President’s Message

Aimee McLean, BSN, RN, CCHP President

Where has the summer gone! We all have a couple more weeks to get in the picnics, hikes and family adventures that were on our list that we haven't checked off yet. The UNA was busy over the summer advocating locally and nationally for improved health for Utah citizens and nurses. Locally, our Government Relations Committee (GRC) has been working with legislators on Cannabis Research, the Opioid crisis and Health Care Reform options. If you are concerned or passionate about any of these or other issues, we welcome and encourage you to contact your representatives. The full report is in this edition. In order to more fully support the professional growth of all Utah nurses and increase the UNA’s scope of services, we have formed an education committee and have sent out a call for committee members. Don’t forget to watch your email in boxes and our website to sign up for our Annual Conference and Annual Advocacy Preparation Conference, October 12th & 13th, to be held at the Radisson Downtown Hotel Salt Lake City Downtown. This year the Utah Annual Membership Assembly will NOT be held in conjunction with our conference. We feel it deserves our undivided attention. It will be held December 2, 2017. We are working to accommodate more member involvement in order to grow and strengthen our organization. I have been learning from my national colleagues this summer. A highlight for me personally, was the National Membership Assembly held in Washington, D.C. Meeting with members of Congress, elected from Utah provided the opportunity to directly advocate for critical health issues to the state of Utah and the nursing profession on a national level. Enjoy the final days of summer with your family and friends!

Save the Dates

The Utah Nurses Association Annual Conference and Annual Advocacy Preparation Conference will be October 12th & 13th, 2017.

The Utah Nurses Association Annual Membership Assembly will be December 2, 2017. Monitor your emails for more information to come.

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Attention UNA Members

You can now find us on Facebook. Just search Utah Nurses Association and look for the page with the UNA logo. We will be posting updates for upcoming events and information on conventions in our blog.

Content
Utah Nurses Association Seeks Board Members

Are you interested in advocating for nurses in Utah? Want to get involved but are unsure how? Here is your opportunity!

The Utah Nurses Association is seeking to fill three board positions with elections held in October. We are seeking a diverse candidate pool for the offices of President-Elect, 2nd Vice President, and Secretary. This is a great opportunity to serve the nursing profession, and have your voice heard. Elected Officers will serve a two-year term, except for the President-Elect who will serve three years, one year as President-Elect, and two years as President beginning in January 2018, attend all meetings unless excused. Summaries of the Office responsibilities are listed below. More information and applications are available by contacting Lisa Trim, Office Manager of the Utah Nurses Association at 801-272-4150. The deadline for nominees to submit their applications will be September 3, 2017.

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

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

SECOND VICE PRESIDENT
1. Shall be a member of the House of Delegates and the Board of Directors, and shall attend all scheduled meetings.
2. Shall serve as a liaison to the Utah Nurses Foundation.
3. Shall serve as a liaison to the Membership Committee.

Utah Nurses Association’s Web Page! utnurse.org

Visit our site regularly for the most current updates and information on UNA activities. You can obtain a listing of Continuing Education Modules available through UNA or a listing of seminars and conferences that offer CE credits.

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DSU DIXIE STATE UNIVERSITY.
RN-BSN Online Program

Accepts students Fall, Spring, and Summer semesters

Enrollment is open up to two weeks before start of each beginning of semester.
Registration by last name.

(A-Z) 435 879-4803
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For more information on how to apply for the RN-BSN online program visit:

http://health.dsuxx.edu/nursing/rn-to-bsn-program/

Aspen University.

Get credit for your education efforts!

• You identified a need.
• You’re planning education for it.
• Apply for CE contact hours.

There are as many aspects to nursing practice as there are settings and types of nursing practice. The “needs” that are identified for professional development and practice enhancement will be as varied.

Don’t assume you can’t offer CE – Utah Nurses Association can help.
• Contact education@westernmsd.org with questions.
• Visit www.utnurse.org/Education to view FAQs and application information.

The Utah Nurse Publication Schedule for 2017

Issue Material Due to UNA Office
November/December 2017 September 7, 2017
January 2018

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

Submissions should be sent for: una@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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2. Editor of the Utah Nurse quarterly paper unless another editor is appointed.
3. Shall accept assignment from the President.
4. Shall serve as a liaison to the Utah Nurses Foundation.
5. Shall serve as a liaison to the Membership Committee.

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Address editorial comments and inquiries to the following address:
Utah Nurses Association, Attn: Editorial Committee 4505 S. Wasatch Blvd., Suite 330B Salt Lake City, UT 84124 una@xmission.com, 801-272-4510

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August, September, October 2017
At this time of year many of us are shifting our focus and activities as we prepare for school for children and/or ourselves. In the spirit of new academic pursuits, new information and achieving professional goals, we are proud to initiate a new conversation for the nursing profession in Utah. Fatal Mistakes, written by Sarah Kliff, reprinted with permission by Vox media. The article approaches this uncomfortable conversation with truth and compassion without avoiding the heart of the matter. As an organization serving the nurses of Utah, we covet your engagement and love to hear from you in response to this article. The conversations around medical errors, as well as the presence or absence of support resources available for the nursing profession can be highly charged. We strongly feel this is an important industry issue that nurses should not only address as individuals, but also as leaders at our workplaces in advocating for support and education. Brand new pricing and membership in ANA and UNA information is included in this edition.

Lower Membership Price & Increased Benefits – Check it out! If you prefer online – the information is also on our website www.utnurse.org.

Finally, as you plan your fall schedule, consider the UNA’s Annual Conference and Annual Advocacy Preparation Conference, October 12th & 13th as part of your professional and personal development for 2017. We would love to meet you all and hear what you have to say. As a reminder, letters to the editor are most welcome. Enjoy our beautiful mountain weather as the summer winds down.

Claire L. Schupbach RN, BSN, CPC, CHP

Doctors and nurses make thousands of deadly errors every year. They are reprindned. Do they also deserve support? Sarah Kliff on March 15, 2016

Reprinted with permission by Vox.com & Vox Media, Inc.

Kim Hiatt had worked as a nurse for 24 years when she made her first medical error: She gave a frail infant 10 times the recommended dosage of a medication. The baby died five days later.

Hiatt’s mistake was an unnecessary tragedy. But what happens next was an unnecessary tragedy, too. Seven months after the error, Hiatt killed herself.

“She fell apart,” her mother, Sharon Crum, says. “I suppose it would be the same thing you felt, if you felt at fault for a child’s death.”

This is a story about Hiatt, the mistake she made, how she struggled with that tragedy, and how the institutions that had previously supported her ultimately shut her out.

It is also a story about an open secret in American medicine. Medical errors kill more people each year than plane crashes, terrorist attacks, and drug overdoses combined. And there’s collateral damage that often goes unnoticed: Every day, our healers quietly live with those they have wounded or even killed. Their ghosts creep into exam rooms, their cries haunt dreams, and seeing new patients can reopen old wounds.

“Every practicing physician has either made an error that harmed a patient or certainly been involved in the care of a patient who has been harmed,” says Albert Wu, who directs the Johns Hopkins Center for Health Services and Outcome Research.

A new line of research that Wu began in the 1990s has found that many health care providers experience anguish, turmoil, and emotional trauma in the wake of a serious medical error. The providers are, in Wu’s view, “second victims” of the mistake.

Just like their patients, these providers struggle to make sense of how an effort to heal turned into serious harm. One 2009 study found that two-thirds of providers reported “extreme sadness” and “difficulty concentrating” in the wake of harming a patient. More than half experienced depression; one-third said they avoided caring for similar patients afterward, for fear of making a similar mistake. Some consider suicide — and a smaller fraction, like Hiatt, take their own lives.

Nurses and doctors rarely discuss mistakes with their colleagues. Bringing attention to a mistake feels like highlighting one’s own incompetence. Clinicians know that if mistakes are inevitable, we are going to have medical errors. So it’s important not only to learn how to prevent all the errors we can, but also to support clinicians when they inevitably do make mistakes.

About a dozen hospitals nationwide — out of 4,000 total — have begun to set up anonymous hotlines where clinicians can call and talk to a peer about their emotional traumas. The idea is to give them a safe space, isolated from the malpractice system or even their own name, to talk openly about their grief. It’s a small step toward a shift in medicine, away from a culture that sees mistakes as unspeakable and toward one that recognizes that America’s health care providers —people like Hiatt— have suffered tremendously.

I. “She was good at her job, and she knew it”

Medicine ran in the Hiatt family. Kim’s mother, Sharon Crum, was a nurse. Her father, Dan Hiatt, was a physician. He moved the family from West Virginia to Seattle when Kim was a few months old for his residency at the University of Washington.

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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. Flexible schedules are available, with excellent benefits including medical, dental, life insurance, retirement, paid leave, etc. The State of Utah is the one you are interested in. If you have the knowledge, experience, and certification, we will give you the opportunity to do what you love. You will then see the links to the job applications, click on the one you are interested in. If you have questions contact Human Resource Office at 801-344-4271.

We Hire New Graduates!

The Utah Nurse  •  Page 4 August, September, October 2017

Who is Sedating Patients with Propofol?
Diane Forster Burke, MS, RN, GRC Co-Chair
Dan Bunker, MSNA, CRNA and Ted Morris, MSNA, CRNA

Most providers agree Propofol offers great advantages in outpatient surgery, but is it legal for others to sedate patients with Propofol? The Utah DOH ruled it legal for nurses utilizing sedation anesthetists (CRNAs) to provide it? There lies the million-dollar question. The issue is drawing the attention of RNs, nurse anesthetists, anesthesiologists, state boards of nursing, state legislatures, and the courts.

Nurse-administered Propofol sedation (NAPS) is common to gastrointestinal endoscopy, ophthalmology, plastic surgery, and dental surgery. In outpatient surgery, where the use of propofol is widespread, the majority of patients are given Propofol, given by nurses, is seen as one way to alleviate those problems. In trained hands, Propofol offers many advantages over other drugs used for sedation because it:

• Has a rapid onset (about 40 seconds) and a short duration of action
• Allows patients to wake up, recover, and return to baseline activities and resume diet sooner than some other sedation agents
• Reduces the need for opioids, thus resulting in less nausea and vomiting.

Trained nurses in most critical care settings of hospitalizations practice the purposefully induced state during which an individual cannot be easily aroused, but responds purposefully* to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

Levels of Sedation/Analgesia

• Minimal Sedation (Anxiolysis) is a drug-induced state during which an individual is not arousal, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. The individual often requires assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

• Moderate Sedation / Analgesia (“Conscious Sedation”) is a drug-induced degree of consciousness during which an individual responds purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

• Deep Sedation / Analgesia is a drug-induced depression of consciousness during which an individual cannot be easily aroused, but responds purposefully* following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. The individual may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

Propofol (Diprivan) is a great sedative medication that provides rapid sedation; however, it has no antagonistic medication to reverse the sedation if the patient has severe respiratory depression or cardiopulmonary arrest. The package insert for Propofol states:

• It should only be administered by persons trained in the administration of general anesthesia and not involved in the conduct of the surgical/diagnostic procedure.
• Sedated patients should be continuously monitored, and there must be medical emergency equipment for maintaining a patent airway, providing artificial ventilation, and administering supplemental oxygen for cardiovascular resuscititation that is immediately available.
• Patients should be continuously monitored for early signs of hypotension, apnea, airway obstruction, and/or oxygen desaturation. These cardiorespiratory effects are more likely to occur following rapid bolus administration, especially in the elderly, debilitated, or ASA III or IV patients.
• For sedation of intubated, mechanically ventilated patients in the Intensive Care Unit (ICU), DIPRIVAN Injectable Emulsion should be administered only by persons skilled in the management of critically ill patients and trained in cardiovascular resuscitation and airway management.

Providers who are not trained in anesthesia and nurses who are providing NAPS are under the impression they are doing conscious moderate sedation. In reality, these patients are in a deeper level of sedation than intended. The definitions of levels of sedation that are the standards of care in the anesthesia industry are defined by the American Society of Anesthesiologist (ASA) and are as follows:

• General anesthesia is a drug-induced loss of consciousness during which an individual is not arousal, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. The individual often requires assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

Anesthesia providers warn that RNs need to realize a patient can easily slip from conscious moderate sedation to general anesthesia with Propofol. Every patient responds differently to the drug, so what might be a normal dose for one individual is an overdose for another person. The problem is the ability of the RN who is administering the Propofol to recognize the signs of this drug-induced state and intervene before the patient has severe respiratory depression or cardiopulmonary arrest.

Propofol (Diprivan) is a drug-induced state during which an

“Reflex withdrawal from a painful stimulus is NOT considered a purposeful response.

Anesthesia providers warn that RNs need to realize a patient can easily slip from conscious moderate sedation to general anesthesia. ACLS is not sufficient training for airway management and intubation. Historically there has not been tracking of these outcomes and because of widespread uncontrolled use of Propofol, a bill was presented in this last legislative session seeking to regulate the use of this medication. Rep. Mike Kennedy (M.D., Family Practice) ran HB 142 (https://utah.gov/2017/bills/stats/HB0142.htm) requiring a database of adverse events occurring from the administration of sedation in outpatient settings. It required the Department of Occupational and Professional Licensure (DOPL) to publish a report on the number of adverse events by types of providers and facilities. It also stated certain health care providers would be prohibited from administering sedation or general anesthesia without prior training or certification. The bill also stated RNs are more likely to occur following rapid bolus administration, especially in the elderly, debilitated, or ASA III or IV patients.

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The DOH will be responsible to publish a report of these adverse events by types of providers and facilities. Other requirements of this bill include a health care provider who administers IV sedation to a patient in an outpatient setting (non ED setting) obtain informed consent from the patient and report any adverse events from the sedation. This law further makes the provider guilty of unprofessional conduct if he/she fails to report an adverse event. The law also provides whistle blower protections to those who report an adverse event. Finally, a health care provider or diagnostic procedures on a patient without another qualified health care provider present to monitor the patient’s anesthesia care.

Anesthetists
Diane Forster-Burke MS, RN
Co-chair, UNA’s Government Relations Committee

Attention Nurse Educators, Clinical Trainers, and Presenters

From one hour programs to multi-day conferences, ensure your attendees earn nationally recognized CE credit.

• Support the Utah Nursing Education New Certified nurse Anesthetist (CRNA) or the patient is intubated in an ICU. The State Board of Nursing for Utah has given support for any legislation that will restrict the practice of (NAPS). The debate about who should be allowed to administer Propofol may continue, but some things are clear; whenever Propofol is used for sedation/anesthesia, it should be administered only to persons who are: (1) trained in the administration of drugs that cause deep sedation or general anesthesia, or performing therapeutic or diagnostic procedures on a patient without another qualified health care provider present to monitor the patient’s anesthesia care.

Anesthetists
Diane Forster-Burke MS, RN
Co-chair, UNA’s Government Relations Committee
The agenda for each interim committee meeting is posted on the state legislative website at www.sluth.gov and can be found under the calendar posting for the committee. Agendas are required to be posted a minimum of 24 hours prior. The next two Health and Human Services Interim Committee meetings will be held on Wednesday, August 23rd and Wednesday, September 20th, from 0830 am to 1100 am. Consider this your official invitation to join us at either meeting. We welcome anyone interested in learning how the committees work and joining our efforts on behalf of the health of all citizens of the state of Utah. Please contact Kathleen Kaufman at kathleenkaufmanrun@gmail.com or call 801-818-6558. We would love to show you the ropes.

1. Identify yourself as their constituent and include your physical address in the email.
2. It is just as important to understand both sides of an issue, as they will have opposite viewpoints from other constituents.
3. Be precise, brief and to the point clearly communicating your requested action on a specific bill.
4. Include the name of the bill along with the proper number of the bill.
5. Ask for a reply from them about how they plan to vote and the reason for their decision.
6. Include a phone number so you can discuss with them; even better coordinate a time to meet with them in person.
7. Be polite and thank them for their service to the community and for their time in listening to your concerns.
A Day in the Life of a Student Nurse

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

Since obtaining our license many of us have been through multiple books or courses on leadership. All good with great insights; however, leadership is not that complicated. This beautiful brother that graced my life for a total of less than 12 hours taught me all I needed to know.

My most honored moment:
During first semester nursing, we were completing clinical rotations in a nursing home. One resident was particularly joyful, supportive of us students, encouraging clinical rotations in a nursing home. One resident was

My four gifts on leadership:
• Leaders live abundantly
• Leaders are human
• Leadership is servanthood
• Leaders lead by deed not by words, vision statements or policies

May the simplicity and clarity of this man’s leadership stay with us all as we continue to become our best selves.

Take your nursing career to the next level

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Your free online resource for nursing jobs, research, and events.

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 [http://www.nursingworld.org/myana.aspx]. We encourage you to renew your membership.

Sharon K. Dingman

Benefits for ANA/UNA members include 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 membership totals 450 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 NursingWorld.org/OJIN, E-Newsletters: ANA SmartBrief, ANA Nurse Career Brief, Nursing Insider, and Member News.

For additional information or personal communication with a member of the membership committee please contact us [una@amination.org].

Sharon K. Dingman, DNP, MS, RN

IMPORTANT CONTACTS AT-A-GLANCE

ANA Member Services: 1-800-284-CERT (2378)
FAX: 1-301-628-7709
Mail: American Nurses Association 8515 Georgia Avenue, Suite 400 Silver Spring, MD 20910

Update Your Profile: NursingWorld.org/MyANA

ANA E-Mail Addresses:
• Membership: membertinfo@ana.org
• American Nurses Foundation (ANF): ant@ana.org
• ANA-PAC: ana-pac@ana.org
• NursesBooks.org: np@ana.org
• Ethics Issues: ethics@ana.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

Professional Development and Networking Resources Online:
• ANA Career Center: NursesCareerCenter.org
• ANA Leadership Institute: ANA-LeadershipInstitute.org
• ANCC Certifications: ANCCertification.org
• Book Discounts: NursesBooks.org
• Online Continuing Education: ANAOnlineCE.org
• Navigate Nursing: NurseNet.org

American Nurses Credentialing Center: 1-800-284-CERT (2378)
Your GRC has worked steadily and with great dedication to review a total of 32 bills during the General Session. We reached consensus on 24 bills which are posted in this GRC Tracker on the UNA website. Fifteen of the bills that we supported passed this year. One of the two we opposed did not pass. This effort required hours of careful reading, thorough research on content and implications of the bills and significant discussion. The outcome of the general session is now posted in our final bill tracker for the year on the UNA website under the legislative tab.

A total of 27 UNA members gave as much time as possible to comments on various bills. Generally, those who specialize in an area may have more input on specific bills. Most bills have input from at least five to seven members, some have more. Occasionally we receive input from other specialty groups of nursing as to their interpretation of the proposed statutes. THANK YOU ALL for the thoughtful discussions that you contributed to this effort. Anyone who is a UNA member is welcome to serve on this committee. We meet exclusively online so there is no traveling involved.

During this session, we initiated the use of a new policy tool: PhoneAction. This allows those who sign up to use it to send concise messages by phone, text or email to their legislators. Angela York has been invaluable in facilitating the use of this tool. We used it three times: 1) Asking Governor Herbert NOT to cut Medicaid benefits in Utah, 2) Asking Governor Herbert to sign SB48 (Nurse Compact Act), 3) Urging House members to pass SB 88 (Medicaid Housing Coordinator). We will use this effectively in the future. This is open to all nurses or affiliates to use, please send your information: email, mailing address with zip code, and cell phone number to either unanmission@com or directly to kathleenkaufmanuna@gmail.com. It is not a requirement to be a UNA member to join our pool of advocates.

We are pleased to announce that SB 48 passed both the House and Senate with little or no opposition. We should all thank our representative and senator for helping promote Utah. This is now part of the enhanced, newly formulated Nurse Licensing Compact Act (NLC). This allows RNs licensed in Utah to practice in any of the compact states without getting licenses in those states. Naturally the RN is held to the scope of practice in the compact states without getting licenses in those states. This allows RNs licensed in Utah to practice in any of the compact states without getting licenses in those states.

We also are suggesting tighter language to spell out just exactly what needs to occur for professional delegation to take place, in any setting.

Key Issues for GRC Work in the Coming Year:

On May 15th, the three GRC co-chairs met with lobbyist Justin Stewart to develop a strategy for the SBON to address several issues noted during the session. We discussed several issues of interest and our top three issues are:

1. FIN delegation of care in NPA and in Rule
2. Nursing Consortium for more nurse faculty at non-profit nursing programs in Utah
3. Research the need for more school nurses in Utah

During the current interim session (extending from April to November) we plan to lay the groundwork to increase the number of school nurses in Utah. We recognize that this is a long-term project but we must get started. Rep. McKay passed HB 209 ST (Administration of Medications in Schools Amendments) which requires the school nurse to train school volunteers to give yet one more class of drugs in the schools (the opiate antagonist, which at this writing is solely naloxone.) This makes the fifth group of significant crisis drugs which the legislature has decided someone in the schools, most likely the clerical staff “volunteers,” will be trained to administer in emergencies. Now the secretary for other person will be delegated to give insulin/glucagon, epinephrine, asthma inhalers, seizure rescue medications, and opiate antagonists. The school nurse is responsible for educating and delegating and following up on the use of each of these drugs within the school systems.

No one argues the need to use these drugs in schools. We do ask the legislature not to delegate responsibility to an individual who has not had proper training in giving this level of responsibility. This level of responsibility is not what secretaries or lunch ladies signed up for. As professional nurses, we understand the responsibility and gravity of giving a life-changing drug which has serious potential implications. We need more school nurses. You will be seeing more work on this over the coming year. If anyone knows of strong PTA or UEA members who would support this effort, we would like to get their contact information once you have asked them to support this effort as well. Please send that information to kathleenkaufmanuna@gmail.com.

In cooperation with the Utah School Nurse Association, we will be preparing the groundwork that effectively introduce the need for more funding for school nurses. This approach requires we collect as much data as possible about incidents in schools where an RN could have made a difference. We need data from surrounding states and to build a foundation of support among legislators. We are considering spending the year and significant efforts preparing data to convince legislators to increase funding without running a bill this year. We will start the discussion with various legislators.

We have also discussed the need to explore several other issues including step therapy threats in potential legislation exploring APRN Rule concerning oversight of new psychiatric NPs during their internship and preparation to counteract changes which are possible under the new federal administration.

In the interest of advancing school nurse advocacy efforts, GRC members have been working on a coalition with key players in the legislative arena. In the past, the GRC has worked to have a Senate bill to address the need for more school nursing positions. We have advocated for school nurse position and the benefits that come along with them.

We want to recognize the significant contributions to this year’s legislative session of our two legislators. Rep. McKell passed HB 209 ST (Administration of Medications in Schools Amendments) which requires the school nurse to train school volunteers to give yet one more class of drugs in the schools (the opiate antagonist, which at this writing is solely naloxone.) This makes the fifth group of significant crisis drugs which the legislature has decided someone in the schools, most likely the clerical staff “volunteers,” will be trained to administer in emergencies. Now the secretary for other person will be delegated to give insulin/glucagon, epinephrine, asthma inhalers, seizure rescue medications, and opiate antagonists. The school nurse is responsible for educating and delegating and following up on the use of each of these drugs within the school systems.

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It seemed like a natural choice when Kim decided to pursue a nursing degree at Pacific Lutheran University in Seattle. In 1986, she accepted an entry-level nursing position on Seattle Children's toddler floor, where she saw young patients with serious medical conditions that ranged from cancer to cystic fibrosis. Hiatt had been falling in love with the profession — and her patients. "She used to write poetry about her patients," Sharon says. "She just got so involved with them. She would talk about her patients and the little kids. She was good at her job, and she knew it.”

Hiatt was particularly involved with her patients' families, and former coworkers and family friends recall her as an avid photographer who helped the families make scrapbooks in the hospital. "You were such a wonderful advocate for your patients and families," Hiatt’s supervisor, Cathie Rea, wrote in Hiatt’s 2009 annual performance review. "You brought her kids to work to show them what she did all day. She met her spouse, Lyn, working there — and liked to bring her kids to work to show them what she did all day. She was really interested in taking care of kids in that way, and helping with the bereavement process," Lyn Hiatt says.

Hiatt worked easily with patients, she did struggle with her co-workers at times. Her friends and family are the first to admit that Hiatt had a brash sense of humor, which could offend people.

“She had no filter,” says Julie Stenger, a former Seattle Children’s nurse who worked with Hiatt. “It was more to the point.”

Hiatt’s life was closely intertwined with the hospital. She worked as a nurse and a spouse, Lyn, working there — and liked to bring her kids to work to show them what she did all day. “She was really interested in taking care of kids in that way, and helping with the bereavement process,” Lyn Hiatt says. Hiatt worked easily with patients, she did struggle with her co-workers at times. Her friends and family are the first to admit that Hiatt had a brash sense of humor, which could offend people.

“She had no filter,” says Julie Stenger, a former Seattle Children’s nurse who worked with Hiatt. “It was more to the point.”

Hiatt had her last performance review in August 2010, 20 days before the error. She had recently begun another project focused on operating a life-support machine that helps especially sick children circulate blood. Her review that year described her as a “leading performer,” giving her a 4 on Seattle Children’s 5-point ranking scale.

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Hiatt was told to stop working and be isolated from her patient. Her co-workers were asked to fill in for her. "I abandoned others' trust in me," one nurse told researchers. "I felt ashamed, making such a mistake, and that utterly destroyed me." Hiatt immediately fell in love with the profession — and her patients. "It seemed like a natural choice when Kim decided to pursue a nursing degree at Pacific Lutheran University in Seattle. In 1986, she accepted an entry-level nursing position on Seattle Children's toddler floor, where she saw young patients with serious medical conditions that ranged from cancer to cystic fibrosis.

When a co-worker felt she went too far in the spring of 2008, a colleague filed a sexual harassment complaint against Hiatt. The documentation of the incident available to the public is incomplete; emails reference but don’t fully describe it. The documentation of the incident available to the public is incomplete; emails reference but don’t fully describe it. The documentation of the incident available to the public is incomplete; emails reference but don’t fully describe it.

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August, September, October 2017

The patient died four days after the error. Seattle Children’s Hospital fired Hiatt shortly afterward.

It’s impossible to untangle how many of those events affected her, because they happened in such quick succession. Hiatt struggled with both the death of her patient and the loss of a career she loved. Friends and family were there for her, offering a safe haven, a place to think. But there was still no one with whom she could express normal, every-day things.

“She was in such a state of despair,” says Stenger, who worked with Hiatt at Seattle Children’s. “My obligation was to speed her toward that safe haven. I didn’t know what I was doing, but I knew it was the right thing. I was just doing the best I could."

Hiatt accepted the deal. In the spring, she had some moments of determination. She tried to explore new health-oriented careers and took an adult life-support class the first weekend of April 2010. But on the following Wednesday, when Hiatt called her on the way home from the second day of class...

“I asked her how it went, and she told me she got the highest grade in the class. “I told her, ‘I’m really proud of you,’ but no matter what I do, no matter how well I do, I’m never going to be able to practice nursing,” was telling her, “I’ll never be able to practice nursing.” And she was saying, “No, it’s never going to be enough.”"

That was April 3, 2010. Hiatt finished her drive and arrived home. Lyn and her son decided to take a walk to a nearby restaurant to get milkshakes and fries. Hiatt said she would stay home and do some laundry.

On February 3, the Washington Department of Health sent Hiatt a proposed punishment: four years’ probation of her nursing license. She would not have to admit any wrongdoing, she was told, and she would not lose any managerial responsibilities and would need to get the state to sign off on any nursing employment she pursued.

“Every practicing physician has either made an error that harmed a patient or certainly knows of someone who has harmed a patient who has been harmed”

Hiatt estimated they were gone for about an hour and a half. During that time, Kim hanged herself in the basement.

IV. Mistakes will happen, how do we respond?

Hospital leaders and state regulators must make decisions about how to respond to providers’ errors. Experts say there is often a tendency to respond with heavy-handed administrative action and nurses and doctors for how they harmed a patient.

“No one has more tolerance for mistakes in this medical field than nurses and doctors. They are disciplined people; they are certainly chastised, scolded, and fired.”

But knowing that our health care system depends on humans, experts say that most providers will berate themselves internally, sometimes experiencing depression or suicidal urges — some hospitals have even developed suicide prevention programs. She remembers when her first patient died. There was no mistake — the location of a gunshot wound appeared to be the cause of her death — but she still struggled with the gravity of his death.

“There can be a mindset among some clinicians like, ‘Welcome to health care, this is what you signed up for,’” Scott said. “But sometimes the experience [of a patient died] like this, I said something to the nurse I was working with like, ‘I don’t know if my heart can take this.’ Her response was, ‘OK, let’s call our lawyer back up.’"

Scott runs all patient safety efforts in her hospital system, and about a decade ago she gathered staff to talk about mistakes. “They all had similar training,” she said, “and whether they felt they needed help. The answer was a resounding yes. The 2007 survey found that 175 providers there had experienced a patient — and whether they felt they needed help.

More than two-thirds of those respondents — 68 percent — reported receiving no institutional support. Later that year, Scott decided to try something she thought she might not have to do in her current job: “We don’t get the resources. The hotline had no relationship with the hospital’s legal department, and it didn’t require callers to provide their names, which often is a deterrent to people. In order to get providers more comfortable speaking openly, it was the first such hotline in the country — possibly in the world."

This year, an evaluation by safety experts at other hospitals says they’ve faced pushback from patient advocacy groups, which argue that the doctors can’t be trusted to provide resources. “There is real resistance in places,” says Hopkins’ Wu. “Some of that comes from patient advocates or organizations that say, ‘We don’t think you can do this.’ I think it’s really important to understand, where they view themselves as being having victimized by the health care system, so the idea that there should be an open line to the perpetrator gets met with some pushback."

Hospital legal departments can also raise an eyebrow at a hotline where they worry it could increase providers’ liability in malpractice suits.

“Naively, we thought there wouldn’t be any problem seeing everyone up to suit,” she said, “and we are proving that.” Scott runs all patient safety efforts in her hospital system, and about a decade ago she gathered staff to talk about mistakes. “They all had similar training,” she said, “and whether they felt they needed help. The answer was a resounding yes. The 2007 survey found that 175 providers there had experienced a patient — and whether they felt they needed help. The answer was a resounding yes. The 2007 survey found that 175 providers there had experienced a patient — and whether they felt they needed help. The answer was a resounding yes. The 2007 survey found that 175 providers there had experienced a patient — and whether they felt they needed help.

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Nurses on the National Front

ANA Annual Report

Advocating for patients and nurses

"I participated in ANA's Lobby Day because I believe it’s important for nurses to meet our representatives in Congress face to face. It gives us the opportunity to explain who we are and what we do, and share real-life stories about patient care. Because I was able to speak with my representatives, I was able to get their backing for federal legislation that would allow APRNs to order home health services for patients, which is an important issue in my state.

― Leslie Vercuci, MSN, RN, CNS, CRNP-A, APRN-BC, President, Delaware Nurses Association, and past fellow of the American Nurses Advocacy Institute

APRN practice: Working with our partner organizations in the Veterans Access to Quality Healthcare Alliance, ANA rallied nurses and other stakeholders to participate in a social media campaign, which reached more than 300,000 people and drove a significant amount of traffic to the Veterans Affairs comment site on the proposed APRN rule.

Additionally, ANA co-hosted a press conference, published a Huffington Post blog, and submitted letters to the editor that were published in USA Today supporting veterans’ access to timely, quality health care. In December 2016, the U.S. Department of Veterans Affairs released its final rule granting full practice authority to nurse practitioners, clinical nurse specialists, and certified nurse-midwives within the VA health system. ANA subsequently committed to continue advocating for certified registered nurse anesthetists to also practice to their full scope.

National voice: In addition to advocacy around the VA rule, nearly 350 Lobby Day participants headed to Capitol Hill to promote ANA-supported legislation, including measures on safe staffing and workforce education funding. Representing 47 states, they engaged in 250 Congressional visits. Further, virtual Lobby Day messages reached 80,000 people on social media.

Nearly 350 advocates made their mark on Capitol Hill during ANA Lobby Day in June

Washington State Nurses Association members were among those sharing key messages on Capitol Hill

Political skill-building: As a way to strengthen nurses’ political advocacy skills, ANA brought in a new class of 22 fellows from 18 states to participate in its yearlong, mentored program, the American Nurses Advocacy Institute.

Engaging in action and support

Healthcare transformation: Quickly analyzing post-election discussions on health care, ANA shared its Principles for Health System Transformation with the incoming White House Administration, constituent and state nurses associations, affiliated specialty organizations, and grassroots activists. The overall message focused on upholding consumers’ access to affordable, quality care and ensuring a well-prepared future healthcare workforce.

Impact: The ANA Political Action Committee raised more than $237,000 in contributions from over 4,300 ANA members in 2016 to support candidates for federal office who demonstrated their belief in ANA’s legislative and regulatory agenda. As a result of ANA members’ contributions and extensive political advocacy, 83% of the 52 ANA-PAC-endorsed candidates—and 100% of PAC-supported incumbents—won their races in the 2016 election cycle. Also displaying our bipartisan advocacy, ANA sent official representatives to both parties’ national conventions and co-hosted events with other national health organizations.

U.S Supreme Court: In Friedrichs v. California Teachers Association, ANA called on the Supreme Court to uphold unions’ right to collect fair share fees from nonmembers to support collective bargaining. ANA members engaged in grassroots efforts, and the case was sent back to the lower courts in March.

In Whole Woman’s Health vs. Hellerstedt, ANA signed on to an amicus brief to uphold a woman’s constitutional right to access safe and legal abortion services. In June, the court ruled in favor of the petitioners, Whole Woman’s Health, and other providers.

Growth: ANA saw a 6% increase in its national and state joint membership over the previous year, making it among the fastest growing professional association in the United States. To assist newly licensed nurses, ANA held ongoing discussions and Job Hunting Town Halls in the New RNs online community, a forum where more than 9,000 members find career advice and support.
Patient care: Throughout the year, ANA worked with the American Delirium Society to produce a resource-rich website and delirium prevention strategies. ANA and the Hospice and Palliative Nurses Association convened a professional issues panel aimed at promoting the integration of palliative care into all components and settings of the U.S. healthcare system. Nearly 250 nurses contributed to the development of the Call for Action: Nurses Lead and Transform Palliative Care, which was released in April 2017.

Past presidents of ANA gathered with President Cipriano to recognize the national association’s 120th anniversary at a 2016 Membership Assembly event

A highly specialized pediatric orthopedic hospital affiliated with the University of Utah Orthopedic Group.

NOW HIRING: STAFF EDUCATION COORDINATOR

Develop educational programs for nursing personnel and all employees, coordinate BLS instruction, ongoing assessments and more.

BSN required

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If you are qualified and interested in this position, we encourage you to send your resume to ECazor@shrinenet.org and ask for the full job description.

Past presidents of ANA gathered with President Cipriano to recognize the national association’s 120th anniversary at a 2016 Membership Assembly event

Infection control: In June 2016, the Centers for Disease Control and Prevention (CDC) awarded ANA a $1.4 million contract to enhance education and training in infection control for U.S. nurses. Leveraging existing and developing new partnerships, ANA, the CDC, and 20 nursing specialty organizations established the Nursing Infection Control Education Network to empower nurses to protect themselves and their patients. In addition, ANA and the Association for Professionals in Infection Control and Epidemiology launched the ANA/APIC Resource Center, a website that gives healthcare professionals quick access to resources on infection prevention strategies and evidence-based practices.

ANA also offered a free webinar on Zika preparedness and response in collaboration with the Association of Women’s Health, Obstetric and Neonatal Nurses, the American College of Nurse-Midwives, the Nurse Practitioners in Women’s Health, and a panel of healthcare experts.

Nursing: The Balance of Mind, Body, and Spirit

Partnering for safe, quality care

Reach: To strengthen and extend nursing’s reach, ANA welcomed two new specialty associations as organizational affiliates (OAs): the American Pediatric Surgical Nurses Association and the Dermatology Nurses’ Association. Currently 38 in number, OAs share information and collaborate on finding solutions to issues facing the nursing profession. Additionally, ANA facilitated appointments on national committees and into key roles, including with the CDC, the National Quality Forum, and the Agency for Healthcare Research and Quality. In total, 55 nurses were appointed and 20 more remained pending. On social media, ANA has more than 680,000 followers on its main channels.

Working together: Representatives from ANA’s constituent/state nurses associations and the Individual Member Division came together Nov. 29 to Dec. 1 for the inaugural ANA Leadership Summit. Participants discussed emerging trends and issues also identified during the ANA Board of Directors’ strategic planning session in April 2016, and determined opportunities for greater state-national collaboration.

Moving forward: The ANA Board of Directors refined the direction of the association and approved ANA’s mission, vision and 2017-2020 Strategic Plan that will allow ANA to be a true catalyst for transforming health care and advancing the nursing profession to improve health for all.

Financials

Operating revenue

Operating expenses

American Nurses Association

Celebration: By May 6, over 11,000 nurses downloaded ANA’s National Nurses Week Toolkit, which was organized around the theme “Nursing: The Balance of Mind, Body, and Spirit” and included banners, sample letters to promote National Nurses Week to the media and community, and tips for working with the media.
Shop the Perimeter of the Grocery Store (and a couple of exceptions) Then Cook It!

Deon Gines, RDN, PhD

How do you reach the target of healthy eating: balance, variety, moderation and real food? Healthy food begins at the grocery store for farmer’s market. Include the kids and help them learn healthy food habits early! Learning to buy and cook healthy food is an essential survival skill. Imagine the layout of your usual grocery store. Most stores arrange the perimeter in four main areas: produce, meats, dairy, and bakery items—the foods that make up the bulk of a healthy food intake and are mostly unprocessed. These items look like food as it comes from nature. If they have a package at all (such as rice and pasta), there’s a very short ingredients list. One ingredient labels are best.

The rest of the store, the inside aisles, offer canned, frozen, specialty, processed foods of all kinds. Foods inside the perimeter have longer lists of ingredients.

There are a few exceptions: aisles that offer items with a single item on the ingredient list like grains such as rice and pasta; cereals such as plain shredded wheat, old-fashioned rolled oats and cream of wheat. Other aisles include herbs and spices; oils and vinegars, baking items as well as legumes like dried beans and peas, and barley.

Plan to buy real, fresh foods on the perimeter and single ingredient items on the exceptions aisles. Buy less processed foods. Start with the meals you enjoy, and learn one new item weekly. Discover the pleasure of your own food preparation: include a glass of wine, music, and, of course, great home-prepared food.

Fresh Fruits and Vegetables
Buy them in season when they are at their freshest and lowest cost. Buy fresh and on sale, and only the amount you are sure to use while it is fresh. Go beyond the usual and try a different fruit and vegetable every week. Wash and prep fruits and vegetables before storing. They last longer and will be eaten quicker. Check this link for an interesting story about the benefits of “ugly” fresh and vegetables before storing. They last longer and will be eaten quicker. Check this link for an interesting story about the benefits of “ugly” fresh fruit and veggies: https://www.theguardian.com/ environment/2016/nov/17/ugly-fruit-vegetable-delivery-service-food-waste

Canned and frozen fruits and vegetables are healthy back up options, especially those canned without added sugar or other unnecessary ingredients. Eat whole fruits and vegetables, instead of juices that contain more sugar and are less filling and nutritious.

Fresh Meats
Look for fresh meats with no or less "retained/added water". Retained water contains salt and may have other ingredients. Why pay for salted water? Eggs have the best quality protein, are inexpensive, and easy to prepare. Buy less processed meats like bacon, ham, and sausage. Skip the deli since those meats have salt and other preservatives added. Use your crock pot to roast a chicken or pork loin and slice it yourself for sandwiches. Other healthy protein sources are found among the dried beans and peas. Prep extra black beans or garbanzos to toss in salads, soups, stews, pasta dishes, tacos and burritos.

Dairy Products
Include milk, yogurt, cottage cheese, and cheeses such as cheddar, swiss, and mozzarella. Try to avoid American or processed cheeses. Choose lower fat, lower salt (fresh mozzarella, Swiss) and no added sugar. Be adventurous—learn to make your own yogurt. You’ll always know exactly what is in it.

Breads and Cereals (Bakery)
Choose a variety of breads like sliced loaves, flat bread, and tortillas. The most nutritious cereals are old fashioned oatmeal, plain shredded wheat, and cream of wheat. Ready to eat cereals are often half sugar, so check the label before you buy. Other healthy grains are found on the aisle with rice and pasta (not boxed and seasoned mixes).

Prepare Food Ahead.
No More Take Out After Work!
After spending a long day at work, enjoying a home-cooked meal sounds appealing. How likely are you to cook after a stressful and busy 12 hour shift? Try preparing food on your days off, and reheating meals during the week. Involve the whole family! Everyone benefits from healthy food habits, and learning to cook is essential for healthy living.

Planning and preparing a couple of meals on your days off can provide quick dinners or lunches at work for the week. Bake an extra chicken, crock pot a roast, or make a tuna casserole. Baked potato, wedges, rice, and pasta can be made in advance. At dinner time, add a salad or fresh veggies.

Food Safety
How long foods are safe in the refrigerator depends on how they are handled. Sanitize counters, cutting boards, and equipment, and wash your hands, so there is minimum contamination, and they will last longer. Do not leave foods out on the counter any longer than necessary when you are prepping. Serve foods from the stove at a meal, and put the rest away quickly. If they sit out for an hour before refrigerating, they won’t last as long in storage. Make sense? Most leftovers, such as cooked beef, pork, seafood or chicken, chili, soups, pizza, casseroles, and stew are safely kept for four days. Put green salad in a bag for storage, and gently press out as much air as possible to reduce browning and wilting. Don’t let food sit in large containers at room temperature before putting them in the refrigerator. Immediately portion into individual or family sized containers and refrigerate. If food is stored in large containers, it takes longer for the food to cool down. During that time, bacteria can grow and make food unsafe to eat.

Frozen foods can be stored for longer times—about 3 months. Almost any food can be frozen, depending on how it’s prepared. Put the date and name of the item on the package with a permanent marker. Frozen food packages are hard to identify after they’re frozen and frost covered. Freeze food in the right size container for your needs, and thaw only the amount you need at one time. Thaw foods in the refrigerator or microwave, never on the counter. Only one time—second time leftovers should be discarded. If you are in doubt about the safety of a food, toss it out. It’s just not worth the risk of food borne illness.

Remember most food poisoning happens at home, and one out of ten Americans has a bout of food poisoning every year. Shop for, cook, and store food wisely. You and your family will benefit!
What do a Mouse and a UNA Member Have in Common?

Robin Schaeffer, MSN, RN, CNE
Western Multistate Division Leader

I recently had the pleasure of visiting both Disneyland and Disneyworld. What impressed me most with the “Disney Experience” was the efficiency; specifically, how well these huge parks were coordinated and the great customer experience. So, I decided to research the Disney business strategy and found the core business strategies were like those of our newly developed Western Multistate Division (WMSD).

In 2013, a 3-year partnership was formed between the American Nurses Association (ANA) and 5 western states to pilot a new business model that would consolidate back-office operations and maximize state-based advocacy and member engagement. In my role as Western Multistate Division Leader (WMSD), I have had the pleasure of leading an innovative and progressive team of state nurses’ association leaders from Arizona, California, Colorado, Idaho and Utah.

To some nurses, the thought of running an association may not seem like much fun, but for me taking charge of our WMSD Pilot proved to be a fantastic experience. I have definitely found my business niche and took on the role of Western Multistate Division Leader (WMSD), I have had the pleasure of leading an innovative and progressive team of state nurses’ association leaders from Arizona, California, Colorado, Idaho and Utah.

To some nurses, the thought of running an association may not seem like much fun, but for me taking charge of our WMSD Pilot proved to be a fantastic experience. I have definitely found my business niche and took on the role of Western Multistate Division Leader (WMSD). It’s great to be on the same track as Disney pursuing Operating Efficiency, Revenue Generation, Stakeholder Satisfaction, and attracting and retaining Customers (or as we call you…members). We need just two things, a snappy brand logo like Mickey and you! So, if you aren’t an UNA member, now is a great time to join our efforts to share the value of nursing with every legislator and citizen in Utah.

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 organizations working to build healthier communities in America by increasing nurses’ presence on corporate, health-related, and other boards, panels, and commissions. The coalition’s goal is to help ensure that at least 10,000 nurses are on boards by 2020, as well as raise awareness that all boards would benefit from the unique perspective of nurses to achieve the goals of improved health in the United States.

We encourage 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.

Robin Schaeffer, MSN, RN, CAE
Become 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 – A2NA, 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?
• Interested in joining a unique group of nurse peers providing ANCC accredited continuing education for the nurses in your community?
• A nurse planner for education programs and events or a primary nurse planner of an Approved Provider unit who wants to stay current in your knowledge of ANCC accreditation criteria?
• Willing to serve on the volunteer review panel or as an independent reviewer?
• Qualified with a background in education, training, or relevant knowledge and experience in 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 utnh.org/education under the Nurse Peer Reviewers tab.

Call for Utah Nurses Association Education Committee Members

The Utah Nurses Association (UNA) is committed to providing high quality continuing education to nurses in the State of Utah. UNA is currently seeking nurses to serve on their education committee. The purpose of this committee is to provide high quality continuing education activities for Utah nurses as well as to mentor nurses in the development and presentation of American Nurse Credentialing Center (ANCC) approved continuing education activities.

Members of the committee will be trained in the development, implementation, and evaluation of high quality continuing nursing education. It is hoped that each member of the committee will develop and present one continuing education activity per year as well as recruit and train others to do the same. They also assist the conference planning committee in providing peer-reviewed evaluation of abstracts for the UNA annual conference.

Requirements for Committee Members:
• A currently licensed registered nurse with a bachelor's degree or higher in nursing.
• Interested in joining a unique group of nurse peers providing ANCC accredited continuing education for the nurses in your community?
• A member of the Utah Nurses Association.

If interested, please contact Blaire Winter at blaire.winters@byu.edu. Please attach an electronic copy of your resume. The subject line of your e-mail should read: Call for UNA Education Committee Members.
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 Utah State citizen and a resident of Utah.
• Have completed a minimum of one semester of core nursing courses prior to application.
• If a student in undergraduate nursing programs, be involved in the school’s chapter of the National Student Nurses Association.
• If a registered nurse completing a Baccalaureate Degree or an Advanced Nursing Degree, be a member of Utah Nurses Association (state only) or a member of Utah Nurses Association/American Nurses Association.
• Submit a personal narrative describing his/her anticipated role in nursing in the state of Utah that will be evaluated by the Scholarship Committee.
• Submit three original letters of recommendation. Letters submitted from faculty advisor and employer must be originals addressed to the Utah Nurses Foundation Scholarship Committee.
• Be enrolled in six credit hours or more per semester to be considered. Preference will be given to applicants engaged in full-time study.
• Demonstrate a financial need. All of the applicant’s resources for financial aid (scholarships, loans, wages, gifts, etc.) must be clearly and correctly listed (and include dollar amounts and duration of each source of aid) on the application.
• The Scholarship Committee shall consider the following priorities in making scholarship recommendations to the Board of Trustees:
  ᵁ RNs pursuing BSN
  ᵁ Graduate and postgraduate nursing study
  ᵁ Formal nursing programs - advanced practice nurses
  ᵁ Students enrolled in undergraduate nursing programs
• The Applicant is required to submit the following with the completed application form:
  ᵁ Copy of current official transcript of grades (no grade reports).
  ᵁ Three letters of recommendation:
    ᵁ One must be from a faculty advisor, and
    ᵁ 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).
    ᵁ At least one must reflect applicant’s commitment to nursing.
    ᵁ All must be in original form.
    ᵁ 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.

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 need, 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/or 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:
   a) Personal contact information:
   b) 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 regarding to enhancing the discipline of nursing.
3) The proposed activity clearly describes the desired results or outcomes.
4) The proposal 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.

Utah Nurse 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 _____

To apply for funding or for more information, please contact: Utah Nurse 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 need, support for nursing and the nursing profession, and available UNF funds.

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Kootenai Health is a 292-bed hospital, holds Magnet Designation for nursing excellence and is a member to the Mayo Clinic Care Network. We have a Level III NICU and are a Verified Level II Trauma Center by the American College of Surgeons.

Employee Benefits:
- Tuition reimbursement
- Kootenai Kids day care within walking distance
- 100 percent employer-paid health insurance premiums for full-time employees. Part-time employees pay $40 per month
- Generous compensation and benefit package
- Extensive on-site professional development opportunities

Now I can compete

Best Place to Live
Best Place to Work

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