MNA is the recognized professional organization, which lobbies for nursing practice issues to protect the practice of professional nurses and also protect the public in all areas of health care. We are proud members of the American Nurses Association (ANA) and the American Federation of Teachers, Nurses and Health Professionals (AFTNHP). Within MNA’s government relations platform we work to improve access to quality, cost effective health care by developing and/or supporting public policies which responds to the needs of the unserved and underserved populations by promoting access to health care and healthcare coverage for all. Nurses across the country and state oppose both republican bills known as AHCA and BCRA as they would dismantle the important health care benefits of the Affordable Care Act (ACA). States could waive these benefits, putting a critical set of health coverage protections at risk. Here are the essential health benefits below and how many of us have needed these:

**ESSENTIAL HEALTH BENEFITS**

- Prescription drugs
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren’t essential health benefits)
- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency Services
- Hospitalization (like surgery and overnight stays)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)

**Executive Director Report continued on page 2**
And probably one of the most important essential healthcare benefits needed as we battle the opioid and other addiction crises is the Mental health and substance use disorder services, including behavioral health treatment.

First and foremost we are patient advocates—whether it’s at the bedside, at our statehouse or in our nation’s capital. Nurses are on the side of our patients every day and we saw the difference the Affordable Care Act made. Expanding primary care and expanding insurance coverage by requiring coverage of these essential health benefits.

Additionally, the AHCA and now BCRA is opposed by almost all the national and state healthcare groups, including the ANA-MNA, AAMA-MMA and the AHA-MHA as we are deeply concerned about the impact for our nation and our state. This fight to preserve our healthcare is for our pediatric patient, born prematurely in 1998, prior to the Senate healthcare bill. This patient didn’t have insurance when my oncology office practically on their last breath because they did not want to burden their family. This fight is for our patients that without insurance came to my oncology office practically on their last breath because they did not want to burden their family. This fight is for our patients to have a medical home and for them to be able to have the care they deserve not the care they can afford!! We can all do better, we need to repair what doesn’t work and we need to preserve what does. We will not be fooled. This is not a promise kept. This is a promise broken. We will never stop fighting for our patients.

How could we ever defend to our patients and their families the devastation this healthcare bill would bring.

I am including MT talking points and any talking points we have that may be helpful to you. The Pulse is YOUR publication, and we want to present you with content that pertains to your interests. Please submit your ideas and suggestions to Jennifer.

Jennifer@mtnurses.org

Executive Director Report continued from page 1

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Republican Healthcare Legislation Would Cause Medicaid Coverage

It is estimated that more than 20 million people gained coverage since the ACA was enacted.1 Montana saw the number of uninsured decline by 30%.2 The Congressional Budget Office (CBO) estimates that under the AHCA, 14 million Americans stand to lose coverage next year and 23 million would lose coverage by 2026.3

Using the CBO analysis of the AHCA, the Center for American progress estimates that 79,700 non-elderly Montanans would lose coverage, including 25,800 covered by Medicaid, 9,800 covered by an employer plan, and 45,100 with individual market coverage.4 The full impact of the Senate bill won’t be known until it receives a score from the CBO this week, but analysts project that the impact to coverage would be similar.

Montana Would Lose Millions in Federal Medicaid Funds under Republican Healthcare Legislation

ACA related Medicaid Expansion brings hundreds of millions of federal dollars to the states every year. Evidence from states that have expanded Medicaid shows that expansion generates savings and new revenue that can be used to finance other state priorities.5 Medicaid expansion has strengthened the financial viability of Critical Access hospitals in rural areas.6 Medicaid also pays for 65% of nursing home residents.7 An analysis of the AHCA estimated that Montana would lose $8.4 billion in federal Medicaid funds over six years. For fiscal years 2020 through 2026, Montana would have to increase its spending by over $2 billion, or about 42%, to replace lost federal revenue.8

As severe as these cuts are, the Senate Bill makes even deeper cuts to Medicaid funding which will cause even greater annual budget shortfalls for the states.9

Republican Healthcare Legislation Would Weaken Medicare

The ACA has improved coverage and care for Medicare beneficiaries by lowering prescription drug costs and providing low to no-cost access to preventive care.10 The ACA has strengthened Medicare by changing how healthcare is paid for and delivered, emphasizing quality over quantity of care. The ACA also has slowed the growth of Medicare costs, increasing Medicare’s viability and extending the solvency of the Medicare Health Insurance Trust Fund.11 The ACA and the Senate healthcare bill would repeal all of the tax and revenue provisions in the ACA, reducing revenue to the Medicare Hospital Insurance (Part A) trust fund by $117 billion between 2017 and 2026.12 This would weaken Medicare’s financial status in both the short and long term.

Montana residents enrolled in Medicare Advantage plans could lose coverage.13

Evidence from states that have expanded Medicaid also pays for 65% of nursing home residents.7

Weaken Medicare

Republicans are poised to cut Medicare by changing how healthcare is paid for and delivered, emphasizing quality over quantity of care. The ACA also has slowed the growth of Medicare costs, increasing Medicare’s viability and extending the solvency of the Medicare Health Insurance Trust Fund.11 The ACA and the Senate healthcare bill would repeal all of the tax and revenue provisions in the ACA, reducing revenue to the Medicare Hospital Insurance (Part A) trust fund by $117 billion between 2017 and 2026.12 This would weaken Medicare’s financial status in both the short and long term.

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The Senate Health Care Bill

Better Care Reconciliation Act

The 3 most important issues Jon hears from Montanans about health care:

1. Protecting coverage for folks with pre-existing conditions (like cancer, heart disease, high blood pressure, etc.)
2. Lowering overall health care costs including premiums, deductibles & out-of-pocket expenses
3. Preserving Medicaid & Medicare

Jon is deeply concerned about the future of our nation’s health care. He knows what’s at risk if Congress passes irresponsible legislation that rolls back access to a doctor and raises premiums for Montana families. That’s because, for the past few months, Jon has been on a statewide health care tour hitting over a dozen cities and towns from Plentywood to Billings to Butte and Libby. Jon is listening to Montanans about what’s working and what’s not with our current health care system.

Consequences of the Senate Health Care Bill

• Imposes an age tax on folks in their 50s & 60s.
• Cuts Medicaid, threatening coverage for 250,000 Montanans.
• Medicare would face insolvency by 2026.
• Threatens coverage for folks with pre-existing conditions.
• Raises longterm out-of-pocket health care costs, like premiums & deductibles.
• Montana providers would face a jump in uncompensated care and bad debt, jeopardizing small community hospitals.
• Gives tax breaks to corporations & wealthy individuals.
• Allows insurers to waste your money on administrative costs instead of on your health care costs.
• Montana taxpayers would lose millions in savings from Medicaid expansion.
• Montana’s uninsured rate would jump from its current low of 7%.
• Risks reinstating annual & lifetime caps on health care coverage.

Medicare Beneficiaries Could Lose Cost-Sharing Supports under Republican Healthcare Legislation

The ACA made insurance more affordable for Medicare eligible individuals and families with low incomes, and limited resources, who qualify for Medicaid assistance.13 In December 2015, 8.5 million Medicare beneficiaries received help paying for their Medicare coverage through Medicare Savings Programs (MSPs). Medicare spent about $15 billion on premiums and cost-sharing to help these Medicare beneficiaries during 2015. The AHCA and the Senate healthcare bill, by cutting funding for Medicaid, could harm these Medicare beneficiaries. The 20,550 Montana residents enrolled in an MSP assistance program could see their Medicare cost-sharing supports reduced or eliminated altogether.14

Hundreds of Thousands of Older Americans Could Lose Health Insurance under Republican Healthcare Legislation, Others Could See Costs Skyrocket

Before the ACA was enacted, insurance companies could charge older people in 3 times the rate charged to younger people. The AHCA and Senate Healthcare Bill would allow insurance companies to charge older people 5 times more for their health insurance. A study sponsored by the Rand Corporation and the Commonwealth Fund found that this change in the law could cause 400,000 older Americans to lose health insurance.15 As if higher insurance prices weren’t enough, the Senate Bill also reduces subsidies that help older Americans pay for premiums, co-pays and deductibles.16

Veterans Would Lose Access to Healthcare under Republican Healthcare Legislation

Hundreds of thousands of veterans and their families have gained health insurance coverage as a result of the ACA. The number of uninsured veterans fell by 2.2 million between 2013 and 2016. Before the ACA, Montana had the highest uninsured rate for veterans. If the ACA or the Senate healthcare bill were to become law, 8,000 Montana veterans and their family members could lose health insurance.17

While some of these veterans have access to Veterans Affairs (VA) health care, many live too far away from a VA hospital or clinic to receive adequate care.18

Republican Healthcare Legislation Would Have Negative Economic and Employment Consequences for States

The economy has thrived under the ACA and the law has contributed to robust job growth. Healthcare created more jobs than any other sector in 2016, with 2.3 million new jobs.19 These new healthcare jobs represent the direct effects of increased federal funding under the ACA, which health care providers use to hire additional staff and to purchase goods and services. There is also an indirect effect as healthcare providers and the vendors who provide healthcare goods and services pay their employees who use their incomes to pay for food, mortgages, rent, transportation, and other goods and services, which in turn creates jobs throughout the economy.20

The combination of tax cuts and spending cuts in the AHCA would reduce national job growth by almost
Senate Healthcare Bill Threatens to Reduce Care for Older Americans

Medicaid has grown into one of the largest and most critical payers of healthcare services in the country. It covers more than 70 million Americans annually and accounts for roughly one-sixth of all U.S. healthcare expenditures. It provides millions of children and pregnant women, aged, blind, and disabled individuals, and other low-income and vulnerable populations with the ability to receive crucial healthcare services. One group which benefits the most from Medicaid is the elderly. Medicaid pays for services such as care in skilled nursing facilities, home- and community-based services, and other services on which many elderly Americans rely. Medicaid is the largest payer of long-term services and supports in the country; it pays for nearly half of all nursing home costs and represents a disproportionate share of all Medicaid spending. As the population ages and more Baby Boomers reach retirement age and beyond, the demand for these long-term services and supports will continue to increase. Older Americans with fixed incomes will require more assistance paying medical bills even as their age makes it more likely that they will face complex medical issues such as heart disease, dementia, Alzheimer’s, and diabetes.

Instead of investing in this critical population for the future, the Republican-controlled Congress’s and the Trump administration’s actions demonstrate that they do not place a priority on the healthcare and well-being of older Americans. The Senate’s Better Care Reconciliation Act of 2017 (BCRA) would phase out Medicaid expansion over three years and would allow states to cap Medicaid spending through either a per capita cap mechanism or through a block grant (read ANA’s policy primer on Medicaid block grants here). According to the non-partisan Congressional Budget Office, the Senate bill would result in a 26 percent reduction in Medicaid spending by 2036. The Trump administration’s budget proposal would also cut over $600 billion in Medicaid funding, not including changes made through the effort to repeal and replace the Affordable Care Act. Such cuts would squeeze state Medicaid budgets, forcing them to make tough decisions about the provision of care and likely resulting in restricted access and lower quality of care for the nation’s seniors. It is clear that the Senate’s BCRA is more intent on saving money and providing tax cuts to the wealthy than they are with ensuring that Americans’ parents and grandparents receive the critical care that they need just as they confront complex medical needs and limited incomes. It is critical that nurses make their voices heard through ANA’s call campaign. Let your senator know that this bill is unacceptable and will negatively impact the lives and healthcare of millions of older Americans!

http://anacapitolbeat.org/
On Healthcare and Hospitals in Rural America: A Perfect Storm

As the U.S. Senate considers its version of the American Health Care Act, rural voters and their elected representatives should anticipate a perfect storm of budget cuts, hospital closures and job losses hidden in the bill’s proposals.

The cuts in the proposed AHCA will be devastating for Americans in rural communities who already struggle to get the care they need.

• Rural residents already have a harder time getting the healthcare they need because there are fewer providers, greater poverty and fewer insurance options in rural locations.
• The uncertainty around whether the GOP will fund “subsidies” for healthcare coverage is causing many insurers to leave the marketplaces. Entire counties in Montana have dropped out of any insurers in the independent market.
• Eliminating the tax credits provided by the Affordable Care Act would put health care out of reach for many Americans, particularly rural residents.

More rural hospitals would close, and local economies would suffer if the American Health Care Act is signed into law.

• Rural hospitals already face greater challenges in serving the poor because they pay with smaller profits or larger losses than suburban or urban hospitals. Rural hospitals are generally in areas with higher poverty rates, lower levels of insured populations and a higher percentage of government payers.
• When a rural hospital closes, it has a double impact on the community. The hospital may be the only major healthcare provider available and one of the region’s few large employers. Some predict that more than 600 hospitals could close if the AHCA is signed into law, eliminating tens of thousands of stable healthcare jobs, which are an anchor in rural economies.
• If the proposed budget cuts to community services are made, hospitals would become the last place to resort for healthcare, with sicker patients seeking basic care in emergency rooms as they did before passage of the ACA in 2010.

If Congress cuts Medicaid, many residents in rural communities could lose the coverage they have.

• Nearly 1.7 million rural Americans gained coverage through Medicaid expansion—and that coverage is at risk if the AHCA passes.
• Because rural residents rely more heavily on public insurance, the AHCA would hit Americans living in rural communities the hardest, particularly targeting poor residents, ages 50-64, and those with pre-existing conditions. In extreme cases, the amount an older consumer might owe for a plan could exceed that person’s annual income.
• Cutting Medicaid means fighting theopic epidemic even more difficult, not impossible, because poorer patients could lose their healthcare coverage, and the AHCA could allow insurance companies to eliminate coverage for all addiction services.

Resources and background facts

• Researchers from the University of North Carolina at Chapel Hill found that rural hospitals saw an improved chance of turning a profit if they were in a state that had expanded Medicaid. Vantage research points to 673 facilities that are now vulnerable or face closure if GOP reverses Medicaid expansion. http://familiesusa.org/product/medicaid-expansion-and-rural-hospital-closures
• According to a 2014 study by Truven Health Analytics researchers, Medicaid paid for nearly one-quarter, or $7.3 billion of $31.3 billion, of project medical and private spending for drug treatment in 2014. http://bit.ly/2n9V19V

On rural residents and access to care in states:
• The Washington Post on AHCA and mental health care coverage http://wapo.st/2rF4z2Q
• The GOP plan and rural health http://theatlantic.com/2017/02/rural-health-care/461562/

A Republican proposal might knock all 16,000 of these Alaskans out of insurance markets. http://kff.org/health-reform/state-indicator/average-monthly-premium-tax-credit-topic/?currentTimeframe=0

In the most extreme example, Alaskans in the Obamacare exchanges currently receive tax credits at rates double the average for the rest of the country, a number that reflects the scarcity of coverage in Alaska and the demands of covering an almost entirely rural state.

The Center on Budget and Policy Priorities explains how GOP Medicaid cuts could harm rural residents. The Center on Budget and Policy Priorities explains how GOP Medicaid cuts could harm rural residents.

• Medicaid covers those who need it most. It is the single largest source of public health insurance in the U.S., covering millions of Americans. Jointly funded by the federal government and states, Medicaid provides health insurance coverage to Americans with limited financial resources. The federal share varies by state from a floor of 50 percent to a ceiling of 74 percent.

• Medicaid covers kids. Medicaid and the closely related Children’s Health Insurance Program together cover more than one in three American children (34 percent). Medicaid also provides at least $2.5 billion annually to support school-based healthcare services like school nurses, speech pathology, occupational therapy and psychology—services that research shows are linked to better education outcomes for students.

• Medicaid assists senior and Americans with disabilities. Nearly 10 million seniors and Americans with disabilities who are eligible for Medicaid are also qualify for Medicaid. That is, 14 percent of Medicare beneficiaries are “dual eligibles.” Medicare has significant out-of-pocket requirements, and many seniors and individuals with disabilities have low incomes and modest savings. In 2013, half of all Medicare beneficiaries had incomes below $23,500. Medicaid helps these people pay their Medicare premiums and out-of-pocket costs to ensure they have access to the care they need.

By almost any measure, Medicaid expansion has been a win for patients, providers, and taxpayers. According to the Affordable Care Act, states have the option to expand Medicaid to cover adults under 65 earning less than 138 percent of the federal poverty level. It’s a great deal for states: The federal government paid 90 percent of the cost of newly eligible beneficiaries through 2016, and will pay 90 percent hereafter. The 32 states that expanded Medicaid coverage to nearly 16 million Americans have consistently outperformed nonexpansion states. Expansion states have lower patient medical debt, lower hospital uncompensated care costs, and fewer people with health gaps.

Republican proposals would cause a state fiscal crisis and limit access to care. Repealing Medicaid expansion under the ACA is the tip of the spear of Republican proposals to cut funding to rural America. The AHCA cuts in Medicaid expansion in at least eight expansion states (Alaska, Arkansas, Iowa, Kentucky, Montana, rural Americans. Nearly 1.7 million rural Americans gained coverage through the Medicaid expansion in at least eight expansion states (Alaska, Arkansas, Iowa, Kentucky, Montana, New Hampshire, New Mexico and West Virginia). The National Rural Health Association outlines the impact of President Trump’s budget for the rural health care sector:

The Washington Examiner reports that about 700,000 people in Ohio took advantage of the ACA’s Medicaid expansion. According to a 2014 study by Truven Health Analytics researchers, Medicaid paid for nearly one-quarter, or $7.3 billion of $31.3 billion, of projected medical and private spending for drug treatment in 2014. http://bit.ly/2n9V19V
The Makeup of MNA

MNA consists of over 2,200 Registered Nurses and Advanced Practice Registered Nurses across the state of Montana. The state is divided into 8 Districts based upon location. Each District Nurses Association (DNA) is made up of collective bargaining members (local unit members) and non-collective bargaining members.

This is the breakdown for each MNA District:

**District 1: Mineral County, Missoula County and Ravalli County**
- Local units in District 1 -
  - Local #15-Community Medical Center
  - Local #17-Provident St Patrick Hospital
  - Local #18-Providence St. Patrick Coagulation Clinic
  - Local #32-Partners in Home Care
  - Local #33-Fresenius Kidney Care-Missoula
  - Local #35-Marcus Daly Memorial Hospital

**District 2: Beaverhead County, Deer Lodge County, Granite County, Powell County and Silver Bow County**
- Local units in District 2 -
  - Local #1-Community Hospital of Anaconda
  - Local #5-Saint James Healthcare
  - Local #7-Montana State Hospital
  - Local #36-Montana Chemical Dependency Center
  - Local #37-Butte Silver Bow Health Department

**District 3: Gallatin County, Madison County, Park County and Sweet Grass County**
- Local units in District 3 -
  - Local #4-Bozeman Health
  - Local #6-Fresenius Kidney Care-Bozeman
  - Local #26-MSU Student Health

**District 4: Broadwater County, Jefferson County, Lewis & Clark County and Meagher County**
- Local units in District 4 -
  - Local #9-Montana DPHHS
  - Local #13-St Peters Hospital

**District 5: Big Horn County, Carbon County, Carter County, Custer County, Fallon County, Golden Valley County, Musselshell County, Powder River County, Rosebud County, Stillwater County, Treasure County, Wheatland County and Yellowstone County**
- Local units in District 5 -
  - Local #2-Billings Clinic
  - Local #38-Rosebud Health Care Center
  - Local #44-Holy Rosary Healthcare

**District 6: Blaine County, Cascade County, Chouteau County, Fergus County, Glacier County, Hill County, Judith Basin County, Liberty County, Pondera County, Teton County and Toole County**
- Local units in District 6 -
  - Local #11-Cascade City-County Health Department
  - Local #12-Northern Montana Health Care
  - Local #14-Montana Mental Health Nursing Care Center
  - Local #24-Sweet Medical Center
  - Local #26-Northern Rockies Medical Center

**District 7: Flathead County, Lake County, Lincoln County and Sanders County**
- Local units in District 7 -
  - Local #22-Cabinet Peaks Medical Center
  - Local #27-Montana Veterans Home
  - Local #34-Clark Fork Valley Hospital

**District 8: Daniels County, Dawson County, Garfield County, McCone County, Petroleum County, Philips County, Prairie County, Richland County, Roosevelt County, Sheridan County, Valley County, and Wibaux County**
- Local units in District 8 -
  - Local #21-Glendive Medical Center
  - Local #39-Sidney Health Center

If you have any questions regarding your District, please contact Jennifer at jennifer@mtnurses.org.
INCREASE YOUR SKILLS AND ADVANCE AS A NURSE ANESTHETIST.

As a nurse anesthetist on the U.S. Army or Army Reserve health care team, you’ll develop skills through extensive case diversity, use sophisticated innovative technology and work in advanced facilities, all to help you advance in your career. You may also qualify for other financial benefits, special training assistance and student loan repayment. If you meet the requirements, you may even qualify for a full-tuition doctorate program.

To learn more about a career in the Army Nurse Corps, visit goarmy.com/amedd/nurse or contact CPT David Minnick, (509)484-6471, Email: david.a.minnick10.mil@mail.mil.
Help Us Help YOU!

Internal organizing can be defined in many ways, but what it really means is creating and executing a good communication process for your members in your local unit. In this day in age, we have learned that you must distribute information in many different ways and creating a Communication Action Team or Network (CAT or CAN) can be a functional way to succeed at two-way communication.

IDEAS TO BUILD A CAT/CAN

- Seek volunteers who are willing to assist with distributing important information and communication. Find one or two nurses from each department and by obtaining a few more volunteers, this will keep one volunteer from feeling overburdened.
- Add a Communications or Technology Officer to your local unit leadership structure! This is an excellent tool for sharing information. This officer can be responsible for maintaining an email list and your local unit Facebook page, which are two of your most effective ways to communicate.
- Create a texting tree! We all know that communication through texting is an extremely effective tool for information distribution. MNA now has access to a program that can assist our locals with creating a text tree. It is easy and can grow from there.
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Rural Nursing at its best at SYRINGA HOSPITAL & CLINICS

We are seeking RNs who desire to experience a full scope of nursing in a rural setting.

ER, Acute Care, OB, PACU and Outpatient procedures opportunities. Now Crush awesome! Differential pay available for OR and ED.

Submit an application and resume to Human Resources at keim@syringahospital.org

Applications are available for download at www.syringahospital.org under the Careers Tab or request an emailed application.

www.syringahospital.org

Do you have a Say in your Employer-Provided Healthcare Coverage?

The answer is yes if you act collectively with other nurses for the purpose of improving your wages and working conditions. This is your right under the National Labor Relations Act (NLRA) of 1935. The NLRA was enacted by Congress to protect the rights of employees, to encourage collective bargaining (fair talks between employer and an employee group for the purpose of reaching mutual agreements), and to avoid harmful actions such as work stoppages (strikes) and lock outs (sudden blocking of certain employees on entrance to the workplace).

The Act was intended to promote respect, collaboration, peace and harmony. Your healthcare plan — its cost and coverage levels — are part of the value of your total compensation package for employment (a.k.a wages) and the quality of that package has everything to do with the conditions under which you work.

The result is that nurses who act together in what the law calls ‘concerted activity’ have the federally-protected right to request information, evaluate the elements that lead to the price and coverage offered in their healthcare plan, and negotiate over those items in their collective bargaining process (negotiating their union contract) or negotiate access to a better plan instead.

There’s no doubt that for self-insured facilities it can be a challenging prospect because they are often already contractually obligated to services that administer their plans as they were designed prior to employee involvement. However, the contractual obligations of the employer do not automatically bind the employees to low-quality or over-priced healthcare plans. It is, therefore, in the best interest of both the employer and the nurses to work together and constantly strive for the most competitive healthcare plan coverage and pricing.

For more information on your rights as an employee go to www.nlrb.gov and for information on healthcare benefits go to www.dol.gov/whd/regs/compliance/ laws/healthplan. The Employee Retirement Income Security Act (ERISA) provides protections for healthcare plan participants including access to plan information to help you and your co-workers evaluate together the quality of your coverage.

Labor Reports and News continued on page 9

Labor Reports and News

Tools for Building Your Local through Internal Organizing

Amy Hauschild
BSN, RN, Labor Representative

Robin Haux, BS
Labor Program Director

Sandi Luckey
Labor Representative

PARTNERS IN HOME CARE

Best Western Premier Helena Great Northern Hotel

For more information visit our website at www.mtnurses.org

Home Care Nurses

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

Additional information can be found at: www.PartnersInHomeCare.org

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Have you been thinking of getting more involved with your union? Are you nervous about the time commitment, knowledge base, or just having too much responsibility on your shoulders? Being a grievance officer is a great option for easing yourself into a leadership role and support your fellow nurses at a time when they may need it most.

Responsibilities of a Grievance Officer
The first responsibility of those in this role is to identify the grievance in the first place. For more information on this, review the last edition of The Pulse, “Do you have a Grievance?” Talk with your colleagues and listen for details that you think may violate the contract or another category of potential grievances.

Next, the grievance officer plays a part in the investigation and information gathering stage of the grievance. This could include helping to develop requests for information, interviewing witnesses, or simply documenting the grievant’s account of what happened. Whichever task is needed, it’s the grievance officer’s job to approach the information gathering with a level of objectivity and critical thinking. Officers can help to gather all of the evidence together, and document as much as possible about what they’ve investigated.

Preparation is an important part of the grievance process. Grievance officers help craft clear, concise written grievances, prepare the grievant for the upcoming process, anticipate counterarguments, and keep the local unit officers apprised of the grievance’s status, reaching out if help is needed. Preparing the grievant is crucial—ensure that he or she is comfortable with what to expect. A grievance officer is the grievant’s support throughout the process, and being there when they may need to talk through some of the details is critical in establishing trust that will carry throughout the course of the grievance.

Finally, a grievance officer will likely present the grievance. Studying the facts of the grievance is key, and developing an argument with a professional, business-like approach.

Interested? How to get started
If this role appeals to you, contact your local unit officers. Again, it’s a great position to start with and helps to serve an important part in the enforcement of your contract and support for your colleagues.
Continuing Education

Being A Healthy Nurse: What Have You Learned?

Pam Dickerson, PhD, RN-BC, FAAN

Did you know?
• Your health impacts your patients
• Your health impacts your family and friends
• Your health impacts YOU!

There’s a reason ANA has chosen to focus major efforts this year on the idea of “Healthy Nurse: Healthy Nation.” We know that being healthy helps you be a better nurse. Your brain doesn’t work well when you’re tired or when your blood sugar is low. Patients are at risk if your brain isn’t working well! What do patients think when you provide teaching about stopping smoking – after you’ve just come back into the hospital from your smoke break and your clothes smell like smoke?

Your family and friends don’t enjoy being around you when your tummy is growing so loud they can’t hear each other in a conversation. They wonder what’s wrong when you are grumpy, stressed, or fatigued. They might even question why you’re a nurse if they sense that you are so emotionally caught up in what’s happening at work that they want to tell you to “get a life.”

And what about you? What’s your blood pressure doing? Is your body sending you messages that you’re stressed? Sweaty palms? Headaches? GI upset? Fatigue?

In support of ANA’s initiative, MNA, in collaboration with the Ohio Nurses Association, is offering a series of monthly webinars related to these topics – and more! Thanks to those of you who have participated in the sessions so far – and we’re not done yet! Even if you haven’t been able to attend any of the sessions so far, you can still join us for the last few. And – through our MNA continuing education web site (www.cnebymna.com) you can access ALL of the sessions at your convenience – and earn contact hours by watching the 30-minute webinars.

Here are the topics so far: wellness at work, cardiac considerations, nutrition, compassion fatigue and burnout. Coming in the rest of the year: happiness, infection control, mental health, and holiday health.

Join us to learn – and make a commitment to take action to maintain your own health – or establish some new healthy patterns. Your patients, your family and friends, and even your own body will be grateful!

Exciting News

MNA Has a new Continuing Education Website

Please Check it Out!

Many New Offerings and Special Discount Code for MNA Members

www.cnebymna.com

Are you an expert in your area of practice? Would you be willing to share your expertise with others? We are looking for people who can contribute content for our new continuing education web site (www.cnebymna.com). You would be developing a short (15-30 minute) presentation on your topic of interest – this might include narrated slides, a video clip of a procedure, or other ways of sharing. We can help you with content development and presentation skills – please don’t let that stop you. Take a look at the information below and let us know how you can help!

Your name:
CREDENTIALS:
Email:
Phone:

Category of content:
☐ Clinical topic (e.g. heart disease, pulmonary rehab)
☐ Professional development topic (e.g. leadership, communication)

Proposed title of your session:

Brief summary of content:
2-3 current references to support your content:

Proposed format:
☐ Webinar (15-30-45 minute options)
☐ Written self-study material
☐ Video (10-15 minute options)

Please provide a brief summary of your expertise related to this content:
If people have questions after reviewing your materials, what is your recommended process for addressing those questions?
☐ Provide learner with your contact information
☐ Have learner contact MNA, who will get in touch with you

Other information:
1. At this time, we do not have the resources to provide compensation for your work. We will gladly provide you with written evidence of your contribution if that would help in your recertification process.
2. We will be very happy to help with content development, slide development, or webinar presentation skills. Please let us know what questions you have or how we can help you!
3. We highly recommend a practice webinar before recording the actual version for posting. Please contact the MNA office to schedule a time for a brief practice session.
4. As the author/creator of the webinar content, you have exclusive rights to your work. You give permission to MNA to post your content on the CNEbyMNA web site for the duration applicable, according to accreditation program standards. MNA will remove content from the web site at your request or at the expiration date specified, whichever comes first.

If you’re interested in partnering with us, please contact Pam Dickerson, Director of Continuing Education, at pam@mtnurses.org with questions or to share the above information about your proposed content.

Continuing Education Website
Content Experts Needed!

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Kathy Chappell, PhD, RN, FNAP, FAAN, Senior Vice President, Accreditation, Certification, Measurement, and Institute for Credentialing Research and Pamela S. Dickerson, PhD, RN-BC, FAAN, Director of Continuing Education, Nursing Professional Development Specialist

Montana Nurses Association; Presenting Kristi Anderson, MN, RN-BC, CNL, and Brenda Donaldson, BA, RN Level 5 Certificates of Completion for their work in piloting an innovative method of awarding continuing education (CE) credit to nurses using an outcome-based model. This model is designed to integrate a learner/team-directed educational approach that incorporates performance and quality improvement expectations into learning experiences, which can positively impact nursing practice, patient, and/or systems outcomes.

CNE by MNA

Pam A. Dickerson, PhD, RN-BC, FAAN
Director, Continuing Education
Having just returned from the AANP National Conference, it always fires me up to “get the word out.” There are almost 260,000 NP’s in the nation and almost 800 in Montana – growing, yes we are. We impact patients in every setting. Remember, it is so important for you to help patients understand your role as a NP. Our role in health promotion and prevention. Our ability to LISTEN and offer solutions. Your state and national organizations are ALWAYS advocating for legislation that allows NPs to utilize their education and clinical training in the treatment of patients. Removing ANY barriers that patients face when receiving care from NPs and modernizing state laws and licensure so patients have full and direct care to NP’s.

Here is a reminder regarding the three bills in congress. We had more than 200 co-sponsors from the House and over 50 co-sponsors from the Senate in the last congress—but have had to reintroduce in the new Congress. We anticipate even more support this time around.

HR 1825/S445—would allow NPs to certify home health care

HR 1617—Diabetic Shoe Act - allowing NPs to order diabetic shoes

Remember an email, note or personal comment from you to Representative Gianforte and Senators Daines and Tester, goes a LONG WAY. You are their constituents and they respond when you share your and patient stories. No matter what your political affiliation—we all care for patients and want comprehensive, safe, affordable care that decreases barriers and offers patient choices when choosing their health care provider. Working together, we can come up with a solution that is workable and safe for everyone.

NP’s change lives and impact communities. I know I am singing to the choir, but often NPs don’t hear this. Help fellow NPs succeed by mentoring and working together.

Mark your calendar for the 2018 MNA APRN Pharmacology conference. March 2nd and 3rd in Helena. If you would like to submit a proposal to speak, please contact Mary at (406) 442-6710. The planning committee has been busy planning the agenda.

As always, please contact me if you have any concerns, questions or problems you are encountering in your practice.

Thanks for all you do—day in and day out.

keven.comer@gmail.com

As I read the articles in the last edition of the Pulse regarding members who were able to attend the ANA Quality conference in Tampa this past March the authors expressed quite elegantly the same sentiments I have about being chosen to attend the same conference. The ability of our MNA organization to be able to send its members to national forums for education, networking, collaboration and exposure is phenomenal and a rare treat in this present time. In addition, the process for selecting members to attend is open and available to everyone and limited only by one’s willingness to expand their horizons.

As stated earlier, the sessions were contemporary and gave one pause to really consider how that practice change would be applicable to their unit or hospital. It is amazing to look at the work being done by “ordinary” nurses every day for improvement in the care of patients and their families. (I highlighted ordinary, because nurses are not ordinary in the work they do). I personally found the topics to be diverse, engaging and the presenters experts in their respective topics. It was often the little thoughts that I found refreshing because while I may have heard them before, experience has shifted my focus somewhat.

While I enjoyed the weather, the education sessions, interaction with colleagues from across the nation, the greatest gift I received was from my colleagues from Montana. MNA and Montana nursing was proudly represented by the delightful, enjoyable, engaged, professional nurses I attended with. The collection of knowledge, across the continuum of specialties, commitment, passion and age was invigorating, thoughtful and helped me to realize the depth and breadth of the really good nurses we have in this state.

So, MNA is the recognized leader representing all Montana professional nurses and it is committed to each and every member. One way of showing this commitment is offering the opportunity to attend national conferences that are open to everyone. Again, thank you to MNA, my colleagues and of course Vicki Byrd, executive director for this tremendous opportunity.
From Hamilton to Wolf Point, Eureka to Lame Deer, this year’s Nursing Summit, hosted by the Montana Center to Advance Health through Nursing (MTCAHN), focused on “Encircling Inclusivity in Nursing.” This “Salesman/RN” lifted this DIRECTLY from the Year of the Healthy Nurse Fact Sheet – you can find it at https://www.nursingworld.org/2017-YearoftheHealthyNurse-Factsheet (if you can tear yourself away from this amazing article long enough)!

Read for yourself the reasons why YOU should take this offer NOW rather than wait even one more minute!

R-E-S-P-E-C-T is the Basis for Team Building
Casey Blumenthal, Rita Cheek, Cynthia Gustafson, and Kailyn Mock

Nurses struggle with multiple health, safety, and wellness challenges. ANA’s 2016 Health Risk Appraisal shows alarming trends for registered nurses (RNs) and nursing students:

- **An estimated 66% of health risks**
- **12% have nodded off while driving in the past month**
- **Only 16% eat the recommended daily amount of fruits and vegetables**
- **Less than half perform the recommended quantity and time of muscle strengthening exercises (ICG & ANA, 2016)**

But weight! There’s more! According to a study published in September of last year by the Journal of the American Heart Association –

- **Patients with heart disease who met weekly exercise guidelines for vigorous exercise saved on average more than $2,500 in annual healthcare costs.**
- **Healthy patients, and those with cardiovascular risk factors who exercised as recommended also had lower average medical costs.**

This challenge is not only FREE to you but it could SAVE you big $$$ So, have you done it yet? Have you set this paper down and signed up? If so, AWESOME! I will see you there if not, what’s holding you back? Really?! This article is pretty annoying. It CAN’T be THAT good to keep you away from joining a challenge that is not only NECESSARY and FREE but that could potentially SAVE you THOUSANDS every year. There is NO catch. No gimmick. And I am not a very good salesman, honestly. But I am a pretty good nurse. And so are you. And we deserve all the good things that come with being the most TRUSTED profession around. So, treat yourself. Join the challenge. Right. Now. You won’t miss a thing because I am pretty much done here. Oh wait! One more thing! When you sign up – would you ask a friend to sign up with you? But don’t show them this article. It’s a waste of time. Just skip to the end and sign yourselves up. Operators are standing by! :)
In 1909, this deadly virus was discovered and affected only a small number of people, but it was thought to be restricted to babies (hence the name Infantile Paralysis). However, Poliomyelitis has been found in children and young adults.

It is common in temperate climates in the summer and with no climate seasonal pattern in the tropics. The virus, being harbored in the gastro-intestinal and mucous membrane of the nose and throat, then traveled into the bloodstream to the nervous system where it then destroyed the motor neuron cells which controls swallowing, circulation, respiration, trunk, arms, and legs. The spreading of the virus was through fecal-oral transmission and respiratory secretions. When there were no symptoms appearing in three to six weeks exposure. The symptoms of infection were sore throat, upset stomach, headache, and muscle stiffness.

There are three types of Polio virus; 1, 2, and 3. Type one is the most virulent and common. The Saik and Sabin vaccines are “trivalent”—acting against all three types of the viruses in 1932-1940 to end polio epidemic, anywhere in the world since 1999. A Polio victim is immune to future infection from the virus type that caused the Polio.

With the spread of Polio across the United States in the summer of 1916, six thousand children and young adults in the United States died that year and at least twenty-seven thousand were permanently disabled. One-percent became paralyzed. The total number infected with the virus was in the millions! Montana, however, had more cases per 100,000 than New York City. Why?—Using our current knowledge about viral infection, we believe that in more populated areas of Montana, adults in the United States died that year and at least 182 Montana young people were paralyzed and 23 of that number had died.

With the spread of Polio across the United States in the summer of 1916, six thousand children and young adults in the United States died that year and at least twenty-seven thousand were permanently disabled. One-percent became paralyzed. The total number infected with the virus was in the millions! Montana, however, had more cases per 100,000 than New York City. Why?—Using our current knowledge about viral infection, we believe that in more populated areas of Montana, adults in the United States died that year and at least 182 Montana young people were paralyzed and 23 of that number had died.

Clinics began to appear on the Montana frontier that railed larger Polio health facilities elsewhere. Anaconda filled their swimming pools with cold water; kids were restrained from all normal activities that made life fun and worth living as a youngster. The message went out loud and clear: “Wash your hands, cover your mouth when you sneeze, pasteurize milk, dispose of garbage frequently, and do everything you can to get rid of those flies!” In spite of the fear of other children and parents, they were treated as “sick” children. The TB, scarlet fever, whooping cough, measles, and strep throat, which was stated to occur much more frequently than Polio, the crippling disease of Polio was a epidemic of infectious diseases. Such Polio-related disabilities of being “different” or being in a wheelchair brought about ridicule which, for some, was worse than death. Since farm work was the usual way of life for children, the fear of this disease was a severe deterrent to a homesteader’s survival. The hard truth—that at that time there was no treatment or cure for Poliomyelitis—just the offering of help for the paralysis! The earliest treatments included cold compresses, warm baths, and various drugs including morphine. All of these activities and procedures nurses were responsible to perform or participate in as a total recovery treatment program. The first sanatorium was established in Poland during 1892 and by 1938 seven hundred TB sanitariums existed in the United States. 

Historically, this dreaded infection was caused by Mycobacterium tuberculosis. Infection by this tubercle bacillus usually lasted the eyes, but could affect other parts of the body. It was caused by the inhaling of the tubercle bacillus of a person with increased susceptibility by being malnourished, living in a crowded environment, or had a compromised immune system. The chances of contracting this disease was enhanced through long exposure and increase virulence of the bacillus. The disease had been around for thousands of years. Many pharaohs, kings, and the wealthy over thousands of years to the poorest of the poor succumbed to this tenacious and unforgiving disease which caused inflammation in the alveoli of the lungs resulting in primary tubercle nodules.

Effective diagnosis of TB was accomplished through the invention of the stethoscope in 1816 by Rene Laennec. X-rays were performed starting in about 1886 by a Nobel Peace Prize winner named Wilhelm Rontgen. Sanitariums were placed in quiet, peaceful areas in an attempt to treat patients by exposure to fresh air, good nutrition, individually designed treatment, complete bed rest, daily vital signs, frequent exams, moderate exercise, teaching about hygiene, and surgery when needed. All of these activities and procedures nurses were responsible to perform or participate in as a total recovery treatment program. The first sanatorium was established in Poland during 1892 and by 1938 seven hundred TB sanitariums existed in the United States.
HealthCARE Montana: Creating Access to Rural Education Impact and Outcomes

In response to the healthcare workforce shortages in Montana, Missoula College UM applied for and was awarded a TAACCCT 4 Department of Labor grant in 2014 titled HealthCARE Montana: Creating Access to Rural Education. Over the last three years, HealthCARE Montana has worked collaboratively with over 200 healthcare employers, 11 community colleges and four tribal colleges to recruit, train, and retain healthcare professionals throughout the state with a focus on rural and frontier Montana. Currently over 5000 students are enrolled in healthcare programs, and HealthCARE Montana has directly served over 2400 participants across the state.

Nursing Curriculum Changes

One of HealthCARE Montana’s goals is to increase access to nursing education for rural Montana residents. The new Practical Nursing program is now a three-semester certificate program that utilizes distance learning and has been separated from the Associate of Science degree in Nursing (ASN). Didactic content is delivered online while some lab content is conducted on campus. Clinical rotations are shared between nursing programs and the clinical facility. The ASN program is now five semesters and the ASN to BSN online completion program is reduced by one semester. This enables students to complete the program in eight semesters, five of which are at community college costs rather than at four-year College rates. Once licensed, students can work as RNs while completing their online BSN degree, which reduces their financial burden. The required clinical hours can be completed in the facility where they work.

Preceptor and Clinical Resource Registered Nurse (CRRN) training

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Preceptor and Clinical Resource Registered Nurse (CRRN) training

The Preceptor and CRRN training prepares nurses to be clinical instructors. Registered Nurses from 12 Montana rural healthcare facilities participated in the first training held at Great Falls College in April 2017. Online modules from NurseMutual are also part of the training and can be completed locally.

Registered Healthcare Apprenticeships

When HealthCARE Montana began, healthcare apprenticeships did not exist in Montana. Today, 72 healthcare apprenticeship positions have been created in 13 different occupations at 25 different Montana healthcare facilities. Momentum is growing at an exponential rate and these numbers change on an almost daily basis. Apprenticeship programs include Basic and Advanced CNA, CNA Dementia, CNA Restorative, Phlebotomy, Computerized Tomography Technician, Medication Aide II, Administrator (both LTC and Assisted Living), Surgical Technologist, Pharmacy Technician, Medical Claims, Medical Scribe, Pre-Coder/Medical Coder, and Practical Nursing. Several additional apprenticeships are being developed such as, Patient Relations, Community Health Worker, Dental Assistant, Medical Assistant, Medical Laboratory Technician, and Behavioral Health.

Programs Developed at Employer Request

In response to needs expressed by health care employers, HealthCARE Montana developed several training programs that are available upon request free of charge.

“Success Skills for CNAs” includes five-minute training videos created to enhance organization and time management, leadership, professionalism, communication, critical thinking and conflict resolution that can be used in orientations, staff training, or one-on-one.

A new CNA Restorative Care specialty course is now available for use at facilities, and new CNA specialty courses in development include Mentorship, Dementia care and End of Life. These programs can be part of an apprenticeship program.

The Learn, Engage, Adapt, Do (LEAD) program is a train-the-trainer program that aims to increase employee self-awareness with the goal of creating a positive and productive work environment. The LEAD program builds upon the concepts of the success skills videos and engages staff in conversation around these topics. Topics include communication, leadership, conflict resolution, and professionalism.

The program is delivered in staff huddles or meetings through brief daily cards. It is an active and dynamic program that provides daily tips and tools for employees to utilize throughout their work day. Employees are asked to think about and practice what was discussed. Visual aids are posted throughout the facility to reinforce behaviors that create a positive and productive work environment. There is flexibility in implementing the four free-standing topics. They can be completed in as little as four weeks per topic or 16 weeks if spread out to meet the facility’s needs. Completing the pre-survey assists in prioritizing which module to implement first. To date, 59 employers have requested use of the LEAD materials including 26 critical access hospitals that will use LEAD as a Flex quality improvement project. Contact Natalie Peeters at natalie.peeters@mso.umt.edu to obtain the LEAD materials.

A partially online CNA course has been developed by Montana Health Network and HealthCARE Montana. The course features video lectures with RN and course instructor Julie Russell. Students will have the option to complete the clinical requirements in their home region. The eight week course is designed to serve students from all over the state preparing them for the DPHHS CNA certification exam. To begin, however, MHN will focus on the eastern part of the state with the first few cohorts.

Allied Health

The allied health core curriculum implementation committee has identified the foundational courses and competencies that all allied health students will take prior to their program coursework. The Core Curriculum Model will include two Math (M120 and M140) pathways and two Anatomy and Physiology pathways that are based on clinical or non-clinical allied health program requirements. The Allied Health Core Competencies will be offered as modules and taken as part of the required foundational preparation. This common curriculum will increase students’ flexibility to lattice between programs and advance their career ladder opportunities.

The Montana Healthcare Workforce Statewide Strategic Plan

HealthCARE Montana staff, assisted by the Montana Healthcare Workforce Advisory Council and Montana Office of Rural Health Area Education Centers, reviewed the 2011 healthcare workforce strategic plan as part of the HealthCARE Montana grant activities. Together, stakeholder leaders and decision makers determine how best to address the workforce needs of Montana. Many of the 2011 strategies were implemented; expanding medical education and residences; addressing nursing workforce issues; improving workforce planning at the state and regional level; increasing the focus on allied health education; expanding pipeline programs; and engaging Montanans in supporting healthcare workforce initiatives. Strategies laid out in the 2017 plan will play a vital role in future workforce initiatives. Access the 2017 strategic plan at: http://healthinthemontana.edu/Strategy%20Plan%202017.pdf.

Want to Get Involved and/or Learn More?

At the request of employers, HealthCARE Montana provided a webinar overview of accomplishments to date. If you are interested in listening to the recording or viewing the PowerPoint presentation, you can find them at http://www.healthcaremontana.org/employer-webinar. The topics in this newsletter are discussed in detail. The recorded webinar is a great topic for your ease of tuning into areas of most interest.

For more information about HealthCARE Montana achievements and programs, visit the HealthCARE Montana website at www.healthcaremontana.org/.

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SAVE THE DATE

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

* Seamless Health Care for Our Veterans *
Helena, MT – November 9th, 2017

* Transition to Practice *
Helena, MT – January 21st & 22nd 2018

* APRN 2018 Pharmacology Conference *
Helena, MT – March 2nd & 3rd 2018

* Labor Retreat *
Chico, MT – April 13th, 16th & 17th 2018

Montana’s Polio and Tuberculosis Epidemic History continued from page 13

2013. The over-prescribing of antibiotics of one-half million of the world’s population has caused resistance to antibiotics that once treated tuberculosis successfully. The truth seems to be—TB CAN NOW BE CONTROLLED. Often, the combination of TB drugs is used as a part of today’s, so called, simple and inexpensive eradication of TB.

The well-known Mantoux screening test, tuberculin sensitivity test, Pirquet test, or PPD (purified protein derivative) are the most used skin tests used around the world. They have largely replaced the multiple puncture tests, such as the Tine Test. Positive reactions to these tests indicate the presence of induration (palpable swelling) within a 48 to 72-hour period. A reddened area with no induration during that time-frame indicates a negative response. The evidence of induration indicates a possible development of antibodies against the tubercle bacillus. The findings indicate a need for nurses to teach regarding the results of the skin test as an independent and important aspect of the practice of nursing!

Lest We Forget

Rocky Mountain Spotted Fever (in the Bitterroot Valley), Smallpox and Cholera (in Stevensville), Influenza, and Typhoid (in Gallatin County) were also prominent epidemics in Montana history.

Why do we care about our health care epidemic history as Montana nurses? Because—it (an epidemic) could happen again and because history could repeat itself—perhaps by a different name and face? For those of us who have “tagged” the bodies of unfortunate diseased patients behind locked and isolated corridors during an epidemic, and as we stood over them in our protective garb and lamented with them the lack of family presence at the time of their death, those memories will never fade! We move forward, now, with a heavy heart caused by our memories and hope it will not ever happen—again!

We, as nurses, know health care in the digital age will never capture or replace the essence of the human spirit to recognize the pain of disease, and the pangs of death. We have learned through history that NOW our nursing role is an outcome of more education and experience—not-with-standing our desire to nurture the human spirit. With that increased knowledge and experience, our future involvement in epidemic resolution will be an outcome of our professional abilities of recognition, treatment, and prevention.

In our nursing history, we should recall the description of the true art and caring depicted by our profession (lest we forget!):

“Nursing is an art, and if it is to be made an art, it requires as exclusive a devotion, as hard a preparation, as any painter’s or sculptor’s work; for what is the having to do with dead canvas or cold marble, compared with having to do with the living body—the temple of God’s spirit? It is one of the Fine Arts; I had almost said, the FINEST OF THE FINE ARTS.”

Florence Nightingale (1820-1910)
Carolyn Taylor, Ed.D. M.N. R.N.
406 230 2732
Carolyn.taylor21@yahoo.com—Read more at Leadershippoweronline.com

Montana Nurses Association Pulse Page 15
August, September, October 2017
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For questions, please contact Kathy Miller at 907.966.8658 or kmiller@searhc.org

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