

THE New Mexico NURSE

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ASSOCIATION**

*Advocating for Nursing Practice
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President's Message

Incoming Vision

**Gloria Doherty, PhDc, MSN, Adult Health Nurse
Specialist, ACNP-BC
President New Mexico Nurses Association**

Greetings! Thank you all for your support and faith in me as incoming President for the NMNA! I have some pretty large shoes to fill. From outgoing to incoming executive board members, we all share sights on growing our voice and moving toward our vision of having a nurse at every table partaking in healthcare policy decision making. The Institute of Medicine (2011) together with other agencies have recommended, we (registered nurses) be part of developing and implementing policy to appropriately care for our community, state, and nation. Our past NMNA boards, Deborah Walker and our lobbyist have led this quest. We must spread the excitement and interest.

Previous studies have shown the lack of policy participation has not sufficed; not just here in our

country but across the world (Juma, Edwards, & Spitzer, 2014; Kunaviktikul et al., 2010; Mason, Keepnews, Holmberg, & Murray, 2012; Shariff, 2015; Shariff & Potgieter, 2012). The lack of successful participation predominantly is related to the lack of political astuteness and subsequent skills. Additionally, we must become active members of boards throughout our community next to our physician colleagues without emulating oppressed behaviors (Arabi et al, 2014).

I hope with the work the special interest groups have undertaken, these next two years and beyond can change this. We must work toward disseminating our experience and knowledge to those who will follow our footsteps. We must increase the power of our voice. Despite all the changes in healthcare, our nation still has the worst health care outcomes. We have a duty to advocate not only for our individual

President's Message continued on page 2



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patients and their families, but for all of our population (American Nurses Association, 2014). Registered nurses are the largest portion of our healthcare delivery system. We care for everyone through every life stage, from pregnancy and birth through expiration. Who better but to acknowledge the gaps in care and assist in creating the solutions? However, it is up to each of us as individuals and as a group to ensure we can work autonomously and to the fullest scope of our practice.

We still remain ranked the highest in ethics and honesty by the Gallup Poll since 1999 with the exception of 2001 when firefighters received the honor related to efforts in 911 (Gallup, 2016). We need to increase our public face and show this honor is well deserved and increase our exposure. We can do this. We must do this.

It will be my pleasure and honor to be part of this incoming board, increasing the momentum of the registered nurse to increase skills to successfully participate in developing policy for our profession and community. It is my intent to serve you all well and with our NMNA team to seek every initiative possible to assist in every nurse's growth. Thank you again for your faith. Let us increase the power of our collective voice!!!

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tsameri@gmail.com

Keith Carlson, RN, BSN, NC-BC
nursekeith@gmail.com

Christine DeLucas, DNP, MPH, RN
adelucas@salud.unm.edu

Romona Scholder MA, CNS, RN
romonascholder@gmail.com 505-466-0697

Michael Shannon, MSN, BSN
mshannon3@cnm.edu

Lisa Marie Turk MSN, RN
lisamarieturk@gmail.com

Committees:

Government Relations Committee Co-Chairs
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NMNA Website: www.nmna.org
Office Mailing Address: P.O. Box 418, Santa Fe, NM 87504
Office Phone: 505-471-3324

Executive Director: Deborah Walker, MSN, RN
3101 Old Pecos Trail #509 Santa Fe, NM 87505
Office: 505-471-3324 Cell: 505-660-3890

Continuing Education Coordinator:
Carolyn Roberts, MSN, RN
ceapps@nmna.org Office Phone: 505-471-3324



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Voice and Visibility of Nursing

“Envision how things would be if the voice and visibility of nursing was commensurate with the size and importance of nursing in health care” (Buresh & Gordon, 2006)

Leigh DeRoos, RN, MSN
Outgoing President of NMNA

During my four years as NMNA President, and with the support of our New Mexico Nurses Association (NMNA) board, composed of the Vice President, Secretary/Treasurer and four Directors on the Board, we have laid a strong foundation for increasing nursing’s voice and visibility. Also, our Executive Director, Deborah Walker, has been instrumental in providing insight and assistance in developing strategies to facilitate our voice and visibility at the local, state and national levels. My mantra throughout my tenure has been, *“If we are not at the table we will have no voice and if we have no voice we will not be at the table.”* I am pleased to report that because of significant increases in membership and member involvement, the voice and visibility of NMNA can be heard and seen as we address healthcare issues, healthcare policy, regulatory practices, statutes and laws that have the potential to affect nursing practice.

With the advent of Special Interest Groups (SIG), I have seen nurses take the lead, often at the grassroots level, to design and implement initiatives that have already had far-reaching effects. Government Relations SIG focuses on local, state and national issues that impact our profession, while giving nurses the opportunity to collaborate with our elected officials. Capitol Challenge is our premier legislative event that is held during our legislative session and encourages NMNA members to become involved in the legislative process. Another SIG, The Health Councils, which are located in nearly every county, allow us to participate at the grassroots level on healthcare issues by either serving on these councils or attending these meetings. Welcome to the Profession SIG advocates for new nurse graduates as they transition from a nursing student to a registered nurse. The focus of this group, led by a nurse with at least 1-4 years of experience, is to guide and assist these nurses as they navigate through the complex healthcare system after they graduate.

Imagine a world without nurses advocating for their patients and their profession. NMNA’s mission is “committed to advocating for all licensed nurses, improving health care, and promoting life-long learning.” We have been fortunate in being able to send nurses to Washington, DC and participate in ANA’s American Nurses Advocacy Institute (ANAI), a yearlong mentorship program whose purpose is to nurture and support nurses as they segue into political leaders capable of advancing our agenda and profession.

Since taking office, we have had an annual Nurses Day workshop in Santa Fe with nursing leaders as our keynote speakers. This popular event has consistently seen an increase in nurse participation with excellent evaluations. This year we were honored to have Dr. Pamela Cipriano, President of the American Nurses Association, talk about ANA’s initiative Healthy Nurse, Healthy Nation.™ NMNA has partnered with this ANA initiative and Camille Adair, RN, has spearheaded our own Healthy Nurse Healthy New Mexico SIG.

In 2014 NMNA and the New Mexico Nurses Foundation sponsored the film “The American Nurse” in several venues throughout the state. The film focused on the unique contributions nurses have made to the most vulnerable of our citizens - the elderly, the sick, the newborn, the incarcerated, and the dying.

On November 1, 2017, NMNA participated in a national screening of “Defining Hope,” which focused on nurses who advocated for their patients with terminal illnesses as they coped with their illnesses, their treatment choices, and their end-of-life decisions.

Finally, I thank the Bylaws Committee - Jason Bloomer, Ruth Burkhart and Carrie Roberts - for their time, insight and effort working with the two Bylaws co-chairs, Suzanne Canfield and me. I know I speak for Suzanne when I say we both view the new Bylaws as our legacy.

All of these activities and initiatives, including SIGs and ANAI participation, result from involvement of nurses who want to make a difference and to be a voice for nurses in our state. Madeline Albright, the first female Secretary of State, once said, “It took me quite a long time to develop a voice, and now that I have it, I am not going to be silent.” We, as NMNA members, have a voice, and now that we have it, we are not going to be silent. Ever again!

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Nurses in Our News

What is Your Future Time Perspective?

Susan Bassett, RN, PhD

Dr. Bassett has 41 years of active nursing experience, 15 years with the VA and 23 years in the U.S. Air Force. After semi-retiring to a ranch outside of Carlsbad, Dr. Bassett began teaching in the RN-to-BSN and the MSN programs at Eastern New Mexico University in Jan 2015. Dr. Bassett completed her PhD in Psychology in the spring of 2017. Her areas of expertise include med-surg nursing, leadership, quality, cultural competence, and education. Her professional certification is in Nursing Administration.

Kathleen Cooper, RN, MSN

Ms. Cooper has 31 years of clinical nursing experience, mostly in the field of pediatrics. Ms. Cooper received her BSN from Villanova University, PA in 1986, her MSN from ENMU in 2014, and has been a nursing instructor at both Clovis Community College and ENMU since 2014. Ms. Cooper became a Certified Nurse Educator in 2017.

Did you know people have different ways of judging what they will do in the future? Some people see the future as infinite with so many opportunities ahead of them. Others see their future as something they better grab quick as one never knows what is in store. Others simply take it as it comes.

Be a part of a research study being conducted by Dr. Susan Bassett and Kathleen Cooper, nursing instructors at ENMU, to determine if future time perspective has an influence on the plans of BSN nurses to return to graduate school in the future. Please participate by accessing the study link at <https://www.surveymonkey.com/r/FTPstudy>. A monetary award card will be available upon completion of this 10 minute survey.

Beth Baldwin Tigges Elected Sigma Nursing President

University of New Mexico College of Nursing professor leads the 135,000-member honor society

The Sigma Theta Tau International Honor Society of Nursing (Sigma) recently announced University of New Mexico College of Nursing Associate Professor and Regents' Professor Beth Baldwin Tigges, PhD, RN, PNP, BC, as its 2017-2019 president.

Throughout her biennium of service as Sigma President, Dr. Tigges will oversee the 12-member Sigma Board of Directors. She will speak at and represent the organization at high-level meetings around the world, including Sigma's 29th International Nursing Research Congress in Melbourne, Australia, in July 2018. She will also lead the Sigma delegation to the International Council of Nurses and other global gatherings on nursing and healthcare.

For her Presidential Call to Action, Dr. Tigges announced a decidedly 21st Century theme: **Connect. Collaborate. Catalyze.** She will spend her biennium as President encouraging Sigma members and chapters to make use of state-of-the-art technology as they work together to advance world health.



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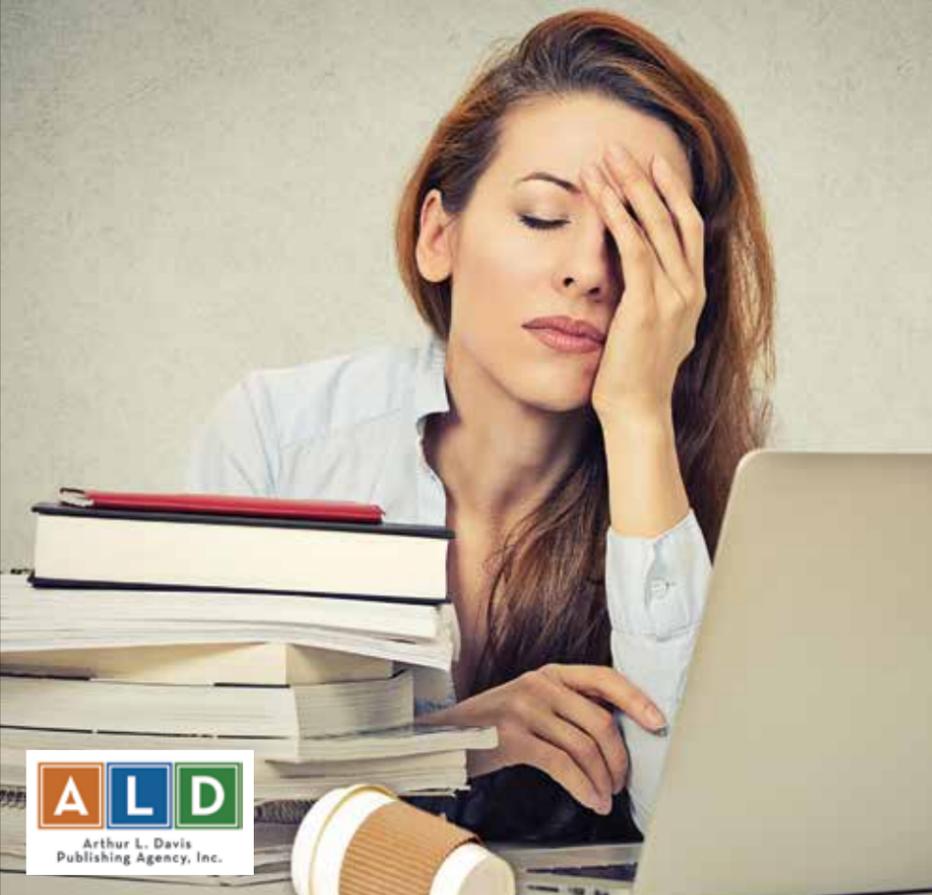
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Liability Issues: Potential Legal Peril for On-Line Nursing Instructors/New Horizons

Dr. Karen L. Brooks, Esq., EdD, MSN RN
Graduate Nursing Faculty Lead
(Remote: Santa Fe, New Mexico)
College of Online and Continuing Education
Southern New Hampshire University

This column will address the potential legal peril faced by on-line nursing instructors who teach out of state nursing students. For purposes of this hypothetical discussion, the students, as part of their on-line RN to BSN undergraduate nursing program of study, are required to carry out various projects in a variety of healthcare environments in their home states. The on-line instructor lives and is licensed in New Mexico but also maintains a nursing license in Pennsylvania, where several of her students reside and are doing their clinical projects. The New Mexico nursing education program requires the adjunct on-line nursing instructor to maintain a Pennsylvania license (since the students are in Pennsylvania). For "on the ground" questions or concerns, the Pennsylvania students work on their projects in healthcare organizations where they are overseen by volunteer clinical mentors whose qualifications are vetted by the on-line nursing program.

Q: What is the defense or recourse for the New Mexico on-line nurse instructor, who, along with the nursing student, gets named in a Pennsylvania board of nursing (BON) complaint or investigation, or who is reported to the Pennsylvania BON? Who bears oversight responsibility when a Pennsylvania nursing student of the on-line faculty is involved in a medical incident, HIPAA matter or other adverse event in the healthcare organization, where the nursing student is carrying out a course project?

A: The on-line nursing instructor may have no defense or recourse to the above, given that the on-line instructor was not a witness to the event(s) and has no physical presence in the state. Notwithstanding, by having a nursing license in Pennsylvania, the on-line New Mexico nursing instructor could still be subject to sanction, reprimand, discipline and possible license revocation by the Pennsylvania Board of Nursing due to being the "instructor of record." Sanctions could attach even though the position is as an *on-line* nursing instructor.

The on-line instructor and other nursing education program constituents could also be sued over the out-of-state adverse event but the New Mexico on-

line nursing instructor, as the license holder, will bear the legal risk to the license. Any sanctions can be permanent and reportable nationally. From a legal standpoint, this issue is new ground as on-line nursing education programs, that also include clinical components, spring up across the country.

The responsibility falls to on-line nursing instructors to determine what level of liability coverage is necessary for the on-line teaching role. Also, the on-line faculty would need to maintain regular contact with each student and mentor while the health care organization project or experience is underway. Ideally, the on-line instructor should be fully compensated,

commensurate with assumption of the increased level of risk caused by having students engaged in healthcare organizations that are in states where the on-line faculty has neither physical presence nor contact; that is, if despite the lack of physical presence in the state or states, the (remote) on-line nurse instructor is obliged by the nursing education program to maintain nursing license(s) in those states in which he/she has students. Finally, the bright line responsibilities of the "on the ground" clinical mentors need to be spelled out and formally contracted by the online program. This would also include appropriate monetary compensation for the mentors.



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Healthy Nurse, Healthy New Mexico

A Local to Global Perspective on Healthy Nurse

An Interview with New Mexico Nurse, Barbara Dossey



Camille Adair, RN
 NMNA Chair, Healthy Nurse | Healthy New Mexico Interest Group

We are celebrating the first Healthy Nurse Healthy New Mexico interview! Our intention is to build relationships among New Mexico nurses to learn from each other for greater health and wellbeing.

In this interview, Barbara Dossey, PhD, RN, AHN-BC, FAAN, HWNC-BC, shares her amazing work and numerous contributions to the nursing profession and her heartfelt reflections and visions born out of 52 years of nursing.

Barbara (AKA Barbie) is an internationally recognized pioneer in the holistic nursing and nurse coaching

movements. She is a Florence Nightingale scholar, nurse theorist, and national and international speaker and teacher of integrative nurse coaching in the emerging integrative health care paradigm. She is the Co-Director, International Nurse Coach Association, Miami, Florida; International Co-Director and Board Member, Nightingale Initiative for Global Health, Santa Fe, New Mexico, and Neepawa, Manitoba, Canada; and Director of the Holistic Nursing Consultants in Santa Fe, New Mexico. Beginning in May 2015, Barbara began serving on the American Nurses Association Healthy Nurse Healthy Nation™ Grand Challenge Advisory Board.

Camille: Can you speak to nursing as it relates to local and global health?

Barbara: This is a very important question. I believe the most important focus right now are the United Nations (UN) 17 Sustainable Development Goals (SDGs) that provide a foundation and framework where nurses, and all individuals, all communities, and all nations can work toward the same goals to achieve healthy people living on a healthy planet. It gives us a voice and a platform to remember that whatever we are doing locally impacts us globally.

All 17 SDGs connect the dots for health and wellbeing.

17 UN Sustainable Development Goals to Transform Our World

<http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

1. No Poverty
2. Zero Hunger
3. Good Health and Well-Being
4. Quality Education
5. Gender Equality
6. Clean Water and Sanitation
7. Affordable and Clean Energy
8. Decent Work and Economic Growth
9. Industry, Innovation and Infrastructure
10. Reduced Inequalities
11. Sustainable Cities and Communities
12. Responsible Consumption and Production
13. Climate Action
14. Life Below Water
15. Life on Land
16. Peace, Justice and Strong Institutions
17. Partnerships for the Goals

The third SDG is Good Health and Well-Being. When we had the big snowmelt last March we had brown water in our water system here in Santa Fe in certain locations that lasted for three weeks. Luckily we had bottled water to drink and we had to boil our water before hand washing dishes to make sure it was safe as we had awareness of the health risks of dirty water.

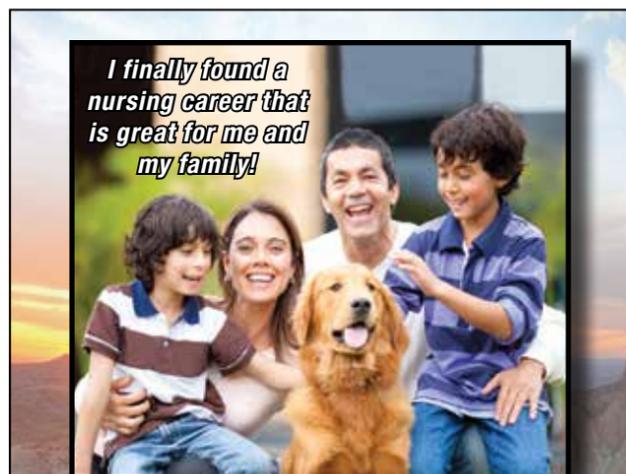
As nurses we know about the environmental and social determinants of health. For example, we can be alert to what is happening environmentally in Santa Fe. We want to maintain clean air, clean water, avoid polluting our night skies, and much more. It's important that we go to city council meetings and speak from our expertise as nurses and offer suggestions for a healthy community.

When we consider the local social determinants, we become aware that there is a lot of poverty and a breakdown of the primary family. So many people live without a direct relationship to a primary family member and have no one to call when they need help.

We are at a time right now to act locally towards finding solutions in our own communities. We can engage with the New Mexico Nurses Association and strengthen our voices about health. It is also important to explore our life balance and satisfaction, sleep, nutrition, exercise, and safety. All of these areas help us expand our consciousness to become more self-aware and integrate healthy lifestyle behaviors and choices each day.

Camille: Many of the conversations we have center around health care organizations and the health care industry. It also seems important for us to have conversations about people, our own lives, communities, and our health as nurses. Health care is more than a disease management system.

Barbara: That's right and this is why I reflect on Florence Nightingale's (1820-1910) legacy. She wrote about all of these things. And, when we revisit our past we can see how she informs us today. We see the struggles she had, how she started her Nightingale School of Nursing and designed nursing education that incorporated nursing ethics, and how she met with many politicians and wrote legislation that influences health policies that were passed into law. This assists us in asking ourselves what can we do now as we face challenges around health and saving the planet. This is theory and best practices in action informed by Nightingale's legacy—local to global. This is what excites me!



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Healthy Nurse, Healthy New Mexico

When I reflect back to our May 2017 NMNA Nurses Week Conference on Healthy Nurse, I am already anticipating working with you and others on the planning committee for our 2018 NMNA conference. We are helping to expand nurses' consciousness and examine their own health and well-being. I also had the honor of speaking in Albuquerque on November 3 at the Transforming Care at the Bedside Conference, and spoke with colleagues on topics of health and well-being at the bedside and in the clinics.

Camille: Hearing each other's stories and being in dialogue helps us transform nursing, because we come into relationship and become part of the equation, and then we can become part of the solution, which is different than fixing.

Barbara: Yes, and if we concentrate on that, as we continue to listen, we support creativity and the imagination and what it means to 'walk the talk' and practice being in the present moment. Then we connect the dots about health. We know that people will be in the health care system for much shorter periods of time in the next five years. We will see more specialty hospitals. For some patients following open-heart surgery, the hospital stay may be 72 hours, whereas recovery used to be three weeks. Soon people will be recovering at home, cared for by family and friends, and they need support in their basic self-care. So this brings me to explore how do we heal ourselves. We must give attention to ourselves every day, and this is essential if we are to work at a higher potential. In the Theory of Integrative Nurse Coaching, the first component is Self-Development that has four aspects: self-reflection, self-assessment, self-evaluation, and self-care. When we are self-reflective, we can lift ourselves up, and this leads us to become more self-aware and self-evaluate what we are doing so that our self-care is unique for us. The key is awareness and choice.

Camille: It seems that self-care is a professional responsibility. It shouldn't be the last thought, it should be the first thought.

Barbara: When I wake up every day, I begin by asking myself what is inspiring about the work ahead for the day. Before going to my office, I take 30 minutes

with a short sitting reflective practice followed by a short walk. Right now the aspens around our home are absolutely glorious and golden, and they inspire me and can serve as a metaphor of light as I begin writing and working on many projects or in my traveling and teaching.

Camille: When you look back at your 52-year nursing career, what has the most meaning for you?

Barbara: Without a doubt, it is partnering with like-minded colleagues around health and healing! I have a wild mind and love the novelty of constantly thinking of big ideas and how things can be better. I often don't know the steps to make this happen, but if I get an idea and it rings true, I work to see it to the finish. This is why I like working with you and Deborah, and the many other NMNA leaders and colleagues. We infuse each other. Feeling this energy is true heart sweetness, and it is just delicious. In 1965, I began critical care nursing and didn't have many like-minded colleagues who thought about health and healing. I used to give articles to my colleagues about how we might integrate healing and integrative practices and write protocols. The majority only thought about the importance of technology, drugs, protocols, and curing. However, I felt strongly that technology and curing must be combined with health and healing modalities. I knew the connection from personal experience.

Local to Global Perspective continued on page 8


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Healthy Nurse, Healthy New Mexico

Local to Global Perspective continued from page 7

One day at work I had a pounding headache. I was physically fit and fencing competitively. I took my blood pressure, and it was 160/90. I had gotten used to the critical care pace of being “wired.” My blood pressure can go up in a flash, and this physiological response to a fast pace and stress is recognized as being a hot reactor. However, by simply coming into the present moment and breathing slowly in and out, I can bring my pressure into a normal range by using my conscious awareness to feel that internal shift of calmness inside.

We need to share these strategies and care for ourselves every day. It's not selfish. If we are not caring for ourselves, then it is difficult to care well for others. I've also learned to explore the part of me that is most in need of healing and make the shifts toward healing. This is touching my vulnerable places and having compassion for myself. This awareness helps with life balance and satisfaction. Spending more time in the present moment assists us to hold onto the long view of healing that is possible in nursing and in our families, community, and the world.

Camille: If you could have a dialogue with yourself in 1965, as a new nurse graduate, what would you say to her?

Barbara: I just got ‘spirit bumps.’ I would talk about the privilege of being a nurse and about the nursing profession. You have heard me share going to my first nurse theorist conference and hearing these wise women and nurse theorists. I had no idea about the depth of the nursing profession that I have come to treasure. I am just so thankful that I had that early experience.

There is nothing more thrilling than working with like-minded colleagues, being present where the work just flows and many diverse threads connect. I may feel like I am going in a thousand different directions or have a thousand pieces to the puzzle, and it's important to slow down and recognize the long view and its relevance for health and healing. I reflect on what I would like to see happen and what is my role.

Then, it seems many of the pieces can come together.

Camille: If you could sit with Florence Nightingale what would you say to her?

Barbara: I would bow in gratitude and thank her for her great work. I would thank her for writing in her personal diary in 1870 that it would take 100 to 150 years for nurses to be able to collectively advocate and engage in research that would lead to healthy people living on a healthy planet. I would then share with her what we're doing with our New Mexico Nurses Association colleagues around the ANA Healthy Nurse Healthy Nation,™ as well as my work in the Nightingale Initiative for Global Health (NIGH), the Integrative Nurse Coach Association (INCA), and the American Holistic Nurses Association (AHNA). I would ask her if she would have any advice for my colleagues and me.

Camille: In 2016, the ANA revised the position statement on End-of-Life and Palliative Care, stating that all nurses have a responsibility to have basic palliative and end-of-life care competencies. I think that the growing aging population drove this, and it is even greater in New Mexico than it is nationally. What are your thoughts about this?

Barbara: I think it's very important for each of us to ask that question of ourselves and to explore

our own death, have these conversations with our families, and write and sign our own Living Will and Power of Attorney that states exactly what we want at the time of our death. This will help us have more peace and will prevent the bickering and horrible things that can happen around a person's material possessions at death. I have a daily practice and say these words to myself, “death is a walk across the bridge,” and I slowly breathe in and breathe out. When we practice releasing and letting go, it is a way to prepare for our own death when the time comes.

As we have these conversations with ourselves, it leads us to share them with our colleagues. I recognized the greatest fear people have around death is when they don't address it. I am very grateful for my work with Roshni Joan Halifax at Upaya Zen Center in Santa Fe around death and dying with healthcare professionals. I took a very deep dive and explored these topics and what I wanted at the time of my death.

When we live in the present moment, ‘this moment, the only moment,’ it helps us release and let go. And, that to me is a ‘pearl’ for letting go in dying and at death. We must have expanded conversations where death and dying are explored across the lifespan. We are becoming more cognizant about the lifespan and the healthspan. Health is in the first breath, and it is also in the last breath. So, how do we bring it all together so that death is not a failure? Instead, it is actually one of the great gifts. Death is part of health.

Camille: What is the most important quality in a nurse leader?

Barbara: It is finding our own voice of healing. As nurses, we have a contract with society. We often designate leadership to credentials, but

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as nurses, the Gallup Poll rates us as the most trustworthy profession. Each nurse is a leader, and we need to find that place of remembering that healing is a life long journey. Nobody can give us healing as we are born with it. Nobody can take it away, but we frequently block our own capacities to touch our own healing, because we are so focused on the external events. This is why self-reflection, the first aspect of nurse self-development, is so important.

Camille: What would you like to say to nurses in New Mexico?

Barbara: I am so proud to find my like-minded brothers and sisters as we work together towards a healthy New Mexico. It is a privilege to serve others and facilitate them to discover their inner wisdom and reach their highest potential for health and well-being.

Mark your calendars! The New Mexico Nurses Association will sponsor a pre-conference Healthy Nurse, Healthy New Mexico Facilitator Training on May 7, 2018, led by Barbara Dossey and Camille Adair as part of the annual nurses week conference. This special event will give provide tools and experiences to enhance your own health and wellbeing along with a tool kit to share with nurse col-leagues.

Healthy Nurse, Healthy New Mexico Interest Group

If you are interested in our statewide health and wellness initiatives, please contact Camille Adair: camille@CamilleAdair.com

- Visit Healthy Nurse | Healthy New Mexico at: <http://www.nmna.org/Main-Menu-Category/HealthyNurseNM>
- And, join us on Facebook! <https://www.facebook.com/nmna.org/>

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This column is dedicated to the health and wellbeing of nurses in New Mexico and will include interviews, articles, resources and statewide events contributing to an emergent and continuing focus on strengthening the nursing profession from within.

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The stated purpose of the NMNF is "to perform — the charitable, educational, and scientific purposes of the New Mexico Nurses Association." The NMNF, as a non-profit corporation, is non-political and nonpartisan.

The NMNF has quietly been supporting nurses with educational, leadership, scholarship and stipend activities. The financial support has come from donations, grants, and gifts. As the needs for the

nursing community in New Mexico continue to grow and evolve and become more involved in the delivery of health care, in a variety of settings, it is increasingly important for the NMNF to grow and be available to support our nurses for the health of our communities.

The NMNF Board of Directors will become more visible and proactive in sharing our mission, goals and needs. We have some exciting special projects for the immediate future and the information will be shared in the forthcoming issues of "The Nurse."

Additional information is available on opportunities to participate and/or donate.

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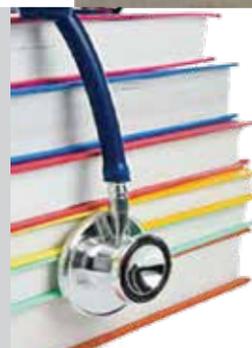
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The Centers for Medicare & Medicaid Services (CMS) is readying a fraud prevention initiative that removes Social Security numbers from Medicare cards to help combat identity theft, and safeguard taxpayer dollars. The new cards will use a unique, randomly-assigned number called a Medicare Beneficiary Identifier (MBI), to replace the Social Security-based Health Insurance Claim Number (HICN) currently used on the Medicare card. CMS will begin mailing new cards in April 2018 and will meet the congressional deadline for replacing all Medicare cards by April 2019. Today, CMS kicks-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 further easing 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 the removal of Social Security numbers and transition to MBIs.

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 an emotional 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 costly false claims.

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 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 planning regular calls 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/ssnri/index.html>



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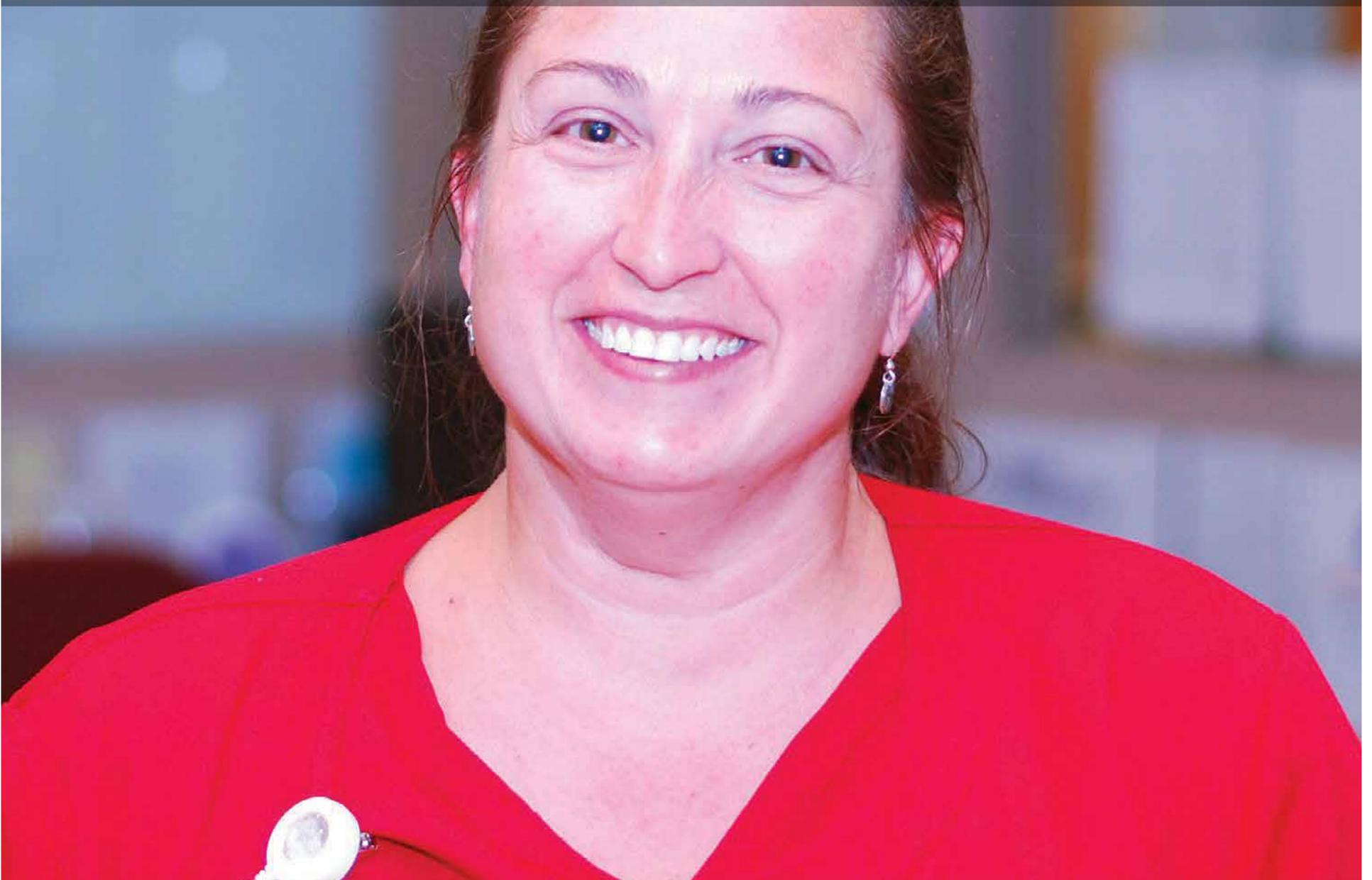
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