit, please visit the MT CAHN website at mtcahn.org.

Medicaid Coverage of Human Donor Milk

Unfortunately, human donor milk can be a tricky thing to get covered under insurance. That being said, the Mothers' Milk Bank of Montana has had some success in working with Medicaid to cover the cost of human donor milk in cases where it is a medical necessity for the baby.

In 2015, Medicaid covered the full cost of donor milk up to one year of age for four different babies in Montana that did not have access to their own mother's milk and were struggling to thrive on formula. Each of these babies thrived once they had consistent access to donor milk. Currently Medicaid uses a short list of criteria to determine whether or not a baby should be on donor milk.

A Baby May Qualify for Medicaid Assistance for Donor Milk if:

- Mom's own milk is unavailable or in limited supply
- Consult with a lactation consultant is complete
- Various types of formula have been tried
- Documented intolerance to formula
- Low milk supply has put baby at risk for malnutrition or failure to thrive

The Mothers' Milk Bank of Montana is working on drafting legislation that would require Medicaid to cover the cost of donor milk for premature and medically fragile babies that do not have access to their own mother's milk. If you are a provider, a social worker, or a concerned parent, call the Mothers' Milk Bank of Montana at 406-531-6789 for more information.

National News

Mandy Pokorny, Pam Dickerson, Sherri Zimmerman, Nicole Price, Cheryl Richards, and Kristi Anderson

July 2016-ANPD Conference, Pittsburgh PA

The 2016 Association for Nursing Professional Development (ANPD) conference held in Pittsburgh, PA, July 19-22, 2016 offered many opportunities for networking and nursing professional development (NPD). Nursing professional development specialists came from all over the United States, with representation from several representatives from MT organizations. Nursing Professional Development is a nursing practice specialty that facilitates growth and development of nurses and other health care providers. These nursing specialists act as catalysts for learning and advancing the development of nursing practice, from novice to expert. The advanced skills of this specialty include curriculum development, educational design, and teaching/learning theory.

The conference introduced the new *Scope and Standards of Practice for Nursing Professional Development*. *The Scope and Standards of Practice* direct the specialty of nursing professional development and act as a template for high quality professional development courses. These standards will be incorporated in the development of high quality continuing education courses. The conference also showcased new and innovative ways to offer continuing education. Several of the participants from Montana were Primary Nurse Planners, nurses that oversee the assessment, planning, developing, and evaluation of courses offering contact hours. The conference was a great opportunity to network with other professionals and share best practices.

As Primary Nurse Planners for Approved Provider Units, information obtained from the conference was shared with local organizations:

1. Incorporation of the new *Nurse Practice Development Model* to department operations, job descriptions, and organizational goals. In this new model, the expansion from 'educator' to the seven identified roles of NPD practitioners was emphasized.
2. Completion of return on investment for educational programs provides rationalization for the addition, maintenance, and discontinuation of activities.
3. Inclusion of best-practice educational methods to promote learner engagement, memory retention, and ultimately, behavior change. One of the courses highlighted 'flipping the classroom' which includes the completion of work prior to attending a program to begin a program with a common knowledge base. Promoting learner engagement during and after educational programs with the inclusion of interactive teaching methods helps learners retain information.
4. Identify ways to get involved: Become an ANPD member, achieve certification, complete a profile on ANPD website, publish, participate in research, create a poster highlighting evidence-based practice/performance improvement, share resources, network with other professionals.

The single biggest reminder as Primary Nurse Planners is that the obligation to the learner so that quality healthcare and patient outcomes are improved. The *Nurse Practice Development Model* illustrates our roles and responsibility to the public. We would strongly encourage nurses to participate in this robust conference next year!

Tobacco, E-cigarette Marketing Targets Kids

Sarah Shapiro

The neighborhood convenience store can be a popular summer hangout for kids. Unfortunately, it's often filled with displays and ads for tobacco products and e-cigarettes.

Kids see it all, especially since products like chew, cigarillos and e-cigarettes come in bright packages like candy and gum. They also come in enticing flavors, like strawberry, cherry and banana split, and they're often placed within reach of children, on the counter or near sweets.

That's no coincidence. In its ongoing quest for new users, big tobacco pays a premium to place its products where they'll be easily seen. If they can capture the interest of youth, they can encourage more nicotine addiction and use of conventional cigarettes.

According to the U.S. Federal Trade Commission, the cigarette industry spends $726 million a year on product placement in stores, while the smokeless tobacco industry spends $64 million.

And according to a 2007 study published in the *Archives of Pediatrics and Adolescent Medicine*, the more cigarette marketing kids are exposed to, the more likely they are to smoke. Some studies show that kids who visit convenience stores two or more times a week are twice as likely to begin using tobacco.

The U.S. Centers for Disease Control and Prevention reports that nearly 9 of 10 smokers start before age 18. In Montana, 900 kids under age 18 become daily smokers each year, and 19,000 of them will die prematurely due to smoking.

Many convenience stores are located near schools and parks. So it's important that youth and their parents understand the impacts of in-store tobacco and e-cigarette marketing and how young people are targeted. This type of "point-of-sale" marketing promotes and normalizes the use of tobacco and nicotine and threatens the health of our children and our community.

The Montana Tobacco Use Prevention Program and Lewis and Clark Public Health are working to raise awareness of tobacco marketing techniques through TV ads, billboards and educational presentations. If you're interested in learning more, contact me at Lewis and Clark Public Health, 457-8924.

Sarah Shapiro is the tobacco use prevention health educator for Lewis and Clark Public Health.

Nurses Answering the Call: Rapid Response Teams

Rapid Response Teams (RRT's) have been a growing nurse driven resource in hospitals throughout the country. These teams are an innovative addition to U.S. hospitals and are supported by accreditors and quality improvement organizations. In 2004, the Institute for Healthcare Improvement (IHI), through its Saving 100,000 Lives Campaign, challenged the health care community to create a culture of patient safety. In 2006, RRT's were considered one strategy to improve patient safety and decrease failure to rescue or failure to intervene when patients showed signs of early deterioration. Most RRT's are made up of a Registered Nurse and a Respiratory Therapist. The team uses standardized procedures and nurse initiated orders to perform rapid assessment and provide early interventions during times when a patient shows signs of clinical deterioration. This service is especially important when patient conditions are not yet considered an emergency and a physician is not readily available. Signs of deterioration can sometimes be identified hours or even days before an event. The purpose of the team is to prevent continued decline that may lead to cardiac arrest by not only recognizing changes, but initiating and implementing treatments immediately. Delaying treatment in these types of patients may lead to serious and/or fatal outcomes. The initiation of RRT's in hospitals across the nation have shown significant results in decreasing the amount of cardiac arrests outside of the Intensive Care Unit by standardizing an alerting system based on vital signs and laboratory tests in addition to putting a specialty trained nurse at the bedside to initiate interventions based on specific conditions. These teams, after initial assessment, work closely with physicians, family, and other staff to support the patient and provide the safest most appropriate care.

Registered Nurses who lead the Rapid Response Teams are highly skilled and experienced. They are most often certified in Critical Care Nursing and carry additional professional certifications and credentials that support their ability to assess patients not only quickly, but thoroughly. Often times, these qualified nurses are considered an invaluable resource. Such skills as starting IV's for administration of medications, administering blood in urgent situations, and providing education to nurses throughout the hospital are only a few of the roles the RRT nurse fulfills. Often times these nurses are involved with trauma, stroke, cardiac, and sepsis (blood infection) teams providing expert care and rapid responses.

Tracking the benefits of and outcomes for RRT's continue to be a challenge since the outcomes of early intervention are more what *didn't* have to be done instead of *what was* done. We are confident however, that patients and staff benefit from having a trained critical care nurse at the bedside who can facilitate communication and promote patient safety and improved outcomes.

Institute of Healthcare Improvement (March, 2014). 5 Million Lives campaign. Retrieved from http://www.ihi.org/Engage/Initiatives/Completed/5MillionLivesCampaign/Pages/default.aspx

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Membership

Frequently Asked Questions Regarding MNA Membership and Dues Payment Process

How do I sign up for an MNA membership?
A membership application can be found on the MNA website, in the new hire packet, or can be e-mailed directly to you if you call the MNA office. MNA has several payment options: EFT (monthly), credit card payment (monthly/annually), annual payment by check, or through payroll deductions from your employer if applicable. Once the application is complete, you can mail, e-mail, or fax it directly to the MNA office. MNA memberships automatically include an ANA membership.

Jill Hindoien, BS
Chief Financial Officer

Do my dues payments automatically stop when I change from a collective bargaining position to a non-collective bargaining position?
No – The member must contact MNA in writing (email is accepted) to cancel their membership. Many choose to continue their dues at the non-collective bargaining rate to maintain their professional association membership as it includes ANA. If dues are paid through payroll deduction, the member must contact the payroll department at their facility to cancel their deductions. If dues are paid through electronic funds transfer or credit card payments, the member must contact ANA in writing at memberinfo@ana.org to cancel their payment authorization.
Please Note: Only the member can make any changes to their membership status or payment options.

Do I have to join MNA membership as a collective bargaining member?
If you are employed as a staff RN at a facility that requires membership as a condition of employment, you must become a member or pay a representation fee as noted by the collective bargaining agreement in that facility.

Can I join MNA if my facility or place of work does not have a collective bargaining agreement?
MNA is the professional organization for all registered nurses in the state of Montana. Any registered nurse with an active RN license can join the organization at the non-collective bargaining rate noted below. This gives you full membership in MNA and ANA.

Have the dues increased for 2016?
Yes – At the MNA convention in October of 2015, the MNA House of Delegates (HOD) voted on and approved a dues increase to meet the needs of the members and the association.
Rates as of January 2016
Collective Bargaining membership: $753.50 per year
Non-Collective Bargaining membership: $591.50 per year