Sharon K. Dingman, DNP, MS, RN
UNA Director at Large & Membership Committee Chair

Spring is around the corner and as for me this is a time of renewal, growth, and introspection. There is a quote from Ralph Waldo Emerson, “What lies behind us and what lies before us are tiny matters compared to what lies within us.” Profound statement when you consider the role of the nurse in the professional caring interactions with patients - every encounter, every day.

Nurses continue to transform patient care at the frontline point of care INSPIRE through caring and compassionate relationships with patients and families. Nurses INNOVATE, guide healthcare system changes, and assume leadership roles involving patients in managing their own care and quality of life. Consumers are more educated and are exerting more control over how their health care dollars are being spent. Nurses INFLUENCE are actively instrumental in creating the patient experience, improving patient satisfaction and safety outcomes, assisting with preventive care initiatives, and helping control the rising cost of health care.

Many patients have anecdotal remembrances of a nurse who helped them. Professional, competent care received in one-on-one nurse/interprofessional interactions at the point of care delivery saves lives and is foundational to patient safety regardless of the venue. Be it human nature or otherwise, patients are more likely to drive further for health care because of the positive interactions and experience with healthcare providers that contribute to a good experience.

Please take a few moments to review the many benefits of ANA/UNA Membership. Thanks for being who you are and "what lies within us" as nurses. We are truly "NURSES: INSPIRE, INNOVATE, AND INFLUENCE. Celebrate Nurses Week, May 6-12, 2018.

Membership information is found in the ANA Member Guide Information folder [©AHA, 2014 ANA-BRO6 (6/16)]. We encourage you to renew your membership at: http://www.nursingworld.org/joinana.aspx.

Benefits for ANA/UNA members includes access to professional tools you will use in your professional life, including access to research tools, nursing resources, etc. You can access these resources through your MyANA account at NursingWorld.org/MyANA.

Being a member of ANA/UNA makes a powerful statement about you and your commitment to nursing. Membership provides a way for nurses across the United States and Utah to speak with one strong voice on behalf of nursing and our patients. Continuing education and member programs provide you access to learning opportunities to keep you up-to-date in nursing knowledge and advance your career. Additionally, you will find information about personal health and healthy work environments that are safe, empowering, and satisfying.

From the Membership Committee continued on page 3

The Utah Nurses Association Mission Statement:
The mission of the UNA is to advocate, educate, and be a voice for all nurses in Utah both individually and as a whole by promoting and facilitating the roles and functions of nurses in all areas of employment and in all aspects of professional practice.

Attention UNA Members
You can now find us on Facebook. Just search Utah Nurses Association and look for the page with the UNA logo. We will be posting updates for upcoming events and information on conventions in our blog.
Guidelines for Article Development

The UNA welcomes articles for publication. There is no payment for articles published in the Utah Nurse. You must:

1. Submit your article with a copy of the completed form. Material sent without the form will not be processed.
2. Articles must be typed on one side of the paper, double spaced, and in a format that can be easily edited.
3. Articles must be submitted in electronic format via email.
4. Articles should be submitted electronically.

Visit our site regularly for the most current updates on UNA news and events.

May, June, July 2018
FROM THE EDITOR

Claire L. Schupbach, BSN, RN, CPC, CHP

Innovation, inspiration and influence is all around us each day, if we pause to observe. The ANA Executive Council theme for this year is Nurses’ Week aligns beautifully where Utah nurses have been and are going. We have a beautiful, timely, three-generation, nursing story that demonstrates all three aspects of the theme. In continued alignment with a UNA focus this year to include and promote para-professional and co-professional colleagues, we celebrate our Utah ADN and Utah SANE nurse colleagues and professions. Thank you to the leadership in both those organizations, for reaching out to the UNA for this collaboration. We are strongest when we collaborate and support each other.

Aimee McLean

We have had many changes here at the UNA over the past quarter. Our board is working tirelessly to build a foundation that will allow us to grow and change with our ever changing world. We strive to be organized and efficient but also to be innovative and progressive while still preserving our past. There were some changes in the legislature this session that we supported fully and were successful, and there were some we opposed and were unsuccessful. As can be expected, we found working with other like-minded groups such as the Utah Nursing Consortium and being a part of the Utah Falls Prevention Alliance very successful.

We were unsuccessful at stopping changes to the ex-officio member of the State Board of Nursing, but we quickly re-assessed and as an organization decided the change means we will be monitoring the board even more closely than previously. We all, as nurses, take for granted our practice act. Many of us learned about the practice act in school and have not really looked at it since. Some of us who moved from different states reviewed it when applying for a new license, but in general, we assume that it has stayed the same, and rely on our employer to tell us if there are any changes we need to know about. Our practice act protects what we can (and can not) do under our licensure. We need to be vigilant about changes we need to know about. We have a beautiful, growing story that demonstrates nurses have been and are going. We have a beautiful, growing story that demonstrates nurses have been and are going.

Innovate, inspire, influence and know that we are strong when we work together; that we are powerful at the legislature. As nurses, we have a greater role to play in our health care system. Let us take advantage of the power within us and our organizations and work together to make a difference.

PRESIDENT’S MESSAGE

Aimee McLean, BSN, RN, CCHP

We have had many changes here at the UNA over the past quarter. Our board is working tirelessly to build a foundation that will allow us to grow and change with our ever changing world. We strive to be organized and efficient but also to be innovative and progressive while still preserving our past. There were some changes in the legislature this session that we supported fully and were successful, and there were some we opposed and were unsuccessful. As can be expected, we found working with other like-minded groups such as the Utah Nursing Consortium and being a part of the Utah Falls Prevention Alliance very successful.

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The consensus model: What current and future NPs need to know

Acute care vs. chronic care is the key

By Caroline Lloyd Doherty, AGACNP-BC; Patricia Pawlow, ACNP-BC; and Deborah Becker, PhD, ACNP-BC, CHSE, FAAN

In this article, we’ll focus on the effect the Consensus Model has on working NPs and prospective students.

As a current or future advanced practice nurse (APRN), you must understand the Consensus Model and its career implications to practice. The model was developed in 2008 by the APRN Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee. It was endorsed by more than 40 nursing organizations, including the American Association of Colleges of Nursing, National Organization of Nurse Practitioner Faculties, American Association of Nurse Anesthetists, American College of Nurse-Midwives, and the American Association of Nurse Practitioners.

The Consensus Model addresses inconsistent standards in APRN education and practice, which limited APRN mobility from one state to another. Through standardization of licensure, accreditation, certification, and education (https://www.americannursetoday.com/goto/http://application.aspen.edu/aspenu/rn_bsn_mr3/ANT1), the Consensus Model aims to improve access to APRN care. The model focuses on the four APRN roles: certified RN anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and nurse practitioner (NP). It further specifies six population foci for APRN practice. (See What’s in the APRN Consensus Model? Licensure and scope of practice are defined at the level of role and population foci, with the adult gerontology and pediatric NP roles delineated as acute care and primary care based on competencies obtained through formal education (https://www.americannursetoday.com/goto/http://application.aspen.edu/aspenu/rn_bsn_mr3/ANT1).

Consensus Model implications and challenges

Until the early 1990s, NP education programs focused only on primary care. As NPs began to work with acutely ill patients in areas such as surgery, acute care NP programs were developed. However, these programs were scarce, compelling nurses with an interest in acute care to enroll in primary care programs. With the adoption of the Consensus Model, NPs with primary care preparation must return for formal acute care education and obtain certification as a condition of state licensure and maintenance of ongoing employment in their acute care role. This requirement aligns their scope of practice with the patients, diseases, and treatments they manage. However, confusion remains among some nurses, employers, and educators.

Some prospective NP students report being counseled to make themselves more marketable by combining acute care nursing experience with family NP education. This strategy doesn’t take into consideration the regulations that define and expand scope of practice by formal education only. NPs with primary care across-the-lifespan education aren’t prepared to care for acutely ill patients.

The model also affects NPs who work in specialties such as endocrinology or palliative care, where they manage patients with both chronic and acute needs. Remember, educational requirements are determined by patient acuity, not the healthcare setting. However, interpretation of the model in these situations is inconsistent and may have job implications. One solution is dual certification.

What’s in the APRN Consensus Model?

The Consensus Model standardizes licensure, accreditation, certification, and education and defines advanced practice RN (APRN) roles based on population foci. You can learn more about the model by reviewing the frequently asked questions page developed by the National Organization of Nurse Practitioner Faculties (goo.gl/dupTqD)

APRN specialties

Focus of practice beyond role and population focus linked to healthcare needs. Examples include but are not limited to: oncology, older adults, orthopedics, nephrology, palliative care

APRN roles

Nurse midwife, Nurse Practitioner, Clinical nurse specialist, Women’s health, gender-related, Neonatal, Pediatrics, Adult-gerontology, Psychiatric-mental health, License occurs at level of role and population foci

Population foci

Families/individuals across lifespan

Licenses occur at level of role and population foci

Licensure occurs at level of role and population foci

What current and future NPs need to know

Employers also struggle with interpretation of the Consensus Model, mistakenly hiring NPs prepared in primary care for acute care positions and other areas of practice. However, the only way for NPs to be properly prepared to manage acutely ill patients is to obtain formal education through completion of a dual master’s (primary and acute care-focused) or post-master’s program. Continuing education, fellowships, and on-the-job training aren’t sufficient.

APRNs require NPs to return to school (https://www.americannursetoday.com/goto/http://application.aspen.edu/aspenu/rn_bsn_mr3/ANT1) to meet Consensus Model requirements and as a condition of maintaining employment. The implications for NPs include time and expense; many post-master’s programs require up to seven semesters and over 600 clock hours. To facilitate the process for experienced NPs committed to aligning their practice with the Consensus Model, some universities (https://www.americannursetoday.com/goto/http://application.aspen.edu/aspenu/rn_bsn_mr3/ANT1) must develop additional streamlined programs.

Some of these challenges may be why the Consensus Model, which had an implementation goal of 2015, has not yet been adopted in all states. The authors teach at the University of Pennsylvania School of Nursing in Philadelphia. Caroline Lloyd Doherty is teaching faculty for the adult gerontology acute care nurse practitioner program (AGACNP) and program director, and Deborah Becker is director of the AGACNP and adult gerontology clinical nurse specialist programs.

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Choosing a program

To reduce the number of future NPs experiencing issues with their education and certification aligning with their scope of practice, we’ve developed an algorithm that illustrates a recommended process for choosing an APRN program. (See Making choices.) The first decision in the algorithm lets you determine the patient age range you’d like to manage. Next, you choose whether you want to be a CRNA, CNM, CNS, or NP. If you choose the NP route, you then decide whether you want to focus on acute care or chronic care and preventive care.

Setting the standard

The Consensus Model has succeeded in setting standards for APRN preparation and practice. However, current challenges require communication among employers, educators, certifying bodies, and state boards of nursing about the models’ implementation to ensure it meets its goal of increasing access to APRN practice is achieved.

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Nurses on Boards: UTAH Exceeds National Leadership Goal by 107 Nurses!

Gayle Sturgis, MBA, BSN, RN, CCRN-K

In November 2014, 21 national organizations came together to announce a new, nationwide effort to get 10,000 nurses onto boards of directors by 2020. Members of the “Nurses on Boards Coalition” include AARP, the Robert Wood Johnson Foundation, and 19 national nursing organizations, including ANA, AONE and AACN. These coalition members recognize nurses are historically underrepresented on hospital and other boards, where major health care decisions affecting consumers and their families are made daily. It is estimated only 6% of hospitals have nurses on boards. This new effort seeks to ensure that nurses—and their frontline perspectives—have a seat at these decision-making tables. As of February 28, 2018, 4,076 nurses have registered on the national action coalition website.

Utah has a national goal of 67 nurses on boards. As of January 23, 2018, 98 nurses are registered on the national website to represent board participation for Utah. Additionally, 51 nurses have registered as currently serving on a board, and seeking an additional opportunity to serve. Nurses not currently serving on a board but pursuing an opportunity to serve number at 25.

Utah Nurse Leadership Registry is a LinkedIn group designed to allow nurses to communicate potential board opportunities in the state of Utah. Please take a moment and join your nursing leader colleagues at the LinkedIn group at: https://www.linkedin.com/groups/8212751

How will the nurses on boards coalition know that you are part of the wave of nurses representing expertise on boards? You must register your information. Web site: https://www.nursesonboardscoalition.org/. Please take a moment and register your information on this website and help get 10,000 nurses on boards by 2020. If you have previously registered, there is a new phase II link with the national office. The information generated will help the local and national offices help nurses interested in finding board positions and help us identify those already serving on boards. Please register again and allow us to see your information by “opting in.”

The Nurses on Board national website offers resources and education. https://www.nursesonboardscoalition.org/resources/for-organizations/ Use this link to register your interest in serving on a board if you are not already participating on a board.

First: register on the Utah Nurse Leadership Registry
Second: register your current board participation
Third: register your interest in serving on a board

There will be future training opportunities for nurses interested in board service. Please take the time to register...this is important and your participation matters.

UNA Board of Directors’ Collaborates with the Utah Board of Nursing

Diane Forstcr-Burke, MS, RN

Kathleen Kaufman, MSN, RN and Diane Forster-Burke, MS, RN are collaborating with Cescilee Rall, BSic, RN and Steven Higginson, RN of the State Board of Nursing on two issues pertinent to Utah and all nurses.

We have worked on new language in Nursing’s Related Rules regarding delegation to an aide. This was initiated by Health Facility Licensing Rules that would permit an unlicensed personal aide to administer medications in the home setting. The proposed Nursing Rules language states that it is the RN providing care who will determine whether an act or task can be delegated. The professional nurse will determine if, in this situation and with this patient, this is a safe delegation. We wanted to be guaranteed that an administrator in the main office would not be the one to demand delegation based on economic reasons. There will also be language ensuring the nurse has assessed the competence of the aide in completing this task. The Board of Nursing has approved these changes to Rules and it will be going to Public Hearing and Comment (we hope) sometime this spring. To be aware of any language changes for the Nurse Practice Act or Rules, these are listed on DOPL’s website https://www.utah.gov/legis/ and on the Administrative Services website https://rules.utah.gov/statutes-and-rules/

The 2nd issue was brought to us by the ANA and is a national issue. There is a movement from the National Association of Veterinary Technicians in America (NAVTA) to adopt the title of “Registered Veterinary Nurse” for those techs providing care for animals under the delegation of a Veterinarian. Several states are adopting language to clearly protect the title of “nurse” as someone providing care, using our specialized knowledge, judgement, and skills, to humans. We are looking at the definition of nursing and nurse in the Nurse Practice Act. We believe that nursing care is provided for humans, not animals. Are other nurses concerned about this issue? Please respond to the UNA office at office@utnurse.org.

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As nurses, we have the privilege and opportunity to provide safe and competent patient care with caring, compassion, and presence in each patient care experience. Health systems have an obligation to manage health and wellness of a patient population rather than episodic care. Nurses play pivotal roles in contributing to the coordination of care along the entire continuum of wellness for patients. Patients are no longer passive participants in their care. The nurse is a key leader in assisting the patient’s active role in their own care. In the spirit of reflective practice, how do we care for ourselves, how does the work environment impact our sense of well-being, and how do we contribute to a healthy workforce and ultimately safe patient care?

**Care of Ourselves**

Much is said about the role of the nurse as being empathetic and able to understand the patient’s situation by genuinely putting themselves in the patient’s experiences. We are privileged to ask questions of the patients and share their thoughts, concerns to better understand and show genuine interest. Empathy is a vital ingredient for effective team work, collaboration and delivery of safe care (Clark, 2018). Empathy is cultivated in the patient encounter through empathy and self-reflection of a healthy nurse.

What is a healthy nurse? Is your job a risk to your health? In a recent article in *American Nurse*, the question is framed around the following statement: “Ranked by the public as the most trusted professionals and numbering 3.6 million nationwide, RNs have the power to effect behavior change as a role model (Priano, 2018). Unhealthy lifestyles including diet, physical activity, workforce functions as a team working together, supporting the health of the patients and improve patient outcomes and satisfaction with care. All care givers are leaders.

**Impact of Work Environment on Sense of Well-being**

Fundamental to our nursing practice is the guidance we may obtain though personal reflection on our own nursing practice. Making sense of the work of nursing is the process of reviewing care delivery situations and our actions within our work environment. Some nurses become disillusioned about their nursing abilities, their sense of value or contribution, and over time may lose appreciation for their role as a nurse. Most often in this process the greatest learning comes from examination of our own experiences and self-reflection. Keeping a journal is one way to broaden this experience and learn first-hand who you are as a nurse. Self-reflective journaling provides an opportunity to evaluate personal performance. Personal reflections may include:

1. Why did I choose the profession of nursing?
2. What am I most proud of in my current work?
3. What have I learned about my nursing practice?
4. What is my future vision for my professional nursing career?

For nurses’ healthcare includes multiple environments of shared accountability. A healthy work environment is “safe, empowering and satisfying” (Priano, 2018). Nurses are the largest work group in healthcare and are the most vulnerable in the work place. Priano (2018) further notes the importance of being treated with dignity and respect and a lack of injury; having safe equipment; free from bullying/violence (from patients, co-workers, and higher levels of authority; fatigue from 12 hour shifts, overtime, and feeling obligated to work when ill; fewer if any breaks; available wellness services; and working sick and feeling present at work, all impact the work environment. These identified concerns impact a healthy work environment.

**Patient Care Outcomes**

Patient and family perception, experience and satisfaction with care is associated with nurse communication and collaboration with other health professionals. This is a component of the value-based incentive reimbursements to health care providers for top satisfaction scores. A healthy workforce environment supports the nursing team work with patients and each other (Priano, 2018). Patient-centered care requires all health care professionals use evidence-based practice as members of interprofessional teams at the point of care delivery. Any individual who provides even one component of the patient-experience impacts the patient/family perceptions of their care. Health work places can reduce stress, patient outcomes, reduce stress, and improve patient outcomes and satisfaction with care. All care givers are leaders.

**Conclusion**

Nurses provide an innate sense of humanness and sense of caring. Nurses inform, connect, engage and advance the profession. I have often spent time musing about my role as a nurse spanning 35 plus years of experiences. Sharing memories, stories, and reflecting on experiences are powerful tools to support the spirit of nurses. Some of my “Musings of Caring” and the spirit of caring a nurse provides to patients have come from my own experiences as a hospitalized patient many years ago for three and a half weeks. “I can recall my experience as if it were yesterday. I could tell by the voice or the hurried demeanor if the nurse wanted to be in my room. I could tell how important it was for them to introduce themselves, call me by name, touch my arm, tell me what they were going to do for me, and explain the plan of care for the day; and yes, for them to be seated at my bedside for the five minutes including me in my care decisions and ask me what was my number one hope or need for the day. The time spent in this manner can never be underestimated” (Personal reflection). Humanity is expressed holistically to the patient through compassion and caring by the nurse to the patient, especially during the one-on-one interactions at the bedside (Dingman, 2012).

I continue to celebrate the realism of nursing to me as encompassed in the following words: Authentic – Empathy; Respectful – Caring; Collaborative – Awareness; Cathing – Presence; Engaged – Spirit; Informed –Professional; and Quality – Outcomes (Dingman, 2012).

May we continue to celebrate our nursing roles, our value and our skills and as a most trusted professional… all 3.6 million of us. As part of Nurses Week 2018 let’s reflect on our nursing roles and thoughtfully take time to recall our original choices to become a nurse. Thank you for being a nurse!

References:


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 as nurses age? The vast majority of registered nurses 55 years or older work in ambulatory care settings. Did you know…employment setting. It will (in combination with Rules) give even further definition to the language in the NPA. The Rules explain how much the fine would be for first and second offenses.

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://hrbs.hrsa.gov/healthworkforce

Endorsements
The following nursing organizations have endorsed this survey. The National Council of State Boards of Nursing, the American Nurses Association, the American Association of Nurse Anesthetists, American Nurses Association, and many others.

The Nurse Practice Act & Rules FAQ’s
Why do I need to read the NPA or Rules?
Any licensed nurse needs to understand the provisions of the NPA and Rules and most especially where to find information. You are accountable to follow both the NPA and Rules in your practice as a nurse. Your employer will hold you accountable to follow employment specific policies and protocols. Policies generally describe how you function as an employee in that setting, and protocols describe how you do a procedure at your work setting.

Neither the NPA nor Rules covers what I am being asked to do in my work setting. Why are there no lists of do’s and don’ts in the NPA or Rules?
There is no list of things to do or not to do, except not to be unlawful or unprofessional in your conduct. Our jobs vary greatly across settings, so creating a list of do’s and don’ts is not feasible. To examine the responsibilities of your work, you need to refer to Policies and Protocols (sometimes called Procedures). In general, staying within the bounds of the NPA requires you not to perform acts reserved to other licensed professionals. For instance, APRNs have prescriptive privilege while RNs do not. An RN would be outside his/her scope of practice if he/she engaged in prescribing.

What do I do if the Rules or NPA conflict with my employment policies?
This would put your ability to legally function in that setting at risk. Speak to your nurse manager and offer to work in a group to better define your workplace policies in light of the NPA and Rules. You do not, and your employer would not want, you to do something illegal. In the end, each licensed nurse is responsible to pursue his/her nursing practice in a way that complies with legal requirements in Utah.

Who do I contact if I have questions concerning either NPA or Rules?
You can contact any member of the State Board of Nursing, the Bureau Manager at DOL3, or contact the Utah Nurses’ Association. http://www.utnurse.org/

Does the NPA cover medical assistants and techs?
No. The NPA and Rules address nurses, and neither M.A.s nor techs are nurses. It does address delegation to an unlicensed person.

Do I have to commit these to memory?
No, but if you know where to find the information, it will help you as a reference.

What is the difference between the Nurse Practice Act and the Rules?
The Nurse Practice Act (NPA) is our law describing who can be called a nurse and how a nurse is defined in Utah. The NPA also defines the various types of licensed nursing including Licensed RNs, APRNs, CNMs, and CRNAs and describes the qualifications required to license for those roles. It can only be changed through the legislative process (during the Legislative Session). The NPA was last changed in May 2017.

The Rules give further definition to the language in the NPA. The Rules are developed by the Board of Nursing and DOL3, often with the input of the Utah Nurses Association. Rules can be changed through a process of publicizing the changed language, holding a hearing and allowing for a period of public comment. This can occur throughout the year. http://dol.utah.gov/laws/R156-31b.pdf. The Rules were last changed in January 2018. For example, a nurse assisting someone to be hired as a nurse who is not licensed as a nurse, is defined as “unlawful conduct” according to the NPA. The Rules explain how much the fine would be for first and second offenses.

Our NPA has developed over the last century to address issues involving nursing i.e. pre-licensure education, lending a hand to non-nurses, and protection as nurses. An example of this is section 58-31b-108(4) which requires certain medications be given in the school setting. These changes are often done by a legislator who is listening to a complaint that his/her child cannot participate in a school activity because he/she requires that medication be given in the school. For example, two years ago a legislator (in the waning hours of the session) added language stating any emergency seizure rescue medication would be given in the school by any route except IV or IM.

What does the Nurse Practice Act do?
There are several sections to the NPA, beginning with definitions, the Board of Nursing’s powers and the expectation to practice, unlawful vs unprofessional conduct, and ends with Practice Standards. https://le.utah.gov/xcode/?title=58-31b.html

Does the NPA tell me how to practice nursing?
The NPA does not tell a nurse how to practice nursing, as this is more importantly covered in your nursing education and in the policies/protocols in your work setting. It will (in combination with Rules) discuss delegation of an act or task to another person who is not licensed.

What does the NPA say about delegation of act or task?
Section 58-31b-108(4) states that delegation to another is allowed to the extent that the RN is responsible and accountable for the act, the act is within the RN’s scope of practice, the RN has the necessary knowledge and/or consent as nurses. An example of this is the school setting. For example, a nurse involved in prescribing is defined as “unlawful conduct” according to the NPA. The Rules explain how much the fine would be for first and second offenses.

The Rules give further definition to the language in the NPA. The Rules are developed by the Board of Nursing and DOL3 with the input of the Utah Nurses Association. Rules can be changed through a process of publicizing the changed language, holding a hearing and allowing for a period of public comment. This can occur throughout the year. http://dol.utah.gov/laws/R156-31b.pdf. The Rules were last changed in January 2018. For example, a nurse assisting someone to be hired as a nurse who is not licensed as a nurse, is defined as “unlawful conduct” according to the NPA. The Rules explain how much the fine would be for first and second offenses.

Our NPA has developed over the last century to address issues involving nursing i.e. pre-licensure education, lending a hand to non-nurses, and protection as nurses. An example of this is section 58-31b-108(4) which requires certain medications be given in the school setting. These changes are often done by a legislator who is listening to a complaint that his/her child cannot participate in a school activity because he/she requires that medication be given in the school. For example, two years ago a legislator (in the waning hours of the session) added language stating any emergency seizure rescue medication would be given in the school by any route except IV or IM.

What does the Nurse Practice Act do?
There are several sections to the NPA, beginning with definitions, the Board of Nursing’s powers and the expectation to practice, unlawful vs unprofessional conduct, and ends with Practice Standards. https://le.utah.gov/xcode/?title=58-31b.html

Does the NPA tell me how to practice nursing?
The NPA does not tell a nurse how to practice nursing, as this is more importantly covered in your nursing education and in the policies/protocols in your work setting. It will (in combination with Rules) discuss delegation of an act or task to another person who is not licensed.

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Laura Poe, MSN, RN

Laura Poe was considered a visionary leader and is recognized among the great nursing leaders of the state of Utah and the nation. Her nursing career spanned nearly 30 years. She was known as a caring nurse, an insightful well-informed state regulator, and a teacher/mentor to many. She was masterful in bringing diverse bodies together to ensure that regulation of nursing practice protected the public and all licensed nurses to practice to their full scope. She will be remembered as an unwavering advocate for patients and families.

Laura received the L. Louise Mannis Award which is the highest award given by the National Council of State Boards of Nursing for her leadership in regulation of practice and service. She served for several years on the National Council’s Board of Directors. Through her able leadership, the State of Utah was the first state to pass the RN and APRN Interstate Compact Act, which a term now nationally recognized. During her years as Bureau Manager over the State Board of Nursing, she facilitated one of the most progressive Nurse Practice Acts in the nation, which became an exemplar for other states.

In life, she was a respected and appreciated loyal friend. Her keen intellect and sense of humor allowed her to maneuver through difficult situations. She represented all that is good in nursing. She was an individual of courage, vision, integrity, and knew how to work with others to accomplish great things. Her influence and leadership will forever be remembered and missed. She passed away April 17, 2012 from cancer which had been under treatment for several years.

In their words, Karen O’Driscoll, Lillian Lowham Sundquist, and Amanda Lawrence, “She “…wants to be the kind of nurse that Florence Nightingale would want on her team.” She has added the accomplishment of Reiki Master to complement her nursing practice with cancer patients. As a reminder to last year’s ANA’s theme of Healthy Nurse Healthy Nation she makes the time for CrossFit to balance her life. Amanda’s heart is honoring “…provide someone the help and comfort they need and get them to where they need to be.” She further expresses and confirms what we in the medical profession, and the para-profession life and the difference she made to the profession of nursing and to so many of us as a mentor and friend.

In honor of the year of Innovation, Inspiration and Influence and in addition, Mother’s Day, National Nurses’ week and our 2018 focus on those who have gone before us, we have been graciously invited to reminisce with Karen and Amanda. (Niece and grand-niece of “Sunny”)

We are celebrating the life and gifts of service of Lillian Lowham Sundquist, (Sunny) who trained the first nine Utah paramedic firefighters.

Inspired by Aunt Lil in her teens, Karen O’Driscoll, RN, CEN, OCN knew as early as 8 or 9 she wanted to be in the medical field. She started volunteering at Holy Cross Hospital in the ED in her teens. Especially poignant was her pinning ceremony. The event was captured in the photo that accompanies this article. Amanda currently works as a flight nurse for AirMed at the University of Utah.

Karen O’Driscoll, Lillian Lowham Sundquist (Sunny), and Amanda Lawrence

Three Generations of Innovation, Inspiration & Influence

In as told to Claire L. Schupbach by Karen O’Driscoll & Amanda Lawrence

Mary Williams, PhD

Claire L Schupbach, BSN, RN, CPC, CHP

As we celebrate Nurses’ week we are continuing to look back and honor our colleagues who came before us here in Utah. Ordinary people, who worked tirelessly to care for their patients and move the nursing profession forward in our state and the nation. They cared for their patients, raised families, went to school and worked in their communities. We are gifted with sight, inspiration, foundation, wisdom and encouragement when we pause to look back.

A special honor for the UNA (Utah Nurses Association) is a reflection of Laura Poe’s, MSN, RN career and life’s work, which included tenure as an Executive Director.

We are gifted for our In Memoriam column, with a “three generation reflection” in honor and celebration of the life’s work of an aunt, niece and great-niece, impacting influence.

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Una Utah Nurses Association

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- You’re planning education for it.
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There are as many aspects to nursing practice as there are settings and types of nursing practice. The “needs” that are identified for professional development and practice enhancement will be as varied.

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- Visit www.utnurse.org/Education to view FAQs and application information.

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To view our openings please visit our web site of www.ubmc.org | 435 722 6188 | Roosevelt, Utah
NURSES’ DAY AT THE LEGISLATURE

By Donna R. Murphy, MSN, RN, CPN

February 9th was an exciting day for the many students, nurses and legislators who gathered for an educational day on the latest update with bills on Capitol Hill in the 2018 General Session of the Legislature. The day started out with nurse, Alex Wubbels, RN who spoke to the crowd regarding the significance of following hospital policy and advocating for your patients. Senator Todd Weiler from Senate District 23 spoke on his co-sponsored House Bill 43 titled Blood Testing Amendments with chief sponsor Representative Craig Hall from House District 33. This bill was initiated by the situation involving Alex Wubbels, RN who was wrongfully handcuffed by a Salt Lake City Policeman while on duty as a charge nurse at the University of Utah Hospital. The audience was encouraged to keep in mind how vitally important it is for nurses to remain as professional as possible even in the most stressful situations. Her settlement for damages was $500,000.00.

Utah School Nurses Association, Judi Yowsky, RN spoke about how school nurses lobbied to keep $1.2 million as a line item. They were able to maintain the $1.2 million as a line item and agreed to 2 hours of mandatory mental health education per year. Their plans include asking for an additional million next year in 2019.

Teresa Garrett, DNP, RN, APHN-BC from the Utah Nursing Consortium rallied students and nurses to attend the Higher Education Appropriations Committee Meeting that was taking place in the Senate Building, so they could experience firsthand how a committee meeting plays out.

Several students and nurses were taken to both the Senate and House Galleries and introduced by Senator Karen Mayne and Representative Marie Poulsion. It was inspirational for them to see the legislators in action voting on bills which have the potential of becoming law if the governor signs them into law.

Many legislators spoke to our audience from the podium in the Governors Hall, including Senator Gene Davis who spoke on Medicaid Expansion. Representative Brad Daw spoke on his proposed medicinal marijuana bills. Representative Carol Spackman Moss spoke on Clean Air Quality and her bill regarding cell phone use in vehicles.

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Tips were given on why and how to contact your legislators inspiring the audience to get involved in the political process. Encouragement was given for nurses and students to fill out either a blue sheet outside the Senate or a green sheet outside the House of Representatives. The purpose of filling out the blue and green sheet was for the guards to deliver messages asking the legislator to step out of floor time and meet with their constituents. The audience was encouraged to consider running for local political offices, city council, state offices and even federal offices.

Please consider joining us next year on Capitol Hill and have your voice heard as you can learn firsthand how the political process unfolds and how you can be part of the change, making a difference!
The American Nurses Association (ANA) co-signed a letter from the American Academy of Nursing and other organizations urging Congressional leadership to launch a bipartisan National Commission on Mass Shootings. The Academy delivered the letter on Feb. 27 on behalf of the signing organizations.

“The 96 organizations that have cosigned our letter share a commitment to keep children, parents, families, teachers, responders, and administrators safe, said Academy President Karen Cox, PhD, RN, FAAN, Executive Vice President/COO, Children’s Mercy Kansas City. “Enough is enough. We need common sense gun laws, and we need Congress to step up and lead.” Additionally, ANA continues to advocate in support of commonsense legislation that would allow federal agencies to research gun violence and firearm injury prevention.

As the voice of more than 3.6 million registered nurses across the United States, ANA has consistently asked lawmakers to take strong action against the growing trend of gun violence in America, including banning assault weapons, enhancing background check systems, enacting mandatory waiting periods, and combating the epidemic as a public health and safety issue.

It’s critical that lawmakers take the next logical step and encourage research to develop meaningful, evidence-based prevention strategies that would be essential to ending gun violence.

Letter to Congress on Mass Shooting

The Honorable Mitch McConnell
Leader
U.S. Senate
Washington, D.C. 20510

The Honorable Chuck Schumer
Minority Leader
U.S. Senate
Washington, D.C. 20510

Dear Leader McConnell, Minority Leader Schumer,

We, the undersigned organizations, share a commitment to keep children, parents, families, teachers, responders, and administrators safe. We are writing to urge Congressional leadership to launch a bipartisan National Commission on Mass Shootings within the next thirty days.

1. Creating a universal system for background checks designed to highlight an applicant’s history of dangerousness and require that all purchasers of firearms complete a background check.
2. Strengthening laws so that high-risk individuals, including those with emergency, temporary, or permanent protective or restraining orders or those with convictions for family violence, domestic violence and/or stalking are prohibited from purchasing firearms.
3. Banning the future sale, importation, manufacture, or transfer of assault weapons, incorporating a more carefully worded definition of the term “semiautomatic assault weapon” to reduce the risk that the law can be evaded.
4. Ensuring that health care professionals are unencumbered and fully permitted to fulfill their role in preventing firearm injuries by health screening, patient counseling, and referral to mental health services for those with high risk danger behaviors.
5. Focusing federal restrictions of gun purchase for persons on the dangerousness of the individual and fully funding federal incentives for states to provide information about dangerous histories to the National Instant Check System for gun buyers.
6. Supporting enriched training of health care professionals to assume a greater role in preventing firearm injuries by health screening.
7. Researching the causes of and solutions to firearm violence.

Thank you for your commitment to keep children safe. Convening a bipartisan National Commission on Mass Shootings is a start. If we can provide more information or if you have any questions, please do not hesitate to contact the American Academy of Nursing, Cheryl S. Sullivan, CEO, Cheryl_Sullivan@AANHNet.org or 202-777-1170.

Sincerely,

The Honorable Paul Ryan
Speaker
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Nancy Pelosi
Minority Leader
U.S. House of Representatives
Washington, DC 20515

American Academy of Nursing
ABIM Foundation
Academy of Neonatal Nursing
Alliance of Nurses for Healthy Environments
American Academy of Ambulatory Care Nursing
American Academy of Social Work and Social Welfare
American Association of Directors of Nursing Services
American Association of Nurse Practitioners
American College of Nurse Midwives
American College of Nurse Midwives, Hawaii State Affiliate
American Holistic Credentialing Corporation
American Nurses Association
American Nurses Association-New York
American Nursing Informatics Association
American Psychological Nurses Association
American Public Health Association, Public Health Nursing Section
American Society of PeriAnesthesia Nurses
ANARNP United of Washington State
Association of Black Nursing Faculty
Association of Community Health Nursing Educators
Association of Nurses in AIDS Care
Association of periOperative Registered Nurses
Association of Public Health Nurses
Association for Rehabilitation Nurses
Boston College, William F. Connell School of Nursing
Center for Forensic Nursing Excellence International Center for Human Encouragement
Chi Eta Phi Sorority, Inc.
Children’s Hospital Los Angeles
Children’s Mercy Kansas City
Coalition of Geriatric Nursing Organizations
Community Health Center, Inc.
Drexel University College of Nursing & Health Professions
Duquesne University School of Nursing
Fairfield University Marion Peckham Egan School of Nursing and Health Studies
Forum for Shared Governance
Gerontological Advanced Practice Nurses Association
GLMMs: Health Professionals Advancing LGBT Equality
Grandmothers for Peace International
Greater Cleveland Nurses Association
Gundersen Medical Foundation, Inc. La Crosse, WI
HealthEd Connect, Inc.
Hospice and Palliative Nurses Association
Infusion Nurses Society
INSIGHTS Intervention, LLC
International Association of Forensic Nurses
International Association of Latino Nurse Faculty
International Society of Psychiatric Mental Health Nurses
Johns Hopkins School of Nursing
Kentucky Nurses Association
Massachusetts General Hospital
MGH Institute of Health Professions
Minnesota Organization of Registered Nurses
Minnesota Student Nurses Association
National Association of Orthopaedic Nurses
National Association of Pediatric Nurse Practitioners
National Association of School Nurses
National Black Nurses Association
National Coalition of Ethnic Minority Nurse Associations
National Hartford Center for Gerontological Nursing Excellence
New Jersey Collaborating Center for Nursing
New Jersey State Nurses Association
New York University Rory Meyers College of Nursing
NursDynamics, LLC
Nursing Network on Violence Against Women International
Old Dominion University College of Health Science
Organization for Associate Degree Nursing
Organization of Colleges of Nursing-New Jersey
Partners in Health
PFR Consulting
Philippine Nurses Association of America, Inc.
Preventive Cardiovascular Nurses Association
RMA Consulting/Arizona
Rush University College of Nursing
Rutgers School of Nursing-Camden
St. Catherine University, Henrietta Schmoll School of Health
Seattle University College of Nursing
Society of Pediatric Cardiovascular Nurses
South Dakota Nurses Foundation
Sorenson Nursing Research Society
The Arnold P. Gold Foundation
The Graduate Center of the City University, Nursing Science PhD Program United States Institute of Kangaroo Care
University of California San Francisco School of Nursing
University of Delaware School of Nursing
University of Hawaii at Manoa School of Nursing & Dental Hygiene
University of Kentucky College of Nursing
University of Minnesota, Center for Spirituality and Healing
University of San Diego, Hahn School of Nursing and Health Science
University of Southern California School of Nursing
University of Virginia, School of Nursing
University of Wisconsin-Madison School of Nursing
University of Wisconsin-Milwaukee College of Nursing
Yale School of Nursing

The Utah Department of Health holds a FREE monthly Diabetes Webinar Series that provides Continuing Education Credits at no charge for Registered Nurses and Registered Dietitians. The webinar series covers a wide variety of topics related to diabetes on the third Wednesday of every month from 12:00PM-1:00PM MST.

The Utah Department of Health also awards SCHOLARSHIPS to providers interested in becoming a Diabetes Self-Management Education (DSME) program in Utah. The scholarships cover initial accreditation costs with AADe or ADA.

Please visit the Living Well website for patient and provider resources and to locate a program, or email Brittany Ly (bly@utah.gov) to join the listserve and get more information on webinars and scholarships.

livingwell.utah.gov/
Katie Dobson, MSN-Ed, RN

Let me start by telling you what forensic nursing is not. It is not setting your alarm, getting out of bed and driving to work on time. It is not getting report on a set number of patients so that you can provide care during your shift. It is not having the comfort of working at the same place with the same colleagues. Now for what forensic nursing is. It is featuring your equipment at home, making sure that there’s gas in the car, and mentally preparing for whatever may come. It is being ready to leave at a moment’s notice and knowing you may return hours after your shift has ended. Although this field of nursing may not be typical or in a traditional nursing setting, it is exciting, rewarding, and impactful.

There are various forensic nursing models, but Wasatch Forensic Nurses, which serves all of Salt Lake and Utah Counties, is a mobile team. That means the nurse on call will respond to whichever hospital the patient who has reported sexual assault presents at. We take call in 6 hour shifts, with the responsibility to finish out a case once we’ve started. We are notified via answering service when we’re needed for an exam, or to return a call from a patient to answer a question. During a call shift, it is important to keep busy. Some nurses do housework, some run errands, some watch movies or scrapbook. Anything that can be stopped at a moment’s notice. Shopping for frozen foods is not a good idea! Once the call comes in from the answering service, the nurse returns the call, gathers information, prints labels, and starts driving.

At the hospital, the nurse checks in with the staff nurse or provider. When meeting the patient, the first thing I say is “I’m sorry to have to meet you this way, but I’m really glad you’re here. I know it takes a lot of courage to report an assault.” This is not the first time the was sexually assaulted do not report the crime (Rennison, 2002). And the response from those they disclose to can have devastating effects. Rennison, C. A. (2002). To prepare for the exam, our nurses team up with the wonderful Rape Recovery Center Advocates and Rape Crisis Volunteers from the Center for Women and Children in Crisis. This creates a wonderful support system for the patient.

Throughout the exam, the nurse empowers the patient to take a proactive role. Although Utah is a mandated reporting state, and any crime must be relayed to law enforcement, the patient can determine whether he/she will speak to the police officer, or even whether law enforcement will have access to their exam form. They can also decide whether to get a full medical-forensic exam or opt for only the prophylactic medications. If an exam is desired, consents are signed, demographics and medical history is obtained, and a narrative history of the assault is documented. Specific questions are asked regarding where the suspect has touched the patient. Then the next part of the exam is a head to toe assessment; however, this is not your typical health assessment. What the nurse is looking for is any injury that may need to be documented or referred to the provider for further studies or repair. At the same time, DNA swabs are collected. The last part of the physical is a pelvic/genital exam, during which injury is assessed, photos are taken, and evidence collected.

Since the nurse and provider are ultimately responsible for the care of the patient, findings are then discussed and prophylactic medications are ordered per patient demographics. Rennison, C. A. (2002). Recommendations. By the end of the exam, the nurse can often see a positive change in the patient’s demeanor.

The most common concern for forensic nurses is being subpoenaed to court. While lawsuits are always a possibility in the healthcare field, when they do happen, they are mostly civil suits and you are on the defense side of things. With sexual assault cases are of a different nature, and when subpoenaed, the nurse testifies as an expert witness. The difference being that the nurse must educate the jury on what we do, and what she has found during that exam as an objective observer.

Forensic nursing is not for everyone. You must be willing to work rather autonomously, be able to compartmentalize and deal with the stories you hear, and have some flexibility in your schedule for taking call. However, it is fascinating to witness the ever-progressing science of forensics, and to play a part in educating the public about how to treat someone who has been assaulted, hopefully changing the culture of victim-blaming and rape myths. The biggest benefit of this job, though, is that you make a real difference for a person who is experiencing the most traumatic day of his or her life.

Forensic nursing is one of the field’s newest specialties, with the first program getting its start in 1979. After having experience as an R.N., competency in this field requires additional training, consisting of a 40-hour course followed by hands-on training by the hiring organization. Two trainings per year are offered in the state of Utah, the next coming up on October 4-6. If you would like more information on this or other trainings, contact meldredge@wasatchfn.org.


Utah Nurse • Page 12 May, June, 2018

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American Nurses Advocacy Institute (ANAI)

As the most trusted and largest sector of health professions in the U.S., registered nurses must have a voice in influencing the profession and health care. To that end, the American Nurses Association (ANA) is committed to growing nurses’ political leadership skills formally and informally through the American Nurses Advocacy Institute (ANAI). Launched by the ANA in 2009, the program grooms each nurse to be an effective advisor to their state nurses association in establishing legislative/regulatory priorities, recommending strategies for execution in the advancement of a policy issue, and educating colleagues about the political realities and how to be more effective advocates. The program is comprised of 150 participants, so each individual can benefit optimally from the interactive sessions held in Washington, DC as well as the ongoing mentor support throughout the year. The 2017 – 2018 class represented 18 states – CA, CT, KS, IA, MA, MI, MN, NE, NV, NH, NM, NY, SC, TX, UT, WA, WV, & WY.

While in DC, nurses heard from influential nurses leaders such as long-standing Minnesota House Representative who is currently campaigning for Governor, Erin Murphy, MA, RN, FAAN; Mary Behrens, MS, RN FNP BC former Wyoming Mayor and State Legislator; and Dr. Irene Trowell-Harris, RN, Ed.D. Major General USAF, Retired, the former Director of the Department of Veterans Affairs Center for Women Veterans. Attendees learned about messaging for differing audiences from leaders in the public relations arena and considerations when assessing the political environment. Application of some of these acquired skills were first exercised with visits to Congressional offices. The learning continues throughout the year with discussion of other related topics and the ability to apply new skills at the state level.

This year Donner Schweitzer, 1st Vice President, and Kathleen Kaufman, ANA Co-Chair have been selected to participate in this advocacy institute. We have discussed ongoing nursing issues around the country and worked on advocacy skills including analyzing legislation. As well as, learning the finer points of testifying before legislative bodies. The institute will continue throughout 2018 and we hope to bring some of our new knowledge alive in service to you, our colleagues.

The Nurses on Boards Coalition (NOBC) was created in response to this, as a way to help recruit and engage nurses to step into leadership roles.

The NOBC represents nursing and other organizations working to build healthier communities in America by increasing nurses’ presence on corporate, health-related, and other boards, panels, and commissions. The coalition’s goal is to help ensure that at least 10,000 nurses are on boards by 2020, as well as raise awareness that all boards would benefit from the unique perspective of nurses to achieve the goals of the organization they serve in the United States. We encourage each and every one of you, over 3 million strong, to visit www.nursesonboardscoalition.org, sign up to be counted, if you are a nurse, and learn about the efforts being made to help build the future of our profession.
Medicaid Expansion Goes to the People! Medicaid Ballot Initiative Is Coming!

Kathleen Kaufman, MS, RN, GRC Co-Chair

Every poll done in Utah has shown that Utah citizens by and large support fully expanding Medicaid in our state. Yet the Medicaid Expansion plans put forth by the Utah State Legislature tend to be very piecemeal and only cover a few more people with each effort. Two years ago, the legislature passed a bill promising to cover many of our chronically homeless or recently released prisoners if they had serious substance abuse problems or severe mental health problems. Despite early assurances that this bill would cover about 16,000 people, it later was revised to possibly cover 11,000 and now might cover 5,000 or 6,000 provided they meet significant requirements. These are very difficult criteria to meet. For example, anyone in that group who earns more than $50 per year will be thrown off of Medicaid after one year of care. While one year of care is good, this is generally not sufficient to fully treat substance abuse or mental health problems. As a result, less than 900 people are covered by that very limited expansion at this time.

The current legislation, HB 472, is a Medicaid Waiver asking the federal government to give the highest federal match of $90 federal money for every $1 of state money. This is for a partial expansion, instead of the full expansion for which this high match was intended. A similar bill passed the Arkansas legislature. After a year of waiting, the waiver was still not accepted as recently as March 5th, just three days before Utah passed a similar request. Utah is asking for a full match of federal funds for a plan that will not fully cover the uninsured workers of Utah.

Medicaid Expansion advocates have banded together to oppose presenting the very serious decision to the people of Utah. By the time you read this, the ballot initiative to fully expand Medicaid is either going to happen or is defeated due to insignificant numbers of signatures to place it on the ballot.

If enough verified signatures (more than 113,000 signatures) have accumulated, the UNA will post details regarding this ballot initiative on our website. The bill’s name is the Utah Decides Healthcare Act of 2018. You can also find information at the www.utahdecides.org website.

FACTS about full Medicaid Expansion:

1. This will help parents. In Utah, parents lose eligibility for Medicaid when their incomes reach $1,128 per month for a family of four. Expanding Medicaid will guarantee all parents have insurance coverage so they can take care of their health and their children.

2. Expanding Medicaid can help stabilize Utah’s insurance market. In 2017, over 179,000 Utahns accessed health insurance through the Health Insurance Marketplace (1). The premiums on the Marketplace are on average 7% lower in states that have expanded their Medicaid programs to cover all low-income residents (2).

3. Expanding Medicaid would provide coverage for working Utahns. Of the people Medicaid expansion would cover, 65% of them are currently employed, and 85% of these family households have at least one working adult (3). Food service workers, sales people, and office administrators are among the top three industries where Utahns are currently working but not getting health insurance, and would be covered by Medicaid expansion (4).

4. Expanding Medicaid is fiscally responsible. Let Utah VOTERS decide what to do with our tax dollars. For 5 years Utah has been leaving money on the table. We send $710 million a year to DC to pay for healthcare, and we’ve been leaving this money on the table...to go to other states. By expanding Medicaid, we will bring all our tax dollars’ home (5).

References:

AORN of Northern Utah, Chapter 4501
Carolyn Kunz, RN, CNOR and Steven P. Grant, BSN, RN, CNOR

What is AORN? It is the Association of periOperative Registered Nurses. It represents the diverse nursing roles in a modern OR, including pre-op, intra-op-scrub and circulating, post-op and PACU. RN First Assistant, nursing in an office setting, management, and industry representatives.

Over the last 50 years we have seen a tremendous change in our job focus due to the incredible scientific advances that assist physicians and improve patient outcomes. One of the highlights has been on the initiation of a “Time Out” protocol, which is done before any surgical or invasive procedures. This can be completed in the Operating Room, Cath Lab, Emergency Room, or wherever a procedure is being initiated. The goal is to prevent wrong site surgeries, incorrect procedures, and other potential patient errors. These mistakes can be devastating to perioperative personnel, patients, and their loved ones.

Perioperative nurses have become experts with technology due to the scientific advances and wide variety of new equipment available. They are trained to ensure everything is in working order, equipment is linked, accurately connected, and ready for use so that procedures run smoothly. This knowledgeable approach ensures patients will have optimal health outcomes. Our main focus is always on the patient - to provide for their safety and well-being in any situation. We are the patient advocate at all times.

2018 Winter Conference Photos
The GRC has been quite busy during the Legislative Session which started January 22nd and ended March 8th. Kathleen, Diane, and Aimee attended many committee meetings to testify or just listen in for our better understanding of the bill. The bills we followed are on the bill tracker on the UNA Website. Some of that we focused on are:

**HB 12** (Ray Ward) Family Planning Medicaid Waiver Amendment - Strongly supported. This bill will ask for a Medicaid waiver to be able to provide Medicaid eligible women a LARC (long acting reversible contraception)

**HB 37** Occupational & Professional Licensing Amendment - UNA opposed this bill due to the elimination of the requirement of DOPL to appoint a person as ex-officio representative to the SBON who is a Licensed RN with a master’s degree in nursing and a minimum of 5 years of experience working in nursing administration or education. Now any appointee can be made without requirement that the person is a nurse. Despite our strong opposition, this bill passed and has been sent to the governor for signature. The outcome of this bill means that the UNA will need to very closely monitor the actions of DOPL related to nursing on an ongoing process.

**HB 41** Mental Health Crisis Line Amendment - The state has many crisis lines but they do not connect to a central line and many are not answered 24/7. This bill seeks to give a reliable source of reference and counseling throughout UT 24/7. This bill is in response to the high suicide rate in Utah. Representative Elason ran this bill to try to prevent suicides such as happened to a young girl who called for help to a crisis line that went unanswered. She shortly thereafter committed suicide. This was called "Hannah’s Bill" in her honor. UNA supported this bill and it passed unopposed and the Governor has signed it for law.

**HB 42** Medicaid Waiver for Mental Health Crisis Services (Elison) - This bill required the Department of Health to seek a Medicaid waiver for certain mental health crisis resources. These resources are to be used in times of high risk of injury or damage to self or others and makes use of "Mobile crisis outreach teams" or "MCOT". This is a mobile team of medical and mental health professionals that, in coordination with local law enforcement and emergency medical service personnel, provides mental health crisis services. (Already in place and successful in Salt Lake County) UNA supported this bill. This bill passed unanimously in the House and only Senator Margaret Dayton opposed it in the Senate. It has been sent to the Governor for signature.

**HB 99** Substance Abuse and Mental Health Act Amendment - Representative Redd from Logan ran this bill establishing the position of certified peer support specialist. This position will focus on helping patients with substance abuse and mental health problems manage ongoing issues. In cases of civil commitment in cases where patients are severe risks to self or others specific responsibilities of all parties are clarified.

Peer support specialists already exist in the state to help patients with substance abuse disorders. However, this act does both required training and the use of these specialists to patients with mental health problems, not only those with substance abuse problems. Civil commitment changes clarify roles of all participants. UNA supported this bill and it has been sent to the Governor for signature.

**HB 100S2** Medically Complex Children with Disabilities Waiver Program (Redd) - Requires the Department of Health to establish, through a Medicaid waiver, an ongoing program for children with disabilities and other medical conditions. (Currently covers about 500 children who do not qualify for other support in Utah. There is no waiting list, as places become available; new applications are accepted.) This program supports participants who meet stringent criteria with $322/month for costs not covered by private insurance and respite care. This is much less costly than placing a child into state custody. Good outcomes are promoted as it keeps families together and children at home. UNA supported this bill and it did pass to protect this population but without additional funding. It has been sent to the Governor for signature.

**HB 163** Prescription Drug Amendment - (Thurston) This bill proposes for Utah to build a trading relationship with Canada to import drugs at costs consistent with Canadian prices. (providing a safe system can be developed) UNA supported this bill to build a trading relationship with Canada to import drugs at costs consistent with Canadian prices.

**HB 260** Family Planning Medicaid Waiver Amendment - Representative Arent ran this bill to restrict the authority of a county to exempt a motor vehicle from an emissions test. This bill prevents a county from exempting diesel engine motor vehicles under 14,000 pounds. The University of Montana, Butler, and many, but not all counties already require this testing; however, Utah County did not. Diesel engines create about 7 times the particulate emissions of gasoline engines. UNA supported this bill and it did pass both legislative bodies. All are in favor of this bill but the bill went to the Senate Business and Labor Committee which did not pass it. We are hoping it will return next year after some work in the interim session.

**SB 16** Medicaid Expansion Revisions - Representative Spendlove ran this bill which proposes to expand Medicaid covering people making less than 95-100% of the Federal Poverty Level. This bill includes work requirements, a "floating" cap on actual numbers covered in the state as well as a clause which allows the state to stop helping people off of the Medicaid program. The federal government will pay for all this and care will be paid for and "first-time first-served" may hold sway if the state decides it does not want to appropriate sufficient funds to pay for those covered by the expansion. This bill also requires a Medicaid waiver before the federal government pay a 90 to 10 match for this partial expansion. No state has yet gotten such a waiver to date, and, in fact Arkansas sought to get the waiver for similar coverage and was not accepted for the waiver only three days before HB 42 passed both Houses of the Utah Legislature. UNA opposed. This bill has been sent to the Governor for his signature.

**HB 463** Extreme Risk Protective Order - Representative Handy attempted to address the issue of suicide and domestic violence prevention by means of firearms. His bill proposed that a family, being aware of the mental instability, severe depression, or other potential home hazard, could apply to the court for a "unlawful use of firearm" order that would engender the Legislature to provide funding for institutions with proven programs to increase the numbers of students being educated in their programs. This bill is the result of a sustained effort of a broad coalition of nursing programs to get adequate funding to educate nurses meeting the current and ongoing nurse shortage in Utah. UNA strongly supported. This bill passed with minimal opposition and has been sent to the Governor for signature.

**SB 1615S** Nurse Home Visiting Pay for Success - Senator Escamilla and Representative Redd sponsored this bill which creates an evidence-based Nurse Home Visiting Pay-for-Success Program within the Department of Health. This is a call for a public-private partnership funding home visits by RNs to high risk, vulnerable young parents, primarily first time parents who may need support. We supported the Nurse-Family partnership during the interim and this is a bill to allow a state organized program of the same type since the federal budget may or may not fund ongoing home visits. (although MOIECHV may be listed in the continuing resolution) UNA supported this bill and it passed. Has been sent to the Governor for signature. Funds are not clear.

**SB 172** Medicaid Waiver Amendment - Senator Hemmert - This bill addresses cuts and limitations, as well as, restrictions to care provided to people currently covered by Medicare. All are in favor in the bill and it is a review and study by the Utah Department of Health. Despite criticizing other bills for lack of specificity, this bill was passed briskly through the Senate House and Human Services Committee, failed by the House Health and Human Services Committee and passed by the House Revenue and Taxation Committee, yet ultimately held in the House Rules Committee. Has been filed as failing to pass.

Your Government Relations Committee has reviewed more bills which can be found in the final bill tracker at our website at utnurse.org. Committee members and have identified on at least 3 major bills on phone calls and through our website. We are working on a letter campaign on seven bills and in support of the nursing consortium's funding appropriation. We, the chairs of the GRC, thank all our members, and our elected officers for their thoughtful comments and analyses during this very busy session!
Nursing Grant-in-Aid Scholarship Guidelines

The guidelines listed below shall assist in ensuring the best possible coordination in receiving and processing nursing student requests for scholarships. Scholarships will be awarded for tuition and books only.

SCHOLARSHIP INFORMATION:
• Scholarships must be postmarked by June 1st or October 1st of each calendar year to be considered.
• Applicants will receive notice of the Board’s recommendations by July 15th and October 15th of each calendar year.
• Recipients are only eligible to receive scholarships twice.
• Applicants must abide by the criteria listed below.

GENERAL SCHOLARSHIP CRITERIA:
The applicant must:
• Have a cumulative grade point average, which is equivalent to a 3.0 or higher on a 4.0 scale.
• Be a United States citizen and a resident of Utah.
• Have completed a minimum of one semester of core nursing courses prior to application.
• If a student in undergraduate nursing programs, be involved in the school’s chapter of the National Student Nurses Association.
• If a registered nurse completing a Baccalaureate Degree or an Advanced Nursing Degree, be a member of Utah Nurses Association (state only) or a member of Utah Nurses Association/American Nurses Association.
• Submit a personal narrative describing his/her anticipated role in nursing in the state of Utah that will be evaluated by the Scholarship Committee.
• Submit three original letters of recommendation. Letters submitted from faculty advisor and employer must be originals addressed to the Utah Nurses Foundation Scholarship Committee.
• Be enrolled in six credit hours or more per semester to be considered. Preference will be given to applicants engaged in full-time study.
• Demonstrate a financial need. All of the applicant’s resources for financial aid (scholarships, loans, wages, gifts, etc.) must be clearly and correctly listed (and include dollar amounts and duration of each source of aid) on the application.
• The Scholarship Committee shall consider the following priorities in making scholarship recommendations to the Board of Trustees:
  O RNs pursuing BSN
  O Graduate and postgraduate nursing study
  O Formal nursing programs - advanced practice nurses
  O Students enrolled in undergraduate nursing programs
• The Applicant is required to submit the following with the completed application form:
  O Copy of current official transcript of grades (no grade reports).
  O Three letters of recommendation:
    • One must be from a faculty advisor, and
    • One must be from an employer (if the applicant has been unemployed for greater than 1 year, one must be from someone who can address the applicant’s work ethic, either through volunteer service or some other form).
    • At least one should reflect applicant's commitment to nursing.
• All must be in original form.
  • All must be signed and addressed to the UNF scholarship committee.
• Narrative statement describing applicant’s anticipated role in nursing in Utah, upon completion of the nursing program.
• Letter from the school verifying the applicant’s acceptance in the program.
• Copy of ID from National Student Nurses Association or Utah Nurses Association with membership number.

AGREEMENT
In the event of a scholarship award:
• The nursing student agrees to work for a Utah Health Care Facility or Utah Educational Institution as a full-time employee for a period of one year, or part-time for a period of two years.
• Recipient recipient agrees to join the Utah Nurses Association within 6 months of graduation at the advertised reduced rate.
• If awarded by UNF, provide personal pictures and narratives to be published in The Utah Nurse indicating that UNF funds were provided for this project.
• Scholarships will be reimbursed to the UNF scholarships Foundation use only.

To download application, visit www.utnurse.org.

Nursing Research Grant Proposal
This form is to be used to request research funding assistance from Utah Nurses Foundation (UNF). Completed forms should be submitted electronically to UNF in care of the Utah Nurses Association at UANFmission.com. Requests will be evaluated based on need, support for nursing and the nursing profession, and available UNF funds.

Those receiving funds may be asked by UNF to provide personal pictures and narratives to be published in The Utah Nurse indicating that UNF funds were provided for this project.

Title of project: ____________________________________________________________

Applicant’s Name and credentials: ____________________________________________

Professional Association/Affiliations (if any): ____________________________________

Are you currently a nursing student? Yes No

If a student, what nursing school?

Pursuing what degree?

Have you received funding for this project from any other source? Explain:

1) Describe the proposed work, paying particular attention to the evaluation criteria listed in the proposal writing guidelines (one page maximum):

Project Overview:

Research Process and Desired Outcomes:

Benefits to Patient Care and Education, Nursing Education, and/or Nursing Profession:

2) Describe the proposed budget for this project and how you would use the funds provided (1 page maximum):

3) Provide contact information for you as well as someone who can attest to this project:

a) Personal contact information:

b) Contact information for individual at the School or Facility where research will be completed:

Each proposal will be evaluated according to the following criteria. Please address these criteria in your description of both the proposed work and the budget.

1) The proposed activity benefits patient care, advances nursing education or research.
2) The proposed activity demonstrates merit with regard to enhancing the discipline of nursing.
3) The proposed activity clearly describes the desired results or outcomes.
4) The proposed activity demonstrates the efficient use of resources, utilizing a complete and understandable grant narrative.
5) The proposed work offers students and nurses involved a quality, meaningful research opportunity that will merit submission for publications in a professional journal.

Utah Nurse Foundation use only

Committee discussion of proposal:

Committee decision: Award Do not award

Amount Awarded $  __________________

Is applicant eligible to apply for funds again? Yes No

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• Support state licensure renewal requirements
• Support Magnet Hospital environments
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• Support Specialty and Advanced Practice certifications
• Support state licensure renewal requirements
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Take the Next Step
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Don't miss the opportunity!

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You belong at Banner Casa Grande Medical Center! Here you can have the opportunity for a broad range of activities year round to keep your work/life balance, just a few examples that Casa Grande has to offer!

- We have 200+ days a year of sunshine
- You can get to the beaches in San Diego or Mexico within hours
- Options close by to enjoy skiing, hiking or snowboarding
- Museums and cultural centers in close proximity

BCGMC is a 141 bed acute care hospital in a growing area where you can live in a charming small historic town and yet still be minutes away from the excitement and urban areas of Phoenix and Tucson.

At Banner Health, we understand that talented health care professionals appreciate having options. We are proud to offer our more than 50,000 employees many career and lifestyle choices throughout our network of facilities. The people of Banner Health are focused on making healthcare easier and life better. In return, we are committed to excellence in personal development for all our employees.

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To refer a patient call 800-314-4283. Learn more at ShrinersHSLC.org

Shriners Hospitals for Children—Salt Lake City

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