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 APRNs and RNs. 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 CBAs, 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.

Executive Director Report continued on page 2

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.

Please visit MNA’s constantly updated website! www.mtnurses.org

If you wish to no longer receive The Pulse please contact Monique: mheddens@aldpub.com

If your address has changed please contact Montana Board of Nursing at: www.nurse.mt.gov

Like us on Facebook Follow us on Twitter

www.mtnurses.org
Executive Director Report continued from page 1

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.

[Content of the page continues with further information on the Montana Nurses Association and its activities, along with names and titles of staff members and contact information.]

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Montana Nurses Association
20 Old Montana State Highway, Clancy, MT 59634

November, December 2016, January 2017

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 that can truly be the recognized leader and advocate has allowed MNA to transform into the association we are pristine.

laser focus on membership compliance and finances leadership, communication and coordination that representatives. Director of Continuing Education (CE) with 2 CE wages and benefits. We should all be very proud MNA association and staff and assisting with MNA...
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 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 degree.

For further information about this employment opportunity please view our website at www.milescc.edu.

For more information, please visit www.missoulacounty.us or herde@phc.missoula.mt.us.

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

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

Congratulations to Barbara Schaff DNP, FNP-BC!!
She was awarded with the Excellence in Nursing Education Award of 2016!

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

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

Clinical Resource Registered Nurses
For further information about this employment opportunity and a MCC application please view our website at www.milescc.edu.

Build a Career That Touches Lives

Kindred Nursing and Rehabilitation Centers of Montana are hiring!
Registered Nurses
Licensed Practical Nurses

For more details, contact Jackie Siegel at Jackie.Siegel@kindred.com or 791-436-3398.
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 say, nurses can DANCE!

Joey Traywick, CMSRN, B.S. Kinesiology

HAPPY ANNIVERSARY, BABY!

Growing Leaders in Montana

Yoga scrub pants by MC2 are so comfortable you’ll need a pair for home and for work. They have the same EZ-FLEX fabric you’ve come to love from the rest of Med Couture’s line, with the added comfort of a knit waistband. Front side pockets, double cargo pockets and an extra accessory pocket mean these pants aren’t just stylish, they’re highly functional.

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- Eagle Cliff Healthcare Community - Billings
- Friendship Villa Healthcare Community - Missoula
- Glacier Care Center - Cut Bank
- Heritage Place Healthcare Community - Kalispell
- Lake View Healthcare Community - Butte
- Mountain View Healthcare Community - Ravalli
- Partners Healthcare Community - Philipsburg
- Rocky Mountain Healthcare Community - Helena
- Villa Vista Healthcare Community - Lewistown

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Find your Home Care Nursing job listings in all 50 states, and filter by location and credentials.

Find events for nursing professionals in your area.

Partners In Home Care is a nationally accredited, not-for-profit, full-service home care agency located in spectacular Missoula, Montana. We recruit registered nurses for our Hospice and Home Health programs to serve clients in their homes.

Additional information and applications can be found at: www.PartnersInCare.org

Dancing for the Pulse of Health

Be comfortable at work! The perfect scrub pant for those who live in yoga pants.

Jack Preston RN, Lorri Bennet RN, Katiin VanMeel RN, Joey Traywick CMSRN, RN and Cindi Smith RN

Yoga scrub pants by MC2 are so comfortable you’ll need a pair for home and for work. They have the same EZ-FLEX fabric you’ve come to love from the rest of Med Couture’s line, with the added comfort of a knit waistband. Front side pockets, double cargo pockets and an extra accessory pocket mean these pants aren’t just stylish, they’re highly functional.

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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 even 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 re-elected 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 Counsel and indicates a bill draft that has not entered the legislative process. The bill draft is called LC 0223. LC stands for Legislative Counsel and indicates a bill draft that has not entered the legislative process.

Sandi Luckey, Labor Representative

How a Bill Becomes a Law

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.

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.

Diagram of how a bill progresses through the legislative process

Courtesy of the State of Montana

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, designed 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 a part of the “professional role”.

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 get my point across. The key to effective advocacy is about sharing personal stories of what these laws mean to me, my coworkers and patients and what action I want them to take to address the issue.

I made a plan to first send my area legislators an e-mail. In my mind this was 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 their number). Your communication should include three short points:

1. Introduce who you are and you are a constituent from your 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! 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 person 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.

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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.
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, whiplash, 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.”

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 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 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 noise continued. I immediately knew I was not being attacked. That assault required a CAT scan to rule out broken facial bones. This time was different though, I immediately knew I was not being attacked. 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, whiplash, anxiety and insomnia.

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Organizing – One Way MNA Continues to Grow!

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 provides 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.
Acuity-based staffing and nursing hours

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 50.4% of all available nursing care hours and dollars. Although patients aged 65 and older (the Medicare population) required 50.4% of all available nursing care hours and dollars.

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

Excerpts from Practical steps for applying acuity-based staffing

By Meaghan O’Keeffe, BSN, RN

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.

Requirements for complex patient care encompassing teaching about disease processes, procedures, preventive measures, and standard facility protocols.

Education
Nursing tasks related to monitoring and intervention correlating with mental disabilities, end-of-life care, and palliative care, and including personal or family dynamics.

Psychosocial
Consider:
- While almost 90% of injuries occurred in nurses using disposable syringes, 11% occurred in someone nearby who wasn’t the original device user.

Consider:
- Nurses are injuring themselves while manually elevating or pinching the patient’s skin for insulin and other subcutaneous injections.

Take action:
- Dilute the punch. Determine if the needle is the proper length for the injection so you don’t put your other hand at risk and alter your technique.

Take action:
- So mindful of those around you when giving an injection. Let others know you’re performing an injection. Activate the safety feature and dispose of the device immediately in a sharp container.

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

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; September 2016; Volume 11, Number I; Pages 284-299

Caroline Baughman, BS, Labor Representative

CHOOSE TO CHANGE LIVES

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Drug Free Workplace & EEO

I won’t spread flu to my patients or my family.

Even healthy people can get the flu, and it can be serious.

Everyone 6 months and older should get a flu vaccine. This means you.

This season, protect yourself—and those around you—by getting a flu vaccine.

Visit flu.mt.gov for more information.
Nursing professional development (NPD) is a specialty practice area, similar to emergency, critical care, 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 who create 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 spaces, 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 Patry 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 will 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.

The Specialty of Nursing Professional Development

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

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 on Continuing Education. As a member directed 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 exciting 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 ANA.

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 be easily 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.

Educating the Educator

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

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Benefits Healthcare Systems, Great Falls, MT
St. Peter’s Hospital, Helena, MT
Community Medical Center, Missoula, MT
Bozeman Health, Bozeman, MT
Providence St. Patrick Hospital, Missoula, MT
Billings Clinic, Billings, MT
MT Geriatric Education Center, Missoula, MT
St. James Healthcare, Butte, MT
Providence Alaska Medical Center, Anchorage, AK
South Peninsula Hospital, Homer, AK
Bartlett Regional Hospital, Juneau, AK
Alaska Division of Public Health, Anchorage, AK
Mat-Su Regional Medical Center, Palmer, AK

Alaska Native Medical Center, Anchorage, AK
Fairbanks Memorial Hospital, Alaska
Central Peninsula General Hospital, Soldotna, AK With Distinction
Wrangell Medical Center, Wrangell, Alaska
Montana Health Network, Miles City, MT
Livingston Healthcare, Livingston, MT
North Valley Hospital, Whitefish, MT With Distinction
South Dakota Nurses Association, Pierre, SD
Partnership Health Center, Missoula, MT
Mountain Pacific Quality Health, Helena, MT
Alzheimer’s Resource of Alaska, Anchorage, AK With Distinction
Shands Healthcare, Gainesville, FL
Wisconsin Nurses Association, Madison, WI

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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 Valerie 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, Crohn’s, pediatrics, 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.

Keven Comer, MN, APRN, FNP-BC

LEGISLATIVE DAY AT THE CAPITOL

Capitol Rotunda
8:30am-3:30pm
February 9, 2017
http://leg.mt.gov

Applications also available on our website.

Membership Matters!

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

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• Improving patient care
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• Legislative representation

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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

Upcoming Webinars

November 17, 2016
Addressing Violence Against Healthcare Workers
7:00 pm - 8:00 pm 1 contact hour
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.
Flu Vaccination and Health Care Personnel

The Centers for Disease Control and Prevention (CDC) recommends that everyone six months and older receives a flu vaccine every flu season. Optimal, 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 critical access hospitals to adopt influenza vaccination rates. The Flex Program works closely with quality improvement coordinators and nursing officers 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 titled “Prevention of Influenza in High-Risk Groups: What Are the Vaccine Options and Strategies?” To access the webinar go to https://education.mmaoffice.org.

Billings Clinic Great Opportunities!

Employment incentives for selected positions

- Experienced RNs
- New Grad RNs
- Nursing Leadership
- LPNs

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.

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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 to improving the 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.

Medicaid Coverage of Human Donor Milk

Unfortunately, human donor milk can be a tricky thing to get covered under insurance. That being said, this year’s Nursing Summit 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.

EVIDENCE-BASED FOR BEHAVIOR CHANGE

Since 2008, The Montana Diabetes Prevention Program (DPP) has focused on reducing the prevalence of type 2 diabetes. The DPP is an evidence-based lifestyle intervention program, adapted from the National Institutes of Health.

Refer Patients at risk for Type 2 diabetes to the DPP. This program will educate and provide the skills to adopt a healthy lifestyle!
Mandy Pokorny, Pam Dickerson, Sherri Zimmerman, Nicole Price, Cheryl Richards, and Kristi Anderson

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). Nurses and 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.

Other professionals and share best practices. A conference was a great opportunity to network with other professionals and share best practices.

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

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, cigars, and e-cigarettes are readily available. 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 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 specially 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 need 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.


Angela Hinman, RN, MSN, CCRN is the Intensive Care Unit Clinical Nurse Educator and a STAT nurse (RRT nurse) at Providence St. Patrick Hospital.
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.

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 status or payment options.

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

Montana Nurses Association (MNA) is the only Registered Nurse (RN) organization dedicated to the professional and personal development of RNs in the state of Montana.
Montana State University – Northern seeks an energetic, people-oriented, and visionary leader to serve as Director/Dean of Nursing. The creation of a College of Health Sciences at MSU-Northern has been approved. When the College is established, the Director of Nursing position will transition to the Dean of Health Sciences, overseeing Nursing, Allied Health, and Health Promotion. The College of Health Sciences is expected to be operational in 2017.

For full information on the opportunity, the responsibilities, requirements, and application process, see the Search Profile at http://www.myersmcrae.com/skins/userfiles/file/MSUN-Nursing.pdf

Myers McRae Executive Search and Consulting is assisting MSUN with this search. www.myersmcrae.com

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