Leesha Ford, MSN, RNC-OB has the distinction of being born in the Great Falls hospital where she now works as a Labor & Delivery nurse. Because of that, you could say she's been around the healthcare industry for her entire life. In fact, these days, she's also known as Professor Ford by the nursing students at Montana State University (Great Falls Campus). She's a professor for obstetrics, pediatrics and foundations of nursing—training the next generation of caregivers who will care for us.

Now, she's expanding her capacity to care as she's thrown her nursing hat in the ring to run for the Montana House of Representatives where, if elected, she would care for House District 21 and all Montanans.

When asked why she decided to run, her answers will probably make sense to most nurses. "Honestly, I had no political aspirations whatsoever," Ford said, "but after witnessing so many cases of child abuse and children who were literally, shaken to death, as well as the elderly struggling for better care—I wanted to be a voice for those who are often never heard."

So, my focus is two-fold: creating safer communities for at-risk children, women, and the elderly. And also caring for nurses and first responders—literally, the people who care for us."

As a nurse, she discussed bills that would make assaulting a healthcare professional (such as an E.R. nurse) a felony. And another bill to give better healthcare to firemen across the state who run a higher risk of developing lung cancer. In addition, she noted her frustration when the special session cut health and human services, resulting in adverse effects for the community. Local mental health services were forced to reduce case managers by half, while other cuts resulted in eliminating many employees/programs serving disabled children.

"Caring about communities is a non-partisan issue," said Ford, who is running as a pro-life democrat. "Healthier communities are safer communities for all."

From multiple medical mission trips to Tanzania, to serving Great Falls as a past Kiwanis President, Ford has been involved in public service for most of her life. She even won Cascade County Youth Volunteer of the Year when she was in high school for her hours of volunteer work at the Missouri River Manor. "I did, but I forgot to show up to collect the award—so I don't really count that."

If we were to guess, she was probably off taking care of someone else.

Good luck, Leesha!
PUBLISHER INFORMATION & AD RATES
Circulation 18,000. Provided to every registered nurse, licensed practical nurse, nursing student and nurse-related employer in Montana. The Pulse is published quarterly each February, May, August and November by Montana Nurses Association of products advertised, the advertisers, or the claims made. Refusal of an advertisement does not imply a product offered for advertisement is without merit, or that the manufacturer lacks integrity, or that the association disapproves of the product or its use. Montana Nurses Association and the Arthur L. Davis Publishing Agency, Inc. shall not be held liable for any consequences resulting from purchase or use of an advertiser’s product. Any errors in this publication express the opinions of the authors; they do not necessarily reflect views of the staff, board, or membership of the Montana Nurses Association or local associations.

WRITER’S GUIDELINES:
MNA welcomes the submission of articles and editorials related to nursing or about Montana nurses for publication in The Pulse. Please limit word size between 500-1000 words. Include an abstract and references. MNA has the Right to edit, accept or reject proposed material. Please send articles to: jennifer@mtnurses.org

PULS SUBMISSIONS
We are gathering articles that are relevant and appealing to YOU as a nurse. What is happening in your world today? Is there information we can provide that would be helpful to you? The Pulse is YOUR publication, and we want to present you with content that pertains to your interests.

Please submit your ideas and suggestions to Jennifer:
Jennifer@mtnurses.org

AANP 2018 Health Policy Conference
Barb Schaff DNP, FNP-BC

- Provide small informational pieces that build on topics of interest to nurses.
- When visiting, need an environment that allows them to listen – invite them for coffee, get to know them before the ask (halfway hits have proven ineffective)
- Mentors when going to the hill
- Always email a follow-up thank you for serving and go to the legislature and meet personally with our reps.
- Take people with you to the legislature
- How do we deal with people who are anti-NP vs physician:
  - Go as a group, patients, people not in our profession
  - Help the legislature to understand our practice and bring the voice
  - Provide information, but not too much – read the people and know when it is too much, be respectful
  - Know when legislative deadlines are, book and learn the dates when the legislator is available to talk
  - Send emails, look at Facebook, twitter
  - Legislators get a lot of ASKGs, send information on your proposal is important to citizens
- Creating a Media Presence:
  - Understand the media: who are you, access, practice authority, helps to the people: I.e. the opioid epidemic
- Types: local papers, local on-line, radio and television, national papers, national on-line
- Today Radio and TV have smaller budgets and less staff. They are looking for content – provide good content
- Letters to the editor (connect to an article; look at the rules for the particular paper)
  - More need for on-line content
  - Press releases
- Radio interviews
- TV is good but short lived – on-line lives on the web (know how the station presents the news, learn the dates when the legislator is available to talk)

NPs can help at all levels:
- Find shared concerns
- Help align policy priorities with healthcare priorities
- Modernize licensure and cut red tape across states

Suggestions to help promote legislative support:
- State legislators, go slow, establish relationships, learn who they are and develop trust [need to promote our healthcare consultants for each of our districts]
- Know it takes multiple visits (they need to know our faces)

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Thank you so much for the opportunity to attend the AANP Health Policy Conference. It was an amazing experience and well worth my time. Deanna Babb was also in attendance and we were able to visit our legislative offices together.

The conference began with describing the legislative process at the federal level which is very similar to the Montana process. After passage, the regulatory phase begins. It is essential that nursing and AANP has a voice in identifying barriers to patient access and NP practice. Language is often times a significant barrier and readers are needed to secure effective regulations.

What we need to do:
- Stay informed
- Avoid receiving payment or providing services under physician’s billing
- Check MACRA status
- Report denials - Question why can’t I do something? Often, language is the problem for older legislation and AANP is working to update the language.

CMS is working to secure that new barriers are not being promulgated but continue to need revision of old glitches federally.

AANP is working at the federal level and is helping states to modernize licensure laws, promote signature recognition and full participation. States are driven by fiscal concerns, especially Medicaid funding, stable insurance, employee coverage, the opioid epidemic and mental health. AANP is watching all 50 states and offering help where applicable.

NPs can help at all levels:
- Find shared concerns
- Help align policy priorities with healthcare priorities
- Modernize licensure and cut red tape across states

Suggestions to help promote legislative support:
- State legislators, go slow, establish relationships, learn who they are and develop trust [need to promote our healthcare consultants for each of our districts]
- Know it takes multiple visits (they need to know our faces)
1. MNA endorses NSO for our liability and malpractice education. You are committed to providing superior care to your patients because you receive a copy of our official publication The Pulse, it does not mean you are a MNA member. We distribute The Pulse to every registered nurse in Montana whether the RN is a member or not because communication about our profession is imperative and we see this as great value to all nurses from MNA. Join your professional association today and tap into the many resources it has to offer. Go to www.mtnurses.org or call 406-442-6710 or email Jennifer@mtnurses.org for more information.

2. Legislative for RN’s and APRN’s we are being heard. Policy & Advocacy
   • From state legislators to the White House, nurses have a unique opportunity to lend their expertise in influencing policy at all levels of government. The ANA ensures that all 3.1 million nurses are represented across the board and that nurses’ interests are not ignored by bureaucrats who lack true knowledge of the issues nurses face. Being in the #1 trusted profession in the country allows nurses to truly take charge and make a difference in the policy arena. MNA represents and advocates for all 20,000+ nurses in the state legislature and in Washington, DC on critical nursing and healthcare issues. MNA will continue to move forward with “Your Nurse Wears Combat Boots” Campaign—improving workplace safety for healthcare workers, as directed by our MNA members. Every year at our MNA annual convention, our members approve their legislative agenda. MNA members have lobbied the state legislature and congress, with significant successes in advancing nursing and health care.

3. Continuing Education at MNA, your portal for quality professional development.
   • MNA is accredited with distinction as an approved provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. Often contact hours are at a reduced cost and there are free CE opportunities to advance your own professional development. Reduced fees are offered to members who are nurse planners for activities submitted to MNA for approval, so you have an opportunity to develop and implement your own continuing education activities, which MNA can approve using international quality standards specified by ANCC’s Accreditation Program. Contact hours you earn through MNA are accepted almost everywhere in the world.

4. Opportunities to attend National Conventions.
   • Whether you run at the state level for a delegate position or submit your name to be drawn for members to attend a national nursing conference, MNA has designated funds to support our membership and allow nurses from across the state to participate in an all-expense paid opportunity to attend a national convention. The networking they experience and education they gain is priceless and fulfills the membership’s request to put more resources into our individual members. In 2015, four members from across the state attended the ANA Quality Conference and two members attended the ANCC Continuing Nursing Education Symposium.

5. Increased MNA events.
   • MNA has many annual educational conferences in addition to webinars, workshops, and other events developed based on learner need.

   1. Transition From New Graduate to Professional Nurse: for senior nursing students and New Graduates
   2. APPN Pharmacology Conference
   3. Labor Retreat for leaders and members of collective bargaining units
   4. Continuing Education Update for Providers of CNE
   5. Annual Convention for all members, includes the House of Delegates
   6. Veterans Care Conference, an interprofessional conference jointly provided with our Fort Harrison VA facility
   7. Legislative day (every other year)

A frequent piece of misinformation is “I receive the Pulse, so I am already a member” but keep in mind, just because you receive a copy of our official publication The Pulse, it does not mean you are a MNA member. We distribute The Pulse to every registered nurse in Montana whether the RN is a member or not because communication about our profession is imperative and we see this as great value to all nurses from MNA. Join your professional association today and tap into the many resources it has to offer. Go to www.mtnurses.org or call 406-442-6710 or email Jennifer@mtnurses.org for more information.

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Vicky Byrd, BA, RN, OCN
Know your ADO!

Leslie Shepherd, BSN, RN, Labor Representative

Sometimes, I wish we lived in a perfect world. In a perfect world, nurses would never be made to work in unsafe conditions. Actually, in a perfect world, we wouldn’t have illness or injury and we probably wouldn’t need nurses.

Alas, we are stuck in this world. A world where, let’s be honest, nursing is far from perfect. Sure, there are days when everything falls into place and interactions with patients or residents and their families are pleasant and heartwarming; when you are able to communicate flawlessly with providers; and where the staff on your unit just clicks and the rhythm of the day is beautiful.

Then, there are THOSE days. Days that never seem to end; when there is new equipment that no one has been trained on; when the call lights are many and constant; when acuity is too high or staffing is too low; when your charge nurse (wait, we have a charge nurse?) is too busy with his or her own patients to help anyone with theirs. These are the days I wish we lived in a perfect world.

The world, your facility, and your union may not be perfect, but on those difficult and trying days there is hope for change. It's called an ADO or Assignment Despite Objection. While this form itself may not be perfect, but on those difficult and trying days there is hope for change. It’s called an ADO or Assignment Despite Objection. This short, easy presentation will educate YOU CAN ASK QUESTIONS! Both the nurse and their nurse advocate/support representative can ask clarifying questions! Remember as you work at the facility, you are the expert! While your representative cannot disrupt the interview, your employer must allow them to speak and provide assistance. Additionally, your representative should take detailed notes of what all present parties say at the meeting. These notes and second set of eyes and ears can prevent later disputes about what was said at the meeting.

Your MNA Labor Representatives can provide you and your local with Weingarten cards and flyers with easy to access information on your rights! Call your MNA representative and request the “30 minute or less” conference presentation!

We have created an easy, “In 30 minutes or less” conference call presentation (so you can participate from anywhere) on how to be a nurse advocate/support representative. This short, easy presentation will educate you on what you are allowed to do and say (It’s almost impossible to ask a question that is not helpful and impossible to make a mistake), and most importantly, that as a nurse advocate/support representative, you are there to support a co-worker.

Know your Weingarten Rights and the Rules!

• The employee must make a clear request for union representation (requesting a nurse advocate/support representative) before or during the interview. The employee cannot be punished for making this request.

(Notes: Do not ask the employer, “Do I need union representation?” It is up to you to make the statement that you want union representation.) Remember, management is not an appropriate representative, so if they offer you the nursing supervisor or someone else to sit with you, that is not adequate. You either need a local unit leader, or nurse support/advocate representative, or any other union member/co-worker to act as your representative. MOST IMPORTANTLY, you have the right to a reasonable amount of time to obtain representation AND SUPPORT!

• YOU CAN ASK QUESTIONS! Both the nurse and their nurse advocate/support representative can ask clarifying questions! Remember as you work at the facility, you are the expert! While your representative cannot disrupt the interview, your employer must allow them to speak and provide assistance. Additionally, your representative should take detailed notes of what all present parties say at the meeting. These notes and second set of eyes and ears can prevent later disputes about what was said at the meeting.

When Your Employer Notifies You of a Meeting...

• "What is the purpose of this meeting?"

• "Is the meeting investigatory?"

• "Will I be asked questions which may possibly lead to discipline?"

• "Will I be asked questions which require me to defend my conduct?"

Weingarten Rights

If this discussion could in any way lead to my being disciplined or terminated, or affect my personal working conditions, I respectfully request that my Union/Unit Representative or Nurse Advocate be present at this meeting.

Until my representative arrives, I choose not to participate in this discussion.

Be a Nurse Advocate/Support Representative because YOU ARE THE EXPERT!

Robin Haux, BS Labor Program Director

Over the past few months representing our members, it reminded me that our Labor Department needs to continue to educate all of you on what your rights are under your contract. Especially your Weingarten Rights! Learn these rights and encourage your coworkers to learn these rights! As bargaining unit members, your involvement with your local is determined by how much you want to be involved and an easy way to do so is to be a nurse advocate/support representative. It is a small commitment with a large impact.

Being available to support a coworker during a potential difficult discussion is one way to advocate for your nurses and patients. Remember, you are an expert in how your hospital/facility functions! Your input and questions on behalf of a coworker during an investigatory or disciplinary meeting are VERY valuable and beneficial to both the nurse and to your MNA labor representative.

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The successful candidate will oversee and implement the curriculum for students training to become certified nursing assistants, as outlined by requirements established by the State of Montana.

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Montana Nurses Association Districts

Rev (08/2000)
You may not be aware of all the opportunities MNA offers to network with nurses while pursuing continuing nursing education. Every year there are at least five or six conferences offered by MNA’s accredited provider unit, including:

- **Labor Retreat** – April 15-17, 2018 — Every year in April at Chico Hot Springs. Education for nurses working under collective bargaining agreements a.k.a. union contracts.
- **MNA Convention** – October 3-5, 2018 — Every year in the first week of October in Helena. Offers education and updates on MNA activities and programs for all nurses across the state including those that work under union contracts, those that are members of MNA as a professional association, and Montana RNs that are not members yet.
- **Seamless Health Care for Our Veterans** — November 7, 2018 - Every year the first or second week of November near Veteran’s Day in Helena. Offers interprofessional education on unique challenges in caring for veterans and how, as civilians, healthcare teams can provide the highest quality of care in and out of the VA system.
- **Transition to Practice** – January 27-28, 2019 — Every year in late January in Helena. Offers education specifically for student nurses transitioning into practicing nurses, showcasing tools and resources tailored for new graduate RNs.
- **Legislative Day** – January 31, 2019 — Every Legislative year (odd numbered years) in late January/early February in Helena. Offers education and real experience on interacting with your elected lawmakers to promote nursing practice, access to healthcare, and the protection of nurse’s rights and safety.
- **APRN Pharmacology Conference** – March 1-2, 2019 — Every year in March in Helena. Offers education on nursing practice unique to APRNs, including pharmacology contact hours, and discusses primary care trends in Montana (i.e., rural healthcare needs, new guidelines in chronic conditions, etc.).

Above and beyond the quality education, is the networking. What you can’t see in this list of conferences is the new friends, the laughs, the moments where a presentation turns the prism of your perspective. Engaging with other nurses and sharing challenges and successes opens opportunities for fresh ideas, camaraderie, and support for the work you do. The brainstorming and encouraging feedback that takes place has inspired great collaborations and pursuits that might not have otherwise occurred. The Montana Nurses Association is home base for nurses in Montana and we strive not only to educate and empower but also to promote the bonds of professional friendship within Montana’s nursing community. I encourage you to take a closer look at your schedule for this year and make a plan to attend an MNA event!
Exerpts from ANA

Why your nursing networks matter

By Rose O. Sherman, EdD, RN, NEA-BC, FAAN, and Tanya M. Cohn, PhD, MEd, RN

Maria is a direct-care nurse working on a medical/surgical unit in an acute-care hospital. She recently achieved certification and became a member of her hospital values membership in the national clinical ladder at work. However, Maria isn’t sure why her hospital values membership in the national organization or how it will help her career. She has a busy personal life and doesn’t have time to volunteer or take the time to ensure that she has a strong network of colleagues within and outside their own organization. They wonder why they should spend what free time they have on an activity that seems so indirectly related to their work, and they fail to see how a network can enhance their professional growth or be a wise career investment.

Maria’s lack of understanding about the value of professional networks isn’t unusual. Many nurses never make the investment of getting involved with professional associations or take the time to ensure that they have a strong network of colleagues within and outside their own organization. They wonder why they should spend what free time they have on an activity that seems so indirectly related to their work, and they fail to see how a network can enhance their professional growth or be a wise career investment.

Step 1: Identify your goals
Maria, like all direct-care nurses, is part of the profession of nursing. As a member of the profession, she has the opportunity to develop through continuing education, certification, and membership in nursing organizations. These activities will help Maria evolve from a novice to an expert nurse and open doors to professional networks. Professional networks also will provide her with mentorship, support, and teamwork opportunities. For example, if Maria’s interested in developing specific skills or advancing her education, she can use her network to identify a mentor for skill development or guidance on educational opportunities.

The golden rules of networking
Professional networks are crucially connected to quality patient care. Specifically, healthcare demands evidence-based practice, but nurses across the nation frequently are faced with variations in patient care and deep-rooted sacred cows of practices that are neither evidence-based nor current. Working in silos of individual clinical settings, nurses are left with less-than-optimal patient care and the need to develop evidence-based solutions from scratch. This is where professional networks can promote evidence-based practice through collaboration. For example, as a member of a national organization, Maria has access to networking with other medical/surgical nurses. Together they can compare and share best practices or research findings from their clinical practice, reducing the need to re-create the wheel individually. The result is consistent evidence-based, high-quality patient care.

For young nurses like Maria, a strong network can help when looking for new career opportunities. Many positions are never advertised, and workforce recruiters acknowledge that their best referrals come from professionals whose judgment they trust. Today’s healthcare environment is volatile, so building a strong network should be part of a professional insurance policy.

Steps to building a network
Building a professional network can take two paths: a network in your immediate clinical environment or one created through an organization. Both require common steps. First, establish an understanding of your goals and who can help you achieve them. For Maria, this could include using her knowledge and experience as a certified medical/surgical nurse to establish a unit-based education program or to take part in a unit-based council to work collaboratively with other nurses through evidence-based practice and nurse competencies. Maria also might be interested in tapping into the nursing organization’s leadership to seek out up-to-date practice alerts. Regardless of the professional network, after goals are set and the right people are identified, you can interact, share knowledge, and receive plans to help you achieve your goals.

If you don’t have a specific goal in mind, building a professional network might seem daunting or unclear. Start by putting yourself out there in the nursing profession. For Maria, who may not be able to commit to joining a committee within the nursing organization, she can plan to attend the organization’s annual conference. While there, she can take steps to maximize the networking experience. First, she should think about some conversational topics and introductory questions to use when interacting with other attendees. Depending on Maria’s professional goals, the topics and questions could revolve around clinical practice, leadership development, or advancing education. In addition, Maria should be professionally prepared for the conference, including wearing professional attire and taking business cards. She also should plan to attend all social events and interact with the conference vendors, who could be potential future employment opportunities or offer cutting-edge evidence-based products she can share with her clinical colleagues.

The golden rules of networking
Networking opportunities exist everywhere, including online with sites such as Facebook, LinkedIn, and Twitter. Many nursing organizations have Facebook and Twitter accounts that nurses can follow to support networking about clinical practice and professional development. LinkedIn, on the other hand, helps nurses identify mentors and colleagues with similar interests. Regardless of whether you’re networking at a conference, within an organization, or online, you’ll need to follow some rules. (See Expert advice.)

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Expert advice

Put these best practices from networking experts at Essential Communications into action.

1. Networking is about planting, not hunting. Professional relationships are built over time. Never reach out to network and then abruptly ask for a job.

2. Effective networkers add value to others. When networking, adopt a mindset of abundance not scarcity. Think about what you can do for the other person first. Perhaps you can connect him or her with a colleague or share an interesting article. The best networkers are givers not takers.

3. Build a professional image. Make a positive professional impression by having an up-to-date LinkedIn page, a professional email address and outgoing phone message, and business cards.

4. Be prepared. Networking opportunities can occur in the most unlikely settings. Always carry business cards and be ready to build a relationship.

5. Craft your elevator speech. When you’re asked, “What do you do?” or “What are you looking for,” have a short, coherent answer that easily rolls off your tongue.

6. Be positive. Don’t complain about anything to people you network with – you’re building a relationship, not seeking therapy.

7. Share the airtime. The best way to begin building a relationship is to ask other people about themselves and their careers. Spend as much time listening as you do talking.

8. Follow up consistently. If you’ve been helped by another, send a thank-you note. If you’ve been given some homework, get it done and provide follow-up.

9. Dig your well before you’re thirsty. By the time you need to build relationships, it may be too late; they take time to cultivate. Networking should be an ongoing professional investment.

Source: Essential Communications. essentialcomm.com

Networking for introverts

If you’re naturally introverted, networking may not come easily. You may even avoid networking events because they’re exhausting and force you outside your comfort zone. The hardest part can be walking through the door into a room. Fortunately, most people would rather talk than listen, so let others do the talking. You can never go wrong asking questions and establishing common ground. (See Get the conversation started) Chances are that once you start asking questions, the conversation will flow easily. Most nurses like to be asked about their opinions and sought out for advice. You’ll be seen as a great networker because you take the time to listen.

Get the conversation started

Use these questions to jumpstart conversations at networking events.

• How did you get started in your role?
• What are your challenges?
• What significant changes are you seeing in your environment?
• What are your challenges?
• What are your challenges?
• What do you think will happen with healthcare reform?

The best way to begin building a relationship is to ask other people about themselves and their careers. Spend as much time listening as you do talking.

Follow up consistently. If you’ve been helped by another, send a thank-you note. If you’ve been given some homework, get it done and provide follow-up.

Dig your well before you’re thirsty. By the time you need to build relationships, it may be too late; they take time to cultivate. Networking should be an ongoing professional investment.

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- Psych Mental Health Nurse Practitioner (PMHNP)
Montana Nurses Association is accredited by The American Nurses Credentialing Center’s Commission on Accreditation (ANCC COA) as both a provider and approver of continuing nursing education. The provider unit functions are pretty straightforward – we provide criteria-based, quality education for you as members and other licensed nurses in Montana. This education ranges from real-time annual events like our APRN Pharmacology Conference, Labor Retreat, CE Provider Update, Convention, and Seamless Care for Our Veterans Conference to “live” webinars to Provider Update, Convention, and Seamless Care AP RN Pharmacology Conference, Labor Retreat, CE time annual events like our education ranges from real- nurses in Montana. This members and other licensed quality education for you as we provide criteria-based, continuing nursing education. This occurs in two ways: working with individual applicants who want to plan one activity for nurses, and supporting approved provider units that are authorized to plan and implement their own continuing education activities under our guidance. Individual activities are sometimes one-time conferences. In other cases, they are “road shows” that an organization develops and presents in several different cities over a 2-year period of approval or independent studies that are posted on LMS systems or web sites. Individual activity applicants submit evidence to us that they have planned their activities in accordance with ANCC COA educational design criteria. Once we have evidence that quality standards have been met, we approve the organization to award contact hours for the activity.

Approved provider units exist within organizations that develop an infrastructure specifically for the provision of continuing nursing education in their facilities (or sometimes are free-standing businesses strictly for the purpose of providing continuing education). In addition to meeting ANCC COA educational design criteria, an approved provider unit also must demonstrate adherence to criteria showing the structural capacity of the provider unit to support quality CE over a period of 3 years and quality outcome criteria demonstrating that the CE is actually improving professional development and practice. Peer review is the ANCC COA process of ensuring quality and integrity of both individual activity applicants and approved provider units. MNA’s approver unit operates under the leadership of a nurse peer review leader and is supported by 8 peer reviewers with the responsibility of evaluating applications for adherence to ANCC COA criteria.

What does having an approver unit mean to MNA, and to you? The approver unit supports the mission of MNA in a number of ways:

- It serves as a significant source of non-dues revenue.
- It supports quality, integrity, and outcomes of continuing education activities, whether they are offered directly by MNA or through one of our approved entities.
- It empowers MNA to serve as an agent of ANCC in supporting organizations wishing to offer contact hours; only accredited approver state/constituent nurses associations, specialty nursing organizations, and federal agencies are allowed to approve individual activities, and only accredited state/constituent nurses associations and federal agencies are authorized to approve provider units.
- It enables you to access quality continuing education through a number of individual activities and approved providers throughout the state, significantly expanding your access to quality CE that meets accreditation standards.
- It enables you to earn contact hours that are accepted by licensure boards in every state in the U.S. through our individual activity approvals and approved providers, in addition to the activities MNA provides directly.
- It supports you through local opportunities to earn contact hours required to maintain certification in your specialty practice area.
- It serves as a foundational step for organizations seeking designation as Pathway to Excellence® or Magnet® facilities; both of these designations require quality continuing education to support professional development and safe practice.
- It significantly extends the “reach” of MNA in improving nursing practice and supporting the professional development of nurses. We currently have approved providers in seven states and have received individual activity applications from states ranging from New Jersey to Hawaii.

Here’s the language to look for:

For an approved provider: (Name of facility) is accredited by the American Nurses Credentialing Center’s Commission on Accreditation. For an individual activity: This continuing nursing education activity was approved by Montana Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

When you are considering participating in a CE activity that is not directly provided by MNA, look for evidence that we have approved the activity or the provider unit. If you don’t see one of these statements, contact the activity provider to be sure you’re earning ANCC-recognized contact hours before investing your time and/or money in the activity.

• It increases visibility of MNA – every time an activity is offered by an individual activity applicant or an approved provider, MNA’s name is on the contact hour certificate received by learners.

• It empowers small regional organizations to provide quality continuing education and offer contact hours for nurses when they don’t have the infrastructure, personnel, or finances to apply directly to ANCC COA for accredited provider status.

• It enables organizations to plan and develop one-time activities that meet quality standards and allow you to earn contact hours – ANCC COA does not accredit or approve individual activities.

• It offers an opportunity for professional development of members interested in serving as peer reviewers. In some cases, this has led to opportunities for involvement at the national level as appraisers with ANCC COA.

• It improves the profession of nursing! Both individual activity applicants and approved providers are required to provide evidence that they have planned activities to address identified problems in practice and have measured the outcome of the activity to demonstrate improvement. Additionally, approved providers are required to identify and measure outcomes related to how they support the strategic initiatives of their organizations and improve practice over time.

Here’s the language to look for:

For an approved provider: (Name of facility) is approved as a provider of continuing nursing education by Montana Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. For an individual activity: This continuing nursing education activity was approved by Montana Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

MNA’s Approver Unit: What Does it Mean to You?
Transition to Practice Event Supports Senior Students and New Graduates!

2018 is off to a wonderful beginning! MNA held the 6th Annual Transitioning from New Graduate to Professional Nurse event January 21st and 22nd at the Great Northern Hotel in Helena. The leadership reception and workshop were attended by 122 students from around the state of Montana. We were excited to welcome senior nursing students from MSU Bozeman-College of Nursing, Carroll College, Helena College –University of Montana, Aanish Nakoda College, Miles City Community College, and Montana Tech in Butte.

I have a BS in exercise science but only really came to the awareness that I needed to be the change I wanted to see when I became an RN. I noticed my colleagues and I would work all night then sleep four hours only to return and do it again. We ate on the run. We rarely exercised in any regular fashion and we neglected the aches and pains that came with moving humans regularly.

I decided to advocate for myself and to live the life of health care providers to take better care of themselves. I have been advocating for health care providers to take better care of themselves. I have sung songs. I have danced. I have cried. I have pleaded. Conference after conference. Conversation after conversation. For years.

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More Important Than Diet and Exercise?

For years (literally, years) I have been advocating for health care providers to take better care of themselves. I have worn nurse hats. I have dressed in costumes. I have sung songs. I have danced. I have cried. I have pleaded. Conference after conference. Conversation after conversation. For years.

Career desires expressed by the students were as follows: Excellent Preceptorship; Opportunity for advancement; Supportive good culture at work; Well managed unit. Safe staff to patient ratio; Respect for all members of the healthcare team; Fulfillment; Enjoyment; Critical thinking skills development; Nonjudgmental Support; Latest technology; Evidence based Practice; Work at a facility with shared values and mission; Finding your passion; Being Inspired; Good Manageable work schedule; Good relationships at both facility and with community; Fair pay and good benefits.

The students enjoyed networking with others from the different nursing schools and were inspired and reassured that they will go forward and really be able to make a difference in their patient’s lives. Several participants volunteered to return next year and share their transition experience with the next group of senior students.

Mary Thomas, BA, RN, RN Professional Development Associate

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Joey Traywick, CMSRN, BS Kinesiology

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Totally worth it.

Suffice it to say that diet and exercise are worthwhile pursuits. Not smoking is important, too. Getting your flu shot every year is crucial. According to Susan Pinker, if you don’t want to live a long, healthy life, you need to have SOCIAL CONNECTIONS. That’s right! More important than being the “right” BMI is the propensity you have to connect with others in your daily life.

My whole reason for spreading the motivation for diet and exercise was to encourage health care providers and others that life is amazing and worth living. But I forgot something: PEOPLE! OTHERS! It is MOST important! Of course, right? What is the most consistent predictor for individuals to stick with a diet or exercise program? It is whether they are accountable to OTHER PEOPLE! See? It’s not mutually exclusive but rather intricately intertwined. Having people you can count on and being a person that connects with others is as vital to your health as eating the veggies and going for the walk. How much better if we do all that TOGETHER?

The point is, this world NEEDS selfless, giving human beings like YOU to stick around and live a long, healthy, happy life! So can’t we all agree to get out of your comfort zone, lose that less sugar was a good thing and I promoted ten day NO SUGAR challenges. We had a Facebook group with thousands of people in it. I began to feel I had done the best things for my friends and co-workers by demonstrating that diet and exercise ARE possible even when your work and life are super full.

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FMDH is an Equal Opportunity/Affirmative Action Employer

Page 10 Montana Nurses Association Pulse May, June, July 2018

Facing.

me an email and let me know of any barriers that you are facing.)

that have already introduced this legislation. Please send a bill in the 2019 Legislative session. There are many states from NPs and modernizing state laws and licensure so that patients face when receiving care. Nursing associations are actively advocating to remove any barriers that patients face when receiving care. The office at 406-442-6710.

full MNA membership go to www.mtnurses.org or call 1.800.777.0750 or email nursing@minotstateu.edu.

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Keven Comer

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Montana Nurses Association Approved Providers

MNA thanks all of the Approved Provider Units we work with for their commitment to advancing and promoting quality nursing practice through continuing nursing education.

Acute Care Education – Vancouver, WA

Alaska Division of Public Health – Anchorage, AK With Distinction

Alaska Native Tribal Health Consortium – Anchorage, AK

Alaska Nurses Association – Anchorage, AK

Alaska Regional Hospital – Anchorage, AK

Alzheimer’s Resource of Alaska – Anchorage, AK

Bartlett Regional Hospital – Juneau, AK With Distinction

Benefis Healthcare Systems – Great Falls, MT With Distinction

Billings Clinic – Billings, MT

Bozeman Deaconess Hospital – Bozeman, MT

Cardea Services – Seattle, WA

Central Peninsula General Hospital – Soldotna, AK With Distinction

Cheyenne Regional Medical Center – Cheyenne, WY

Community Medical Center – Missoula, MT

Evergreen Health – Kirkland, WA

Fairbanks Memorial Hospital – Fairbanks, AK

Kadlec Regional Medical Center – Richland, WA

Kalispell Regional Healthcare System – Kalispell, MT With Distinction

Kootenai Health – Coeur d’Alene, ID

Mat-Su Regional Medical Center – Palmer, AK

Montana Health Network – Miles City, MT

Mountain Pacific Quality Health – Helena, MT

MT Geriatric Education Center of UVM – Missoula, MT With Distinction

North Valley Hospital – Whitefish, MT With Distinction

Pacific Lutheran University – Tacoma, WA

Partnership Health Center – Missoula, MT

Providence Alaska Learning Institute – Anchorage, AK

Providence Healthcare – Spokane, WA

Providence St. Patrick Hospital – Missoula, MT With Distinction

South Dakota Nurses Association – Pierre, SD

South Peninsula Hospital – Homer, AK

St. Alphonsus Health System – Boise, ID

St. James Healthcare – Butte, MT

St. Luke’s Health System – Boise, ID

St. Peter’s Health – Helena, MT

St. Vincent Healthcare – Billings, MT

UF Health Shands Hospital – Gainesville, FL

Wisconsin Nurses Association – Madison, WI With Distinction

Wrangell Medical Center – Wrangell, AK

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Decreasing Patient Falls on the Surgical Unit at Bozeman Health Deaconess Hospital

By: Surgical Unit Based Council

The Surgical Unit staff at Bozeman Health Deaconess Hospital is a dedicated, motivated, and invigorated team. The staff on the Surgical Unit work hard to provide a safe environment for patients while also ensuring an excellent care experience. The Surgical Unit Based Council is constantly working on projects to improve the hospital experience for patients, their families, and the Surgical Unit team.

The most impressive accomplishment to date on the Surgical Unit is the improvement in patient fall rates. While caring for patients who have undergone surgery and are at high risk for falling, the Surgical Unit staff saw 869 days without a fall with injury. This was accomplished by meticulous interventions utilized by the team to ensure patient safety.

The Surgical Unit at Bozeman Health contains 20 patient beds. The top six diagnoses for patients admitted to the Surgical Unit include total knee arthroplasty, fracture, total hip arthroplasty, spinal surgery, appendectomy, and cholecystectomy. Patients range in age from 16-94, with the most common age bracket being 65-74 years old.

The staffing mix on the Surgical Unit includes nurses and nurse aides. The nurse-to-patient ratio in 2010 was 1:5 during the day shift (7 AM-7 PM) and 1:6 during the night shift (7 PM-7 AM). Depending on patient census, there was zero to one nurse aide at any given time.

In 2010, there were 18 patient falls on the Surgical Unit. Four of the patients who fell sustained injuries, all of there was zero to one nurse aides at any given time.

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In 2010, there were 18 patient falls on the Surgical Unit. Four of the patients who fell sustained injuries, all of which required a return to the operating room. According to The Joint Commission, falls with injury increase costs by an average of $14,000 per admission and add 6.3 days to the patient length of stay (2015).

Recognizing the problem with patient falls, the Surgical Unit Based Council began a process improvement project in 2010 to reduce fall rates. The Unit Based Council consisted of direct care nurses, nurse aides, and the Surgical Unit Manager. Several interventions were implemented to reduce patient falls.

The first intervention was to begin identifying all patients as a fall risk. Nearly all of the patients admitted to the Surgical Unit have undergone anesthesia and/or are receiving medications that put them at risk for falling. Fall kits were implemented which included non-slip socks, a color coded wrist band, and a lap blanket to identify the patient as a fall risk if they left the department for a procedure. Magnets with a falling star to identify patients as a fall risk were placed outside each patient’s door.

After the determination was made that all patients were considered a fall risk, the decision was made to use a gait belt on every patient when they were out of bed and activate a bed or chair alarm on every patient. The council ensured there was a designated place to hang the gait belt in each room for easy access. The addition of new beds allowed the bed alarms to integrate with the call light system, which made the staff response to each bed alarm quicker.

The Charge Nurses began selecting patient room assignments based on who may be at the greatest risk for falling. A daily safety huddle allowed the staff to identify the patients at greatest risk for falling and report that information to all of the nurses and aides working that particular shift. Whiteboards in each patient room were kept updated with the patient’s current degree of assisted needed.

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For the patients who had a femoral nerve block, their knee immobilizer brace was paramount to fall prevention. The Surgical Unit Based Council determined that the knee immobilizers were not always readily available and decided to attach the knee immobilizer to the patient’s walker while not in use so that each staff member could easily find the equipment when necessary.

One of the most successful interventions was the public display of the Surgical Unit’s current fall report. The bulletin board is easily visible to all patients and their families and shows the number of days since the last fall with injury.

In 2011, the number of patient falls was reduced to eight. There were only four falls in both 2012 and 2013 on the Surgical Unit. From October 29th, 2014 to March 16th, 2017, a total of 869 days, there were no falls with injury on the Surgical Unit.

The Surgical Unit staff has taken responsibility and ownership of the issue, which is what made the project so successful.

References

Maureen McGrath, Meghan Josephson, Sara Morrison, Rhylana Whiteley, Christine Alberda, Gina Geise, Amy Kitsemble, Melissa Harrigan, Michaela McAvoy & Amy Adams

Statewide Nursing News continued from page 9 conversations with emojis, can we ever really hope to solve issues of bullying in schools or gun violence? Aren’t we seeing the devastation that can be a result of young people and adults that feel isolated in our ever more electronically “connected” world?

By the by, did you know there is now a minister for loneliness in the United Kingdom to address this VERY important search that, too.

I know. I am just supposed to talk about sit ups and carrot sticks and I really hate opinion pieces. But this is NOT an opinion piece. Solid research suggests that if we are not connected to others, we will not live as long. #facts

So go save the world, will you? Turn off your media and go be social. Better yet, be active while being social. Or go the WHOLE way and be active AND social WHILE eating a salad. I haven’t really done research on it, but it’s my opinion that we can make the world a much better place by doing what we do best: caring for each other.

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The Montana Nurses Association Foundation (MNAF) was launched at our annual convention October 2017 hosting a silent auction with great success. Many nurses donated to our foundation and the foundation has recently invested those donations to begin meeting our mission and purposes.

• Stimulate and promote the professional nurse in Montana.

• Mission

The Montana Nurses Association Foundation (MNAF) is the charitable and philanthropic branch of the Montana Nurses Association (MNA), with a mission to preserve the history of nursing in Montana, and to provide scholarships to students, to support nurses and their families, and to improve the state of healthcare in Montana.

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• Stimulate and promote the professional nurse in Montana.

• Areas of Interest

Montana Nurses Association Foundation (MNAF) 501c3

The MNAF is excited to spread the word across the state of Montana that donations (100% tax deductible) can now be accepted and used to support our mission below. MNAF will leverage the strength of our organization and our MNA members to drive excellence in practice and education, and ensure that the history, voice and vision of professional nurses in Montana THRIVES. MNAF helps our communities through charitable grants and helps nurses improve the lives of patients and their families locally and throughout the state.

To give to the Montana Nurses Association Foundation contact Jill Hindoien at 406-442-6710 or email Jill@mtnurses.org.

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Communicating the Political Climate-focusing on issues not party politics

Montana Nurses Association (MNA) remains bipartisan and sustains advocacy and support addressing healthcare and other issues affecting our nurses through our MNA Government Relations Platform, our legislative platform, approved by the MNA House of Delegates October 2017 (italics below). Encompassed in our government relations platform related to healthcare for all: 

I. The MNA Mission Statement

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

II. The Children’s Health Insurance Program (CHIP)

The Children’s Health Insurance Program (CHIP) is a federal-state program that provides health insurance to children in families that are too poor to qualify for Medicaid, but too well-off to qualify for subsidies. The CHIP program has helped nearly 16 million Americans obtain health coverage.

A review of our MNA Mission Statement reflects the following:

- Promote community and world health by collaborating with other health professionals to promote health, prevent illness and injury, and improve access to care.
- Actively engaging in legislation that supports professional scope of nursing practice to the full extent of individual education and training.
- Actively promoting programs and efforts that encourage educational progression of professional nurses at state, national and international levels.
- Representation on boards, committees and advisory groups which influence the future of the nursing profession and the future of our state and national healthcare system.
- Engaging with healthcare partners and associations to work collaboratively to ensure healthcare as a right for all American populations.

III. The Tax Cuts and Jobs Act

The American Nurses Association is deeply concerned about the devastating impact that the Tax Cuts and Jobs Act and the Children’s Health Insurance Program (CHIP) will have on healthcare, our nurses and our citizens.

- There is clear intent to dismantle the Affordable Care Act, which has helped nearly 16 million Americans obtain health coverage.
- The Tax Cuts and Jobs Act eliminates the Affordable Care Act’s individual mandate and will result in an estimated 13 million fewer Americans having health insurance as well as negative health outcomes, higher costs, and fewer individuals with access to critical primary care and preventive services.

The Children's Health Insurance Program (CHIP)

For Immediate Release:

December 18, 2017

CONTACT:

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Veronica Byrd, 301-628-6567

veronica.byrd@ana.org

STATEMENT:

American Nurses Association Strongly Opposes the Tax Cuts and Jobs Act

Massive tax bill will significantly reduce the number of Americans with health insurance

Silver Spring, MD – The following statement is attributable to Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, president of the American Nurses Association (ANA), in response to the Tax Cuts and Jobs Act.

“...The American Nurses Association is deeply concerned about the devastating impact that the Tax Cuts and Jobs Act will have on health care in this country. Under the guise of a promise to slash taxes for corporations and middle-class Americans is a clear intent to dismantle the Affordable Care Act (ACA), which has helped 16 million Americans obtain health coverage. It is also no secret the actions that will be pursued to make up for the inflated deficit caused by this tax bill will be the cutting of essential anti-poverty programs as well as Medicare and Medicaid.

Eliminating the ACA’s individual mandate will lead to an estimated 13 million fewer Americans having health insurance. The resulting domino effect will be negative health outcomes, higher costs, and fewer individuals with access to critical primary care and preventive services. This is irresponsible and further proves that health care is being handled like a political game to be won at any cost. Frustratingly, this bill was pushed through without input from patients, consumers, or health care experts, including the costs the 3.6 million registered nurses, whom the public ranks as the most ‘honest and ethical’ profession.

And myriad numerous failed attempts to ‘repeal and replace’ the ACA, ANA vociferously argues that legislation that would threaten health care affordability, access, and delivery for millions of people across the nation. ANA will continue to advocate for a health system that ensures universal access to a standard package of essential health care services for all citizens and residents.”

http://nursingworld.org/

KEY TALKING POINTS:

Tax Cuts and Jobs Act and the Children’s Health Insurance Program (CHIP)

OVERVIEW

Please feel free to customize and tailor these talking points when speaking to key audiences about the Tax Cuts and Jobs Act and the Children’s Health Insurance Program (CHIP).

The Tax Cuts and Jobs Act

The American Nurses Association is deeply concerned about the devastating impact that the Tax Cuts and Jobs Act and the Children’s Health Insurance Program (CHIP) will have on healthcare, our nurses and our citizens.

- There is clear intent to dismantle the Affordable Care Act, which has helped nearly 16 million Americans obtain health coverage.
- The Tax Cuts and Jobs Act eliminates the Affordable Care Act’s individual mandate and will result in an estimated 13 million fewer Americans having health insurance as well as negative health outcomes, higher costs, and fewer individuals with access to critical primary care and preventive services.
- Funding for essential anti-poverty programs, Medicare, and Medicaid will be significantly cut to make up for the inflated deficit that will be caused by this tax bill.
- The Tax Cuts and Jobs Act is being pushed through without input from patients, consumers or health experts, including the country’s 3.6 million registered nurses, whom the public ranks as the most ‘honest and ethical’ profession.
- The American Nurses Association (ANA) has voiced strong opposition to legislation that would threaten health care affordability, access, and delivery for millions of people across the nation.
- The American Nurses Association will continue to advocate for a health system that ensures universal access to a standard package of essential health care services for all citizens and residents.

The Children’s Health Insurance Program (CHIP)

The American Nurses Association urges congress to move quickly on funding reauthorization for the Children’s Health Insurance Program (CHIP) - a federal-state program that provides health insurance to 9 million children in the U.S.

- Federal spending authorization for CHIP ran out on September 30th and 16 states – Washington,
Repealing the state and local taxes would raise taxes for 23% of Montana taxpayers, and make it more difficult for our state to raise the revenue needed to adequately fund public services such as our schools. Other changes in federal policy being discussed to accompany the tax changes would lead to deep cuts in Medicaid, Medicare and income security programs that would seriously harm our communities, our families and our state, dramatically reducing funds available for Montana residents on Medicaid, CHIP, Medicare, food benefits, Pell Grants and our veterans.

**Institute on Taxation and Economic Policy**

Instead of meeting the needs of working and middle class Americans, current GOP proposals would cut social and economic programs in order to give tax cuts to large corporations and the wealthy through the elimination of the estate tax, which benefits those with estates of more than $5 million; and the lowering of corporate taxes while maintaining loopholes and creating a loophole for wealthy individuals through a change in the top “pass-through” tax rate.

In Montana, the proposed tax cuts would:

- give 57% of the 2018 tax cuts to our richest 1%—only 5,300 Montana taxpayers.
- 14% of households would get a $1,510 tax increase, on average, in 2018.
- 11% of households making $38,400 to $60,400 would get a $670 tax increase, on average.
- 24% of households making $60,400 to $98,300 would get a $1,230 tax increase, on average.

In summary, instead of focusing on tax cuts that benefit only the wealthiest in our country at the expense of the majority of us, I ask that you support comprehensive tax reform that:

- Preserves state and local tax deductions
- Closes corporate tax loopholes and ensures that large corporations and Wall Street pay their fair share of taxes
- Maintains and expands vital health programs like Medicare and Medicaid
- Makes the wealthiest pay their fair share

Sources:
https://itep.org/ and https://americansfortaxfairness.org/
https://www.public橄榄/22-14698/americans-against-doubl-taxation-annouement-release-page1/1
https://itep.org/tax-reform/

Joint statement by MNA and AFTNHP
November 17, 2017

These are examples of working collaboratively with our affiliates and bringing evidence based data forward to our congressmen regarding the impacts on nursing and healthcare issues. We need to become informed and continue to advocate for quality healthcare for all through our professional associations and our community organizations, especially when the impact on Montana and American populations is not advantageous.

Senator Tester voted against and Senator Daines and Representative Gianforte voted in favor of the current "Tax Cuts and Jobs Act". I have asked and will continue to ask Senator Daines and Representative Gianforte for their evidence and measures that it will not impact funding for and from Medicare, Medicaid and Social Security. I have asked for their rationale and talking points to defend their vote on the current tax law as it affects healthcare. As an example, here is current data on the elimination of the individual mandate/tax penalty for failure to buy health insurance. Although Congress has yet to fully reconcile the Affordable Care Act (ACA) they did manage to eliminate the tax penalty for individuals that do not buy health insurance. The Congressional Budget Office (CBO) projects that 4 million people would drop their health insurance plans in 2019, rising to 13 million by 2027, without the mandate. And that’s just the start. One analysis shows how the elimination of the individual mandate could cause some state marketplaces to collapse. That could force Congress to act on the ACA again this year. 

https://www.nccos.com/tax-plan-may-have-a-catastrophic-effect-on-health-care-access/...

We continue to work with those who will work with us addressing issues related to our nursing profession and the ability of nurses to advocate for our communities when the US Congressmen, and MT lawmakers for that matter, reach out to us for our input and recommendations regarding healthcare reform and other legislations. For example, the work of nurses, the nursing professional or healthcare in any way.

I have been reassured by both US Senators and the US House Representative that they support the authorization of CHIP and we must all hold them responsible and accountable to make sure that happens as soon as possible.

**AANP 2018 Health Policy Conference continued from page 2**

- Know if anyone else has written on the topic, how would you reinvigorate the topic?
- Be concise and clear, avoid jargon, write and speak at the 5th grade reading level
- Localize – bring down to lowest level, how does the topic affect neighbors, know the community (epidemic/pandemic), look for ways to attach your piece to other topics in the news
- Before you pitch the idea over and come back; have a proof reader (tight and compelling) look for co-authors
- Ask relationships – know who the reporters are, respond to their stories, make suggestions if warranted, reach out – go for coffee, always be on the record even if not reported, follow and occasionally mention on social media
- They said NO – don’t give up, self-publish, blog, Facebook
- Understand the News Cycle focusing on dominant stories

**Jerome Adams – Surgeon General**

“Better Health Through Better Partnerships”

Adams spoke about the opioid epidemic and talked about priorities – opioid epidemic, health and the economy, and health and national security.

On Tuesday, Deanna and I were able to meet with Senator Daines and Sen. Daines aides. The Senators were on the Hill in budget meetings. We were able to meet with Congressman Gianforte and his legislative director. We discussed Health Care Access and barriers, and asked for support of H.R. 1825, and S. 445 . These bills were added to the Bipartisan Health Reform Improvement Act of 2017. We also discussed Diabetic Shoes and H.R. 1617, the Promoting Access to Diabetic shoes Act. We asked the aides and Congressman Gianforte to keep in mind the need for efficiency in the Medicare program retiring barriers which include authorizing NPs to certify their patient’s need for home health, authorizing NMs to certify their patients’ need for diabetic shoes, authorizing NPs to perform the admitting physicals for patients entering skilled nursing facilities, and authorizing NPs to certify their patients for hospice.

**MNA-AFTNHP Nurse volunteers need to the Virgin Islands!**

**Montana Nurses Association** is proudly affiliated with the National American Federation of Teachers/Nurses and Health Professionals

- Volunteering is a way to use my union members in the Virgin Islands mentioned the need for school screenings that were not getting done this year 10 years, leading to massive cuts in public services.
- A proposal to eliminate state and local tax deductions would put pressure on state and local budgets that now support our schools and local schools. Almost 44 million Americans in all 50 states come from families that pay property taxes, which help many families achieve home ownership and economic security.

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The following process is intended to give potential employees and employers an opportunity for a fair and equal process of interviewing and discriminatory behaviors. If you are a potential employee, the following information is intended to provide a knowledge and awareness of the federal and state discriminatory laws. If you are an employer, the following information is intended to provide policies and discriminatory laws. Being mutually aware of the process will better prepare a potential employee and employer for the complexity of the process.

Potential Employee Interview

As a potential employee, be prepared by bringing to the interview a copy of the completed application, your letter of interest, resume, and references, if possible. Dress conservatively. This means to dress simply, modestly, and clean. Be prepared to answer questions and "required documents/documentation" that the facility/organization has already been covertly determined by the interviewing committee/person. Be aware of your awareness of the possibility to discriminate. Just the fact that the interviewing committee/person is aware of your discriminatory attitudes is a significant indication of your intelligence! Be aware of your awareness of the possibility to discriminate. Know (at least) the following laws that help protect against discrimination. The (EEOC) enforces these laws. It, also, provides oversight and coordination of all federal equal employment opportunity regulations, practices, and policies.

Equal Pay Act of 1963 is intended to protect against sex-wage discrimination. This means equal pay for equal work as it relates to job content. It is illegal to discriminate based on sex regarding fair and equal pay and benefits in any aspect of employment. This includes overtime pay, bonuses, vacation pay, retirement benefits, and fringe benefits. Discrimination in pay protected by the law includes discrimination based on sex, color, religion, sex, or religion. It included the banning of discrimination in public places. It requires that pay and benefits be uniformly and consistently applied to all employees of the same race, color, religion, sex, national origin. (Civil Rights Act of 1964)

Race/Color Discrimination involves treating employees or job applicants who are of a certain race or because of personal characteristics associated with race (such as hair texture, skin color, or certain facial features). The same is true for discrimination based on color. The law forbids discrimination when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoff, training fringe benefits, and any other term or condition of employment.

Age Discrimination in Employment Act (ADEA) of 1967 protects individuals of 40 years of age or older. It prohibits age discrimination in any aspect of employment—hiring, firing, pay, job assignments, promotions, layoffs, training, job disqualification for assignment, training, or any other condition of employment. It is not illegal to favor an older worker over a younger worker, even if both workers are 40 years or older. It is generally unlawful to include age as a factor in the establishment of fringe benefits. The law forbids discrimination when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoffs, training fringe benefits, and any other term or condition of employment.

Genetic Information Nondiscrimination Act (Title I) of 2008 prohibits employment discrimination against qualified individuals with physical disabilities that limit one or more major life activities, who has a history or record of an impairment, or is perceived by others to have such an impairment. The ADA does not state all the disabilities that are protected under the law. The requirement is for employers or religious entities with 15 or more employees. It provides qualified individuals with disabilities an equal opportunity to benefit from a full and equal participation in the functions and advantages of the workplace. (www.wisegeek.com)

Americans with Disabilities Act (ADA) of 1990 provides for protection against discrimination in any aspect of employment—hiring, firing, pay, job assignments, promotions, layoffs, training, job disqualification for assignment, training, or any other condition of employment, including the provision for monetary damages to employees in cases of discrimination. If you are an applicant or employee, treat someone (an applicant or employee) unfavorably because the person is married to or associated with a person of a certain national origin. The law forbids discrimination when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoffs, training fringe benefits, and any other term or condition of employment.

National Origin Discrimination involves treating employees or job applicants who are of a certain national origin. The law forbids discrimination when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoffs, training fringe benefits, and any other term or condition of employment.

Sex Discrimination involves treating employees or job applicants who are of a certain gender. The law forbids discrimination when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoffs, training fringe benefits, and any other term or condition of employment.

City of Milwaukee v. Wisconsin Equal Rights Commission (1960) is an equal pay discrimination case. The case involves discrimination regardless of race or color. It involves treating people (applicants and employees) unfavorably because they are married to (or associated with) a person of a certain national origin. The law forbids discrimination when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoffs, training fringe benefits, and any other term or condition of employment.

Harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment that affects an employee's ability to work. It is a form of discrimination based on race, color, religion, sex, national origin, or other characteristics. If there is a test to be considered for employment, the interview a copy of the completed application, your letter of interest, and resume before you enter the job interview. Interviews should encourage acquiring of additional knowledge, personal characteristics associated with race (such as hair texture, skin color, or certain facial features). The same is true for discrimination based on color. The law forbids discrimination when it comes to any aspect of employment, including hiring, firing, pay, job assignments, promotions, layoffs, training fringe benefits, and any other term or condition of employment.

Be aware of your awareness of the possibility to discriminate. Just the fact that the interviewing committee/person is aware of your discriminatory attitudes is a significant indication of your intelligence! Be aware of your awareness of the possibility to discriminate. Know (at least) the following laws that help protect against discrimination. The (EEOC) enforces these laws. It, also, provides oversight and coordination of all federal equal employment opportunity regulations, practices, and policies.

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always be integrated as a part of an objective interview attempt.

Human Resource Department (HRD) & Non-Discrimination

The intended role of the HRD is to maximize strategic use of human resources and maintain policy and regulatory compliance within the organization/facility. Entropy naturally causes a random movement away (deterioration) of all laws of nature or behaviors—therefore, there is an absolute necessity to have policies to guide administrative behaviors. Also, because of the extreme increase in susceptibility and discriminatory litigation, it requires every organization/facility to perform diligence in their discriminatory behavior, establishment of written organization/facility policy, and recorded compliance to nondiscriminatory effort, philosophy, and overall nondiscriminatory effort, philosophy, and overall nondiscriminatory engagement. This, also, includes:

1. Informing others regarding accurate knowledge, acceptance, and intended compliance to discriminatory laws as stated in established policy—(Suggestion: Place information in full view of both employees and potential employees.)
2. Documenting carefully the reasons for hiring of in-house or out-of-house employee consideration as established by policy—(Suggestion: Consider the possibility of Nepotism accusations.)
3. Interviewing job applicants in like-manner and in keeping with policy—(Suggestion: Determine in writing preliminary criteria stating a required method of advertising and a minimum number of in-house and out-of-house qualified applicants to be interviewed. If applicant applications are less than policy requirements, state recognition of policy noncompliance and advertising efforts.)
4. Stating on the application form that “answers to potential discriminatory questions will not be used to determine employment”—(Suggestion: Add to each discriminatory question on the application a check-box that can be checked by the job applicant indicating a potential employee’s personal choice not to provide the associated discriminatory information.)
5. Providing privacy for every person that wishes to converse about any business or employment opportunity—(Suggestion: Invite visitors or potential employees to sit down in an office with one or more HR employees, closing the door (if needed), listening to any concerns or questions presented, and conducting communication that is verbally and non-verbally supportive. No lunchroom or foyer conversations are acceptable for business or employment concerns.)
6. Informing advertising agencies/career centers/job opportunity centers, etc. immediately of the closing of job opportunities or the filling of an advertised position—(Suggestion: Courtesy shown by a hiring organization/facility toward a potential employee who is pursuing a work opportunity speaks for the nondiscriminatory effort, philosophy, and overall caring behaviors of the organization/facility. Accurate advertising and updating of employment information is important, as it takes time and effort for the potential employee to seek out employment opportunities.)
7. Terminating employees (when necessary) according to existing nondiscriminatory policies and job descriptions.—(Suggestion: Know the facts and examples of non-compliance. Be honest, kind, and quiet. Provide support along with constructive criticism. Use legal counsel, as needed. Follow existing policies carefully and document outcomes thoroughly.)

It is important to recognize the HRD as the first encounter for potential employees and the probable endpoint for employment resolutions, concerns, and conflict resolutions. Therefore, it is important that the laws and relevant non-discrimination behaviors be known by all who have contact with the HRD department.

Montana Discriminatory Laws (Title 49—Human Rights Act—Montana Governmental Code of Fair Practices) is the beginning point for any effective HRD in Montana. The Montana Human Rights Bureau provides services, investigates, and attempts conciliation of discriminatory complaints. Complaints must be filed within 300 days of alleged discrimination to the Human Rights Bureau.

Carolyn Taylor, Ed.D, M.N, R.N.
(Read more at leadershippoweronline.com)
Thank you, Michelle Smith, R.N. at Fallon Medical Complex for your review of this document!

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Membership Matters!

Montana Nurses Association would like to invite you to join us today!

Benefits Include:

• Empowering RNs to use their voices in the workplace
• Improving patient care
• Having input regarding wages & benefits
• Continuing education opportunities
• Legislative representation

Call or email today • jill@mtnurses.org  
(406) 442-6710

Applications also available on our website. mtnurses.org

District and Local Leaders

Are you planning a meeting? Do you have Elections coming up? Do you need to contact your members?

I am here for you!

Please let me know how I can help!

jill@mtnurses.org
Toyota Safety Sense™ is now standard on most TOYOTA models!

Now that active safety features like a Pre-Collision System, Lane Departure Alert and others come standard on many new Toyotas – like the 2018 Camry, Highlander, Sienna and RAV4 – you get extra peace of mind at no extra charge. Toyota Safety Sense™. Designed for safety.

For more information on Toyota Safety Sense™ call 1-888-21-TOYOTA.