Dear Editor,

I am writing this letter concerning mandatory 12 hour shifts for nurses and I wonder who is looking out for nurses’ health and well-being in the state of Utah. In my experience it is common for 12 hour shifts to become 13, 14, 15+ hour shifts and those often occur with too high a patient load and without needed breaks. It’s also common for nurses to work rapidly alternating shifts, switching between days and nights without adequate time to recover in between. The stress on nurses needs to be addressed as well as the effects that tired, burned out nurses have on patient safety.

It seems like the bottom line is more important than nurse well-being and patient safety. It’s less expensive to pay two nurses per day than three, so less money is paid out in payroll and benefits for employers who staff with only 12 hour shifts. Does this profit balance make it difficult for one to maintain a quality of life for a long time, thus shortening the career and possibly exacerbating or leading to a nursing shortage. We frequently go home exhausted with sore, aching bodies, and often require two to three days to recover from a string of these shifts, making functioning in daily life much more difficult, and presenting health challenges for us. We need our leaders and profession to stand up for us.

Many middle-aged and older nurses have moved on to jobs with regular hours that are rarely direct patient care or they have left nursing altogether due to stress and its resulting family interruptions and/or health challenges. This also leaves many new nurses in the profession, who, even though highly intelligent and capable, are less experienced. Without seasoned nurses on their shifts, this can place patients in a higher risk situation.

We are facing another nursing shortage presently and as a middle-aged nurse who left patient care several years ago due to the effects of stress from the profession, I have to speak up for my fellow nurses. Many older nurses feel they have no choice and no power and don’t dare speak out about the issue for fear of retribution. Is anyone taking care of the body of nurses? I found so much pride in my education, degree, experience, and knowledge level. When the job became...
Become a Nurse Peer Reviewer

Looking for a flexible schedule volunteer opportunity to serve your nursing association and your nursing community? Become a Nurse Peer Reviewer — Supporting Quality Continuing Education

The Western Multi-State Division (WMSD) and its four member associations — AHN, CNA, INA, and UNA invite qualified nurses to serve as peer reviewers to evaluate continuing education programs for approval. Their expertise supports continuing education activities for the nurses in our four state division and beyond.

The WMSD Accredited Approver Unit will provide training to all qualified Nurse Peer Reviewers to educate them on the ANCC/WMSD accreditation criteria.

Are you:
- A currently licensed RN with a Bachelors Degree in Nursing or higher?
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- A nurse planner for education programs and events at a primary or independent reviewer?
- Willing to serve on the volunteer review panel or as an independent reviewer?
- Qualified with a background in education, training, and or relevant knowledge and experience educating nurses that would prepare you to participate in the peer review process?
- Proficient in Microsoft Office suite, and accessing email and email attachments

If so, learn more about the selection and training process at utnurse.org/education under the Nurse Peer Reviewers tab.

The Utah Nurse Publication Schedule for 2017

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Guidelines for Article Development

The UNA welcomes articles for publication. There is no payment for articles published in the Utah Nurse.

1. Articles should be Microsoft Word using a 12 point font.
2. Article length should not exceed five (5) pages (8 x 11)
3. All references should be cited at the end of the article.
4. Articles (if possible) should be submitted electronically.

Submissions should be sent to: unal@xmission.com or Attn: Editorial Committee | Utah Nurses Association 4505 S. Wasatch Blvd., Suite 330B Salt Lake City, UT 84124 | Phone: 801-272-4510

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What is YOUR experience? problem? Let’s exchange ideas on how to stay in nursing. population of nurses. How can we solve this very real need a choice. Somebody needs to look after the entire shifts, this is not an effort to eliminate those shifts. We all a young, energetic, vibrant nurse who loves the 12 hour few options and weren’t treated as disposable? If you are nurses would come back to the profession if we had a can we avoid yet another nursing shortage? Together we can we retain valuable nurses in the workplace? How is being done to keep senior nurses at the bedside? How employer who provides this to nurses.

With the new federal administration threatening to privatize Medicare and possibly cut Medicaid programs, we all need to stay informed and communicate with our federal legislators regularly. Check UNA’s website for updates to current healthcare issues as they arise. UNA members will receive regular emails and action alerts to let your voices be heard in a timely way. The many nurses who are not UNA members still need to speak up and we suggest that you do this by going to www.utahnursesassociation.org and stay informed. As nurses we have a professional responsibility to inform and educate our legislators.

Sources: Salt Lake Tribune, November 17, 2016; UDOH Medicaid Adult Expansion Overview, August 2016; UDOH report to HHS Interim Committee, November 16, 2016.

**President’s Message**

2017 is well under way and so is our new campaign Healthy Nurse: Healthy Utah. Nurses were once again voted as the most trusted profession in the nation. This makes the 12th year of holding this honor. Nurses are notorious for taking care of others even when it is to their own detriment. Nationally ANA has declared 2017 is the Year of the Healthy Nurse. Here in Utah we echo that sentiment. The healthier we are, the better we can provide, the healthier we make our state. Let’s start with taking care of ourselves! Maintaining a balance of physical, intellectual, emotional, social, spiritual, personal and professional wellbeing is a difficult task. UNA invites you to join us in this endeavor. We started the year off with a social function for members. We will hold many events and learning opportunities throughout the year all aimed at helping us become healthier nurses. Don’t forget we will have our annual conference October 13th & 14th so save the date and plan ahead! Looking forward to seeing our members out and about throughout the year!

Sincerely,

Kami Robins RN, BS

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**Save the Date**

The Utah Nurses Association Annual Conference and Annual Advocacy Preparation Conference will be October 12th & 13th, 2017. Legislators, in addition to healthcare policy experts attend to speak, teach and advise regarding healthcare issues of vital concern to nurses in Utah and across the nation. This is your opportunity to learn how to make your voice heard as a leader in healthcare.

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**Nightingale Tribute**

The basic Nightingale Tribute to be offered in a nurses funeral will take about two minutes to deliver and can fit in many different areas of any funeral service. The words, pronouns and content can and should be changed to meet the circumstances. The presentation of a white rose by the speaker or by all nurses in attendance is an optional presentation of a white rose by the speaker. The basic Nightingale Tribute to be offered in a nurses funeral will take about two minutes to deliver and can fit in many different areas of any funeral service. The words, pronouns and content can and should be changed to meet the circumstances. The presentation of a white rose by the speaker or by all nurses in attendance is an optional presentation of a white rose by the speaker. The basic Nightingale Tribute to be offered in a nurses funeral will take about two minutes to deliver and can fit in many different areas of any funeral service. The words, pronouns and content can and should be changed to meet the circumstances. The presentation of a white rose by the speaker or by all nurses in attendance is an optional presentation of a white rose by the speaker. The basic Nightingale Tribute to be offered in a nurses funeral will take about two minutes to deliver and can fit in many different areas of any funeral service. The words, pronouns and content can and should be changed to meet the circumstances. The presentation of a white rose by the speaker or by all nurses in attendance is an optional presentation of a white rose by the speaker. The basic Nightingale Tribute to be offered in a nurses funeral will take about two minutes to deliver and can fit in many different areas of any funeral service. The words, pronouns and content can and should be changed to meet the circumstances. The presentation of a white rose by the speaker or by all nurses in attendance is an optional presentation of a white rose by the speaker. The basic Nightingale Tribute to be offered in a nurses funeral will take about two minutes to deliver and can fit in many different areas of any funeral service. The words, pronouns and content can and should be changed to meet the circumstances. The presentation of a white rose by the speaker or by all nurses in attendance is an optional presentation of a white rose by the speaker. The basic Nightingale Tribute to be offered in a nurses funeral will take about two minutes to deliver and can fit in many different areas of any funeral service. The words, pronouns and content can and should be changed to meet the circumstances. The presentation of a white rose by the speaker or by all nurses in attendance is an optional presentation of a white rose by the speaker. The basic Nightingale Tribute to be offered in a nurses funeral will take about two minutes to deliver and can fit in many different areas of any funeral service. The words, pronouns and content can and should be changed to meet the circumstances. The presentation of a white rose by the speaker or by all nurses in attendance is an optional presentation of a white rose by the speaker. The basic Nightingale Tribute to be offered in a nurses funeral will take about two minutes to deliver and can fit in many different areas of any funeral service. The words, pronouns and content can and should be changed to meet the circumstances. The presentation of a white rose by the speaker or by all nurses in attendance is an optional presentation of a white rose by the speaker. The basic Nightingale Tribute to be offered in a nurses funeral will take about two minutes to deliver and can fit in many different areas of any funeral service. The words, pronouns and content can and should be changed to meet the circumstances. The presentation of a white rose by the speaker or by all nurses in attendance is an optional presentation of a white rose by the speaker. The basic Nightingale Tribute to be offered in a nurses funeral will take about two minutes to deliver and can fit in many different areas of any funeral service. The words, pronouns and content can and should be changed to meet the circumstances. The presentation of a white rose by the speaker or by all nurses in attendance is an optional presentation of a white rose by the speaker.

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**Medicaid Expansion is “Expected” in 2017**

Kathleen Kaufman MS, RN

Medicaid expansion is not yet a reality in Utah. HB 437 passed last March but the plan in that bill, unlike the Healthy Utah Plan proposed by Governor Herbert in the previous year, had not been reviewed by the federal government in the personas of the Centers for Medicaid and Medicare (CMS) prior to passage of the legislation. Various details in a waiver (excerptions to coverage etc.) need to be approved by the CMS. Clearly the limited expansion will not be in place which means that the sickest of the poor cannot sign up as of January 1st, as was predicted by the supporters of the bill. The latest informal word from CMS is that they expect to report back to the state before the inauguration in January, and that there will probably be some changes to the waiver (Interim report by Utah Department of Health). Deliberation over the changes will, no doubt, delay implementation even longer.

This bill was initially proposed to cover about 16,000 new patients, but closer examination of the likely costs of care to the sickest of the poor cannot sign the state to estimate that only 9,000 to 11,000 people will actually be covered. These people will be those who are “chronically homeless, involved in the justice system AND in need of mental-health or substance-abuse treatment. This bill also expands coverage to low-income parents with dependent children who have not previously been covered by Medicaid” (SLT, 11-17-16).

One legislator who supports Medicaid expansion told me that we must look at this coverage of approximately 10,000 people as a cup half full. He said that these people desperately need medical care for severe mental health problems. At least this group of people will have access to the care they truly need. There is a requirement that any newly covered Medicaid patients cannot make more than 5% of the federal poverty level in income (about $700/year). Those who are accepted into Medicaid will be assured of being included in the program for one year before they are dumped if they should happen to make more than that $700. One year is not a lot of time to correct a lifetime problem.

Another basic issue in Utah could be that we may not have sufficient numbers of mental health care providers in the state to cover 10,000 new patients. (HB 265 may help, that already gives a tax credit to any mental health APRN or psychiatrist who cares for a certain number of mentally ill patients in underserved populations.)

With the new federal administration threatening to privatize Medicare and possibly cut Medicaid programs, we all need to stay informed and communicate with our new administration threatening to privatize Medicare and possibly cut Medicaid programs, we all need to stay informed and communicate with our new administration threatening to privatize Medicare and possibly cut Medicaid programs, we all need to stay informed and communicate with our new administration threatening to privatize Medicare and possibly cut Medicaid programs, we all need to stay informed and communicate with our new administration threatening to privatize Medicare and possibly cut Medicaid programs, we all need to stay informed and communicate with our new administration threatening to privatize Medicare and possibly cut Medicaid programs, we all need to stay informed and communicate with our new administration threatening to privatize Medicare and possibly cut Medicaid programs, we all need to stay informed and communicate with our new administration threatening to privatize Medicare and possibly cut Medicaid programs, we all need to stay informed and communicate with our new administration threatening to privatize Medicare and possibly cut Medicaid programs, we all need to stay informed and communicate with our new administration threatening to privatize Medicare and possibly cut Medicaid programs, we all need to stay informed and communicate with our new administration threatening to privatize Medicare and possibly cut Medicaid programs, we all need to stay informed and communicate with our new administration threatening to privatize Medicare and possibly cut Medicaid programs, we all need to stay informed and communicate with our new administration threatening to privatize Medicare and possibly cut Medicaid programs, we all need to stay informed and communicate with our new administration threatening to privatize Medicare and possibly cut Medicaid programs, we all need to stay informed and communicate with.

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Delegation or How Do I Stay Within My Nursing Practice Safely?

Kathleen Kaufmann, MS, RN, BC
Diane Forster-Burke, MS, RN

Nurses are faced many times with aspects of delegation: is this task safe to delegate? Who decides whether or not to delegate? What are the legal ramifications? Who is ultimately accountable for the decision? Even RNs who are ultimately accountable for the decision who are not delegated a task.

Delegation Defined in Rule
The Nurse Practice Act Related Rules has a lengthy section on delegation. The Rules can be found on DCLP’s website. The definition of delegation in a non-school setting is found at R156-310-701 Delegation of Nursing Tasks. For RNs in a school setting, the Rules for delegation are found at R156-310-702. The difference between RN’s in school settings has to do with school personnel administering medications that are mandated by specific laws, and the fact that the RN will not be in close proximity to the student as the nurses are generally covering up to 8 different schools providing school nurse responsibilities. The school nurse is generally available by telecommunication so supervision of the delegate’s performance with health care tasks is a different challenge than supervision of a CNA in an acute care setting.

Delegation in Non-Acute Care Settings
Case Studies
A patient on home health services needs regular INRs done and the medical record states the patient is on daily Coumadin. The RN visits the patient and finds that the MD does after the dosage of Coumadin based on the result of the INR. Does the RN determine to be done by the RN or by a CNA? The RN determines that the CNA understands the process for taking a reliable INR sample and can demonstrate how to run the electronic medical record. The CNA will be delegated the INR. This RN will be responsible for training the CNA in the patient’s clotting time. The machine runs the test and the CNA can communicate the result to the provider via the electronic medical record. The provider can communicate any change in dosage to the RN and the patient. The RN can ascertain the patient’s ability to follow the change in dosage. She/he may determine that setting up the patient’s medications for the patient is an important act to safeguard the patient.

Delegation in Acute Care Settings Compared to Long Term Care Settings
The medical-surgical nursing team often consists of RNs or LPNs and CNAs. The shift usually begins with a rapid check-in round by the RN or LPN and a set of vital signs and blood sugar measurements (as needed) done by the CNA. The RN or LPN has essentially delegated these two basic data collections to the CNA because the nurse knows the education which the CNA has successfully completed and acknowledges the competency of the CNA to do these tasks. Several other nursing tasks may be done by the CNA in acute care settings including removing urinary catheters, removing intravenous access devices, and applying simple dry dressings. Again, the RN delegates these duties based on the training which the CNA has completed. The RN also is in close proximity to the CNA and can supervise the direct care as needed and can identify the expertise of the CNA. This teamwork is based on mutual understanding of the patient’s needs, knowledge of the actual preparation of the team members, and the opportunity to evaluate care that is given to the patient.

Delegation in acute care is potentially not the same delegation or delegation done in other settings. The act of delegation may feel similar, but the responsibility of the RN to know the exact training of the CNA, the RN’s responsibilities in delegation. The RN maintains the accountability of the delegation. The RN must follow the process outlined in Rule on deciding whether or not to delegate. The nurse shares the responsibility with the CNA or LPN for task accomplishment as well as sharing sufficient information about the circumstances. The RN is comparatively accountable for the performance of the CNA task accomplishment as well as sharing sufficient information about the circumstances. The RN is comparatively accountable for the performance of the CNA task accomplishment as well as sharing sufficient information about the circumstances. Therefore, the RN must be able to consistently and accurately determine whether or not the CNA is safe for the task accomplishment.

Definition of Delegation in Statute
The National Council of States Boards of Nursing (NCSBN) defines delegation as: “Transferring to a person who is not the registered nurse or to another licensed practical nurse the authority to perform and accomplish a task or responsibility.” As the RN delegating a task, you MUST ask yourself the following questions: Is this the right task? Is the RN legally allowed to delegate? Is this the right person? Is the RN responsible for the consequences of the delegation? Is the RN accountable for the RN’s actions? Is the RN accountable for the results of the delegation?

Delegation in Practice
For those of us who have spent most of their career in acute care we have not worried about the details of delegation much. We knew the staff to whom we delegated. We knew their abilities and the education they had received, so delegating to students in acute care was comfortable. And in the hospital setting, evaluation and follow-up occurs fairly routinely on a shift by shift basis. However, delegation is not so clear cut in other facilities with inadequate staffing, or when delegation is done to provide care for patients who are not physically in the same space as the registered nurse. Probably many readers have the same experience, but those who do not practice in acute care settings need to learn about the realities of delegation in their place of practice.

Remember to communicate: “Any med error you make, I make.” Is it possible that all RNs in long term care embrace this same principle? Health care consumers certainly hope this is so.

A Voice for Nursing
UNA leaders represent your interests in a wide variety of meetings, coalitions, conferences and work groups throughout the year, influencing the policy issues the membership has identified as priorities. In addition to many meetings with legislators, regulators, policy makers and leaders of other health care and nursing organizations, the following is a partial list of the many places and meetings where you were represented during the past three months:

Utah Nurse  •  Page 4
How Do We Portray Our Profession in the Public Arena?

Kathleen Kaufmann, MS, RN, BC

Many nurses belong to at least one organization. In these organizations such as social groups, churches, community boards and health care boards, do we present ourselves as “just a nurse”? NEVER present yourself as “just a nurse.” We must take pride in what we do. Be able to articulate briefly how a profession impacts our contribution to any group. One aspect of nursing that we can certainly present is our knowledge of safe practices and our knowledge of health care and social resources available in our communities. Each of us has different personal strengths which can contribute in various ways to our larger community as well as to our work place.

The lack of understanding of what nurses are, what we do, and why professional nurses are essential in provision of safe care also lies with inadequate public education beyond what may have been absorbed in high school health classes. As nurses we must contribute to the ongoing education of the general public, not simply “speak to the choir.” Our professional education, judgment and skills are crucial in the recovery of acutely ill patients as well as the prevention of community-wide health care problems and the preservation of health in all populations, including those most vulnerable. Does the public know this? How can we improve health education in the community?

How Do We Portray Our Value in the Professional Arena?

Diane Forster-Burke MS, RN and CJ Ewell, MA, APRN-BC

When we are asked what we do as nurses, we often list tasks that we perform rather than sharing stories about our contributions to the lives and health of our patients. We might not comment on the education and clinical judgment we use, and when that happens, we short change our profession. The GRC committee sees more and more often that administrators decide that someone less experienced, skilled, and less expensive can perform a task, but fail to appreciate the nursing judgment behind doing it well. If we don’t define and appreciate the knowledge and clinical judgment of nurses, no one else will think it is important. Please think about how we talk to patients. Describe what we are doing to and for them. It doesn’t take a lot more time. We can educate as we provide care. Can we also talk with administrators about what nurses do in the same terms of utilizing knowledge, judgement, and skills? We need to make it very clear why it takes an RN with an education and a license to practice nursing.

The lack of understanding of what nurses are, what we do, and why professional nurses are essential in provision of safe care also lies with inadequate public education beyond what may have been absorbed in high school health classes. As nurses we must contribute to the ongoing education of the general public, not simply “speak to the choir.” Our professional education, judgment and skills are crucial in the recovery of acutely ill patients as well as the prevention of community-wide health care problems and the preservation of health in all populations, including those most vulnerable. Does the public know this? How can we improve health education in the community?

FROM THE EDITOR

Claire L. Schupbach, BSN, RN, CPC, CHP

I hope your 2017 has opened with a freshness, excitement and hope. We are in the midst of the Legislative session for the State of Utah and have an insightful article on the basics of Advocacy from our lobbyist. Please make sure to keep informed on the legal status of initiatives critical to our profession and our patients. As it is typical to start a New Year with personal introspection, nurse leaders have thoughts to share, pointing toward how we portray ourselves and our profession across all facets of our lives. In alignment with the ANA’s theme for 2017, Healthy Nurse Healthy Nation a colleague has started an open discussion around forced 12 hour (or more) shifts and the mental, emotional and physical impacts on nurses. We welcome responses to this. Please submit your perspective on this issue for a subsequent edition. Last of all, we have a peek into the Day in the Life of an Alaskan nurse.

We Hire New Graduates!

The Utah State Hospital, a cutting-edge 325 bed psychiatric inpatient treatment facility on a 300-acre campus in Provo, Utah located at the base of the Wasatch Mountains, is seeking Registered Nurses, Licensed Practical Nurses, and Psychiatric Technicians.

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October’s highlights were shared by all during the first Advocacy Day pre-conference. In October, Kathleen Kaufman attended the HHS interim session in which both the legalization of medical marijuana and details of opioid abuse epidemic were discussed at length. Of particular interest is a potential bill to be run by Senator Evan Vickers (Cannabis-Based Medicine Amendments) on the regulation of the use of medical marijuana if medical marijuana is ever legalized. Senator Vickers’ argument for this bill is that in several other states, the regulation was largely ignored and that has caused significant problems. As a pharmacist, he has studied the needed regulations that other states had to add retroactively. He made a cogent and strong case for getting ahead of the issue by having a set of regulations that would only ever be activated if medical marijuana is legalized in Utah. He got some praise and a good bit of negative feedback as well on “putting the wheels before the car.”

Gage Froerer has also suggested a bill (Cannabis-Based Medicine Act) which would legalize medical marijuana with very strong policy guidelines related to growing, labeling, dispensing etc…. Rep. Froerer notes that 26 states have legalized medical marijuana and that those states have some good policies that we should adopt. He added that our federal representatives regard this as a state issue. He believes further research is needed in certain areas. UMA testified that only the medical profession can identify or define any substance as “medicine” and that they would only support the research portion of the bill, nothing more. UMA maintains that Senator Hatch is working to speed up the work of the FCOA/DEA on labeling and dispensing the drug. Several supporters of the bill were heard and some maintained that a huge body of research has been done and was presented recently in JAMA and at least one other medical journal. No definite action was taken on either bill, but both will be brought to the full legislative session will be presented at the November interim HHS meeting.

Diane Forster-Burke has continued to follow the revised Nurse Compact Act and authored the letter that the UNA sent to the SBON in support of this act. Teresa Guerritt spoke to this act in good detail at the UNA Conference. We were made aware in the Salt Lake Tribune of a proposed position statement (a program that was implemented if sufficient funds are made available by the State. This program was approved by the legislature but no money has ever been appropriated). Diane and C.J. Ewells authored the letter from the UNA to the comment section at the UDOH regarding the support for educating the requirement for CPR and airway management training for school employees volunteer who will be trained to give safe rescue medications in the schools. (Kaufman and Forster-Burke had participated in the task force that developed the revised position statement). The requirement was pulled at the last meeting of that task force which neither could attend). Betty Sue Hinkson maintained the bill that piggy backed on the OPP bill. She believes her extreme support for Opioids is being willing to give the media and she also stated that we did not have the “authority” to require this certification. This is an ongoing issue and now will have to be pushed by the school boards to make sure that nurses in the state are certified. Kaufman also initiated contact with Lisa Palleta, president of UCNL as to the interest UCNL might have in participating with UNA in supporting a health care column in the Salt Lake Tribune. She will take this to their board of directors. Kaufman also discussed the issue of mandatory 12 hour shifts in acute care with Lisa, as well as the issue of required continuing education. She also heard of legislation introduced and increased sentinel events in last hours of 12 hour shifts was also discussed. Lisa stated that legislation is not the answer.” She is currently working on requiring mandatory breaks in the 12 hour shifts. Diane and Kathleen will be attending the last HHS interim meeting on November 16th and will report in our board meeting on the next steps required if this is moved forward in the general session.

How to Advocate in the Legislative Arena

Justin Stewart  Utah Nurses Association Lobbyist

The best tools that an association like the Utah Nurses Association has to influence policy decisions is grassroots advocacy. Grassroots advocacy is a term used when people through the community and association talk to policy makers about legislation. In this article I hope to help those who care about nursing to be more effective and efficient when talking to legislators.

The first point that I would mention when talking about advocacy is the earlier that you are involved in the process the better. In two years the entire Utah House of Representatives will be up for election along with half of the Senate. It is important that we as a group engage in the election process so that we can help get those elected who represent our views. It is also important that we make our voices heard so that legislators will see us as educated and influential members within the community. It is important to attend your caucus meetings and if possible be elected as a delegate. Each candidate knows the delegates within their district. Another way to get involved is to contact the candidate during the election and help them put out signs or knock on doors. For those of you that have not been involved in this past election cycle it would be useful for you to reach out to your legislator and introduce yourself and ask to be on any distribution list that they may have. You will be a better advocate for your issue if the first time you talk to a legislator isn’t when you have an issue. Now that we have talked about the election process let’s talk about advocacy on specific issues.

When you are talking to your legislator it is important to know your audience. When I say you know your audience I mean that you need to consider and put yourself in the legislator’s shoes and question what do they want to hear from you or are they already on your side? It is important that you listen and that you don’t be offended if they do not come out in support of your cause. Legislators are very busy and are constantly being asked to vote on an issue or talk to them in person. Depending on your time and the importance of the issue you may choose one method of communication over another. You can find contact information for each legislator at http://le.utah.gov/

Legislators are elected to represent a specific area and they will be more responsive to a constituent that lives within their district. When contacting your legislator make sure you make it clear that you are a constituent. If you call, tell them, if you email put in the subject line Constituent and if you go to the capitol tell them it is also supportive to encourage others within your district to contact your legislator on an issue. Where one constituent’s opinion is good ten is better.

Sending emails, calling or texting is probably commonplace for each of us but visiting a legislator in person at the capitol may be a little daunting. You can catch a legislator right after a committee hearing and talk to them or sit by their offices. You can also go to the House or Senate chambers and you will see a few men and women in gray or green coats sitting at their desks. You will get a chance to talk to them. Give them a quick overview of what you would like to talk about and if they are busy they may agree to talk to you later. If not, you can get a note to the person at the capitol to call you. It is also important to know if it is smart to talk to a legislator and to do so you have to understand the legislative process. At the Nurses Day at the capitol I have given a talk to a legislator who had a scroll of issues to review. The Legislative staff has put together a page to answer many of the questions you may have including how a bill becomes a law. If you would like to learn more you have additional question please go to http://le.utah.gov/cgi-bin/lcdownload.htm.
FROM THE MEMBERSHIP COMMITTEE

Sharon K. Dingman, DNP, MS, RN
Membership Committee Chair

UNA joins with ANA in informing our members and perspective members about the valuable professional information available to membership. The information in this article is found in the ANA Member Guide Information folder ([RNA], 2014 ANA-E Rodgers 8196). We encourage you to renew your membership. http://www.nursingworld.org/

Sharon K. Dingman

Benefits for ANA/UNA members includes access to professional tools you will use in your professional life, including research tools, nursing resources, etc. ANA membership totals 3.6 million registered nurses and UNA represents over 4,500 registered nurses. You can access these resources through your MyANA account at NursingWorld.org/MyANA.

Being a member of ANA/UNA makes a powerful statement about you and your commitment to nursing and provides a way for member nurses across the United States and Utah to speak with one strong voice on behalf of nursing and our patients. Continuing education and member programs provide access to learning opportunities to keep you up-to-date in nursing knowledge and advance your career.

You will find information about healthy work environments that are safe, empowering, and satisfying. Nurses taking care of their own health, take better care of patients.

Connect through social media with your state and national association. Visit the UNA website to learn more. http://www.utnurse.org

You can stay up-to-date through journals and publications: American Nurse Today (monthly journal); The American Nurse: ANA’s official newspaper, The Online Journal of Issues in Nursing (OJIN) by using your member login at Nursing World.org/OJIN, E-Newsletters: ANA SmartBrief, ANA Nurse Career Brief, Nursing Insider, and Member News.

For additional information, contact unainformation.com

IMPORTANT CONTACTS AT-A-GLANCE

ANA Member Services:
1-800-923-7709
FAX: 1-301-628-5355

Mail: American Nurses Association
815 Georgia Avenue, Suite 400
Silver Spring, MD 20901

Update Your Profile: NursingWorld.org/MyANA

ANA E-mail Addresses:
• Membership: memberinfo@ana.org
• American Nurses Foundation (ANF): anf@ana.org
• ANA-PAC: ana-pac@ana.org
• NursesBooks.org: anabooksana.org
• Ethics Issues: ethicstodayana.org
• Lobbying — Federal and State: gov@ana.org
• Meetings and Conferences: meetings@ana.org

Look up your state nurses association’s contact information by going to NursingWorld.org.

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American Nurses Credentialing Center:
1-800-284-CERT (2378)

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In 2010, the Institute of Medicine released a landmark report, The Future of Nursing: Leading Change, Advancing Health, which recommended increasing the number of nurse leaders in pivotal decision-making roles on boards and commissions that work to improve the health of everyone in America. The Nurses on Boards Coalition (NOBC) was created in response to this, as a way to help recruit and engage nurses to step into leadership roles.

The NOBC represents nursing and other health care professions, including Registered Nurses, Licensed Clinical Practitioners, Psychologists, and Physicians. We regularly have openings for Board certified Psychiatric Advance Practice Nurses. Please visit VACareers. va.gov for benefit information.

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Exceptionally, each and every one of you, over 3 million strong, to visit www.nursesonboardscoalition.org, sign up to be counted if you are on a board and read more about the efforts being made to help build the future of our profession.

VA nurses have the opportunity to participate in research initiatives focused on enhancing health and preventing disease among our Nation’s heroes. And, you’ll be able to further your career through our various nursing leadership and clinical development programs.

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

For more information, contact Amber Brennan, RN - Nurse Recruiter
Phone: 801-582-1565 ext 1128 or email amber.brennan@va.gov

The Salt Lake City VAMC is seeking exceptional nurses for positions in the Operating Room, Intensive Care Units, and Medical-Surgical Wards. We regularly have openings for Board certified Psychiatric Advance Practice Nurses. Please visit VACareers. va.gov for benefit information.

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A Day in the Life of an Alaskan Nurse

By Mackenzie Bodnar, BSN, RN, as told to Claire L. Schuppach

What I found

As an ER nurse working in Palmer, Alaska, my shift started at 3:00 pm. This was after I completed the 30 to 40-minute drive from the lake cabin, heated only by a wood stove, where I lived. Like any emergency department, I never knew what types of patients and injuries to expect. What I could expect was the extremes of patients and conditions to reflect the extremes of Alaska itself.

The unique scheduling is the first thing I noticed about practicing in rural Alaska. To accommodate the unique nature of our patients and geography the scheduling rotated on 12 hour shifts with full staffing by 3 pm, tapering down at 7 pm and 10 pm. Common injuries included hunting and shooting accidents. Typically, those patients arrived to our emergency department two to three days after being shot or charged by an animal in the backcountry. One patient had shot himself in the foot, applied duct tape to the injury and climbed out of the back country. (It was amusing to see how well duct tape worked in that situation.) They made it in for treatment three days after the initial injury. In some ways, we faced the same high level of trauma patients as inner city emergency departments; however, those patients typically arrived for treatment within a short period of time.

Level one traumas resulting from motor vehicle accidents were also common. This presented all of us with a challenge, as our facility was a Level 3 trauma center. With only one major highway in the region, serious car accidents involving multiple vehicles were not uncommon. Since Alaska does not have a Level 1 trauma, for serious injuries, the focus would be to stabilize and prepare the patient for transport to Seattle. Typically, that was a three-hour fixed wing flight.

The uniqueness of the geography, the activities and the challenges resulted in very close working relationships. At times, one other nurse and I would be caring for 12 ER patients, some with Level 1 trauma injuries. There was no room for lack of cooperation or a self-centered perspective.

What impacted me

This same unique environment resulted an ‘opposite’ type of care, if you will, which is well known to all nurses who care for patients in a rural setting. The primary care needs that present in the ER due to sparse resources in the community. For the Matua Valley in Alaska, there is no public bus/transportation system, no services, lack of health education, high levels of substance abuse and an active foster care system.

In fact, in our town of 1,200 residents, there were four bars. Many minors lived with grandparents, boyfriends or were in the foster care system. I would go from treating a patient with a shooting injury, to level one motor vehicle accident injuries, to a 15-year-old girl, 8 months pregnant. It was not uncommon for this to be the young mother’s first doctor visit. Some patients were not aware of even the basics of health and pregnancy. (e.g., stop drinking alcohol, Red Bull, eat vegetables and fruits.) Newborns with substance abuse conditions were not uncommon.

How Alaska helped me survive

My work-day rule to recover was to use my 30-minute drive home to decompress. No radio, no sound just time to reflect on what was hard that day and what was great. (And leave it on the road) Working day after day, witnessing the vast lack of resources and my inability to make an impact left me feeling hopeless at times.

Alaska’s own sense of humor resulted in the experience of believing I was alone at home with either a vicious animal or criminals on my front porch. Only to discover, it was the resident baby moose sucking on the doorknob. How could I not laugh and who else has a story like that to keep things in perspective?

Finally, fly-fishing on my days off is where time stopped and the rhythm of the wind, the water and my reel let me know I would be OK and that I was making a difference in the life of each patient.

Notes by Claire L. Schuppach

As I listened to Mackenzie’s story, I was struck by the extremes in the geography, the practice of nursing and the ways in which she coped and thrived. The impact on her heart when discussing the lack of resources is still very evident when we spoke. Like every nurse I have interviewed for this article, the emotion and impact never leaves. This goes to the heart of nursing and why we, as a profession are universally trusted. What we do is real to us and abides in our souls. This is also why we must make time for ourselves, physically and spiritually. The price of what we willingly give is immeasurable and costly.
IN MEMORIAM

Judy Kay McLaughlin Ahue – passed away September 15, 2016. In her early 70’s she went back to school and graduated as a Registered Nurse from Weber State University Nursing School with straight A’s. She found her calling in hospice and elder care. She was highly respected by the medical professionals.

Rayola Hodgkins – passed away September 19, 2016. Rayola was in her early teens where she commenced a lifelong career in nursing. Her joy and passion never diminished in this field. She was recognized for personal outstanding achievements. She received awards honoring her dedication and excellence in her profession. Her nursing career included: 18 years at LDS Hospital, 20 years as a teacher at the College of Nursing for BYU, and 18 years as a hospice nurse. She was the first independent Nurse Practitioner in the state of Utah.

Edith Brinn – passed away August 28, 2016. She graduated from the LDS Hospital School of Nursing.

Karen Sue Livingston Geertsen – passed away September 15, 2016. Karen was a Registered Nurse and Lactation Consultant for 38 years, 23 of which were with the S ndy Pediatric Clinic of Intermountain HealthCare. For 20 years she qualified as an International Board Certified Lactation Consultant.

Jackie Lynn Boulton Hatch – passed away September 15, 2016. She earned her nursing degree from Brigham Young University. She worked as a nurse in the thoracic unit at LDS hospital and later she worked at the Surgical Center at Cottonwood Hospital and then Intermountain Medical Center.

Mickie Jo Stewart – passed away September 26, 2016. Mickie graduated from Carbon High School in 1973. She later went to college at BYU and USU graduating Phi Kappa Phi with a Bachelors of Science in Psychology and Nursing. She worked as a charge nurse for several hospitals and at Select Health as a case manager. She later worked for Molina Health Care.

Marianne Breeze – passed away October 08, 2016. Marianne is a retired nurse from the VA Hospital in Salt Lake City, Utah.

Connie Marie McCarty – passed away October 22, 2016. Connie worked as an RN at PCMC bringing help and comfort to countless children and their families in the bone marrow transplant and oncology unit where she won a “Utah Nurse of the Year” award. She furthered her career at Salt Lake Regional and St. Mark’s Hospital as a NICU nurse where she took pleasure in helping care for newborn infants who were struggling.

Carolyn Mathews Raat – passed away October 07, 2016. She earned her Bachelors of Nursing from Westminster College in 1973 and her Masters of Nursing from Brigham Young University in 1983. Her career as a nurse Carolyn’s professional achievements include: ICU Head Nurse at Logan Hospital, Logan, Utah; House Supervisor at McKay Dee Hospital, Ogden, Utah; Nursing Administrator at King Fahad Hospital, Al Khor, Saudi Arabia; Director of Women and Children at St. Benedict’s Hospital, Ogden, Utah; Administrator at Lakewide Hospital, Bountiful, Utah; Administrator at Dixie Medical Center, St. George, Utah.

Maxine Cameron Marcusen – passed away April 9, 2016. She received her RN degree from St. Alphonsus in Boise, Idaho in May 1946. Maxine worked at St. Benedict’s Hospital, now Ogden Regional Medical Center, after graduating. She retired from the VA Hospital with 20 years of dedicated service.

Elen Elizabeth Jerominski – passed away October 25, 2016. She graduated from the University of Utah as an RN, then proudly served her country as a nurse in the United States Navy during the Korean conflict. She retired from nursing 1986.

Cynthia Tiny Lee – passed away November 02, 2016. Cindy earned her Bachelors degree in Nursing, and worked in the NICU for 22 years at Dixie Regional and Utah Valley. Her job was very rewarding to her.

Debra Ann Allen – passed away November 17, 2016. Her career at Intermountain Healthcare spanned almost 37 years and included nursing and later Cardiovascular Research at LDS Hospital. Ann then moved to Intermountain Medical Center in Murray where she managed Emergency Planning and Preparedness for the Urban Central Region. Ann completed her LPN at Salt Lake Community College in 1976, a BS in Health Education in 1989 from the University of Utah, and a Masters in Emergency Planning in 2006 from APU.

Carol Ann Michael – passed away December 03, 2016. Carol went to St. Benedict’s Nursing School in Ogden, Utah in 1959. She worked forty plus years in the nursing field, most notably, as an OR nurse for the University of Utah Medical Center, and Head Nurse for Pediatric Orthopedics at Primary Children’s Hospital.

Aaron Tyler Page – passed away November 15, 2016. He attended the University of Utah’s Nursing Program, he soon had his degree and a job with the University of Utah Hospital. It was common to find Aaron volunteering at the homeless shelter and various other programs where he lent his medical expertise, always driven to help those around him.

Lake Ruth Kunel Roth – passed away November 07, 2016. Lois became a registered nurse and her first procedure after taking over the Emergency Room at the old Salt Lake County General Hospital, was to paint the walls so they weren’t so depressing. She taught nursing at “Trade Tech” the precursor to Salt Lake Community College. She received her MSW and worked for Salt Lake School District until her retirement.

Shriners Hospitals for Children — Salt Lake City has been changing the lives of children like Georgia since 1925 through state-of-the-art pediatric orthopaedic care.

Services include inpatient and outpatient surgery; physical, occupational and speech therapy; custom wheelchairs;Contracts and assistive devices; low radiation imaging and a moving analysis gait lab. All care provided regardless of a patient’s ability to pay.

Learn more at: shrinershospitalsforchildren.org/saltlakecity
NURSES ON THE NATIONAL FRONT

Nurses Lead in Fighting Opioid Crisis

From the American Nurse Today Journal
November 2016, Vol. 11 No. 11
Authors: Janet Haebler, MSN, RN, and Tim Casey

Nowhere in the nation are we immune to the ravages of the opioid epidemic. The crisis has struck our cities, suburbs, and rural communities. Across party lines, lawmakers at the state and federal levels are searching for solutions. Registered nurses (RNs) are uniquely positioned to help tackle this public health crisis, and ANA has been busy educating legislators about how.

As the most trusted direct-care providers on the frontlines of the epidemic, RNs help patients understand pain treatment options and play a key role in the prevention of opioid overuse and dependence. ANA has sought to advance nursing’s role in fighting the opioid crisis by addressing barriers and expanding access to treatment, as described below.

Expand access to medication-assisted treatment

Medication-assisted treatment (MAT), combined with counseling, serves as one of the most effective forms of treatment for opioid use disorders. For millions of opioid addicts who are uninsured, homeless, or recently incarcerated, however, getting on—and staying on—a medication is a struggle. To improve access to treatment, ANA has advocated for MAT prescribing authority for nurses, as well as expanded private insurance coverage and Medicaid benefits.

Expand access to overdose reversal drug

Unfortunately, addiction to opioids, including heroin, is difficult to treat. Not everyone recovers. Among those who do, most relapse at least once before sustained recovery. With that in mind, ANA has advocated strongly for the expansion of naloxone access. Naloxone is a life-saving medication that rapidly blocks the effects of opioids when signs and symptoms of a prescription opioid or heroin overdose first appear. Some states have looked for ways to expand access to naloxone while protecting health professionals from criminal, civil, and professional liability (Good Samaritan Overdose Immunity Law).

Increase use of physician drug monitoring programs

Physician drug monitoring programs (PDMPs) are integral to reducing inappropriate prescribing and abuse of prescription medications. PDMPs are state-run electronic databases that can provide a prescriber or pharmacist with information regarding a patient’s prescription history, thereby allowing them to identify patients who potentially are knowingly or unknowingly misusing medications. ANA supports efforts to increase utilization of PDMPs. The Department of Health and Human Services is working toward the goal of doubling the number of healthcare providers registered with their PDMP in the next 2 years.

Culture change

ANA recognizes that we must also look beyond legislative and regulatory solutions to address the opioid epidemic. As educators and patient advocates, nurses embrace a holistic approach to addressing pain, including nonopioid therapy alternatives, such as rehabilitative therapy, regional anesthetic interventions, surgery, psychological therapies, and complementary and alternative medicine. ANA believes nurses can lead culture change around pain management and opioid prescribing. To that end, we are working closely with the White House to promote and educate nurses on the new Centers for Disease Control and Prevention guidelines for opioid prescribing, which aim to improve clinical decision making and reduce inappropriate prescribing. Additionally, ANA continues to support innovative industry partners who are stepping up to promote valuable medication take-back programs, as well as those conducting research to improve abuse-deterrent formulas for prescription medications.

In recent years, ANA and its state affiliates have advocated successfully for many of these changes—and more. At the federal level, ANA argued strongly for MAT prescribing authority, increased access to the overdose-reversal drug naloxone, and expanded treatment options for those living in areas most affected by the opioid crisis. Passage of the Comprehensive Addiction and Recovery Act (CARA) in Congress this summer marked an important victory in the battle against substance abuse disorders.

While CARA and the laws enacted in the states represent enormous progress in addressing this epidemic, we must now work to ensure the necessary funding is appropriated. Only then will we be able to gain control access to critical treatment services and turn the tide on this devastating public health crisis.

For ANA resources on the opioid epidemic, visit:
• nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-Environment/Opioid-Epidemic
• http://nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-Environment/Opioid-Epidemic

Janet Haebler and Tim Casey are senior associate directors in Government Affairs at ANA.

Nurse Licensure Compact Update

The Nurse Licensure Compact (NLC) has been in place for over 15 years. Utah was one of the first states to sign on to the NLC in 2000. The NLC allows a nurse to have one multistate license in the primary state of residence and practice in other compact states, while subject to each state’s practice laws and discipline. There are currently 25 states who participate in the NLC.

In an effort to expand the number of states participating in the NLC, to address some of the disparities across state licensing requirements and to improve licensing uniformity, the National Council of State Boards of Nursing has adopted an updated set of regulations called the Enhanced NLC. This update will require action on the part of the Utah State Legislature to maintain Utah’s participation in the NLC process.

Key changes to the NLC include:
• Eligibility and uniform licensure requirements for a multistate license across all participating states
• Criminal background checking processes (Utah already requires this, and,)
• Establishes the governing body as a public agency known as an “Interstate Commission” that holds rule-making authority to govern the Compact

Members of UONL’s Policy & Advocacy Committee, along with key leaders from the Utah Action Coalition for Health, and Utah Nurses Association have been working this summer to obtain a bill sponsor, work with legislative staff to draft a bill and collaborate with key partners to obtain the needed support ensuring a smooth legislative process. The Utah Board of Nursing is in support of the enhanced compact.

Sen Evan Vickers has graciously agreed to sponsor the bill in the Senate. Work started in July to draft the bill. It is anticipated the bill will move through the legislative process in the upcoming 2017 session.

To learn more about the NLC, please visit [https://www.nursecompact.com/index.html] and sign up for updates from the National Council of State Boards of Nursing. Your chance to participate in the advocacy process is coming soon!

For more information, contact: teresa.garrett@nurs.utah.edu

Apply online at www.suu.edu, job #1600037. Please contact Human Resources at jobs@suu.edu or 435-586-7754 if you have questions.
Nursing Grant-in-Aid Scholarship Guidelines

The guidelines listed below shall assist in ensuring the best possible coordination in receiving and processing nursing student requests for scholarships. Scholarships will be awarded for tuition and books only.

**SCHOLARSHIP INFORMATION:**
- Scholarships must be postmarked by June 1st or October 1st of each calendar year to be considered.
- Applicants will receive notice of the Board's recommendations by July 15th and October 15th of each calendar year.
- Recipients are only eligible to receive scholarships twice.
- Applicants must abide by the criteria listed below.

**GENERAL SCHOLARSHIP CRITERIA:**
The applicant must:
- Have a cumulative grade point average, which is equivalent to a 3.0 or higher on a 4.0 scale.
- Be a United States citizen and a resident of Utah.
- Have completed a minimum of one semester of core nursing courses prior to application.
- If a student intends to go into graduate nursing programs, be involved in the school’s chapter of the National Student Nurses Association.
- If a registered nurse completing a Baccalaureate Degree or an Advanced Nursing Degree, be a member of Utah Nurses Association/ American Nurses Association.
- Submit a personal narrative describing his/her anticipated role in nursing in the state of Utah that will be evaluated by the Scholarship Committee.
- Submit three original letters of recommendation. Letters submitted from faculty advisor and employer must be original addressed to the Utah Nurses Foundation Scholarship Committee.
- Be enrolled in six credit hours or more per semester to be considered. Preference will be given to applicants engaged in full-time study.
- Demonstrate a financial need. All of the applicant’s resources for financial aid (scholarships, loans, wages, gifts, etc.) must be clearly and correctly listed (and include dollar amounts and duration of each source of aid) on the application.
- The Scholarship Committee shall consider the following priorities in making scholarship recommendations to the Board of Trustees:
  - RNs pursuing BSN
  - Graduate and postgraduate nursing study
  - Formal nursing programs - advanced practice nurses
  - Students enrolled in undergraduate nursing programs
- The Applicant is required to submit the following with the completed application form:
  - Copy of current official transcript of grades (no grade reports).
  - Three letters of recommendation:
    - One must be from a faculty advisor.
    - One must be from an employer (If the applicant has been unemployed for greater than 1 year, one must be from someone who can address the applicant’s work ethic, either through volunteer service or some other form).
    - At least one should reflect applicant’s commitment to nursing.
  - All must be in original form.
- All must be signed and addressed to the UNF scholarship committee.
- Narrative statement describing applicant’s anticipated role in nursing in Utah, upon completion of the nursing program.
- Letter from the school verifying the applicant’s acceptance in the nursing program.
- Copy of ID from National Student Nurses Association or Utah Nurses Association with membership number.

**AGREEMENT**
In the event of a scholarship award:
- The nursing student agrees to work for a Utah Health Care Facility or Utah Educational Institution as a full-time employee for a period of one year, or part-time for a period of two years.
- Student recipient agrees to join the Utah Nurses Association within 6 months of graduation at the advertised reduced rate.
- If asked by UNF, provide personal pictures and narratives to be published in The Utah Nurse indicating that UNF scholarship funds were received.
- If for any reason the educational program and/or work in Utah is not completed, the scholarship monies will be reimbursed to the Utah Nurses Foundation by the nursing student.

To download application, visit www.utnurse.org.

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Nursing Research Grant Proposal

This form is to be used to request research funding assistance from Utah Nurses Foundation (UNF). Completed forms should be submitted electronically to UNF in care of the Utah Nurses Association at UNA@xmission.com. Requests will be evaluated based on:

- Support for nursing and the nursing profession, and available UNF funds.
- Those receiving funds may be asked by UNF to provide personal pictures and narratives to be published in The Utah Nurse indicating that UNF funds were provided for this project.

**Title of project:**

Applicant’s Name and credentials:

Professional Association/Affiliations (if any):

Are you currently a nursing student? Yes No

If a student, what nursing school?

Pursuing what degree?

Have you received funding for this project from any other source? Explain:

1) Describe the proposed work, paying particular attention to the evaluation criteria listed in the proposal writing guidelines (one page maximum).

**Project Overview:**

**Research Process and Desired Outcomes:**

**Benefits to Patient Care and Education, Nursing Education, and the Nursing Profession:**

2) Describe the proposed budget for this project and how you would use the funds provided (1 page maximum).

3) Provide contact information for you as well as someone who can attest to this project:
   - Personal contact information:
   - Contact Information for individual at the School or Facility where research will be conducted.

Each proposal will be evaluated according to the following criteria. Please address these criteria in your description of both the proposed work and the budget.

1) The proposed activity benefits patient care, advances nursing education or research.
2) The proposed activity demonstrates merit with regard to enhancing the discipline of nursing.
3) The proposed activity clearly describes the desired results or outcomes.
4) The proposed activity delineates the efficient use of resources, utilizing a complete and understandable budget narrative.
5) The proposed work offers students and nurses involved a quality, meaningful research opportunity that will merit submission for publications in a professional journal.

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**Utah Nurses Foundation use only**

Committee discussion of proposal:

Committee decision: Award Do not award

Amount Awarded $  

Is applicant eligible to apply for funds again? Yes No

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Meet Kim
Advice Nurse

Kim is a subject matter expert and one of over 100 nurses that provide nurse triage to eight clinical lines of business. She is quick to recognize urgency and effectively provides the best possible solution with a tremendous amount of compassion and care. She is an extremely valuable resource in guiding our nursing team.

Outside of work, Kim spends her time with her kids. She is a type 1 diabetic and had given birth to premature twins about 3-years back. Being a full time mom and nurse is a tricky balance. The opportunity to work from home makes it a lot easier. Kim is kind and caring. Being with her kids and helping people get the medical advice they need is her life. Her ability to balance is remarkable.

We’re in search of the World’s Greatest Nurses.

We aren’t just looking for a nurse. We are looking for someone special. Telephone Triage Nurses know how to get people the help they need in a way that, without ever seeing them, instills a sense of calm and confidence, reminding each patient that everything is going to be okay. It’s about knowledge. It’s about experience. It’s about knowing that your voice has the power to make a patient’s tough situation…manageable.

In the next twelve months, we will be hiring approximately 50 RNs to join our team. Full-time, part-time, per diem, and telecommute opportunities are available.

Open House Career Events

FEB 15 | MAR 15 | APR 19
MAY 17 | JUN 21
All events are from 2 - 5 PM

JON WRIGHT,
Sr. Recruiter

P: 916-854-6825
E: wright4@sutterhealth.org
spscareers.org

Available daily for phone interviews: Monday-Friday 8-5 PM