

THE FUTURE OF NURSING IN MICHIGAN

The Official Publication of the American Nurses Association Michigan

The **Future of Nursing in Michigan** will reach over 4,200 Michigan nurses and State Legislators through direct mail.

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PRESIDENT'S MESSAGE



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Advocacy is the act or process of pleading for, supporting, or recommending a cause or course of action. Advocacy may be for persons (whether as an individual, group, population, or society) or for an issue, such as potable water or global health. (ANA Code of Ethics -2015)



Linda Taft, RN

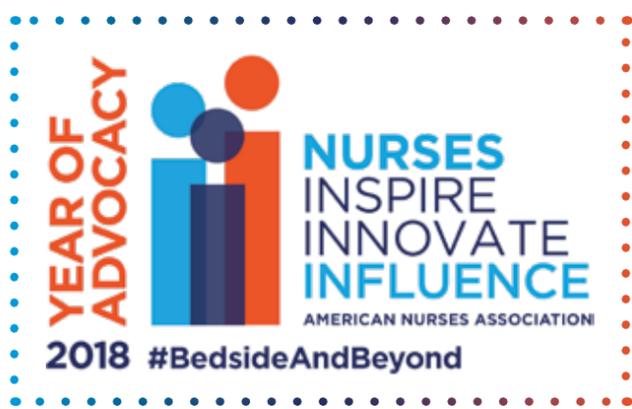
The American Nurses Association has declared 2018 as *Year of Advocacy – At the Bedside and Beyond*. The National Nurses Week theme for 2018 is *Nurses: Inspire, Innovate, Influence*. There's a national campaign to #EndNurseAbuse. All around us are examples of

Nurses stepping up and standing fast in support of fellow Nurses and patients. We volunteer in our communities, inform and educate legislators and others on who we are and what we do, advocate for equitable health care policy, fight for those who can't speak

for themselves. Always seeking ways to elevate the profession of Nursing. As we see so many examples of the #MeToo, #TimesUp and other movements, Nurses are almost always interwoven in these stories – as caregivers, advocates, comforters, and sometimes as victims too. It's all so integral to what we do. It's so fitting that 2018 is declared a Year of Advocacy and recognizing too, that Nurses inspire, innovate and influence and so much more!

Looking for ways to become more involved with ANA-Michigan? In our year of restructuring plans, there will be opportunities to participate with task forces and other workgroups in that process. Watch your inbox and ANA-Michigan communications for news and options to volunteer over the coming year. Also, be sure to Save the Date for our Annual Conference to be held Friday, October 26, 2018 at the Park Place Hotel in Rochester, Michigan. More details to follow so stay tuned!

I recently spent some time with the Michigan Nursing Students Association members at their 67th Annual Convention in Troy, Michigan. Their enthusiasm, knowledge and confidence in joining



the Nursing ranks is gratifying to see. Through our support and partnerships with MNSA, we are helping them to transition to professional standards and practice. Building on their involvement with MNSA, many are also student subscribers to ANA and have access to ANA's resources,

including journal articles, reference materials, online support community and a Welcome to the Profession toolkit. Faculty support of the students is critical as well and I was able to participate in a faculty session on advocacy along with our own Jeanette Klemczak. We had a great discussion around current legislative initiatives and emphasized the importance of professional

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GAIN A MEMBER!

PASS THIS NEWSLETTER ALONG TO A NURSE COLLEAGUE

President's Message continued from page 1

association membership (like ANA-Michigan!) by faculty in setting an example for the students. Preparation of our future Nurses must include the components of professional behaviors and expectations.

You may have noticed that I used the capitalized version of Nurse and Nursing throughout my column. This was intentional as I was influenced by an editorial by Lillie Gelinas, MSN, RN, CPPS, FAAN, Editor-in-Chief, in the January, 2018 *American Nurse Today*. If you haven't read it, I've included the link here: (<https://www.americannursetoday.com/a-capital-idea/>). It's an editorial about Nurse titling; not from the

perspective of grammatical usage as a noun or a verb, but about how we identify and value ourselves in our interactions with others. It does matter how we introduce ourselves, with patients and the public, and how we interrelate with our other health care partners. Our Mission Statement for ANA-Michigan is *Advancing the nursing profession in Michigan*, and this editorial is a good reminder to us to value what we do, who we do it for and the important place we hold in health care. We are one of a few states that does not have title protection for Nurses – perhaps it's an idea whose time has come for action to make that change. Starting with our own Mission Statement, which I'm emphasizing as *Advancing the Nursing Profession in Michigan*. Has a nice ring to it, doesn't it?



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CONTACT INFORMATION

ANA-Michigan
2501 Jolly Road, Suite 110
Okemos, MI 48864
517-325-5306
nurse@ana-michigan.org

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Michigan Nursing Students Association Annual Convention

ANA-Michigan was an exhibitor at MNSA annual convention January 27, 2018 in Troy, Michigan.

On Saturday, ANA-Michigan held two raffle drawings that included three books: Guide to Nursing Social Policy Statement, Code of Ethics for Nurses, Nursing Scope and Standards of Practice, along with a \$25 Starbucks gift card.

The two students who won the prize packages were Milaina Palazzolo, a student at Grand Valley State University, graduates in April of 2019 and JaNae Stokes, a student at South University, graduates in September 2018.

Congratulations JaNae and Milaina, and good luck in your future endeavors!



Pictured from left to right: Jeanette Klemczak, MNSA Consultant; Jamie Platt, Grand Valley State University Student Nurses' Association; and Carole Stacy, MNSA Faculty Advisor



Pictured above from left to right: Milaina Palazzolo; Linda Taft, ANA-Michigan President and JaNae Stokes.



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MESSAGE FROM THE EXECUTIVE DIRECTOR

Minding the Gap – Your Master Benefits Checklist

In recent years, much has been said about the new “generation gap” between Baby-Boomers, Gen X, Gen Y, and Millennials. Yes, there are many differences between the age groups, but there are even more commonalities. Each generation worries about global issues like hunger, poverty, and war as well as personal issues such as family, career, health, and personal finances. There are more than 80 million **Gen Y** or **Millennials** (those born after 1981) in the world, making this the largest generation in American history. These professionals now make up a full third of the workforce, and it’s our job to understand the behaviors of these generations so we can continue to show value in why nurses should become members of ANA-Michigan or why it is beneficial to renew their membership.



Tobi Lyon Moore, MBA

The most successful organizations have embraced the disparities between the generations to help each one learn from the others. As ANA-Michigan continues to grow and become even more successful, we are also providing best-of-class tools to help all our members, regardless of generation, to grow in their careers, share their knowledge, and learn from others.

While meeting and technology trends change, our human population is growing, and more generations are forming. As nurses retire, we want to stay in touch with what is important to them as we inspire the Millennials and stay true to social responsibilities while remaining high-tech/high-touch to meet their informational needs. The youngest Millennials, who are in their 20’s, are your future members, supporters or donors. And the 30-something Millennials should already be participating in your events, committees and even your boards. If they aren’t, you might just have a “generation gap” on your hands.

As we are sure you know from your personal and family relationships, it’s a balancing act, but as the premier organization for nursing in the state, ANA-Michigan is embracing the diversity of our membership and fostering the community of nurses. At only \$15/month or \$174/year, we are providing the outstanding value of two memberships for one low price, with a combined membership in the national association American Nurses Association (ANA) and a local state membership with ANA-Michigan.

Below are a few of the many resources that you may not be aware of that can help all generations maximize their ANA-Michigan membership:

Mobile Technology

ANA-Michigan has partnered with **Continuing Education Genius** to provide you a **smartphone application** that quickly and easily records your continuing education credits. The application, called **CE Genius**, will automatically update the number of acquired credits for each state license you have placed into the program, providing a visual summarization of your progress toward completing your goals. You can enter credits from all providers and maintain individual privacy. **CE Genius** has a built-in reminder for

The Generations Defined

The Millennial Generation
Born: 1981 to 1997
Age of adults in 2015: 18 to 34*

Generation X
Born: 1965 to 1980
Age in 2015: 35 to 50

The Baby Boom Generation
Born: 1946 to 1964
Age in 2015: 51 to 69

The Silent Generation
Born: 1928 to 1945
Age in 2015: 70 to 87

The Greatest Generation
Born: Before 1928
Age in 2015: 88 to 100

* No chronological end point has been set for this group. For the purpose of following a cleanly defined group, Millennials are defined as those ages 18 to 34 in 2015.

PEW RESEARCH CENTER

continuing education, license requirements and other events. You can share data whenever you choose to your laptop or other external sources.

Nurses from across the United States can use this application, but ANA-Michigan members get this application at a reduced rate!

Free Educational Opportunities

As members you can attend free webinars, earning one-hour of free CE per webinar! Webinars can be viewed live or on-demand. Here are just a few of the new 2018 free webinars that will be offered!

- May 9th: **Emerging Technology and its Impact on Nursing Practice**
- August 15th: **Mentoring: Embracing a New Generation of Nurses**
- November 21st: **New Competencies to Meet the Changing Needs of Patients**

Access to Independent Study Module formats include articles, audio, multimedia, slides and video.

Career Enhancement

Find that dream job with the help of ANA ANCC Certification Discounts. Save \$125 on ANCC initial certification and up to \$150 on ANCC certification renewal.

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Save \$100 on Professional Legal Nurse Consultant (PLNC) Certification Course which includes FREE:

- Unlimited Mentoring
- Profile Page in the Directory
- 15 ANCC Contact Hours, and more

Student Loan Solutions

The ANA has partnered with CommonBond, a leading student lender, to help you save money through student loan refinancing. Refinancing your federal or private student loans to a lower interest rate can save you thousands. CommonBond saves their members \$24,046 on average, in addition to offering award-winning service and a simple application process. Plus, ANA members get \$300 cash back from CommonBond when they refinance!

Build Your Network

If you’ve never thought of membership as a competitive advantage in your career, you may want to reconsider. The right membership can help you be the best nurse you can be. It can connect you with new knowledge; open the doors to new relationships; provide new perspectives on patient care; and so much more.

Stay Current for ALL Generations

Access valuable professional tools such as CINAHL®; Drug Name Error Finder Tool; Global Disease Alert Map; and PubMed Citations.

Get the essential Professional Nursing Documents like the American Nurse Today, which features peer-reviewed clinical, practical, practice-oriented, career and personal editorial.

This compendium includes a wealth of information, insight and ideas on Millennials. We enjoy hearing from our membership. We welcome your interaction or stop by our Facebook page @anamichigannurses to suggest ideas, content that matters to you or post nursing-relevant articles.

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Consult our website: www.uwgb.edu/nursing

LEGISLATIVE UPDATE

Certified Nurse Aide Regulation Now Law

SB 286, now Public Act 172, creates a Nurse Aide Training and Registration Program. According to the Michigan Department of Licensing and Regulatory Affairs (LARA), there are approximately 52,400 nurse aides active in Michigan. The new law defines the “practice as a nurse aide” as providing nursing or nursing-related services to a patient or

resident. However, the law also states that it is not the practice of nursing as defined in Michigan’s Public Health Code. “Nurse Aide” is not a health professional licensed under Article 15 (Occupations) of the Public Health Code, a registered dietician, or someone who volunteered to provide nursing or nursing-related services without pay. For more information on the new law, please view the analysis here: <http://www.legislature.mi.gov/documents/2017-2018/billanalysis/Senate/pdf/2017-SFA-0286-N.pdf>

LICENSING DEFENSE FOR NURSES

Nurses who receive an administrative complaint or an inquiry from a state licensing investigator need to know how to navigate the process to avoid serious license sanctions. Attorney Jeff Burtka has experience representing licensed professionals facing discipline by state licensing boards. He counsels clients on how to proceed in their best interests—to defend their rights and preserve their careers.

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Physician Order Scope of Treatment (POST) Now Law

HB 4170, now Public Act 154, creates an advance care planning tool that includes a patient’s medical condition, the signatures of the patient or patient representative and attending health professional, and a list of the treatments that may be administered outside of a hospital form that allows patients to decide ahead of time if they want to be resuscitated or not. The form allows patients to choose whether they will receive aggressive treatment, including intubation and mechanical ventilation if needed, or if they want limited intervention, like IV fluids only and not intubation. They can also choose only comfort measures, like oxygen and pain medication. Nurse Practitioners and Physician Assistants are included in the definition of “attending health professional.” For more information on the new law, please view the analysis here: <http://www.legislature.mi.gov/documents/2017-2018/billanalysis/House/pdf/2017-HLA-4170-42DF0416.pdf>

Safe Staffing, Safe Care, Safe Nurses

**Jeanette Klemczak, BSN, MSN, RN, FAAN,
Public Policy Chair**

ANA-MI’s Board of Directors approved a position statement entitled, **Safe Nurse Staffing to Improve Quality of Care**. This represents the Association’s public position on the issue of safe staffing. It is a document to help inform and support members in educating and having conversations in their home and professional communities.

ANA-MI’s Region 2 requested the position be developed for use by members as their community was having discussions about nursing ratios and labor organizing in a community hospital system. This is an example of a member-driven initiative. The request was referred by the Board to the Public Policy Committee (PPC).

The PPC worked together to research ANA’s position, current literature and data to form a position statement. The position closely follows the ANA’s paper, **Optimal Nurse Staffing to Improve Quality of Care and Patient Outcomes (ANA-2015)**.

Background

Historically, nurses have found themselves in situations where they had too many patients assigned to provide complete care, and thus, safe care. Nurses are faced with a dilemma: do they stay and “do their best” knowing that their care might be unsafe or do they leave the unit and “abandon” their patients? There have been licensure issues associated with “abandoning” patients. These unacceptable situations cannot be resolved on a nurse by nurse basis. Rather institutional policies for safe staffing are required and accountability monitored to protect patients and nurses.

In order to bring improvement to patients and nurses, it is necessary to understand what constitutes “safe staffing,” how it is defined, and how can it be accomplished.

The core of the Position Statement focuses on four principles:

It is the position of the American Nurses Association-Michigan that:

1. **Optimal nurse staffing is essential for quality and safe patient care in all health care settings.**
2. **Optimal nurse staffing is a complex determination and cannot be achieved through application of simple patient to nurse ratios.**
3. **Determination of optimal nurse staffing requires a framework and policies that inform organizational decision making through analysis of the many factors that impact the delivery of safe patient care.**
4. **Safe nurse staffing models should be selected that most closely match the characteristics of the institution and include active input from the nurses who are closest to patient care.**

We urge members to review the position and use it to educate and inform colleagues, policymakers, and community members about safe nurse staffing and its relationship to quality patient care.

To view the entire **Safe Nurse Staffing to Improve Quality of Care** position statement visit www.ana-michigan.org.

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REGION NEWS

Northern Region

Clinical Ethics Conference Focuses Substance Use Disorders

ANA-MI Region 2 and the Munson Medical Center Ethics Mentors Program are co-sponsoring the 3rd annual Clinical Ethics Conference at the Hagerty Conference Center in Traverse City on Friday, April 20, 2018. The focus of this year's multi-disciplinary conference will be ethical issues and the moral distress that can occur with substance abuse and addiction.



Speaker topics include:

- "Caring for Addicts: Beneficence or Maleficence?"
- "The Opioid Crisis: The Role You Play"
- "Managing Addiction and Psychiatric Illness in the Chronic Pain Patient"
- "The Witching Hours: Caring for Acute Substance Use Withdrawal"
- "Social Connection: the Root of Addiction Recovery"

Application has been made to provide 6.2 continuing education hours. The cost for ANA

members and Munson Healthcare employees and providers is \$75. For all others the fee is \$125. Registration is now open on line at www.munsonhealthcare.org/2018ethics.

Program on Global Health Environment

Lisa Del Buono, MD, Co-chair of the Northern Michigan Chapter of the Citizens' Climate Lobby, was the presenter of the January program for ANA-MI Region 2. The program was planned in response to the Global Climate Change Resolution at the 2016 ANA-Michigan House of Delegates. It was resolved that Councils and Regions take action to educate the membership and the public on global climate health threats and ways to have an impact on the global health environment. Dr. Del Buono is available to speak to groups around the state and can be contacted at edelbuono@mhc.net. Learn more about the organization at www.citizensclimatelobby.org.



Jill Polmateer (ANA-MI) Bob Eichenlaub (CCL), Lisa Del Buono (CLL), Kathy Birdsall (ANA-MI)



Dr. Becky Toth talks to nursing students at the East Central Region's educational meeting.

next educational dinner meeting will be held on Thursday, April 12th at Bay Valley Resort in Bay City. The topic will be Human Trafficking and one contact hour will be provided for relicensure. Nursing students are welcome to attend the educational portion only at no cost if they wish. The Region 4 meetings are co-sponsored by Theta Chi (SVSU's Sigma Theta Tau chapter) and the SVSU Nursing Department. All nurses and nursing students are welcome. More information can be obtained by contacting Karen Brown-Fackler kmbrown4@svsu.edu.

SAVE THE DATE

2018 ANA-Michigan Annual Conference and Meeting

October 26, 2018

Royal Park Hotel, Rochester

East Central Michigan Region

Region 4 (East-Central Michigan) held an educational dinner meeting on February 7th at Bay Valley Resort in Bay City with 25 nurses and 64 student nurses in attendance. Dr. Becky Toth, Family Nurse Practitioner, presented on the use of pain scales for managing pain. The

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Career Sphere

From the Bedside to the Boardroom: Are You Ready to Serve?

Connie Mullinix, PhD, MBA, MPH, RN; AnnMarie Lee Walton, PhD, MPH, RN, OCN, CHES; and Diana Ruiz, DNP, RN, APHN, CCTM, CWOCN, NE-BC
Reprinted from *American Nurse Today*

Use the skills you have—and learn new ones—to advance health care and your career.

You're educated and prepared to lead in safety and quality. You're at the bedside caring for patients and working to improve care. However, decisions about the allocation of resources for caregiving are made at the board level, and there's a dearth of nurses in board positions. Why?

A nurse's insights

The late nurse leader Connie Curran told the story of a nurse on a hospital board asking significant questions when financial cuts were needed. The proposed solution was to discontinue pharmacy services in remote parts of the facility during off shifts. The nurse board member asked, "Who would go to the central pharmacy when patients need medications in the middle of the night?" The answer: "The nurses." Her next question: "Who will do the nursing care while the nurse is transporting the medicines?" By the end of the conversation, the board realized that the proposed budget solution would actually increase costs.

Because of her intimate knowledge of bedside care delivery and her understanding of the relevant systems, this nurse board member prevented

her hospital from making a costly mistake. Clearly, the nursing voice is critical at the board level to help hospitals make effective, financially viable and sustainable healthcare decisions.

What's stopping you?

So why don't nurses serve on hospital boards? Do policymakers not appreciate the value nurses can bring, or are nurses not stepping forward to join? If they're not stepping forward, is it because nursing culture is built on serving in the background? Or do nurses think they don't have the competencies needed for board service?

In *The Atlantic*, authors Kay and Shipman state, "Evidence shows that women are less self-assured than men—and that to succeed, confidence matters as much as competence." Most nurses are women, so Kay and Shipman's conclusions could easily apply to nurses who don't seek board positions.

However, findings of a recent study of board effectiveness showed that a greater number of women on a board results in better, more well-rounded decisions. One investment firm tracks the number of women on companies' boards and offers to invest funds in those that have more women and thus greater returns on investments. According to Joy and colleagues, "The correlation between gender diversity on boards and corporate performance can also be found across

most industries—from consumer discretionary to information technology."

In the video *Sentimental Women Need Not Apply: A History of the American Nurse*, producers Garey and Hott suggest that the first trained nurses were chosen because they were hard workers, stayed in the background, didn't call attention to themselves, and were subservient—hardly characteristics for board service. This history may have set the stage for nurses not seeking positions where their insights are needed.

Skills, skills, skills

For the benefit of patients and the financial health of hospitals and other healthcare organizations, boards need to harness the safety, quality, and evidence-based practice knowledge of nurses; nurses need to join healthcare agency boards. To achieve this national goal, nurses also need to become more aware of the skills they already possess that translate well into board service. For example, nurses are experts at communication and reading nonverbal cues. They're good at establishing relationships, making

The nursing voice is critical at the board level to help hospitals make effective, financially viable and sustainable healthcare decisions.

others feel comfortable, using data for decision making, and, as we're often reminded by the yearly Gallup Poll, perceived as honest and ethical.

Walton and Mullinix developed a list of board-readiness skills that can help you assess your ability to work successfully on a board. A single individual can't be expected to have all the skills, but you can check

yourself against this list of overall competencies.

- Understand the difference between management and governance.
- Comprehend financial statements presented to board members each time they meet.
- Possess social etiquette proficiency for business conducted in social settings.
- Know Robert's Rules of Order so you can contribute to accomplishing the board's work.
- Bring influence and work to gain power.
- Possess negotiating skills.
- Speak comfortably in public.

Where are you strong and where do you need more refinement? If you're deficient in any area, don't let that stop you from serving; take the time to hone your skills. (See *Get ready to serve*.) Patients and healthcare organizations deserve your expertise at the bedside and in the boardroom.

Count and be counted

Ready to be counted as someone who wants to serve? Visit the national Nurses on Boards Coalition website (www.nursesonboardscoalition.org) and let boards know you want to serve. If you're already serving, you can help the Future of Nursing: Campaign for Action reach its goal of 10,000 nurses on boards by 2020 by visiting www.nursesonboardscoalition.org

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

AME Learning: Finance for Board Service

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

The program includes:

- 10 to 30 hours of online, interactive, self-paced content
- Straightforward instruction on how to read and analyze financial statements.

To access the program:

1. Go to www.amelearning.com/nursesonboards.
2. Purchase the PIN for \$45.
3. Follow instructions to log in to the course.

Note: Once purchased, the tutorials are time-limited and available for 2 years.

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to make sure you're counted. Ultimately, nurses serving on boards provide a voice for and improve the health of their communities across the country.

Connie Mullinix is an associate professor in the department of nursing at the University of North Carolina–Pembroke. AnnMarie Lee Walton is a postdoctoral fellow at the University of North



Career Sphere continued from page 6

Carolina Chapel Hill, School of Nursing. Diana Ruiz is the director of population & community health in the Medical Center Health System in Odessa, Texas.

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ANA-Michigan has partnered with Continuing Education Genius to provide you a smart phone application that quickly and easily records your continuing education credits.

The application, called CE Genius, will automatically update the number of acquired credits for each state license you have placed into the program, providing a visual summarization of your progress toward completing your goals. You can enter credits from all providers and maintain individual privacy. CE Genius has a built-in reminder for C.E. events, license requirements and other events. You can share data whenever you choose to your lap top or other external sources.

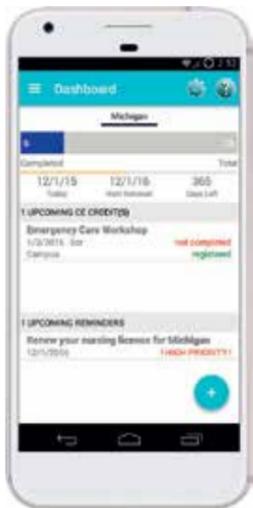
CE Genius is offering special pricing of \$3.99 exclusively for ANA-Michigan members. You can download this application using the following links:

for iOS phones (Apple):

<https://itunes.apple.com/us/app/ce-genius-nurses-ana-michigan/id1172297240?ls=1&mt=8>

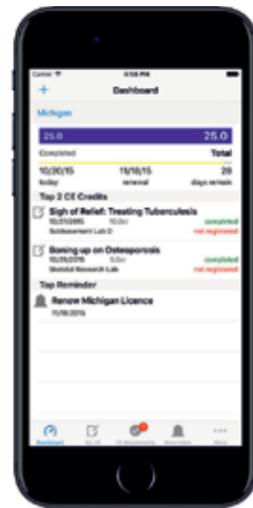
for Android phones:

<https://play.google.com/store/apps/details?id=tv.cmc2.cegenius.nurses.anamichigan>



Key Features

- Records all programs attended
- Reminders automatically given with time sufficient to attain needed credits
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- Displays special state licensure requirements
- Maintenance of certification requirements displayed as needed
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Could You Be Facing A Professional Licensure Investigation?

Part I, Initiating An Investigation

This article is the first in a series of four articles addressing governmental investigations that affect registered nurses. Many ANA-Michigan members have requested more information about how investigations are initiated, what rights do registered nurses have when they are being investigated, what are possible outcomes of such investigations, and how registered nurses can avoid being investigated, or if investigated increasing the chances of getting a favorable outcome. The most common type of investigation a registered nurse may face is an investigation of his/her professional license. This first article will address how investigations are initiated and the initial phase of a licensure investigation.

Michigan currently licenses approximately 190,000 nurses, making nurses the largest group of health care professionals regulated by the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing. The Bureau of Professional Licensing regulates 25 health care professions, from acupuncturists and athletic trainers to social workers and veterinarians. As of February 1, 2018, there are 2,649 nurses facing active licensure counts. While those active cases represent a relatively small percentage of the total number of licensed nurses in Michigan, if you happen to be one of those 2,649 nurses, percentages are irrelevant.

So how does a licensure investigation begin? All investigations start with a complaint being filed with the Bureau of Professional Licensing. This can occur in one of two ways. If a patient, family member or another person feels that a health care professional provided substandard care or practiced outside the scope of their license, they may file a complaint with the Bureau of Professional Licensing. When the complaint is filed the individual must provide his/her name and contact information, the name of the health care professional they feel acted wrongly, a detailed description of the alleged problem or incident, including dates and locations, and the names and addresses or phone numbers of anyone who can provide supporting information.

The second and most common way a health care professional comes to the attention of the Bureau of Professional Licensing is when a health care professional's employment or contract is suspended, terminated or his/her employment or clinical privileges are reduced, restricted or not renewed based on disciplinary action taken by the health facility. In addition, Michigan law requires a health facility to file a report with the Bureau of Professional Licensing if a health care professional resigns in lieu of being terminated by the health facility.

Since the Bureau of Professional Licensing's mission is to protect the health, safety and welfare of the citizens of Michigan, each complaint filed with the



Donna J. Craig,
RN, JD

Bureau of Professional Licensing regardless of how it originated, is reviewed to determine if the information provided establishes a violation of the Michigan public health code. Following an initial review, the Bureau of Professional Licensing may either authorize an investigation or close the file with no further action. If a complaint involves the possible impairment of a health care professional due to a substance use and/or mental health disorder, the Bureau of Professional Licensing may refer the complaint to the Health Professional Recovery Program, a program designed to protect the public while helping health care professionals address their issues.

If, after the initial review a decision is made to investigate the complaint, an investigator is assigned to the case. The investigator will then conduct interviews, which includes interviewing the individual filing the complaint, witnesses to the alleged wrongdoing, the employer, and any other individuals who may have information. The investigator also gathers relevant documents and medical records. At this stage, the investigator then reaches out to the health care professional who is the subject of an investigation. This is usually when the health care professional becomes aware that he/she is being investigated.

Following the health care professional's interview, the Bureau of Professional Licensing in consultation with the respective professional board's disciplinary subcommittee, makes a determination on whether the health care professional violated the Michigan public health code. In the case of nurses, the board of nursing's disciplinary subcommittee ultimately has the authority to discipline nurses for violations of the public health code. If the evidence supports a violation of the Michigan public health code, an administrative action will be initiated against the health care professional's license. If the Bureau of Professional Licensing and the respective board's disciplinary subcommittee concludes the health care professional did not violate the public health code, the Bureau of Professional Licensing will issue a letter to the health care professional indicating that it has closed its file.

Key to any investigation is preparing the health care professional for his/her interview with the Bureau of Professional Licensing investigator. Would you be ready for that interview? In Part II of this four part article series I will address your rights when contacted by the investigator and how to prepare for the interview with the investigator.

Donna J. Craig, RN, JD is legal counsel to the ANA-Michigan Chapter. She practiced as a cardiac care nurse for several years before a chance opportunity to audit a graduate course in health care law and ethics which changed her career path. That course propelled her to earn her law degree. After law school Ms. Craig joined a medical malpractice defense law firm before transitioning her focus to health care corporate and administrative law matters. For over 20 years she has maintained her private health care law practice, representing health care providers and facilities in business, licensure and compliance matters. For her expertise and accomplishments, Detroit's dbusiness Magazine awarded Ms. Craig its Top Lawyer in Health Care Law award for three consecutive years.

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ANA's Case for Evidence-Based Nursing Staffing

Essential for cost-effective, high-quality hospital-based care and patient safety

Registered nurse (RN) staffing makes a critical difference for patients and the quality of their care. ANA champions the role of direct-care nurses and nurse managers in working with their hospital leadership to define the best skill mix for each hospital unit, recognizing the role of nurses in managing each patient's treatment plan and continuously assessing each patient's health status. Our work demonstrates that patients, nurses, and health care systems thrive with appropriate and flexible nurse staffing. For hospitals to succeed, tools and processes must support evidence-based staffing decisions driven by nurses who understand the dynamic nature of patient care.

ANA bases its advocacy on research. ANA commissioned a comprehensive evaluation of nurse staffing practices as they influence patient outcomes and health care costs. A white paper, authored by consulting firm Avalere, evaluated a review of published literature, government reports, and other publicly available sources, along with information gathered from a series of panels of nurse researchers, health care thought leaders, and hospital managers.

To read ANA's first staffing white paper **Optimal Nurse Staffing to Improve Quality of Care and Patient Outcomes**, visit info.nursingworld.org/staffingwp.

Key Findings

Best practices consider many variables when determining the appropriate care team on each hospital unit:

- **Patients:** Ongoing assessment of patients' conditions, their ability to communicate, their emotional or mental states, family dynamics, and the amount of patient turnover (admission and discharges) on the unit

- **Care teams:** Each nurse's experience, education, and training; technological support and requirements; and the skill mix of other care team members, including nurse aides, social workers, and transport and environmental specialists

Nurse staffing models affect patient care, which also drives health care costs. Safe staffing affects a range of hospital-based care issues, including:

- Medical and medication errors
- Length of stay
- Patient mortality
- Readmissions
- Preventable adverse events, including falls, pressure ulcers, health care-associated infections, and other complications
- Nurse injury, fatigue, and low retention

Findings point to the importance and cost-effectiveness of nurse staffing decisions that are based on evidence rather than traditional formulas and grids. To foster innovation and transparency in staffing models, it is essential to capture and disseminate outcomes-based best practices.

Staffing and Cost Containment

Nurse salaries and benefits are among the largest components of a hospital's expenses and thus are an easy target when balancing budgets. However, decisions to cut labor costs are sometimes shortsighted when the long-term impacts on cost and patient care quality are not considered.

Other variables to consider in addressing hospital-based care costs include:

- High-tech devices and procedures
- Prescribed drugs and other medicine

- Clinician and system practice insurance
- Facility construction, renovation, and maintenance
- Information technology investments and upgrades

Well-managed hospitals/health systems continuously balance competing needs to keep organizations fiscally sound.

Legislated nurse-patient ratios versus flexible, nurse-driven staffing

Some organizations advocate for legislated nurse-patient ratios, believing that strict ratios will ensure patient safety. Based on our experience with unintended consequences, ANA does not support numeric, fixed ratios. In many cases, to meet these ratios, hospital administrators have eliminated other care team positions and then shifted noncore patient care work to nurses. This leaves nurses overextended and distracted from their core responsibilities of continuously monitoring patient status and implementing clinical treatment plans.

Conclusion

ANA supports direct-care nurses and nurse managers in working with hospital clinical and management teams to address pressures to control costs while providing high-quality care in a safe environment. Outcomes-based staffing models require partnerships between nurses and hospital/health system leadership, including those in finance, operations, and clinical areas. Together, we can find pragmatic solutions to complex and pressing issues.

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See SUprograms.info for program duration, tuition, fees and other costs, median debt, salary data, alumni success, and other important info.

2018 National Sample Survey of Registered Nurses –

HELP!

Nurses play a critical role in the lives of patients across the country. That is why the U.S. Department of Health and Human Services is dedicated to providing you, policy makers, and researchers with the most comprehensive data on U.S. registered nurses and nurse practitioners. To accomplish this, **we need your help.**

Please support and encourage participation in the **2018 National Sample Survey of Registered Nurses (NSSRN)**. This vital national survey is the primary source of data on the nursing workforce, the largest group of healthcare providers.

The Purpose of the Study

The NSSRN will gather up-to-date information about the status of registered nurses in the U.S. These data will be used to describe the registered nurse population at both the national and state level, so policymakers can ensure an adequate supply of registered nurses locally and nationally.

Data Collection

The NSSRN will be sent to over 100,000 registered nurses in March of 2018. Nurses will be able to fill out the survey electronically

or through a paper questionnaire. It is imperative that nurses participate and send back as soon as possible.

The Survey Contractor

HRSA has contracted with the U.S. Census Bureau, the leading statistical federal agency in the United States. Census has assembled a team of expert survey methodologists responsible for gathering the lists of licensed RNs, constructing the national sample, and administering the survey by mail, and on the internet.

Did you Know?

Did you know...employment settings change as nurses age? The vast majority of registered nurses under 30 years old work in hospitals, but over 50 percent of registered nurses 55 years or older work in non-hospital employment settings. Information like this from the NSSRN survey helps policymakers and healthcare leaders plan for future staffing needs.

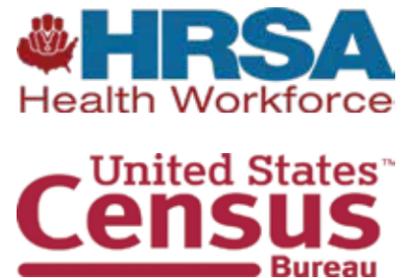
The Survey Results

We plan to release the public use file from the 2018 study by January 2019. A report from the 2008 study is available at <http://bhw.hrsa.gov/healthworkforce>.

Endorsements

The following nursing organizations have endorsed this survey. The National Council of State Board of Nursing and individual state boards of nursing have generously provided mailing lists for the survey.

- American Academy of Ambulatory Care Nursing**
- American Association of Colleges of Nursing**
- American Association of Nurse Anesthetists**
- American Nurses Association**
- American Organization of Nurse Executives**
- National Association of Hispanic Nurses**
- National Black Nurses Association, Inc.**
- National Council of State Boards of Nursing**
- National League for Nursing**
- National Organization of Nurse Practitioner Faculties**



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When Nurses Speak, Washington Listens

The American Nurses Association strives to represent nurses on Capitol Hill, provide support for state nurses associations as they advance their own advocacy agendas, and help federal agencies and elected officials propose and enforce new laws that will advance the nursing profession. ANA serves to amplify nurses' voices as policies are conceived, debated, and implemented. We create long-lasting relationships with nurses and their representatives, working to establish a health system where care is accessible, of high quality, and recognizes the nursing profession as an integral component.

Registered nurses represent the largest segment of health professionals, with more than 3.6 million nationwide. Nurses not only represent an incredible force by sheer numbers, but policymakers rely upon their expertise as they work to improve our nation's health system. For 16 years, nurses have outranked all other professions in Gallup's annual honesty and ethics survey and are viewed as the most trusted profession.

Throughout the year, we will feature examples of ANA members advocating for patients and the profession in various roles and settings, hosted at www.RNAction.org as well as shared through social media. The advocates' stories will be paired with associated tools and ANA products & services. Each quarter will have a dedicated theme, building from local to more global examples, but overlap with other quarterly themes will occur.

Nurses are advocates every day, so examples are endless and no illustration is too small. Please consider sharing your story and being recognized by ANA and your colleagues.

Send either a brief written description (under 150 words) OR a video (less than a minute) capturing your experience: actions, any challenges / barriers as well as strategies and any words of wisdom or tips for colleagues. If providing in writing, please include a high-resolution picture.

Questions or submissions should be directed to Janet Haebler, janet.haebler@ana.org, at ANA.

GET ENGAGED: #BedsideandBeyond

Each quarter will have a dedicated theme, building from local to more global examples, but overlap will occur.

Q1: Nurses advocating locally (January – March)

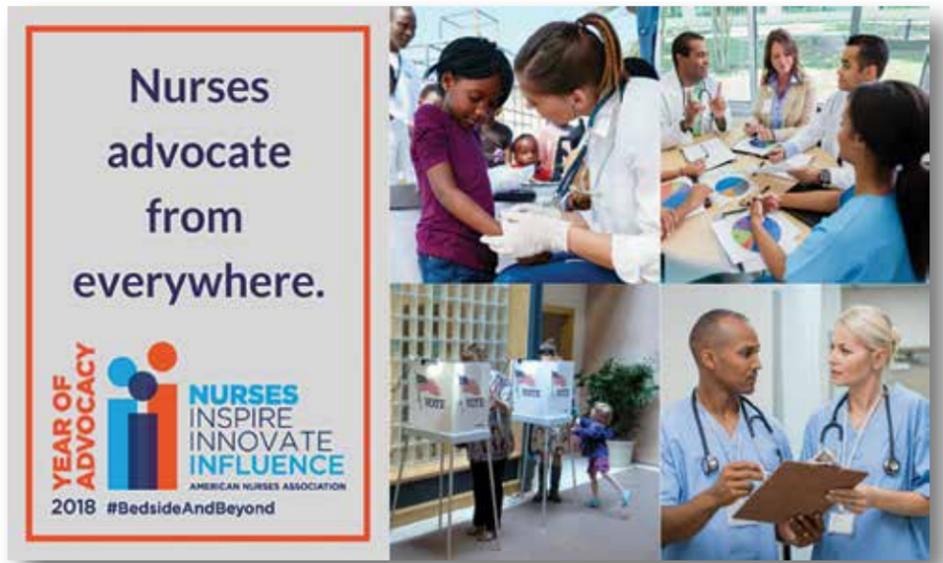
Highlighting efforts at the bedside or in the community both for individual and/or groups of patients and/or nurses. Some examples: patient-focused practice changes/process improvements; workplace safety policies addressing issues such as staffing, workplace violence, safe patient handling and mobility; and representing the interests of patients, consumers and/or the profession while serving on a committee, council or board.

Q2: Nurses influencing elected officials and other key decision makers (April – June)

Highlighting efforts to impact change with key decision makers that are local, state or federal. Could be employer specific, immediate community/county, state legislative/regulatory, or federal. Individual influence as well as participation in a coalition.

Q3: Nurses get out the vote! (July- September)

With the approach of election day, emphasis will shift to political examples. Highlighting nurses leveraging their position as most trusted



profession to impact policy change and 2018 campaigns. Will feature nurses who participated in a campaign, currently in or running for an elected or appointed position, and/or have a productive relationship with their elected official.

Q4: Global Impact and Making every year a year of advocacy (October – December)

Continue highlighting nurses who have had an impact within their community, state, or at the federal level, while also expanding to experiences beyond the US borders. Considering 2019 and future policy issues relevant to the nursing profession, will include an analysis of the November election results as well as insight on potential impact of political advocacy, and tips and words of wisdom on how to make every year a year of advocacy at any level in any role and setting.

To learn more about ANA advocacy efforts and what you can do to help, visit: <http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy>.



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