Executive Director Report

Our 2017 House of Delegates, at our 105th Annual MNA Convention, solidified and updated our Legislative Platform and produced four very important Resolutions. These documents help drive our Association’s perspective and clarify our positions on Healthcare issues. We focus and speak on nurse, nursing and healthcare issues and do not speak to the party as MNA does not endorse candidates. We will work with those elected officials and associations who will work with our association to improve quality of care and access for all.

2017-2018 MNA Government Relations Platform

Montana Nurses’ Association (MNA) is the nonprofit professional association representing the voice of nearly 18,000 Registered Nurses (RNs) in Montana including more than 1000 licensed as Advanced Practice Registered Nurses (APRNs). 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.

MNA Mission Statement: The Montana Nurses Association promotes professional nursing practice, standards and education; represents professional nurses; and provides nursing leadership in promoting high quality health care.

1. Improve the quality of nursing practice by:
   a. Providing educational opportunities that contribute to improving practice competency and quality of patient care.
   b. Identifying and pursuing funding sources to assist in providing continuing nursing education.
   c. Identifying and pursuing funding sources that support research/projects to develop evidence based and innovative nursing practice.
   d. Promoting national certification of registered nurses.
   e. Active representation on local, state and national advisory committees/boards.
   f. Supporting the regulatory authority and collaborating with the Montana Board of Nursing (BON) on nursing practice and regulatory issues.
   g. Input into the implementation of NCSBN Nurse Compact Licensure legislation.
   h. Oppose the NCSBN eAPRN Nurse Compact Licensure legislation.

2. Protect the economic and general welfare of nurses by:
   a. Actively engaging in legislation and campaigns that positively contribute to the economic and general welfare of RNs.
   b. Ensuring the right of RNs to engage in collective bargaining in Montana.
   c. Opposing any “Right to Work” legislation now being referred to as “NO RIGHTS AT WORK” by MNA.
   d. Addressing workplace environment issues including violence against healthcare workers, safe staffing, and patient safety.
   e. Advocating legislation prohibiting mandatory overtime.

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We are gathering articles that are relevant and appealing to YOU as a nurse. What is happening in your world today? Is there information we can provide that will 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

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3. Improve access to quality, cost effective health care by developing and/or supporting policies which:
   a. Respond to the needs of the unserved and underserved populations by promoting access to health care and healthcare coverage.
   b. Identify or develop alternative health care delivery systems that are cost-effective and provide quality health care.
   c. Mandate third party reimbursements directly to RNS from public and private payers.
   d. Remove barriers (financial, governmental, regulatory, and institutional) that deny access to appropriate and qualified health care providers and approved medical standard of care treatments.
   e. Advocate for legislation that is transparent and bipartisan and support policies that can achieve evidence-based real healthcare reform.
   f. Promote community and world health by collaborating with other health professionals to promote health leadership in improved health care provider and reduce health disparities.

4. Protect human rights by developing and/or supporting public policies which:
   a. Promote access to appropriate health services.
   b. Preserve individual rights to privacy.
   c. Promote, debate and have consideration of ethical dilemmas in health care.

5. Protect the environmental health of individuals and communities through:
   a. Acknowledging, supporting and addressing environmental impacts on the health of Montanans.
   b. Actively engaging with national organizational affiliates in addressing environmental health issues in our nation.
   c. Identify the nurse’s primary commitment is to the patient, whether an individual, family, group, community, or population.

6. Protecting and promoting the future healthcare and nursing practice through:
   a. Actively engaging in legislation that supports professional scope of nursing practice to the full extent of individual education and training.
   b. Actively promoting programs and efforts that encourage educational progression of professional nursing at state and national levels.
   c. Representation on boards, committees and advisory groups which influence the future of the nursing profession and the future of our state and national healthcare system.
   d. Engaging with healthcare partners and associations to work collaboratively to ensure healthcare as a right for all American populations.

MNA Resolution #1

Senator Jon Tester addressing Healthcare in Montana

October 6, 2017

WHEREAS, Senator Tester has traveled across Montana meeting with folks face-to-face to get ideas about how to lower the cost of health care; and

WHEREAS, The Senator knows that Montanans and paying too much for premiums and deductibles; and

WHEREAS, That is the reason why he is working hard to ensure that Montana families can afford health care; and

WHEREAS, Senator Tester helped pass the Protecting Affordable Coverage and Employment Act (PACE Act), that prevented a 20% premium hike for many small businesses and providing Montana greater authority to oversee the Small Group Health Insurance Marketplace; and

WHEREAS, Senator Tester also assisted with the passage of the Small Business Health Care Relief
Executive Director Report continued from page 2

Act, which allows small businesses to offer stand-alone Health Reimbursement Arrangements (HRA) that employees can use for health care expenses, including Marketplace insurance premiums; and

WHEREAS, Senator Tester successfully removed the 1099 Small Business Reporting Requirement from the ACA, saving thousands of Montanans time and money by helping business owners avoid filing unnecessary paperwork; and

WHEREAS, Healthcare costs, access, parity, APRN full practice authority, and Veterans care have been priorities for Senator Tester; now therefore be it

RESOLVED, That the Montana Nurses Association applaud the effort and dedication of Senator Jon Tester who worked tirelessly to promote MNA’s legislative agenda; and

WHEREAS, That MNA continue to support and work with Senator Tester and hold our elected leaders accountable to collaborate with transparent bipartisan approaches to improve quality of nursing practice and improve access to quality, cost-effective healthcare by developing and supporting public policies that achieve true healthcare reform.

MNA Resolution # 2
Healthcare for Montana Citizens
October 6, 2017

WHEREAS, The Patient Protection and Affordable Care Act (ACA) is currently the law; and

WHEREAS, Attempts at repeal and replace of the ACA threatened to take away coverage from Montanans receiving care under the Medicaid expansion; erode protections for individuals with pre-existing conditions; jeopardize the 10 Essential Health Benefits requirements; slash federal funding for healthcare services; defund the Prevention and Public Health fund; and

WHEREAS, MNA believes the current healthcare system created by the ACA can and should be improved; now therefore be it

RESOLVED, That the transformation of the healthcare system be done in a collaborative, transparent and bipartisan way with healthcare experts and among local, state and national elected leaders; and

RESOLVED, That MNA encourage the reauthorization of the Children’s Health Insurance Program (CHIP); and

RESOLVED, That MNA encourage the stabilization of the individual insurance market, as it has received several bipartisan hearings in the Senate Health, Education, Labor, and Pensions Committee; and

RESOLVED, That MNA endorse the implementation of a robust enrollment campaign for the ACA’s individual insurance market; and

RESOLVED, That MNA call on Congress to work across the aisle on the American healthcare system, in a way that protects a patient’s right to affordable and accessible healthcare.

MNA Resolution # 3
Montana Children’s Health Insurance Plan
October 6, 2017

WHEREAS, The Medicaid and the Children’s Health Insurance Program (CHIP) provides free or low-cost health coverage to millions of Americans, including some low-income people, families and children, the elderly, and people with disabilities; and

WHEREAS, CHIP provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid, and in some states, CHIP covers pregnant women; and

WHEREAS, Each state offers CHIP coverage, and works closely with its state Medicaid program; and

WHEREAS, CHIP is just one of many Montana Healthcare Programs offering a free or low-cost health insurance plan providing coverage to eligible Montana children up to age 19; and

WHEREAS, The CHIP portion of this program is Healthy Montana Kids (HMK) and during SFY 2014, an average of 22,371 children were enrolled each month and in 2015, an average of 19,919 children were covered each month; and

WHEREAS, The CHIP program is a popular bipartisan program that was created in 1997 in order to serve children who would not otherwise have access to health insurance; and

WHEREAS, The Montana Nurses Association agrees and evidence shows that children with access to CHIP experience improved health outcomes, reductions in avoidable hospitalizations, and lower child mortality, all of which reduce overall healthcare costs; and

WHEREAS, We can all agree that America’s children are our most precious and valuable resource—simply put, leaving 9 million children in America without healthcare is immoral (as the American Nurses Association maintains) and MNA agrees is unethical and wrong; and

WHEREAS, Congress missed the September 30 deadline to reauthorize funding for the CHIP, sending states that rely on that money scrambling to figure out how to pay for it; and

WHEREAS, According to Medicaid officials, some states will run out of funding within weeks, up to 4 states will run out of funding by December, 2017 or early January, and half the states will not make it beyond the first three months of 2018; and

WHEREAS, Montana is projected to exhaust CHIP funding by February 2018; and

WHEREAS, If action is not taken soon to restore the funding, the effects will become obvious in schools across the country, with many of the children in the program unable to see a primary care provider for routine checkups, immunizations, visits when sick and other services; now therefore be it

RESOLVED, That MNA publicly support Montana’s Congressional Delegation to work in Congress and come together in a bipartisan way to quickly ensure that CHIP is fully funded and is able to continue to serve children and families in need.

MNA Resolution # 4
Building Optimal Nurse Staffing Plans in Montana
October 6, 2017

WHEREAS, There are patient outcomes that are affected by registered nurse staff ratios; and

WHEREAS, There are data-driven evidence based staffing plans for work environments; and

WHEREAS, Key factors influence nurse staffing such as patient complexity, acuity and/or stability; number of admissions, discharges, and transfers; professional nursing staff skill level and expertise: physical space and layout of the nursing unit; and availability of technical support and other resources; and

WHEREAS, Research has shown that higher staffing levels by experienced RNs are linked to lower rates of patient falls, infections, medication errors and even death; and

WHEREAS, Published studies show that appropriate nurse staffing helps achieve clinical and economic improvements in patient care, including the nurse-to-patient ratios and can be adjusted to account for unit and shift level factors; and

WHEREAS, Greater benefit can be derived from staffing models that support an increased focus on value-based care and optimal nurse staffing as it will be essential in delivering high-quality, cost-effective patient care; now therefore be it

RESOLVED, That MNA promote registered nurse staffing language and registered nurse staffing committees that include, at minimum, fifty percent staff nurse members; and

RESOLVED, That the Montana Nurses Association (MNA) promotes the development and passage of state and federal regulation and legislation that allows for safe nurse staffing plans that promotes improvements in patient outcomes, patient satisfaction, health-related quality of life and reduction in catastrophic sequelae.
“This was a wonderful Convention! I look forward to coming again next year!”

“The vendor on infant death was awesome-Not something I have ever seen before. Nutrition presentation very important and well done. Loved the Diabetes Panel-Very informative and powerful. Autism and grief panels were exceptional. This was one of ‘The Best MNA Conferences EVER!”

“Multiple opportunities! Sessions have allowed for education that I feel has broadened my knowledge base and allowed for personal growth.”

“The quality of speakers and sessions was excellent!”

“Appreciated the Drug Trends-Amazing how much we didn’t know about. We are so clueless!”

“My absolute favorite conference. You work so hard and I greatly appreciate you.”

“Very relevant topics this year! Suicide prevention had many applicable interventions, Diabetes education 1 & 2- the panel was wonderful, hearing stories and getting information from individuals with diabetes. What to say, what not to say, how to approach families. Both sessions on preceptorship were helpful in ideas to bring to my facility to improve attracting and retaining nurses.”

“Thanks so much for another year of informative applicable topics with interesting and engaging speakers. I love the location and facility. The food is always wonderful and so is the staff here at the Great Northern. Thanks MNA Staff for all you do, what a wonderful group of inspiring educated women/professionals!”

“Excellent presentations. This is my 2nd year attending and plan on becoming a member of MNA and attending each year!”

Delayne Stahl RN, OCN, Rachel Huleatt BSN, RN, Sarah Leland BSN, CMSRN, Anna Svendsen Ammons BSN, RN

Lorri Bennett, RN
Chelsee Baker BSN, RN

Katlin VanMeel RN

Julian Rogers, RN, Angela Lovato, RN, CCRN, Brandi Breth, BSN, RN

Jennifer Taylor, BSN, RN,

Montana Nurses Association 105th Annual Convention
October 4th, 2017 - October 6th, 2017
Great Northern Best Western Premier Hotel
Helena, MT
At MNA’s Annual Convention we launched our first ever Montana Nurses Association Foundation (MNAF)

MNAF-Mission
The Montana Nurses Association Foundation (MNAF) is the charitable and philanthropic branch of the Montana Nurses Association (MNA), with a mission to preserve the history of nursing in Montana and contribute, support and empower the professional nurse in Montana.

Purposes: from our articles of incorporation
• Charitable
• Educational
• Grants to licensed registered nurses
• Awards scholarships
• Provide continuing education grants
• Historical record preservation
• Stimulate and promote the professional development of nurses

Areas of Interest
• Elevating the image of nursing
• Improving health
• Strengthening leadership
• Generating new knowledge and policy
• Fostering philanthropy

Thank you District 3 for incorporating our newly formed MNA Foundation into our convention festivities. We had a very successful silent auction and raised over 6,000 dollars for our MNAF. Special thank you to District 3 President, Keven Comer, for the idea to launch our foundation at convention and donating the most sought after Mexico spa package. All districts donated items ranging from beautiful barn wood signs to the ever so popular liquor, spa, hotel and sports baskets! With these additional monies donated to our foundation we are now at the point where we can invest these funds and start our charitable giving. If anyone would like to donate to our MNA Foundation please contact the MNA office at 442-6710 or email Jill@mtnurses.org.

Our salary and benefits package includes a $105,000 starting salary, 401K match and, in addition, a profit sharing plan health insurance plan and a CME allowance. We also offer an up to 4% 4 weeks of paid personal leave time per year, 8 paid holidays, a group life and disability insurance plan, and a Voluntary Term Life plan. We also offer paid vacation and sick leave, flexible scheduling with a variety of shifts, quarterly staffing committee, easy/direct access to CNO, active patient and staff safety initiatives, health care benefits, easily/Direct access to CNO, opportunity to be involved in establishing policies and protocols for patient care and safety, experience/short by-pass to CNO, opportunity to be involved in establishing policies and protocols for patient care and safety. We offer: competitive Wages DOE – sign on bonus – relocation assistance, easy/direct access to CNO, opportunity to be involved in establishing policies and protocols for patient care and safety, active patient and staff safety initiatives, flexible scheduling with a variety of shifts, medical, dental and vision insurance, paid vacation and sick leave.

We offer:
• Competitive Wages DOE – Sign on Bonus – Relocation Assistance
• Easy/Direct access to CNO
• Opportunity to be involved in establishing policies and protocols for patient care and safety.
• Active patient and staff safety initiatives
• Quarterly staffing committee
• Flexible scheduling with a variety of shifts
• Medical, Dental and Vision Insurance
• Paid vacation and sick leave

Prairie Travelers is recruiting Traveling Healthcare Staff in Montana, North & South Dakota

We are seeking a Psychiatric Nurse Practitioner to join a well respected outpatient psychiatric clinic in Bozeman, MT. We have a spacious and inviting office and an energetic and helpful staff!

We offer a very generous salary and benefit package, no hospital coverage or weekend hours, 24/7 staff support, face to face orientation, face to face orientation and standard 30-minute follow up appointments. We encourage interested candidates to contact us for more information.

Our salary and benefits package includes a $105,000 starting salary, 4 weeks of paid personal leave time per year, 8 paid holidays, a group health insurance plan and a CME allowance. We also offer an up to 4% 401K match and, in addition, a profit sharing plan that averages an additional $14,000 per year.

Prairie Traveler’s Commitment to our Staff:
• Excellent Wages
• Travel Reimbursement
• Paid Living Quarters
• Flexible Work Schedules
• 24/7 Staff Support
• Health Care Benefits
• Annual Bonus
• Zero Assignment
• Incentive Pay
• Travel Reimbursement
• Skilled Work Settings

You've always dreamed of being a nurse.
Now find your dream job at nursingALD.com
FREE to Nurses!

Are you a Registered Nurse looking for a reason to move to Seattle?

Here are the top 5 reasons to make that move:
1. Weather – Did you know that Seattle actually gets less rainfall than pretty much every major city on the eastern seaboard?
2. Coffee – There are nearly twice as many coffee shops in Seattle as in other US Cities.
3. Food and Music – Seattle offers something for everyone, every night of the week.
4. The Great Outdoors – Nearly every direction you look has a majestic mountain range in sight.
5. Cascade Behavioral Hospital – If you want to work in a growing, quality organization with a family environment then this is the job for you.

We offer:
• Competitive Wages DOE – Sign on Bonus – Relocation Assistance
• Paid orientation with an experienced Nurse until you are ready to work independently.
• Easy/Direct access to CNO
• Opportunity to be involved in establishing policies and protocols for patient care and safety.
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Quality Care, Quality Service. That’s why so many choose Cascade!

Montana Nurses Association Pulse
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Everyone Deserves A Job They Love!! Let Us Help Today, Call 406.228.9541

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130 3rd Street South, Suite 2 • Glasgow, MT 59230
For an application or more information, visit www.prairietravelers.com

MONTANA STATE UNIVERSITY
College of Nursing
www.montana.edu/nursing
406-994-3783
BUILD A CAREER - MAKE A DIFFERENCE

Undergraduate Degree Options
• Bachelor of Science in Nursing (BSN) degree
• Accelerated BSN degree for post-baccalaureate students

Graduate Degree Options
• ADRN to Masters Degree
• BSN to Masters Degree
• Doctor of Nursing Practice (DNP)

Family/Individual Population (FNP)
Psycho/Mental Health Population (PMHPN)

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• Accelerated BSN degree for post-baccalaureate students

Graduate Degree Options
• ADRN to Masters Degree
• BSN to Masters Degree
• Doctor of Nursing Practice (DNP)

Family/Individual Population (FNP)
Psycho/Mental Health Population (PMHPN)

Find more info and current vacancy announcements at: www.montana.edu/nursing/about/openings.html
Montana Nurses Association 2017 Elected Leaders

**President**
January 2018-December 2019

Lorri Bennett RN

**Vice President**
January 2018-December 2019

Teresa Dutro MSN, APRN, AGPCNP-BC

**Secretary**
January 2018-December 2019

Chelsea Baker BSN, RN

**Nominations Committee**
January 2018-December 2019

Lorie VanDonsel BSN, RN

**Nominations Committee**
January 2018-December 2019

Brandi Breth BSN, RN

**Nominations Committee**
January 2018-December 2019

Emily Michalski-Weber MSN, RN-BC

**Elections Committee**
January 2018-December 2019

Penny Haughian RN

**Elections Committee**
January 2018-December 2019

Lorie VanDonsel BSN, RN

**Elections Committee**
January 2018-December 2019

Emily Michalski-Weber MSN, RN-BC

**Elections Committee**
January 2018-December 2019

Krystal Frydenlund RN, CCRN

**Elections Committee**
January 2018-December 2019

Lisa Ross CCRN

**Elections Committee**
January 2018-December 2019

Delayne Stahl RN, OCN

**2 yr-Council on Econ & Gen Welf**
January 2018-December 2019

**2 yr-Council on Econ & Gen Welf**
January 2018-December 2019

**1 yr-Council on Econ & Gen Welf**
January 2018-December 2019

**1 yr-Council on Cont. Education**
January 2018-December 2018

Sarah Leland BSN, CMSRN

**1 yr-Council on Cont. Education**
January 2018-December 2018

Abbie Colussi RN

**Member at Large CAP Council**
January 2018-December 2019

Barbara Schaff FNP-BC

**Secretary CAP Council**
January 2018-December 2019

Nanci Taylor APRN

**Rep to the Board CPGA**
January 2018-December 2019

Bobbie Cross RN

**Council on Prac & Gov Aff**
January 2018-December 2019

Paul Lee CCRN

**Council on Prac & Gov Aff**
January 2018-December 2019

**2 yr-Council on Cont. Education**
January 2018-December 2019

Cheryl M. Miller BSN, RN-BC

**2 yr-Council on Cont. Education**
January 2018-December 2019

Gayn Poschak BSN, RN-BC, ACM

**2 yr-Council on Cont. Education**
January 2018-December 2019

Emily Michalski-Weber MSN, RN-BC

**2 yr-Council on Cont. Education**
January 2018-December 2019

Sandy Sacry MSN, RN

**2 yr-Council on Cont. Education**
January 2018-December 2019

Abbie Colussi RN

**2 yr-Council on Cont. Education**
January 2018-December 2019

Anna Ammon BSN, RN, PCRN

**ANNA Assembly Representative**
January 2018-December 2019

**AFT National Delegate**
January 2018-December 2019

Rachel Huleatt BSN, RN

**AFT National Delegate**
January 2018-December 2019

Jennifer Tanner BSN, RN, CCRN, EMT
The 105th MNA Annual Convention was a joy for me, I allow the will of the house to prevail. Somewhat flexible (without giving away the farm) to questions arose, Teresa listened carefully and guided “Registered Parliamentarian Extraordinaire.” When been able to enlist the services of Teresa Stone frustrating at times. MNA is really fortunate to have also be cumbersome and maybe even limiting and crafting language, making amendments and voting on the house. They worked through the nuts and bolts of the job got done. I met several first time delegates and with each other, problem solved and persevered until amazement as the delegates “did their thing” and can be so overwhelming and really intimidating.

Speaking at the microphone? How scary is that? There are certain microphones for various orders of business, there is a certain way to identify yourself at the mic. Am I at the right mic? Is my motion in order? Am I speaking to the motion or am I speaking in support of the proposal or not in support? Am I speaking on my behalf or my delegation’s behalf? It can be so overwhelming and really intimidating.

This convention, I sat back and watched with amazement as the delegates “did their thing” and worked through the resolution process, collaborated with each other, problem solved and persevered until the job got done. I met several first time delegates and witnessed their peers patiently mentoring and guiding. I saw first-time delegates at the mic addressing the house. They worked through the nuts and bolts of crafting language, making amendments and voting on the business of the house.

Parliamentary procedure is super-useful and allows for a standard set of rules, if you will. It can also be cumbersome and maybe even limiting and frustrating at times. MNA is really fortunate to have been able to enlist the services of Teresa Stone “Registered Parliamentarian Extraordinaire.” When questions arose, Teresa listened carefully and guided the members with expertise. Most importantly, she demonstrated how parliamentary procedure can be somewhat flexible (without giving away the farm) to allow the will of the house to prevail.

...I am a self-disclosed convention junkie and total nerd. I love all the rules and watching plays out. The 105th MNA Annual Convention was a joy for me, I hope it was for you too. If you have never attended, it is a MUST DO!

Impacting Change through Facebook (and why you need too!) At our recent annual MNA Convention, we surveyed our members and the question “which social media platforms are most engaged with?” The results were:

- 62% Facebook
- 12% Instagram
- 9% Twitter
- 3% Snapchat
- 22% YouTube

What does this mean? As we all continually work to communicate with our locals, this survey is reflective of social media use within your own bargaining units. Facebook has become and is a NECESSARY tool for effective communication! And...it is FREE! In the US alone, there are over 214 million users and users spend an average of 59 minutes on this site every day. www.statista.com/statistics/131536/us-facebook-user-age-groups/

If we look at our locals, these statistics can be applied our memberships.

How can using Facebook benefit your Local unit?

Using Facebook can assist with accomplishing a number of goals to benefit your nursing union.

1. Communication – with so many of our members using Facebook on a daily basis, we all need to use this tool to distribute information. It is an easy way to share important local information about upcoming meetings, education, important issues, bargaining, etc. Use this tool to organize an event for your local, organize a meeting, and organize an action!

2. Community engagement – Many of you may have been the “I Support Nurses” around the state. These action have been largely effective due to these Locals utilizing their Facebook accounts! Additionally, it led to more support throughout communities by posting and sharing creative messages and pictures.

3. Member engagement – By sharing information that they have shared more and discussed, you are creating a membership that is interested in the issue. The more we share, the more we talk, the louder our voices become!

#1 RULE: Create a PRIVATE page for your Local unit! This will allow open communication that is only seen by members within your unit.

#2 RULE: If you are not familiar with HOW to create a private Facebook page, contact your MNA Labor Representative for assistance!

Although Facebook is just one way to communicate...it has proven to be one of the most effective ways to communicate. It is simple and easy to create, and simple and easy to maintain.

That Union Girl!

It was a little over two years ago when I attended my first MNA meeting. I saw a brilliant opportunity to start a bright ripple of change that could affect my entire community. Our nurses were working in unsafe conditions, critically short staffed, forced to work mandatory overtime, and the fear that speaking up for our patients or for ourselves, would only cause conditions to worsen. I became that union girl. That nurse, in a team of nurses, who was ready to stand up and fight for change. After a grueling campaign to win our right to unionize, we lost. The fear of change, of retribution won over the potential for a protected voice and equality.

I am so happy for this opportunity to work as a labor representative with MNA and with nurses from all over Montana. Through your unions, you all have an amazing opportunity to impact positive change in your facilities, your communities, and across the state. The Montana Nurses Association, because of its members, is a strong advocate for nurses and thus, our patients. As a nurse, I know that patient care is always our top priority and through your unions and the strength of our collective bargaining agreements we can continue to advocate for our nurses and our patients.

It is through our active members that MNA gets not only its direction, but its voice. I urge you all to become active members in your unions. Use your voices! Individually and collectively, advocate for the changes we all need to see. Nurse issues ARE patient issues and they span our great state. It is only through collaboration that we can impact our profession and impact patient care.
**Reflections from First-Time Bargainers**

We are elected leaders from Local #21. This was our first year participating in a Collective Bargaining Negotiations. The thought of going into negotiations was intimidating. However, as we went through the process, we found the events to be enlightening and fulfilling. Because of our Labor Representative and the other experienced “bargainers” extensive knowledge and insight, they were able to adequately prepare us and guide us through the experience. We met beforehand and were educated. We worked on proposals together and knew what to expect over the next few days. We came to bargain, nervous, but excited.

Overall, the three days we spent at negotiations were constructive and satisfying. We felt empowered that we were able to implement changes that will better the RNs at Local #21.

**Montana Nurses Association Districts**

Montana Nurses Association

**Procedures For Objecting Non-Members to File With MNA**

**Dues for Purposes Not Germane to Collective Bargaining Processes**

This notice is for all employees working under a Montana Nurses’ Association collective-bargaining agreement that contains a union security clause. A union security clause requires, as a condition of employment, that an employee pay MNA membership dues and fees. MNA membership is a valuable asset for working nurses.

Federal and state labor laws grant employers and union the right to enter into agreements requiring workers to join and maintain their membership in a union as a condition of employment. This right is consistent with the democratic principle of majority rule and it ensures that everyone who benefits from a union’s representation shares the union’s financial support.

Over the years, the courts and administrative agencies that enforce the labor laws have limited the employer’s ability to require a union security clause. The U.S. Supreme Court has held that individuals covered by a collective-bargaining agreement containing a union security clause may not be required to join the union and may only be required to pay that percentage of full union dues and fees that are germane to the collective bargaining process. In other words, workers can be required to financially support a union but they cannot be required to join the union and they can only be required to pay that percentage of the union’s customary dues and fees that is germane to the union’s role as the collective-bargaining representative.

MNA spends the vast majority of its funds on activities related to the representation of its members. These expenditures are considered to be germane to the collective-bargaining process and must be paid for by all individuals working under MNA contracts containing union security clause language. MNA also has spent funds on activities such as organizing new bargaining units and legislative lobbying. MNA believes that money spent on these activities advances one of its fundamental purposes – nurses helping nurses to better their lives. However, the U.S. Supreme Court does not consider these activities to be germane to the collective-bargaining process.

Employees employed under a contract containing a union security clause who choose not to be join MNA or who resign their membership from MNA lose benefits, rights and privileges to which they would have been or were entitled as MNA members. For example, these employees may not be covered by the union agreements negotiated with their employer, the right to vote on any dues increase, and the right to run and vote in the election of MNA officers. They lose the right to attend, speak, and vote at MNA meetings.

In short, non-members elect to give up important rights, benefits and privileges. Moreover, it is illegal for an employer to work with workers in any way for the loss of these valuable rights. However, non-member are still members of the collective-bargaining unit in which they work. They are entitled to the benefits of the collective-bargaining agreement covering their employment and MNA and its officers and employees will provide them with the representation required by the law.

Individuals employed under a union security clause maintain the right to object to being a member of MNA and may resign their membership at any time. However, those who either object to ever being a member or who were once members and then later resign must pay MNA an amount equal to the percentage of dues paid by members of MNA which are germane to collective bargaining process. That percentage includes the expenditures necessarily or reasonably incurred for the purpose of performing the duties of an exclusive representative of the employees in dealing with the employer or labor-management issues including not only the direct costs of negotiating and administering collective-bargaining contracts and of settling grievances and disputes, but also the expenses of activities or undertakings normally or reasonably employed to implement or effectuate the duties of MNA as the exclusive representative of the employees in a bargaining unit. The percentage of nonchargeable expenses for MNA which will be effective for the months of January 2018 through December 2018 is based on the experience from the 2016 calendar year.

In other words, those who are covered by a collective-bargaining agreement containing a union security clause and who elect not be members and who elect to pay the reduced fee must pay the fair share percentage of the dues assessed members of MNA employed in the same bargaining unit.

In addition to other avenues of relief available under the law, a non-member may challenge MNA’s classification or calculation of expenditures used by MNA to determine the percentage of chargeable expenses germane to the collective-bargaining process before a neutral arbitrator appointed by the American Arbitration Association pursuant to its Rules for Impartial Determination of Union Fees. Any objection a non-member makes may be coordinated or consolidated with other objections from other non-members before a single arbitrator.

In such a challenge, MNA has to justify its calculations and determinations. All hearings will be conducted in Helena or Clancy, Montana. The arbitrator’s fees and expenses will be paid by MNA. However, an objection may have to pay his or her own expenses and the fees, costs and expenses of his or her witnesses and attorneys.

Once a written objection is received from an individual, MNA will adhere to the rules established by the courts and by the administrative agencies that enforce the labor laws as to the handling of the objector’s fees until the arbitrator has issued his or her ruling. Generally, the objector must pay the fees as determined by MNA’s calculations. Those fees will be placed in a separate interest bearing account. If the arbitrator’s decision increases the percentage of non-chargeable expenditures, the appropriate portion of the fees will be refunded to the objector, plus interest earned. All reduced service fee payers will then pay the adjusted amount as determined by the arbitrator. If the arbitrator’s decision approves the MNA’s calculation, no adjustment will be made in the amount of the fee and the total fees paid and placed in the separate interest-bearing account will be released to MNA.

Individuals who choose to file objections to MNA’s fee calculations must file the objection in writing addressed to MNA, 20 Old Montana State Hwy, Clancy, Montana 59634. The written objection must include the objectors name, address, phone number, social security number, employer and work location. In order for MNA to understand the nature of the objector’s challenge, the objector is urged to also include a brief statement concerning the nature of the objection, including the objector’s opinion as to the appropriate percentage for non-chargeable expenses. This requirement to file a letter of objection and request for a hearing is an annual requirement. Objection will not be presumed. Agency fee payers who do not file a timely notice of objection shall be deemed to have waived any right to a hearing to challenge the estimated percentage of reduction of that year’s agency fee.
MNA has launched a new feature in *The Pulse*. Each quarter, we will be showcasing excerpts from American Nurses Association’s publications that relate to clinical practice and professional advocacy. Don’t forget—full ANA monthly publications are included with each Montana Nurses Association membership!

**Excerpted From**

**Finding meaning after a patient’s death**

By Tina M. Mason, MSN, ARNP, AOCN, AOCNS, and JoEllen Warnke, MS, RN, OCN

**The Pause guidelines**

The following guidelines were established for using the Pause to acknowledge patient deaths and allow staff time to reflect.

**Definition:** The purposeful act of stepping (to take a Pause) to honor a patient who has expired, to recognize this person together in our own way and at our own pace, to allow the family’s minds to slow, to allow them to be still, at home in the vortex of failure. —Jonathan Barron, RN, University of Virginia Health System

**Key points:**

1. The Pause is optional.
2. A concerted effort will be made to notify all appropriate staff so that each may make a decision whether to participate.
3. Offer the Pause to the family at the bedside, if the family declines, a
   
   **Pause can occur after the family leaves or in another location to meet the needs of the staff.**

**Process (inpatient setting):** After a patient’s death:

1. Primary RN or health unit coordinator (HUC) notifies all appropriate staff that a Pause will take place.
2. Primary RN or HUC notifies chaplain staff via SmartVitals, includes extension number, unit name, the Pause (message).
3. Place sign on patient door (painting of sunset).
4. Begin the Pause.
5. Chaplain or assigned staff leads the time of reflection.
6. Pause and reflect, followed by 30 seconds of silence.
7. Chaplain or assigned staff closes the Pause and replaces the sign in the designated area.

**Process (ambulatory setting):** After learning of a patient’s death:

1. Primary RN notifies manager of request for the Pause.
2. Primary RN or patient service specialist (PSS) notifies all appropriate staff that a Pause will take place.
3. Primary RN or PSS will notify chaplain staff via SmartVitals, includes extension number, area name, the Pause (message).
4. Pause sign on door (painting of sunset or calendar).
5. Begin the Pause.
6. Chaplain or assigned staff leads time of reflection.
7. Pause and reflect, followed by 30 seconds of silence.
8. Chaplain or assigned staff closes the Pause and replaces the sign in the designated area.

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American Nurse Today; September 2017, Volume 12, Number 9; Pages 66-68

**Excerpted From**

**From the bedside to the boardroom: Are you ready to serve?**

By Connie Mullinix, PhD, MBA, MPH, RN; AnnMarie Lee Walton, PhD, MPH, RN, OCN, CHES; and Diana Ruiz, DNP, RN, APHN, CCM, CWOCN, NE-BC

**Get ready to serve**

If you’d like to serve on a board but don’t feel you have a complete skill set, take advantage of these resources.

**Financial statements:**

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This online, self-paced course gives you the tools and vocabulary to understand the language of the financial statement.

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1. Go to www.aicpa.org/nurseboard

2. Purchase the FIN for $45.
3. Follow instructions to log in to the course.
4. Once purchased, the tutorial is time-limited and available for 2 years.

**Etiquette:**


**Robert’s Rules of Order:**


**Negotiating:**


**Governance vs. management:**


**Presentations and public speaking:**


**Power and influence:**


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New Assistance Program Provider

Effective July 1, 2017, the Montana Professional Assistance Program, Inc. assumed administration and clinical case load management responsibility of the former Nurses Assistance Program. The decision to consolidate all health professional assistance programs under the auspices of a single provider was made concurrent with the last Request for Proposal from the Department of Labor and Industry.

MPAP has administered the professional assistance program for Medicine and Dentistry since 1989. Concurrent with this acquisition, MPAP has expanded staff to include three clinicians and an administrative assistant. David G. Healow, M.D. serves as Medical Director. Michael Ramirez, M.S. serves as Clinical Director. Meghan McGauley, RN and Karen Ortegel, LCPC, LAC, MAC serve as Clinical Coordinators, while Joan Bunka serves as Administrative Assistant.

Our plan is to honor all current participant agreements while transitioning to a standard of care that has proven effective through empirical research and outcome studies. We expect to expand membership on our Board of Directors to include representative membership from Nursing. MPAP’s offices are located in Billings at 3333 2nd Avenue N., Suite #103. Our telephone number is 406-245-4300 or 800-697-9349. Please contact us if we may be of assistance to a colleague. We are available for presentations to nursing groups and organizations upon request.

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Join a thriving health system comprised of five leading medical facilities and almost 2000 staff, making our system one of the largest employers in Gallatin County.

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DEAN College of Health Sciences

Montana State University–Northern seeks an energetic, people-oriented, and visionary educator to lead its new College of Health Sciences. The college includes Nursing, Allied Health (previously the Department of Nursing), and Health Promotion. The Dean will have a key role in the formation of the college and its programs. The Dean also will serve as the Director of Nursing.

A terminal degree in nursing or related field is required; ASD candidates will be considered. If the doctoral degree is not in nursing, a master’s degree in nursing is required.

See complete information on the position, requirements, and application processes in the Search Profile http://tinyurl.com/MM-MSUN-HS

Submit applications to MSU@myersrcmace.com.

Position remains open until filled. Application reviewed when received.

For a confidential conversation, contact Kenny Daugherty at kenny@myersrcmace.com.

Montana State University–Northern is committed to providing a working and learning environment free from discrimination.
Continuing Education: Why? So What?

Why do you get contact hours? Because they’re required for your license renewal? Because they’re required for your certification renewal? Because you see a topic that sounds interesting? Because you’ve identified some areas of needed growth for yourself? Because you’ve identified an opportunity for your team to perform better?

Why do licensure and certification bodies think continuing education is important? It’s not about the contact hours!! The focus is evidence – when you recertify or recertify, what is the evidence that you are keeping up-to-date? What is the evidence that you know current best practice in your area of expertise? If you’ve been out of your academic educational environment for more than 18 months, your knowledge is already outdated! In order to be safe in our practice, it is critical that all of us keep up-to-date. Bottom line – it’s about professional development.

Continuing education is defined by the American Nurses Credentialing Center’s (ANCC) Accreditation Program and by the Association for Nursing Professional Development as “learning activities intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research, or theory development, to the end of improving the health of the public and RNs’ pursuit of their professional career goals.”

For those of us who develop continuing education activities that support your professional development, our job is to identify the “holes” that can create pitfalls in practice or opportunities for improvement. You can help by letting us know the issues that are creating challenges for you and members of your team.

Increasingly, we are seeing the importance of focusing on team-based education involving more than nursing. Since healthcare is provided by a team of healthcare professionals, it makes sense that our continuing professional development opportunities should also focus on team-based learning and practice. The Joint Accreditation program (nursing, medicine, and pharmacy) defines interprofessional continuing education as “education that occurs when members from two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes.”

In order to improve practice, whether for an individual professional group or for an interprofessional team, a nursing professional development practitioner guides the educational planning process. He/she might ask you questions like “What is the biggest challenge you have in performing this skill?”, “What additional information do you need to know in order to practice more efficiently or effectively?”, “What would be helpful for you to learn to do in order to take better care of yourself?”, or “Who are the people on your team that would benefit from education about the topic?”

Based on a clear understanding of the issues that need to be addressed to improve practice or support your professional development, the nursing professional development practitioner determines what outcome should be achieved by those who participate in the educational activity. Just as practitioners at the bedside are charged with the responsibility of improving outcomes for patients, those of us who develop educational activities are responsible for improving outcomes for learners.

We want to help you! Please be thoughtful in considering your own professional development needs, and reach out to the nursing professional development practitioner in your organization or association who can help in developing an activity that will be meaningful and relevant to you. Seek educational experiences that will help you learn and grow, not just earn contact hours!

NEW ADDITION TO OUR CE TEAM!

We are pleased and excited to share that Caroline Baughman, BS, has joined the CE team at MNA! Several of you had an opportunity to meet Caroline at the Montana CE Update in May. She comes with a strong background in MNA work – she has been a labor representative here for the past 33 years. Caroline has a Bachelor of Science degree in Middle Grades Education, in math and English, from the John H. Lounsbury College of Education at Georgia College and State University. She had the opportunity to be mentored by Dr. Lounsbury, one of the founders of the middle school movement and advocate of an integrated curricular approach to teaching young adolescents.

As an undergraduate, she was involved in the Association of Middle Level Education and served on the Board of Directors for the Georgia Middle School Association. She moved to Montana for a career growth opportunity, fell in love with the state and with Helena, and joined the MNA team. Caroline has this to say about her new position: “When the opportunity arose to combine my passion for education and professional development with supporting nurses, I couldn’t resist. It has been such a great experience to be able to work for such a well-respected and high-impact organization, as well as support nurses serving as the faces for modern healthcare. I am looking forward to continuing that work in a different realm, while ultimately aiming to improve patient care in Montana, nationally, and globally. Thank you for allowing me to be part of such a great team!”

Reflections on Education Conference Participation

I want to express my gratitude to the MNA, specifically the Council on Continuing Education, and North Valley Hospital for the opportunity to attend the 2017 ANCC Annual Symposium on Continuing Nursing Education and the 2017 ANPN Annual Convention.

The conferences presented evidenced based courses, design models, and evaluation tools used in continuing nursing education. The conferences also emphasized the importance of networking with professional peers to share and develop new innovations in continuing nursing education. It’s hard to express the professional growth and excitement gained from attending these events.

The keynote speakers were experts in continuing nursing education and addressed the challenges faced by primary nurse planners and nursing professional development specialists. They ignited my passion for continuing nursing professional development and put current challenges in perspective. The individual courses addressed innovations in continuing nursing education and offered evidence-based solutions to current issues.

Peers in the profession presented many courses addressing competency models, preceptorship programs, and so much more. The presenters shared their stories from idea to implementation, provided resources, and encouraged networking as others used their ideas to begin new practices in their own facilities. I will use the knowledge and professional contacts attained from the conferences to improve several areas of continuing nursing education at my facility. For example, I plan to integrate a new model for identification, development, and evaluation of competencies, “The Donna Wright Model.” Thank you, MNA and NVH, for this incredible experience.

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!
Continuing Education

Welcome to the “World of CNEbyMNA”

We would like to invite you to join us on this exciting journey toward Nursing Professional Development. Where will this adventure take you? www.CNEbyMNA.com.

How do you get there and how do you navigate your trip? Follow me.

1. First go to your browser and type in www.cnebymna.com.

2. This is the banner at the top of the page. From here you can scroll down to:
   - Live Activities & Events
   - Clinical Topics
   - CE Provider Courses

Look at all those courses, exciting!

3. Pick a topic of interest and click on it.

   The Fine Art of Care Coordination

4. You will see the description, disclosures, number of contact hours, scroll down and click on the green button reading “Take this Course”

5. Next click on the “Purchase” button.

   The Fine Art of Care Coordination

   $15.00 • Purchase

6. If you’re a member of MNA, enter your coupon code and save $5. You can receive the code by contacting Caroline@mtnurses.org. Make sure to enter a username and password so that you can access your account at any time.

7. Congratulations! You are ready to take the course. Click on the course name & you’ll be given access to the “Course Content” at the bottom of the page.

Take the “Lesson” first & then you’ll be able to receive your certificate after completing the “Evaluation” component.

8. Now that you have a login to the site, you can always go back to the home page & click on “My Courses” to access all of your purchased courses & access your certificate(s) at the bottom of the page.

Congratulations, you’ve completed your adventure and are ready to navigate the new CNEbyMNA website. New courses are available monthly. We are always looking for suggestions and presenters to enhance our course offerings. Contact Caroline at Caroline@mtnurses.org for more information.

Billings Clinic Offers Nursing Professional Development Certification Prep Course in February

Nursing professional development is a specialty practice. Those who are certified in this field demonstrate competence in supporting the professional development of nurses and other members of the healthcare team. Quality education that is meaningful to adult learners and meets needs of healthcare organizations is critical in today’s healthcare environment and in positioning us for the future. Completing the Association for Nursing Professional Development’s (ANPD) certification prep course for Nursing Professional Development prepares and equips nursing professional development practitioners with the knowledge and skills necessary to provide quality education and to sit for the NPD national certification exam. Billings Clinic will offer an NPD certification prep course on February 8 and 9, 2018 from 8 am to 5 pm each day, with light breakfast and lunch provided. Patsy Maloney, EdD, RN-BC, CEN, NEA-BC, a member of the ANPD Board of Directors, will serve as the instructor for this course. Please contact Sherri Zimmerman, MSN, RN at szimmerman@billingsclinic.org for more information regarding this education event.

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Excellent Benefits Package and Competitive Wages
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Montana Nurses Association
Approved Providers

St. Vincent Healthcare – Billings, MT
Kalispell Regional Medical Center – Kalispell, MT
With Distinction

Bartlett Regional Hospital – Juneau, AK

Billsing Clinic – Billings, MT
MT Geriatric Education Center – Missoula, MT

Alaska Nurses Association – Anchorage, AK
Livingston Healthcare – Livingston, MT

Alaska Division of Public Health – Anchorage, AK
Mat-Su Regional Medical Center – Palmer, AK

Alaska Native Tribal Health Consortium – Anchorage, AK
Fairbanks Memorial Hospital – Alaska

Central Peninsula General Hospital – Soldotna, AK
With Distinction

Wrangell Medical Center – Wrangell, Alaska

Montana Health Network – Miles City, MT
Livingston Healthcare – Livingston, MT

Alaska Nurses Association – Anchorage, AK
North Valley Hospital – Whitefish, MT

South Dakota Nurses Association – Pierre, SD
Partnership Health Center – Missoula, MT

Mountain Pacific Quality Health – Helena, MT
Alzheimer’s Resource of Alaska – Anchorage, AK

Wisconsin Nurses Association - Madison, WI
Shands Healthcare – Gainesville, FL

Alaska Regional Hospital – Anchorage, AK

Danielle Howa Pendergrass, NP, will be the keynote speaker at the 2018 Montana Nurses’ Association Annual APRN Conference March 2-3 at the Great Northern Hotel in Helena Montana. She will speak about the Culture of Health and how NPs can go about building healthier communities. She offers services to over 20,000 underserved women in Carbon, Emery and Grand Counties. She lives in rural Price, Utah where she owns and operates Eastern Utah Women’s Health. Danielle is one of twenty nurses named as a Breakthrough Leader in Nursing by the Future of Nursing: Campaign for Action, a joint initiative of AARP and the Robert Wood Johnson Foundation. She was featured in AARP and is the recipient of several leadership awards. She recently served as the Utah State Representative for the American Association of Nurse Practitioners, is a nurse consultant for the Center to Champion Nursing in America and is an active member of the Utah Action Coalition for Health. As a Campaign Outreach Advocate for the Culture of Health, she delivers effective and action-oriented presentations about building a culture of health to diverse audiences, Danielle is most proud of the impact she has had on her community. She is an authentic and engaging speaker, who will inspire you to take action!

If you haven’t yet signed up for the conference, get on line and sign up at www.mtnurses.org.

Additional conference topics include – Sleep Apnea, Women’s Health, Diabetes, Endocrine, Mental Health and Pediatrics just to name a few. It is always great reconnecting with fellow APRNs and making new contacts. Encourage your fellow NPs to attend.

This is a wonderful way to get the latest updates regarding patient care and NP practice. There will be around 9 Pharmacology Credits available.

Barb Schaaf, DNP is currently attending the AANP Policy Conference in Washington DC and she will update us on national issues affecting NPs, patient care and practice issues.

As always, please contact me with any APRN questions or concerns. keven.comer@gmail.com

Statewide Nursing News

APRN Corner

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Statewide Nursing News

APRN Corner
Job Description: The Art of the Deal

Job Description vs. Performance Standards

The trend in writing most job descriptions is to state what a leader expects employees to do. However, if there is a need to enhance and clarify how well a leader expects the job to be performed, the title “performance standards” (instead of the title “job descriptions”) is used. When writing performance standards, quality and quantity are intended to be more clearly stated as a part of each job expectation. The written specificity of job expectations is dependent on the type and purpose of the job. Performance standards might include words of minimum and maximum numbers, exact numbers, percentages, time frames, and/or a person’s name.

All written job descriptions and performance standards should follow the RUMBAAS criteria. This acronym is a reminder that job expectations should be: REASONABLE, UNDERSTANDABLE, MEASURABLE, BEHAVIORAL, ATTAINABLE, and SPECIFIC.

Performance standards increase the intensity, exactness, and specificity of an employee’s job accountability to the organization and provides more definitive expectations that measure the extent of an employee’s job compliance.

Reasons to use performance standards:
1. Identifies specific positive and expected job behaviors
2. Decreases role confusion
3. Provides a more explicit means for accurate and informative employee evaluation

Performance Standards

Job expectations should be presented to an employee with a PREFACE referring to a process objective or a terminal goal. The term “objective” is most often used for an incremental job expectation designed to reach a process (or task) goal. The term “goal” is most often used for referring, specifically, to a terminal end point. Usually, process objectives are listed in such a manner as to clearly indicate the order for the process—that is, the goals that are intended to be reached by doing the stated process. The wording of incremental expectations (objectives) and terminal end points (goals) as a preamble is as follows:
1. Process Objectives (incremental expectations)—are prefaced by the words, “During the [giving a timeframe].” It is the process by which goals are met.
2. Terminal Goals (end points)—are prefaced by the words, “At the end of [giving a timeframe].” It is the end product of the process.

INTEGRATION OF DOMAINS, CATEGORIES, & ACTION VERBS

Benjamin Bloom, et.al., through extensive collaborative research, determined three domains of job performance. The three domains (cognitive/thinking, psychomotor/motor activity, affective/feeling) each have within their domains so-called categories. The categories range from simple to complex expectations or sometimes referred to varying degrees of expertise.

The categories within each domain have examples of action verbs. Action verbs are used at the beginning (first word) of each job expectation within a job description. The differences in the action verbs (within the category selected) allow the leader to choose an expected job behavior that is unique to the minimal level of expertise required to do the job.

In any domain, leaders (with their extensive responsibility) should have their job expectations start with an action verb representing the highest level of difficulty categories. That is, (in the cognitive domain, as an example), the categories of knowledge and comprehension. The result is job descriptions that are clearly and accurately differentiated. This will indicate that leaders (and) are expected to have higher and more complex job expectations than their subordinates, and subordinates are not to have higher and more complex job expectations than the leaders. That does not mean that employees do not have abilities in other categories; however, the other non-specified expectations do not form the basis of the employee’s evaluation.

How to Select a Domain(s):

Cognitive Domain: When job expectations require mental problem solving and/or mental contemplation Psychomotor Domain: When job expectations require manual/muscular dexterity

Affective Domain: When job expectations require consideration of others, kindness, thoughtful behaviors, cooperation of/with others.

Domains, Categories, and Action Verbs

Following is an introduction to the three domains, their categories (listed separately in each domain) and suggested verbs under each category. (See Bloom’s Taxonomy on-line)

Cognitive Domain: Knowledge (lowest performance): The employee must be able to recognize, know, and/or recall previously learned information/material. Examples of action verbs used at the beginning of each job expectation could be: who, what, why, when, where, which, choose, find, how, define, etc. Example: Define the usual medication errors in transcribing medication. Comprehension/Understanding (next to lowest performance): The employee must be able to organize information to grasp meaning, explain, and restate ideas. Examples of action verbs used at the beginning of each job expectation could be: convert, defend, interpret, predict, summarize, explain, generalize, etc. Example: Summarize the provider’s list of patients. Application (middle-of-the-road performance): The employee must be able to use information and learned material in new situations and in different ways. Examples of action verbs used at the beginning of each job expectation could be: apply, build, choose, compute, construct, demonstrate, interview, etc. Example: Interview patients to determine their views. Analysis (next to highest performance): The employee must be able to examine and break information into parts, combine information, influence outcomes, and show relationships between parts. Examples of action verbs used at the beginning of each job expectation could be: differentiate, select, analyze, relate, compare, contrast, diagram, etc. Example: Analyze the interviews to determine the most qualified applicant.

Evaluation (highest performance): The employee must be able to use facts and complexity of ideas to determine consistency or inconsistencies and
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PSYCHOMOTOR DOMAIN

Perception (lowest performance): The employee uses sensory cues to guide their motor activity. Examples of action verbs used at the beginning of each job expectation could be: choose, detect, describe, hear, listen, observe, sense, etc.

Value (mid-level performance): Abilities are present but are limited. Examples of action verbs used at the beginning of each job expectation could be: be able to, be capable of, or be permitted to. Examples of action verbs used at the beginning of each job expectation could be: accommodate, adjust, adjust to, assume, change, vary, change, etc.

Valuing (middle-of-the-road performance): Attachments of worth and value to any phenomena. Sensitivity to cultural differences. Examples of action verbs used at the beginning of each job expectation could be: complete, differentiate, explain, institute, justify, share, propose, etc.

Valuing (highest performance): Values behavior control. Personal behavior is pervasive, consistent, and predictable. Displays teamwork. Values other people's values or ethical practice values. Examples of action verbs used at the beginning of each job expectation could be: act, display, influence, modify, perform, practice, etc.

Example: Explain to new nurses the steps used to chart vital signs. Guided Response (middle-of-the-road performance): Adequate performance is achieved by practice. Uses trial and error to learn complex skills. Follows directions. Examples of action verbs used at the beginning of each job expectation could be: follow, imitate, operate, practice, react, copy, respond, etc.

Example: Choose a room for patient conferences. Set (next to lowest performance): The employee is mentally, physically, and emotionally ready and able to perform. Examples of action verbs used at the beginning of each job expectation could be: achieve, establish, begin, react, state, proceed, explain, show, etc.

Example: Explain to new nurses the steps used to chart vital signs. Guided Response (middle-of-the-road performance): Adequate performance is achieved by practice. Uses trial and error to learn complex skills. Follows directions. Examples of action verbs used at the beginning of each job expectation could be: follow, imitate, operate, practice, react, copy, respond, etc.

Example: Choose the charting directions as stated on the computer. Mechanism (middle-of-the-road performance): Able to perform complex and accurate moves with increasing efficiency, confidence, and proficiency. Performs without hesitation. Examples of action verbs used at the beginning of each job expectation could be: complete, conduct, execute, construct, organize, calibrate, accurate, etc.

Example: Organize patient rooms to accommodate at least three patients.

Complete Overt Response (high performance): Able to perform complex movement patterns. Quick, accurate, and highly cooperated performance. Performs without hesitation. Examples of action verbs used at the beginning of each job expectation could be: alter, arrange, complete, integrate, organize, synthesize, etc.

Example: Arrange, if possible, nursing schedules according to the level of patient care. Internalizing Values (highest performance): Values ethical practice values. Examples of action verbs used at the beginning of each job expectation could be: adhere, alter, arrange, complete, integrate, organize, synthesize, etc.

Example: Synthesize values as they relate to the organization, family, and self. Examples of action verbs used at the beginning of each job expectation could be: complete, synthesize, etc.

Example: Justify the request for an increase in nursing staff. Organization (next to highest performance): Organizes contrasting values. Resolves problems as a result of considering contrasts. Compares and synthesizes values as they relate to the organization, family, and self. Examples of action verbs used at the beginning of each job expectation could be: adhere, alter, arrange, complete, integrate, organize, synthesize, etc.

Example: Organize patient rooms to accommodate at least three patients.

Example: Manage the Emergency Department during a disaster.

Adaptation (next to highest performance): Well developed skills. Able to modify effectively movement patterns to adapt to needs. Examples of action verbs used at the beginning of each job expectation could be: alter, change, reorganize, rearrange, vary, adapt, revise, etc.

Example: Change the nursing conference weekly to accommodate changing needs.

Organize (highest performance): Creates new patterns to accommodate specific situations. Outstanding creative skills. Examples of action verbs used at the beginning of each job expectation could be: arrange, create, compose, design, make, initiate, combine.

Example: Design a nursing conference brochure that shows compassion for the hurricane victims.

AFFECTIVE DOMAIN

Receiving Phenomena (lowest performance): Awareness, willingness to hear, selected attention with respect for others. Examples of action verbs used at the beginning of each job expectation could be: acknowledge, follow, listen, understand, attentive, identify, reply, etc.

Example: Listen to each patient as they state their health problems. Responding to Phenomena (next to lowest performance): Attends and reacts to situations. Finds satisfaction in responding. Examples of action verbs used at the beginning of each job expectation could be: answer, assist, aid, conform, perform, practice, report, etc.

Example: Perform CPR according to hospital protocol. Critiquing (middle-of-the-road performance): Reflective judgment. Admitting errors. Identifying values. Refining behavior. Examples of action verbs used at the beginning of each job expectation could be: complete, differentiate, explain, institute, justify, share, propose, etc.

Example: Evaluate the need for an increase in nursing staff. Communication (next to highest performance): Organizes contrasting values. Resolves problems as a result of considering contrasts. Compares and synthesizes values as they relate to the organization, family, and self. Examples of action verbs used at the beginning of each job expectation could be: adhere, alter, arrange, complete, integrate, organize, synthesize, etc.

Example: Synthesize values as they relate to the organization, family, and self. Examples of action verbs used at the beginning of each job expectation could be: complete, synthesize, etc.

Example: Justify the request for an increase in nursing staff. Organization (next to highest performance): Organizes contrasting values. Resolves problems as a result of considering contrasts. Compares and synthesizes values as they relate to the organization, family, and self. Examples of action verbs used at the beginning of each job expectation could be: adhere, alter, arrange, complete, integrate, organize, synthesize, etc.

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Example: Design a nursing conference brochure that shows compassion for the hurricane victims.

INTELLIGENT VALUES

Attachment of worth and value to any phenomena. Sensitivity to cultural differences.

Example: Serve on the Ethical Standards Committee of the organization.

REVIEW OF JOB DESCRIPTION DEVELOPMENT

The flow of job description development, then, is as follows:

1. Determine the preface to be used (‘During_____’ or ‘At the end of_____’)
2. Determine the domain (cognitive, psychomotor, affective)
3. Determine the category within the chosen domain(s) according to the level of performance desired (leader or subordinate)
4. Determine appropriate action verb(s) indicating the categories selected
5. Write the job expectations (after each selected verb) to the specificity required and to the degree the employee is to be held accountable (consider job description or performance standards)

EMPLOYEE JOB DESCRIPTIONS (NEW AND EXISTING)

The expectation of nursing leaders is to evaluate a new employee’s history of the previous job performance. The adage of PAST BEHAVIOR PREDICTS FUTURE OUTCOMES (good or bad) might be correct for determining a future employee’s employment as, desired, and without a stated cause within a stated probationary period--or by the end of six months if no probationary period is stated). The same courtesy is given to the employee during the probationary phase.

Pre-requisites required to be hired (education, experience, etc.)

Recruitments are to be accomplished before a formal evaluation. An employee is to have an opportunity to respond in writing to a formal evaluation. A signed copy by the leader and the evaluated employee should be available to the evaluated employee after each formal evaluation.

JOB DESCRIPTION CONTENT

Lists/statements of job expectations usually (not always) should include the following information: (Not necessarily in order of importance or sequence of appearance in the job description)

1. Title of the organization, job title, onset date, and/or duration, hours, break times/dates, supervisor, and job location
2. Philosophy statement of the hiring organization and how it relates to the specific job
3. A mission statement of the organization and how it relates to the specific job
4. A statement indicating that the organization is an “equal opportunity employer without discrimination” and a statement of civil rights
5. Job or employee goal(s) and incremental performance
6. Existence and frequency of formal peer, self, and/or leader evaluations
7. A reminder that Montana is legally an “At Will” employer or that employment is, as desired, and without a stated cause within a stated probationary period--or by the end of six months if no probationary period is stated). The same courtesy is given to the employee during the probationary phase.

Pre-requisites required to be hired (education, experience, etc.)

Resources available to support positive outcomes (material and human)

Expectations of the job

Evaluation timelines (if applicable)

Superordinate(s) and subordinate(s)

The intended salary or salary range

Existing budget constraints, government requirements, regulations, and safety expectations

Behavior expected during work hours to promote a supportive work environment

Vacations and benefits

Signatures, dates, and any relevant comments from the employee and leader regarding the successful completion of the job evaluation

The secret of employee success is to have the leader help, serve, and support an employee to meet the expectations legible in the job description. Managers, leaders, and supervisors, therefore, should have included in their own job description the responsibility to answer questions and support employees. This means the leader and supervisor must answer how to manage employees is not found in a drawer, but experienced as a talented “people person” that is fully visible and a resource for problem solving.

Simplicity and clarity of expression gives a positive view of the Nature of Man! That is, nursing employees should be considered by nursing leaders to be naturally enhanced with “goodness.”

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judges the worth of material against a stated criterion. Examples of action verbs used at the beginning of each job expectation could be: be, cut, describe, detect, determine, describe, hear, listen, observe, sense, etc.

Example: Compare the pros and cons of moving the orthopedic area.

We are looking for committed and caring nurses to join our team.

Competitive salary, great benefit package, student loan repayment and relocation expenses available.

RN – Inpatient Nursing

Full Time or Part Time

Full Time / Part Time

We are looking for committed and caring nurses to join our team.

Competitive salary, great benefit package, student loan repayment and relocation expenses available.

Please contact the HR department at (406) 228.3638 for more information.
Over the last twelve months, I’ve traveled to dozens of Montana Communities, holding town halls, listening sessions, and roundtables to hear from the folks on the ground about what Congress needs to do to increase access to affordable health care for all Montanans.

I’ve heard a diverse set of proposals and opinions but I heard two things consistently: Montana is home to the hardest working nurses in America, and that Congress needs to work together to improve our health care system.

With your help, Congress defeated irresponsible proposals that would have kicked thousands of Montanans off their coverage, raised premiums for working families, and sent us back to a time where folks could not afford to get sick. Congress needs to be working to lower costs, not jack up premiums and kick folks off their health plans.

Unfortunately, Congress and the Administration continue to undermine our health care system. Montana insurers said that due to uncertainty coming from this Administration, health insurance rates will continue to rise. That’s why I’m sponsoring bipartisan legislation to stabilize these markets and give patients, providers, and small businesses the certainty they need.

Montana’s insurance rates aren’t the only thing under attack by Washington. Because of petty partisan politics, the Children’s Health Insurance Program (CHIP) expired. CHIP provides coverage for more than a third of Montana’s kids. Since my days in the Montana Legislature when we first passed Montana CHIP, I’ve been fighting to ensure Montana kids have access to affordable health care.

So when I hear stories about a parent worried about deciding between medicine for their kids and paying the mortgage; it is heartbreaking. Congress needs to reauthorize this program immediately, or thousands of Montana families will soon be forced to go without care.

Washington D.C. is a dysfunctional place. Folks spend months trying to secure political victories at the expense of hardworking families. Senators from big states like Florida, Ohio, and Texas, try and tell rural Montana what we need. Legislation impacting millions of jobs, and one-sixth of America’s economy, are crafted behind closed doors, without public input, and without bipartisan support.

And that’s why I need your help. When you raise your voices, it makes a difference. Montana nurses know how to organize and they know how to make a difference. That’s why I proudly stand with you to defend our rural way of life and access to affordable care for Montanans.
Saving Lives is Our Calling

Excellence is Our Specialty

Holy Rosary Healthcare - Miles City, Montana
St. James Healthcare - Butte, Montana
St. Vincent Healthcare - Billings, Montana

At SCL Health, you’re part of a work family, where the opinions and expertise you bring to your work are valued and work/life balance is a key strategy for your long-term work satisfaction.

From our regional medical centers to our critical access hospitals, we offer a wide variety of specialties to match your nursing passions. Our RNs provide healing care and in turn, we ensure you have the right resources and support available.

Bring your career here and we will not only provide an excellent orientation to satisfying, patient-centered work, but we will also help you explore all that Montana has to offer. Generous incentives up to $29,000 are currently available for both experienced and new graduate RNs to assist you in your transition.

For more information, please visit jobs.sclhealth.org or contact:

Kate Christmas, RN
919-977-6186
Kate.Christmas@sclhs.net

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