President’s Letter

Turbulence Allows for Transformation

Meredith Roberts

As summer comes to a close, and leaves transform to colors so extraordinary that people visit from far away to see, likewise ANA-Vermont is also transforming in many ways. Members can now communicate with members through Facebook, ANA member phone apps, as well as fun activities and trips, such as lobbying face-to-face on Capitol Hill (or virtually) with fellow members like we did in May and June. Collaboration was, and is still, needed to prevent replacements for The Affordable Care Act (ACA) that negatively affect Medicare or Medicaid while giving tax breaks to the wealthy, and taking care away from the elderly and women. Yes, there are improvements needed, and nurses need to be a part of directing the change. This year, ANA is focusing on the health of nurses, and nurses are leading the nation to better health by taking up the grand challenge Healthy Nurse: Healthy Nation (see http://www.healthynursehealthy nation.org/ for more details). There are different monthly focus points such as happiness in August, or Work-Life-Balance in September, with our website offering activities, and education to support nurse health.

Our October 6th conference will be exciting with a focus on health and wellness with ANA speaker Holly Carpenter, Sr. Policy Advisor, Nursing Practice as well as Vermont Shaman Peter Clark and other healing professionals present. Our state continues to successfully collaborate with the other states of our new Northeast Multi-State Division of ANA (NE-MSD) that includes Vermont, Maine, New Hampshire, New York, and Rhode Island. We now have a joint mission and vision, and are completing by-laws. Members receive ANCC approved education, and are welcome across five states. A shared calendar of activities with events for all seasons is being created.

Membership Assembly occurred in June and the budget was reauthorized with additional delegates added, so more members will be able to participate nationally. New by-law changes make it possible for us to affiliate with groups such as LPN’s and respiratory therapists. As ANA does not directly represent union worker rights for nurses, that terminology was removed from by-laws, though we can remain supportive. More details will be available at the October conference for those interested.

I continue to be proud to be a part of our amazing profession. I am grateful for each of you. I wish you joy and peace. Remember to tell others what you do, and how you stand up for what is right in healthcare, making critical decisions that can mean life or death. We make a difference. We ethical nurses advocate for positive change that will improve access and quality of healthcare. Politicians need to hear the vision and experiences that nurses have for healthcare to improve in these turbulent times. I ask you to help. Have a great year.

October, November, December 2017
Letters to the Editor

If you wish to submit a “Letter to the Editor,” please address it to:
ANA-Vermont
Attn: Vermont Nurse Connection
4 Carmichael Street, Suite 111, #215
Essex, VT 05452

Please remember to include contact information, as letter authors may need to be contacted by the editors of the VNC for clarification. NOTE: Letters to the Editor reflect the opinions of the letter authors and should not be assumed to reflect the opinions of the ANA-Vermont.

Jean Graham, Editor

www.ANA-Vermont.org

Published by: Arthur L. Davis Publishing Agency, Inc.

ANA-Vermont is pleased to celebrate our 2017 Annual Fall Convention at the Shelburne Museum on October 6, 2017. Registration and continental breakfast will begin at 8:00am, followed by a day full of dynamic speakers and activity supporting the theme, “Celebrating the Balance of Mind, Body, and Spirit.” The Convention will wrap up at 2:30 PM and full-day registration includes free admission to the Shelburne Museum. Be sure to visit the beautiful museum grounds and exhibits before departing for the day. ANA-Vermont encourages you to join us! Please check ANA-Vermont.org for more details.

ANA-Vermont Fall Convention
2017
October 6
8:00 am - 2:30 pm
Shelburne Museum
Shelburne VT

October, November, December 2017

Letters to the Editor

If you wish to submit a “Letter to the Editor,” please address it to:
ANA-Vermont
Attn: Vermont Nurse Connection
4 Carmichael Street, Suite 111, #215
Essex, VT 05452

Please remember to include contact information, as letter authors may need to be contacted by the editors of the VNC for clarification. NOTE: Letters to the Editor reflect the opinions of the letter authors and should not be assumed to reflect the opinions of the ANA-Vermont.

Jean Graham, Editor

www.ANA-Vermont.org

Published by: Arthur L. Davis Publishing Agency, Inc.

ANA-Vermont is pleased to celebrate our 2017 Annual Fall Convention at the Shelburne Museum on October 6, 2017. Registration and continental breakfast will begin at 8:00am, followed by a day full of dynamic speakers and activity supporting the theme, “Celebrating the Balance of Mind, Body, and Spirit.” The Convention will wrap up at 2:30 PM and full-day registration includes free admission to the Shelburne Museum. Be sure to visit the beautiful museum grounds and exhibits before departing for the day. ANA-Vermont encourages you to join us! Please check ANA-Vermont.org for more details.

ANA-Vermont Fall Convention
2017
October 6
8:00 am - 2:30 pm
Shelburne Museum
Shelburne VT

October, November, December 2017

Letters to the Editor

If you wish to submit a “Letter to the Editor,” please address it to:
ANA-Vermont
Attn: Vermont Nurse Connection
4 Carmichael Street, Suite 111, #215
Essex, VT 05452

Please remember to include contact information, as letter authors may need to be contacted by the editors of the VNC for clarification. NOTE: Letters to the Editor reflect the opinions of the letter authors and should not be assumed to reflect the opinions of the ANA-Vermont.

Jean Graham, Editor

www.ANA-Vermont.org

Published by: Arthur L. Davis Publishing Agency, Inc.

ANA-Vermont is pleased to celebrate our 2017 Annual Fall Convention at the Shelburne Museum on October 6, 2017. Registration and continental breakfast will begin at 8:00am, followed by a day full of dynamic speakers and activity supporting the theme, “Celebrating the Balance of Mind, Body, and Spirit.” The Convention will wrap up at 2:30 PM and full-day registration includes free admission to the Shelburne Museum. Be sure to visit the beautiful museum grounds and exhibits before departing for the day. ANA-Vermont encourages you to join us! Please check ANA-Vermont.org for more details.

ANA-Vermont Fall Convention
2017
October 6
8:00 am - 2:30 pm
Shelburne Museum
Shelburne VT
other goals, is to produce favorable changes within clients through nursing services.

The position of the artist is humble. He is essentially a channel.

~ Piet Mondrian

Orem (1971) speaks of the art of nursing as being "expressed by the individual nurse through her creativity and style in designing and providing nursing that is effective and satisfying." Like many nurses from my generation learning to become nurses there wasn’t much attention paid to the art of nursing. The entire focus was learning about diseases, procedures, and medications. When I started my practice I was looking for role models who did everything the right way. I spent the first several years in a busy understaffed hospital where there wasn’t any conversation pertaining to the art of nursing. One day I walked by a patient’s room and saw one of my colleagues sitting at the bedside holding the hand of a dying patient. I was immediately intrigued so much so that I wandered with permission into the room to observe. There was a story unfolding right before my eyes. I was listening to the patient’s story, the nurse’s story and the story they were co-creating in that moment. I have to confess that I did not know that I was observing and becoming a part of what was the art of nursing. It wasn’t until I left the acute care setting and went into community health which was an entirely different culture that I learned the art of nursing. I came in contact with an abundance of experienced nurses who practiced the art of nursing like they were born into it. I listened with rapt attention to these expert nurses as they related their stories detailing their experiences of how they developed their artistry. The aspects of their narratives were etched in my heart and mind’s eye preparing me to practice the art of nursing.

How to begin discovering your artistry:

1. Seek out nurses that inspire you to practice the art of nursing. Listen to their stories. Study their attributes. Ask yourself what drew your attention to these attributes. Why is that important to you?

2. It is important to develop your style. Style is important because it’s essentially what distinguishes you from other nurses, and what keeps your practice professional and focused. The greatest nurses throughout history had styles that were incredibly distinctive and unique. Style doesn’t develop overnight, it’s a gradual process that can take years to emerge.

3. Seek out a mentor, preferably one who exhibits excellent listening and feedback skills, displays empathic and nonjudgmental understanding and is a living example of the values, ethics and practices of the art of nursing.

4. Keep evolving. Needless to say, after discovering your style, you will continue to grow and evolve in the creative and reflective process. According to Cooper (2001), “The actualization of artful nursing is as broad and creative as the nurse’s imagination and skill.” Reflective practice is often seen as the bedrock of professional identity. Reflecting on performance and acting on reflection are a professional imperative. This often involves examining assumptions of everyday practice with the individual practitioner in being self-aware and critically evaluating their own responses to practice situations. The point is to recapture practice experiences and null them over critically in order to gain new understandings and so improve future practice.

Dr. Rita Charon developed an educational program at Columbia University to train nurses, medical students and social workers to better interact and empathize with their patients. Her interview with a patient who visited her clinic is a perfect example of artistry that encouraged the patient to express what was most important to him which is the goal of any nurse.

A 46-year-old Dominican man comes to visit me for the first time. He has been suffering from shortness of breath and chest pain, and he fears for his heart. I say to him, “Please tell me what you think you should know about your situation.” And then I do my best not to say a word, not to write in his chart, but to absorb all that he emits about his life and his health. I listen not only for the content of his narrative, but for its form—its temporal course, its images, its associated subplots, its silences, where he chooses to begin in telling of himself, how he sequences symptoms with other life events. I pay attention to the narrative’s performance—the patient’s gestures, expressions, body positions, tones of voice. After a few minutes, he stops talking and begins to weep. I ask him why he cries. He says, “No one has ever let me do this before.” ~ Rita Charon, M.D., Ph.D.

Just as we as nurses need to be true to what the science is all about, we need to be true to what the artistry is about. The essence of the art of nursing is earning compassion and the recognition that there is a common humanity that binds nurses and patients together. The art of nursing is more than just science and skills, it is a unique attitude of caring and a special way of approaching your life and your work. Compassion (Olsen, 1991) is at the heart of artful nursing. The dance of compassion involves the recognition of patient suffering, the choice to enter into the patient’s experience, and the desire to act to relieve the patient’s suffering.

Priscilla Smith-Trudeau, MSM, RN, BSN, CRRN, CCM, HNB-BC is an author, speaker and healthcare management consultant. She is board certified in holistic nursing and rehabilitation nursing with a focus on integrative health. Holistic nursing is at the core of her nursing practice, self-care and consulting. In order to fully appreciate the challenges facing managers and staff nurses, Priscilla continues to practice as a bedside nurse.

**References**


**Voices of Vermont Nurses**

premiered at VSNA Convention 2000 and is available from the ANA-Vermont Office at:

ANA - Vermont
4 Carmichael Street, Suite 111, #215
Essex, VT 05452

Price: $20 each book

(plus $3.95 for postage and handling)

Make check or money order payable to: VERMONT STATE NURSES FOUNDATION

| Name: |
| Address: |
| City: |
| State: |

| Zip: |

Looking to advance your career at an award-winning, community hospital in a locale that will have you wondering why you ever chose to live anywhere else?

Come join the Northwestern Medical Center Family, where we consistently earn top honors for patient care and continually look for new and innovative ways to improve. Be part of a team where you can make a difference, all while enjoying the quality of life Vermont provides.

**Apply Today!**

[www.northwesternmedicalcenter.org](http://www.northwesternmedicalcenter.org)

**NMC is an Equal Opportunity Employer that promotes a smoke-free, drug-free environment.**

All new employees will be subject to a pre-employment health screening and drug test.
Student News

Marilyn Rinker Leadership Scholarship Application

Application – 2018 deadline: March 25, 2018

Name: __________________________
Address: __________________________________________________________
Telephone #: ____________________ Email Address: ______________________
Graduate school ___________________ 1st yr _________ 2nd year _________
Currently in which year? 1 2 3 4 year of graduation (if applicable) _______________
Vt RN Lic # _____________________  VONL member since _________________

Return application (with attached materials) before March 25, 2018 to:

Student signature: ______________________________ Date: _________________

In order to apply for the Scholarship, you must:

1. Complete the attached application form.
2. Type your name and address on the form.
3. Complete all sections of the form.
4. Attach supporting documents as requested.
5. Submit the completed form and supporting documents by the deadline.

Marilyn Rinker Leadership Scholarship

Purpose
To promote graduate level nursing education in Vermont in support of nursing leadership talent to meet the health care needs of our state.

Qualifications of applicants
• Possession of Vermont RN license in good standing
• A member of VONL
• Demonstrated commitment to nursing leadership (Vermont preferred) as evidenced by participation in professional seminars, organizations, work accomplishments, project, recommendations of peers
• Currently enrolled or accepted in an accredited program that will lead to an advanced degree in nursing
• Willingness to commit to completing the program as indicated by realistic timeframe
• Individuals agree to practice in Vermont for at least two (2) years
• GPA of 3 or B
• Two supportive professional recommendations

Special Considerations
• Individuals who have sought funding through employment or other resources, where available
• Individuals with demonstrated financial need
• Individuals currently working in the field of nursing education

Application Process
1. Applicants must first be accepted into an accredited program that will lead to an advanced degree in nursing.
2. Eligibility criteria include: proof of academic excellence/promise, pledge to practice in Vermont following graduation, short essay, two (2) positive professional recommendations.
3. Vermont Organization of Nurse Leaders will select a candidate based on the following criteria, in order of importance: academic excellence; commitment to Vermont; leadership/community service; financial need.

The Award will be announced at the Nursing Summit, Spring 2018. Winner will be notified in advance.

For more information, visit our website: www.vonl.org

The Arthur L. Davis Publishing Agency, Inc.

2018 Scholarship

Vermont State Nurses Foundation, Inc.
4 Carmichael Street, Suite 111, #215
Essex, VT 05452
(802) 651-8886

Applications for the $1,000 scholarship are open to ANA-Vermont members who are currently enrolled in an undergraduate or graduate nursing program and who are active in a professional nursing organization.

Submit your application by August 1, 2018 by filling out the online form:
https://docs.google.com/forms/d/1HOXkAdJshV2ioeRV5fKeEr16_rDxVh-2ec3ttST_HU/viewform?c=0&w=1

The Judy Cohen Scholarship

Vermont State Nurses Foundation, Inc.
4 Carmichael Street, Suite 111, #215
Essex, VT 05452
(802) 651-8886

The Judy Cohen Scholarship is a $2,000 award given to a registered nurse who is in a baccalaureate or higher degree accredited nursing program.

Applications must be submitted by August 1, 2018. You do not have to be a member of ANA-Vermont but priority will be given to ANA-Vermont members.

To apply for the scholarship, please fill out this form:
https://docs.google.com/forms/d/1HOXkAdJshV2ioeRV5fKeEr16_rDxVh-2ec3ttST_HU/viewform?c=0&w=1

The Pat & Frank Allen Scholarship

Vermont State Nurses Foundation, Inc.
4 Carmichael Street, Suite 111, #215
Essex, VT 05452
(802) 651-8886

The Pat & Frank Allen Scholarship is a $1500.00 award given to a registered nurse who is a matriculated student in an accredited nursing program.

Applications must be submitted by August 1, 2018. You do not have to be a member of ANA-Vermont but priority will be given to ANA-Vermont members, please go online to fill out the form:
https://docs.google.com/forms/d/1HOXkAdJshV2ioeRV5fKeEr16_rDxVh-2ec3ttST_HU/viewform?c=0&w=1

For more information, visit our website: www.vonl.org

Application for the 2018 Pat & Frank Allen Scholarship

For more information, visit our website: www.vonl.org

The Arthur L. Davis Publishing Agency, Inc.

2018 Scholarship

Vermont State Nurses Foundation, Inc.
4 Carmichael Street, Suite 111, #215
Essex, VT 05452
(802) 651-8886

Applications for the $1,000 scholarship are open to ANA-Vermont members who are currently enrolled in an undergraduate or graduate nursing program and who are active in a professional nursing organization.

Submit your application by August 1, 2018 by filling out the online form:
https://docs.google.com/forms/d/1HOXkAdJshV2ioeRV5fKeEr16_rDxVh-2ec3ttST_HU/viewform?c=0&w=1

The Judy Cohen Scholarship

Vermont State Nurses Foundation, Inc.
4 Carmichael Street, Suite 111, #215
Essex, VT 05452
(802) 651-8886

The Judy Cohen Scholarship is a $2,000 award given to a registered nurse who is in a baccalaureate or higher degree accredited nursing program.

Applications must be submitted by August 1, 2018. You do not have to be a member of ANA-Vermont but priority will be given to ANA-Vermont members.

To apply for the scholarship, please fill out this form:
https://docs.google.com/forms/d/1HOXkAdJshV2ioeRV5fKeEr16_rDxVh-2ec3ttST_HU/viewform?c=0&w=1

The Pat & Frank Allen Scholarship

Vermont State Nurses Foundation, Inc.
4 Carmichael Street, Suite 111, #215
Essex, VT 05452
(802) 651-8886

The Pat & Frank Allen Scholarship is a $1500.00 award given to a registered nurse who is a matriculated student in an accredited nursing program.

Applications must be submitted by August 1, 2018. You do not have to be a member of ANA-Vermont but priority will be given to ANA-Vermont members, please go online to fill out the form:
https://docs.google.com/forms/d/1HOXkAdJshV2ioeRV5fKeEr16_rDxVh-2ec3ttST_HU/viewform?c=0&w=1

For more information, visit our website: www.vonl.org

Application for the 2018 Pat & Frank Allen Scholarship

For more information, visit our website: www.vonl.org

The Arthur L. Davis Publishing Agency, Inc.

2018 Scholarship

Vermont State Nurses Foundation, Inc.
4 Carmichael Street, Suite 111, #215
Essex, VT 05452
(802) 651-8886

Applications for the $1,000 scholarship are open to ANA-Vermont members who are currently enrolled in an undergraduate or graduate nursing program and who are active in a professional nursing organization.

Submit your application by August 1, 2018 by filling out the online form:
https://docs.google.com/forms/d/1HOXkAdJshV2ioeRV5fKeEr16_rDxVh-2ec3ttST_HU/viewform?c=0&w=1

The Judy Cohen Scholarship

Vermont State Nurses Foundation, Inc.
4 Carmichael Street, Suite 111, #215
Essex, VT 05452
(802) 651-8886

The Judy Cohen Scholarship is a $2,000 award given to a registered nurse who is in a baccalaureate or higher degree accredited nursing program.

Applications must be submitted by August 1, 2018. You do not have to be a member of ANA-Vermont but priority will be given to ANA-Vermont members.

To apply for the scholarship, please fill out this form:
https://docs.google.com/forms/d/1HOXkAdJshV2ioeRV5fKeEr16_rDxVh-2ec3ttST_HU/viewform?c=0&w=1

The Pat & Frank Allen Scholarship

Vermont State Nurses Foundation, Inc.
4 Carmichael Street, Suite 111, #215
Essex, VT 05452
(802) 651-8886

The Pat & Frank Allen Scholarship is a $1500.00 award given to a registered nurse who is a matriculated student in an accredited nursing program.

Applications must be submitted by August 1, 2018. You do not have to be a member of ANA-Vermont but priority will be given to ANA-Vermont members, please go online to fill out the form:
https://docs.google.com/forms/d/1HOXkAdJshV2ioeRV5fKeEr16_rDxVh-2ec3ttST_HU/viewform?c=0&w=1

For more information, visit our website: www.vonl.org
ANA Center for Ethics and Human Rights Recognized with Prestigious Cornerstone Award

The American Nurses Association (ANA) Center for Ethics and Human Rights has been honored with a Cornerstone Award from the American Society for Bioethics and Humanities (ASBH). The Cornerstone Award is the highest honor given for enduring contributions by an institution to the fields of bioethics and/or the medical humanities. ANA Senior Policy Advisor Liz Stokes, JD, RN, and the Center, and the Ethics Advisory Board will receive the award on October 20th during the ASBH annual meeting.

“For over 25 years, The ANA Center for Ethics and Human Rights has advocated for social justice and the protection of human rights and tirelessly provided ethical guidance, both theoretical and practical, at the state, national, and international levels,” ASBH said in a statement. The award will be presented at the 2017 ASBH Members’ Meeting and Award Presentations in October.

ANA and CDC Release White Paper on Nurses’ Role in Antibiotic Stewardship

The American Nurses Association (ANA), in collaboration with the Centers for Disease Control and Prevention (CDC), released a white paper detailing how nurses can significantly impact patient safety through improved antibiotic use. The paper outlines four key areas in which nurses can play a critical role in antibiotic stewardship: improving antibiotic use at bedside, improving nurses’ role in advocacy and ANA’s Principles for Health System Transformation: ACCESS, COST, QUALITY, and WORKFORCE.

• Advocacy and Member Engagement issues were the focal points of much dialogue at this year’s American Nurses Association (ANA) Membership Assembly in Washington, D.C. ANA President Pamela Cipriano, PhD, RN, NEA-BC, FAAN, spoke of the heightened recognition of nurses’ role in advocacy and ANA’s Principles for Health System Transformation: ACCESS, COST, QUALITY, and WORKFORCE.

The American Nurses Association (ANA) Membership Assembly 2017 consisted of two full days of nearly 300 representatives from all fifty states joining together to accomplish the following:

• Nurses participated and engaged on key issues: highlighting and promoting the use of policy and advocacy resources, emphasizing policy development and advocacy as central to the role of all nurses, and advancing mechanisms to heighten the involvement of individual nurse members in the generation of policy and advocacy topics

• Membership Assembly representatives elected four members to the ANA Board of Directors and members were also elected to the Nominations and Elections Committee

2017 ANA Membership Assembly

Christine Ryan, RN, MSA
ANA-Vermont Executive Director/Government Affairs

• Adoption of bylaws, including one that expands the total number of voting seats to Membership Assembly to allow for more member engagement. Another bylaw change allows CSNAs to include non-nurses, such as LPNs and respiratory therapists, in their membership with no ANA membership status

2017 Membership Assembly was a very productive and engaging opportunity for nurse leaders and the American Nurses Association to work together to be the voice for nurses and the patients we care for by participating in governance and leadership efforts collaboratively.

ATTENTION REGISTERED NURSES!

Make a career change, change a life.

“The system of care for those that deal with psychiatric disabilities is changing in Vermont and the Vermont Psychiatric Care Hospital is a great place to work and to become a part of this change”

Grace, RN, PN2, Charge

We have a new compensation plan! To view and apply visit our website

www.careers.vermont.gov

If you have questions, contact Scott Perry at scott.perry@vermont.gov or call 802-828-2961


1-800-INJURED (465-8733)

If you’re not being treated fairly after a work injury, we can help you. Call us now for a free case evaluation.

www.bfslaw.com

<table>
<thead>
<tr>
<th>BFS</th>
<th>Biggam, Fox &amp; Skinner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attorneys Representing Injured People</td>
<td></td>
</tr>
</tbody>
</table>

Vermont Psychiatric Care Hospital

If you’re not being treated fairly after a work injury, we can help you. Call us now for a free case evaluation.

1-800-INJURED (465-8733)

Helping Vermont nurses for more than 35 years
Reach us statewide: Call us toll-free at 1-800-INJURED, use our contact form at www.bfslaw.com, or visit our offices in Montpelier & Burlington, VT.

Genesis HealthCare is now hiring at the following centers in Vermont!

Burlington Health & Rehab Center – Burlington, VT
St. Johnsbury Health & Rehab Center – St. Johnsbury, VT
Rutland Health & Rehab Center – Rutland, VT
Mountain View Center – Rutland, VT
Berlin Health & Rehab Center – Berlin, VT
Burlington Air Center – Newport, VT
Saint Albans Healthcare & Rehab Center – Saint Albans, VT
Bennington Health & Rehab Center – Bennington, VT
Springfield Heath & Rehab Center – Springfield, VT

RNs & LPNs – PRN, FT, FT. 8 or 12 hours shifts. Competitive wages and differential. Sign-on bonuses may apply to all positions. Apply online at career. Must be licensed in Vermont.

APPLY ONLINE
www.genesiscareers.jobs
Email Jaymie.Payne@GenesisHC.com
Phone 855-225-4869

Genesis HealthCare is an equal opportunity employer.
We consider applicants for all positions without regard to race, color, religion, national origin, gender, age, sexual orientation, gender identity, gender expression, veterans status, disability, and any other basis prohibited by federal, state or local law.
2017 American Nurses Association Hill Day

Christine Ryan, RN, MSA ANA-Vermont Executive Director/Government Affairs

“This is your opportunity to start a new habit and let your voice be heard. It’s also a great reminder that every citizen has a right and responsibility to bring their messages to Capital Hill,” said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN who welcomed 2017 American Nurses Association (ANA) Hill Day participants and speakers.

Nearly 430 participants met with members of Congress and their staff to advocate on key issues, with a major focus on protecting all patient’s access to affordable, quality health care.

ANA-Vermont’s delegation, Meredith Roberts, PhD, MSN, RN, ANA-Vermont President, Caroline Tassey, MSN, ARNP, ANA-Vermont ANA Membership Assembly Representative, and Christine Ryan, RN, MSA, ANA-Vermont Executive Director/Government Affairs had the opportunity to meet with Congressman Peter Welch and staff representing Vermont’s political leadership.

Our dialogue covered a range of topics and included the following national legislation:
- Health Care Reform: ANA’s Principle for Health System Transformation 2017
- The Home Health Care Planning Improvement Act: S.445/H.R. 1825
- Title V111 Nursing Workforce Reauthorization Act: S.1109/H.R. 959
- The Registered Nurse Safe Staffing Act

Our presence and the sharing of our realities create lasting effects on Capital Hill. Nurses advocating to protect all patient’s access to affordable, quality health care is critical. ANA Hill Day proved to be a success for nurses nationwide and an opportunity to represent the interests of 3.6 million registered nurses and the patients we care for. For additional information about national legislation and advocacy efforts visit the ANA at: nursingworld.org

ANA-Vermont Foundation — Honor a Nurse Campaign

Nursing continues to be the most trusted profession as indicated in annual surveys. This attests to the collective contributions nurses make as they care for patients, families and communities. Efforts of individual nurses however deserve special recognition by colleagues, employers, patients, families and friends. There are many reasons to Honor a Nurse such as: to thank a mentor, to acknowledge excellent care given by a nurse to a patient, to celebrate a milestone such as a birthday or retirement, or to recognize a promotion. Just think for a moment, you will know a nurse to honor. Celebration: The honored nurses and the persons nominating them will be recognized at the ANA-Vermont Convention in 2017. The honored nurses each will receive a certificate identifying the person recognizing her/him as well as the reason for the honor. Submit nominations by: September 1, 2017. All contributions are tax deductible to the full extent allowed by law. VSNF is a 501(c)3 organization. Nominations this year are online.

Please go here to nominate someone: http://goo.gl/Z0F4f
ANA/ANA-Vermont News

ANA-Vermont Membership Application

For assistance with your membership application, contact ANA’s Membership Billing Department at (802) 523-7709 or e-mail us at membership@ana.org

Essential Information

First Name/Middle Name:

Mailing Address Line 1:

Mailing Address Line 2:

City/State/Zip:

County:

Professional Information

Employer:

Type of Work Setting: (ie: hospital)

Practice Area (ie: pediatrics)

Date of Birth:

Gender: Male/Female

Phone Number:

Email address:

Current Employment Status: (ie: full-time nurse)

Current Position Title: (ie: staff nurse)

License #:

State:

Ways to Pay

Monthly Payment - $15

$15

Annual Payment - $174

Yes

American Nurses Foundation Contribution

Credit Card Information

Visa

Expiration Date (MM/YY):

Authorization Signature

Autonomous Annual Credit Card Payment Authorization Signature

*By signing the Annual Credit Card Payment Authorization, you are authorizing your credit card company to charge the amount on giving the above signed line. (All credit card payment must be paid in full in the month preceding the due date. If you do not wish to continue your membership, please cancel your credit card payments).

For more information call the ANA-Vermont office @ (802) 651-8886.

The Northeast Multi-State Division, (NE-MSD) is accredited as an approver of continuing education in nursing by the American Nurses’ Credentialing Center’s Commission on Accreditation.

Fax

Completed application with credit card payment to (802) 651-8886

Web

Join instantly online. Visit us at www.joinana.org

Mail

ANA Customer & Member Billing
PO Box 584345
St. Louis, MO 63150-4345

IS YOUR NURSING ORGANIZATION PLANNING AN EDUCATION PROGRAM?

CONSIDER APPLYING FOR CONTACT HOUR APPROVAL

FOR MORE INFORMATION CALL THE ANA-Vermont OFFICE @ (802) 651-8886

That research paper isn’t going to write itself.

Visit www.nursingALD.com to gain access to 1200+ issues of official state nurses publications, all to make your research easier!

Vermont New Members
April 1 – June 30.

Adelaide Adjovu
Amy Curley
Alisa Devries
Mary Doonis
Emily Eggleston
Martha Jo Hebert
Jodi Hollingdrake
Denise Hollister
Anne Ireland
Rebekah Jensen
Anna Johnson
Danielle Landry
Lynda Lee Lapan
Maria Menard
Felicia Murray
Antoinette Peters
Melisa Sherman
Jennifer Shoer
Elizabeth Sowalskie
Courtney Warrington
Lindsay Williams
Submitted by Vermont State Board of Nursing

Prior to April 1994, nursing school graduates took a paper and pencil licensing examination. The examinations were usually scheduled twice a year and took two days to complete. All nurses nation-wide were tested on the exact same questions. Those tests were referred to as “the boards.” The official name was the State Board Test Pool Examination (SBTPE). The SBTPE was developed by the National League for Nursing (NLN) and later by the American Nurses Association (ANA). In 1978 when the National Council of State Boards of Nursing (NCSBN) was formed, they took proprietorship of the SBTPE and renamed the examination the National Council Licensure Exam (NCLEX).

In 1994, the way nursing graduates took their licensure exam changed with the introduction of the computer-adapted testing (CAT). That year more than 155,000 graduates took the NCLEX via CAT. This number increases every year. In order to assure that the NCLEX measures the knowledge, skills, and abilities necessary to ensure safe nurse practice in an evolving practice environment, the NCSBN has a team of experts who continually review and research the exam content to assure its validity and pertinence.

At the most recent NCSBN Midyear meeting held March 13-15, 2017, the examination department announced its Next Generation NCLEX (NGN) project research. More than two years ago the NCSBN’s NCLEX Examination Committee and staff began a research project to determine if the NCLEX was measuring clinical judgement. The findings of the research indicated that critical thinking and decision-making skills were an essential part of entry-level nursing education. The research also identified the need for measuring competence in clinical judgement within the nursing licensure exams.

To this end, the NCSBN Examinations Department is conducting the NGN research project to assess the ability of current and potential NCLEX test items to assess clinical judgement. Beginning in July 2017 a Special Research Section of the NCLEX-RN will be given to select candidates taking the exam. This section will be administered following the candidate’s regular NCLEX exam and will not count as part of their NCLEX score. This special section will take approximately 30 minutes to complete. Information about the topics of the Special Research Section is available to NCLEX candidates through the NCLEX and Pearson Vue websites.

References used in this article:
NCSBN Position Statements - www.ncsbn.org/9915.htm
Accessed April 3, 2017
Accessed April 3, 2017
NGN Next Generation NCLEX Project Summary, 2017
NGN Special Research Section FAQs, 2017

Retirement of Position Statements

Vermont Board of Nursing

The Vermont Board of Nursing has for many years used position statements to provide guidance to nurses, employers, and the public regarding practice issues. Many of the position statements have been developed in response to questions that the Board office has received from nurses and employers. Others were written to communicate the Board’s endorsement of practice standards that were developed by national professional associations. The position statements are reviewed periodically and new position statements are developed by the Board of Practice Committee. Some of the position statements that were developed by the Board of Practice Committee are currently in a process of reviewing all existing position statements. Some of the statements will be incorporated into the Board’s Administrative Rules or the Nurse Practice Act. Other position statements will be retired. The Board of Nursing has recently retired the following position statements:

- Role of the Nurse in the Administration and Monitoring of Moderate Sedation
- Nurses Role in the Administration of a Local Anesthetic
- Role of the Nurse in the Administration of Propofol
- Role of the Nurse in the Care of a Pregnant Woman Receiving Analgesia-Anesthesia Through an Epidural Catheter
- Role of the RN and APRN as First Assistant
- Nursing Role in Dermatologic Procedures
- Role of the LPN in IV Therapy

The Board believes the principles of safe nursing practice that underlie these position statements are included in the current statements on APRN/RN/LPN Scope of Practice and Decision Tree and Role of the Nurse in Delegating Nursing Interventions plus Decision Tree.

The Board wants to encourage nurses to work with their employers to use evidence-based and best practice to develop policies and procedures that provide guidance based on the resources and patient care environments within their health care facilities.

The retired position statements could be interpreted as attempting to unnecessarily restrict nursing practice. This is not the Board’s intent; the Board wants to encourage safe and competent practice within the licensure scope and to the full extent of nurses’ education, training, and experience.

Questions and comments about position statements may be directed to the Board of Nursing Office at 802-828-2396.
Stepping Into a Culture of Safety

Onboarding programs help retain nurses, strengthen patient care

Retaining newly hired, competent nurses—whether new graduates or experienced RNs—is a key to retaining patients, staff, and policies. New nurses, themselves, are vital to their tenure, however, may be how they are transitioned into the workplace, and whether the organization is committed to a culture of safety.

“Orientation is the first step in retaining nurses,” said Dennis Sherrod, EdD, RN, professor and Forsyth Medical Center’s Chief Nurse Leader of Recruitment and Retention at Winston-Salem State University and a member and past-president of the North Carolina Nurses Association.

“Although it’s difficult when working with a large group of new employees, it’s important that the orientation be nurse-centered, meaning individualized as much as possible to their needs, that there is a mentorship piece in place and that newly hired nurses are introduced to the culture of the workplace early on.”

Nurse turnover is an ongoing issue—with some health care facilities fazing better than others. According to the 2016 National Healthcare Retention & RN Staffing Report by Nursing Solutions, Inc., (NSI) the turnover rate for bedside RNs rose to 17.2 percent in 2015, an increase from 16.4 percent in 2014.

According to a 2014 article in Policy, Politics, & Nursing Practice, New York University College of Nursing Professor Mary Ann Keenan, PhD, RN, FAAN, and colleagues reported that about 17.5 percent of nurses leave their initial job within the first year.

“Orientation is the first step in retaining nurses,” the NSI Nursing Solutions, Inc., (NSI) report noted “the average cost of a turnover for a bedside nurse ranges from $32,700 to $38,400, resulting in the average hospital losing $6.6 million. (Some reported costs are much higher.)

Offering smoother and safer transitions

An overarching goal of Southeastern Health’s orientation program is promoting a culture of safety in newly hired employees—both new grads and experienced nurses. The former, according to Cynthia McArthur-Kearney, DHA, MSN, RN, NE-BC, manager of Education Services at the North Carolina hospital system and NCNA member. This is especially important, in part, by using concepts outlined in TeamSTEPPS.

TeamSTEPPS is a system aimed at assisting health care professionals to provide higher quality, safer patient care by strengthening their skills around teamwork, communication, conflict resolution and eliminating barriers to ensuring the best clinical outcomes for patients. These concepts are taught to all nurses, regardless of their educational level, so they are exposed to the program’s concepts, and all preceptors receive specialized TeamSTEPPS training so they can reinforce the concepts specifically with new grads during orientation and in their residency program.

“We don’t need to train new grads on how to insert catheters or change dressings,” McArthur-Kearney said. “It’s more about the team. It’s about teaching them critical thinking. And the focus needs to be on safety. We need to make sure new grads—and all our nurses—understand what that culture of safety looks like and why it’s important.”

For example, preceptors working with new grads emphasize the importance of teamwork to achieve positive patient outcomes, understanding the roles of each team member, and how to communicate effectively with team members, including patients and their families. Role playing is commonly used, such as learning how to have an effective conversation with a team member who may want to do a clinical task in an outpatient way, explained McArthur-Kearney.

“To have a culture of safety, nurses also need to be aware of their environment, what’s going on around them,” McArthur-Kearney said. “So we emphasize that if a nurse sees someone acting oddly, or if an employee or someone who appears overloaded with an influx of patients, for example, that nurse must step up to ensure the best patient outcome. It’s taught to them in their initial training, taught to identify when a situation may be getting out of control, as well as de-escalation strategies.

Another important component of on-boarding at Southeastern Health is orienting all newly hired staff on concepts outlined in the hospital’s strategic pillars. These concepts focus on embracing a language of caring, being fully present when interacting with colleagues, patients and family members, and showing kindness, including through non-verbal cues.

McArthur-Kearney, these strategies not only help to create and maintain a culture of safety, but also help with staff retention.

Another approach to quality and safety

The University of Alabama at Birmingham Medical Center changed the way it conducted its orientation in 2013 and reduced its residency programs for new hires about four years ago, according to David James, DNP, RN, CCRN, CCNS, who previously served as the advanced practice nurse coordinator for Clinical Nursing Excellence at UABMC and is an Alabama State Nurses Association member.

“Orientation used to be more of an inservice-type model with a lot of content and a ‘parade of stars,’ where staff from various departments were given a few minutes to discuss their roles,” James said. “Now we’ve moved to a different model, taking the Quality & Safety Education for Nurses competencies used at the UAB School of Nursing and using them for our orientation schema.”

Developed by nurse leaders involved in the QSEN initiative, the competencies address quality and safety education around patient-centered care; teamwork and collaboration; evidence-based practice; quality improvements, and more. (Please see the QSEN Institute website at www.qsen.org).

Each day of the UABMC orientation is linked to one of those core competencies, James said. And although having everyone understand that patient safety is essential, it’s extremely important that nurses know what systems are in place to support patient safety—whether it’s evidence-based practice or policy and procedures.

In terms of structure, all newly licensed RNs attend the five-day orientation, which also addresses UABMC workplace culture, and then participate in a yearlong residency program to help solidify their transition into practice and hardwire key competencies, according to Connie White-Williams, PhD, RN, NE-BC, FAAN, the director of Orientation and Clinical Nursing Excellence and an American Nurses Association member.

“Our onboarding process for experienced nurses beyond the orientation is unit-based and individualized to their needs,” she said. For example, a nurse who has 15 years in cardiac care and is hired onto a neuro unit should not be expected to take a full workload as quickly as someone who was hired onto a unit they have vast experience in.

Further, White-Williams added that about a month after their program, nurses meet with their preceptor and Chief Nursing Officer, Terri Poe, DNP, RN, NE-BC, meet with these experienced nurse hires to get their input about what went well, where improvements can be made and whether they feel welcomed. And experienced nurses, like new grads, are assigned preceptors who serve as an ongoing resource.

But to ensure a culture of safety and to retain staff takes more.

“We have probably 900 new nurses this year who we are trying to successfully orient and onboard,” White-Williams said. “We want to make sure they can integrate with anyone else in terms of trying to retain folks. It really does take a village to do this successfully, and it takes a lot of resources.”

A journey toward safety

“We say let’s hire for attitude and train for skill,” said Clyde A. Bristow III, MSN, RN, CENP, chief nursing officer at Wake Forest Baptist Health Lexington Medical Center and director of Clinical Education. “We can teach nurses how to insert an IV, but what we’re looking for are things like how does the nurse engage and communicate with patients, do they make them feel safe.”

Safety is an ongoing theme at WFBB. All newly hired staff must attend a four-day program called Safety Starts Here within their first 90 days of employment, according to Bristow.

“We start early by weaving in culture of safety principles—those based on high reliability and best practices—throughout our [orientation and new grad residency] programs, and all newly hired nurses must complete the program,” Bristow said. “The principles range from engaging in daily safety huddles to maintaining patient privacy to working collaboratively with all disciplines, and they are constantly reinforced.”

“We want to ensure our new nurses that we will keep them safe, care for them, involve them and their families in care, and respect them and their time.”

“We also try to empower all our nurses to feel they can say, ‘I have a concern’ or ‘I need help,’ especially new nurses so they are not struggling alone,” she said.

Looking specifically at newly hired, newly licensed RNs, WFBB provides them with a yearlong, residency-type program called Journeys. It consists of a general and a unit-based orientation; a structured preceptorship; quarterly workshops, which include simulated practice and didactic sessions; a Yellow Robin to network and gain support from their co-hort. Workshop content is specific to new nurses’ units, however, the eight-hour sessions also cover resources such as stress management and self care, cultural competence and diversity, safety terminology and resources, patient instability, and shared governance.

“We have some flexibility in the program so we can tailor it more to the needs of our new nurses,” Bristow said. “We don’t want to find out on the 89th day that they don’t get along with their preceptor or haven’t learned how to do x, y, or z. So preceptors and nurse mentors must often to determine where someone might need training.

Then that nurse is placed in a situation where he or she can learn, which really benefits them as new nurses.”

WFBB also has a network of resource nurses, including preceptors, who can continue to provide guidance and information after the orientation and residency is complete.

Final comments

There is no secret recipe to creating a good orientation and onboarding program to retain competent and safety-focused nurses, according to Sherrod. However, it needs to be competency-based, nurse managers and staff need to celebrate and welcome new hires, and everyone should have a mentor.

Beyond orientation and residencies, retention also is dependent on factors such as workload, effective collaboration, strong professional practice roles and a healthy work environment.

“Having this retention culture is a way to help prove to our new hires that we want them, and we want them to succeed and celebrate the culture of our organization’s culture of safety and retention by providing nurse-centered orientations and work policies,” Sherrod said. “And retention is everyone’s responsibility.”

— Susan Trossman is a writer-editor for the American Nurses Association.

We’re actively seeking
Registered Nurses to join us as we work together to build a high quality care to our Windsor community. We offer:
- RN positions in Acute care, Emergency Room, Operating Room, Same Day Surgery, and Critical Care
- Excellent benefits
- A collaborative team work environment
- And right now, a $1,000 sign on bonus for Internal RNs, LPNs, Licensed Nursing Assistants, and CMAs

Mt. Ascutney Hospital is an equal opportunity employer

Mt. Ascutney Hospital and Health Center
Dundee-Mt. Ascutney

Take your nursing career to the next level

We’re also looking for RNs in Acute, Emergency, Rehabilitation, RN, and an experienced RN leader who is passionate about nursing, apply online now: mtascutneyhospital.org
Barbara Brunt, MA, MN, RN-BC, NE-BC, FABC
Reprinted with permission from the Ohio Nurse June 2017 issue

Nurse fatigue is defined by the American Nurses Association (ANA) as impaired function resulting from physical labor or mental exertion. There are three types of fatigue: physiological (reduced physical capacity), objective (reduced productivity) and subjective (wary or unmotivated feeling). Both registered nurses (RNs) and employers have an ethical responsibility to carefully consider the need for adequate rest and sleep when deciding whether to offer or accept work assignments, including on-call, voluntary, or mandatory overtime. Evidence-based strategies must be implemented to proactively address nurse fatigue and sleepiness; to promote the health, safety, and wellness of registered nurses; and to ensure optimal patient outcomes (ANA, 2014). The following definitions are provided to ensure that everyone has the same understanding of terms.

Culture of safety: core values and behaviors resulting from a collective and sustained commitment by employers and healthcare workers to emphasize safety over competing goals.

Fatigue countermeasures: a range of evidence-based strategies aimed at either temporarily reducing and counteracting the effects of fatigue or sleepiness. Examples are the strategic (therapeutic) use of caffeine or naps and the combination of caffeine and naps to temporarily increase alertness.

Mandatory overtime: employer-managed work hours beyond normally scheduled or contracted hours in a day or week, including required work over 40 hours in any seven-day period.

Sleepiness: the increased propensity to fall asleep. In contrast to fatigue, sleepiness is specifically due to disrupted circadian rhythms (NIOSH, 2015).

Stakeholders: departments, organizations, union, individuals, families, communities, and populations that can affect or be affected by any policy, guideline, or change in a process that is implemented.

Voluntary overtime: work hours above and beyond the routinely recognized hours for the workweek without undue pressure from the management (ANA, 2014, pp. 8-9).

Responsibilities of RNs: As advocates for health and safety, RNs are accountable for their practice and have an ethical responsibility to address fatigue and sleepiness in the workplace that may result in harm and/or prevent optimal patient care. Nurses need to arrive at work alert and well rested, and should take meal and rest breaks and implement fatigue countermeasures as necessary to maintain alertness. RNs are responsible for establishing a safe and healthy work environment and for providing optimal patient care.

Responsibilities of Employers: Employers of RNs are responsible for establishing a culture of safety, a healthy work environment, and for providing education and training programs to reduce these risks. Employers are responsible for providing RNs with opportunities to shift work, long work hours, and related workplace fatigue issues. Part 1 is designed to increase knowledge about the wide range of risks linked to these work schedules and related fatigue issues and promote understanding about why these risks occur. Part 2 is designed to inform about the benefits of adopting strategies that promote healthy nursing work schedules and reduce these risks. Content for this training program is derived from scientific literature on shift work, long work hours, sleep, and circadian rhythms (NIOSH).

Too Tired to Function: Nurse Fatigue continued on page 11

1. Sleep 7-9 hours within a 24-hour period and consider implementing strategies to improve the quality of sleep, such as adjusting the sleep environment so it is conducive to sleep (e.g. very dark, comfortable, quiet, and cool), and reducing distractions such as bright lights and electronics from the sleep environment.
2. Rest before a shift to avoid coming to work fatigued.
3. Be aware of side effects of over-the-counter and prescribed medications that may impair alertness and performance.
4. Improve overall personal health and wellness through strategies such as meal planning, exercise, and stress management.
5. Use benefits and services provided by employer, such as wellness programs, education and training sessions, workplace fitness centers, and designated rest areas.
6. Take scheduled breaks during the shift.
7. Use naps in accordance with workplace policies.
8. Follow established policies, and use existing reporting systems to provide information about accidents, errors, and near misses.
9. Follow steps to ensure safety while driving, such as recognizing the effects of sleep deprivation and removing distractions such as using naps or caffeine to be alert enough to drive, and avoiding driving after even small amounts of alcohol when sleepy-deprived. Actions such as putting windows down, dancing themselves, or turning up the radio do not work.
10. Consider the length of a commute prior to applying for a job.
11. Prior to accepting a position, consider the employer’s demonstrated commitment to establishing a culture of safety and to reducing occupational hazards, including nurse fatigue (ANA, 2014).

If necessary, a RN should seek a schedule that is a better fit for his or her needs by negotiating with the employer or by seeking other employment if negotiation is not possible.

Responsibilities of Employers: Employers of RNs are responsible for establishing a culture of safety, a healthy work environment, and for providing education and training programs to reduce these risks. Employers are responsible for providing RNs with opportunities to shift work, long work hours, and related workplace fatigue issues. Part 1 is designed to increase knowledge about the wide range of risks linked to these work schedules and related fatigue issues and promote understanding about why these risks occur. Part 2 is designed to inform about the benefits of adopting strategies that promote healthy nursing work schedules and reduce these risks. Content for this training program is derived from scientific literature on shift work, long work hours, sleep, and circadian rhythms (NIOSH).

Responsibilities of RNs: As advocates for health and safety, RNs are accountable for their practice and have an ethical responsibility to address fatigue and sleepiness in the workplace that may result in harm and/or prevent optimal patient care. Nurses need to arrive at work alert and well rested, and should take meal and rest breaks and implement fatigue countermeasures as necessary to maintain alertness. RNs are responsible for establishing a safe and healthy work environment and for providing optimal patient care.

Responsibilities of Employers: Employers of RNs are responsible for establishing a culture of safety, a healthy work environment, and for providing education and training programs to reduce these risks. Employers are responsible for providing RNs with opportunities to shift work, long work hours, and related workplace fatigue issues. Part 1 is designed to increase knowledge about the wide range of risks linked to these work schedules and related fatigue issues and promote understanding about why these risks occur. Part 2 is designed to inform about the benefits of adopting strategies that promote healthy nursing work schedules and reduce these risks. Content for this training program is derived from scientific literature on shift work, long work hours, sleep, and circadian rhythms (NIOSH).

Responsibilities of RNs: As advocates for health and safety, RNs are accountable for their practice and have an ethical responsibility to address fatigue and sleepiness in the workplace that may result in harm and/or prevent optimal patient care. Nurses need to arrive at work alert and well rested, and should take meal and rest breaks and implement fatigue countermeasures as necessary to maintain alertness. RNs are responsible for establishing a safe and healthy work environment and for providing optimal patient care.

Responsibilities of Employers: Employers of RNs are responsible for establishing a culture of safety, a healthy work environment, and for providing education and training programs to reduce these risks. Employers are responsible for providing RNs with opportunities to shift work, long work hours, and related workplace fatigue issues. Part 1 is designed to increase knowledge about the wide range of risks linked to these work schedules and related fatigue issues and promote understanding about why these risks occur. Part 2 is designed to inform about the benefits of adopting strategies that promote healthy nursing work schedules and reduce these risks. Content for this training program is derived from scientific literature on shift work, long work hours, sleep, and circadian rhythms (NIOSH).
Too Tired to Function: Nurse Fatigue continued from page 10

uninterrupted rest breaks during work shifts, and planning two rest days after three consecutive 12-hour shifts, and limiting the number of consecutive 12-hour shifts to three.

6. Reduce risks of drowsy driving by providing transportation home when a nurse is too tired to drive safely or by providing sleeping rooms close to the health care facility.

7. Promote fatigue management training and education for employees and managers, including education about sleep disorders (ANA, 2014).

New Medicare Cards Offer Greater Protection to More Than 57.7 Million Americans

New cards will no longer contain Social Security numbers, to combat fraud and illegal use

The Centers for Medicare & Medicaid Services (CMS) is readying a fraud prevention initiative that removes Social Security numbers from Medicare cards to help combat identity theft, and safeguard taxpayer dollars. The new cards will use a unique, randomly-assigned number to replace both self-care and patient care. Further research is needed.

A qualitative interview study was conducted by Steege and Rainbow (2017) to explore barriers and facilitators within the hospital nurse work system to nurse coping and fatigue. Twenty-two nurses working in intensive care and medical-surgical units within a large academic medical center participated in the interviews. All nurses in the study experienced fatigue, yet they had varying perspectives on the importance of addressing fatigue in relation to other health system challenges. A new construct related to nursing professional culture was identified and defined as “supernurse.” Identified subthemes of supernurse included: extraordinary powers used for good; cloak of invulnerability; no sidekick; Krpytonite, and an abnegation. These values, beliefs, and behaviors define the aspect of culture that can act as barriers to fatigue risk management programs and patient safety initiatives.

Sagherian and colleagues (2016) conducted a descriptive cross-sectional study looking at the association between fatigue, work schedules, and perceived work performance among nurses. Seventy-seven bedside nurses participated in this study. Nurses’ acute and chronic fatigue levels were significantly associated with performance of physical and mental nursing care activities. Low intershift recovery was associated with inadequate hours of sleep, working not fully refreshed, and working overtime. These findings indicated nurses had insufficient time to restore depleted energy levels outside work hours, which has patient safety implications. The findings of this study are consistent with the findings of a larger study (n=340) conducted by Steege, Pasupathy, and Drake (2017).

A risk management model for nurse executives to address occupational fatigue in nurses was described by Steege and Pinnkenstein (2016). They synthesized existing evidence on fatigue risk management and decision making for nurses and developed a conceptual model of multilevel fatigue risk management in nursing work systems to address current fatigue management challenges.

All nurses report moderate to severe levels of fatigue, and risk factors contribute to cognitive impairment and physical and emotional distress. The consequences of fatigue are not limited to the nurse, but extend to the patient care setting, healthcare system, and community. CMS is also planning regular calls as a way to share information on the Social Security Removal Initiative (SSNRI) where providers can destroy their current Medicare cards and keep the new cards confidential. Issuance of the new MBI will not contain Social Security numbers, to combat fraud and illegal use of Social Security numbers, to combat fraud and illegal use of Social Security numbers.

CMS is committed to a successful transition to the MBI with a multi-faceted outreach campaign to help providers get ready for the new MBI. CMS kicked off a multi-faceted outreach campaign to help providers get ready for the new MBI.

“We’re taking this step to protect our seniors from fraudulent use of Social Security numbers which can lead to identity theft and illegal use of Medicare benefits,” said CMS Administrator Seema Verma. “We want to be sure that Medicare beneficiaries and healthcare providers know about these changes well in advance and have the information they need to make a seamless transition.”

Providers and beneficiaries will both be able to use secure look up tools that will support quick access to MBIs when they need them. There will also be a 21-month transition period where providers will be able to use either the MBI or the HICN during the transition.

CMS testified on Tuesday, May 23rd before the U.S. House Committee on Ways & Means Subcommittee on Social Security and U.S. House Committee on Oversight & Government Reform Subcommittee on Information Technology, addressing CMS’s comprehensive plan for transforming the Social Security-based Health Insurance Claim Number to ensure its security and protect against identity theft and illegal use of Social Security numbers.

CMS has a website dedicated to the Social Security Removal Initiative (SSNRI) where providers can find the latest information and sign-up for newsletters. CMS is also offering an online forum as a way to share updates and answer provider questions before and after new cards are mailed beginning in April 2018. For more information, please visit: https://www.cms.gov/medicare/ssi/index.html

Personal identity theft affects a large and growing number of seniors. People age 65 or older are increasingly the victims of this type of crime. Incidents among seniors increased to 2.6 million from 2.1 million between 2012 and 2014, according to the most current statistics from the Department of Justice. Identity theft can take not only a physical toll on those who experience it, but also a financial one: two-thirds of all identity theft victims reported a direct financial loss. It can also disrupt lives, damage credit ratings and result in inaccuracies in medical records and repeated hospitalizations.

Work on this important initiative began many years ago, and was accelerated following passage of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). CMS will assign all Medicare beneficiaries a new, unique MBI number which will contain a combination of numbers and uppercase letters. Beneficiaries will be instructed to safely and securely destroy their current Medicare cards and keep the new MBI confidential. Issuance of the new MBI will not change the benefits a Medicare beneficiary receives.

CMS is committed to a successful transition to the MBI for people with Medicare and for the health care provider community. CMS has developed a website dedicated to the Social Security Removal Initiative (SSNRI) where providers can find the latest information and sign-up for newsletters. CMS is also offering an online forum as a way to share updates and answer provider questions before and after new cards are mailed beginning in April 2018. For more information, please visit: https://www.cms.gov/medicare/ssi/index.html

References


Alternative Program

An alternative to disciplinary action for eligible nurses and nursing assistants in recovery from substance use disorders

Office of the Vermont Secretary of State

Vermont State Board of Nursing
89 Main Street
3rd Floor
Montpelier, VT

Website:
www.sec.state.vt.us/professional-regulation/professions/nursing.aspx

Confidential Contact info:
802-828-1635