As the sun rises from the East
My thinking begins
As I enter the novice stage
I can think holistically

I stand to the south and
I begin to pray as I am a beginner
I clear all boundaries
that surrounds me
I will plan to make the best choices
I will plan to manage my time

Then to the west
I enter adulthood
I mature

I will develop social competence
I will implement self-motivation
I will implement the important aspects of relationships,
to improve my life

To the north
I say goodbye to my bad thoughts
I improve life
I exude confidence and competence

As I approach the doors of wisdom
I become wiser
I know myself
I am thankful
I am EMPOWERED
I am a nurse

The poem was envisioned after the recently held NMNAINA mentoring workshop and was offered during National Nurses Week in Santa Fe.
Survey the Land and Know your Healthcare Organization’s Chain of Command

Dr. Karen L. Brooks, Esq., EdD, MSN RN

This column on nursing liability topics will discuss the importance of the employed nurse being familiar with the healthcare facility’s organizational chart and also having a keen awareness of the chain of command. It is vital that the employed nurse know her/his specific positional placement in the organizational chart and also know how to make use of the chain of command in the workplace.

Chain of command refers to the hierarchy of reporting relationships and should be graphically portrayed in the organizational chart. The chain of command in the healthcare organization identifies the flow of communication and directives. The chain of command also exists as an avenue for the nurse to use when there is need to communicate matters of patient care concern. By using the chain of command, as well as knowing how to make use of the chain of command in the workplace, the nurse recognizes that she/he may not stand alone when trying to address critical patient care matters with which she/he may be involved and is having difficulty resolving on a more local level.

One brief hypothetical will illustrate how the staff nurse may mitigate her/his own liability risk in using the chain of command. The second hypothetical will portray how liability could extend through the chain of command, even to those who are not directly and/or immediately involved in a serious patient care concern. In the first scenario, the staff nurse is unable to reach the attending physician to communicate a rapid decline in the patient’s condition. Acting as a patient advocate, the nurse documents the inability to obtain new patient orders and also documents the non-communicative provider by name. This does not resolve the issue for the patient, however, and does not demonstrate sufficient patient advocacy given the ongoing and rapid decompensation of the patient. The nurse must then also use the chain of command and contact the next individual in the hierarchy. Depending on the organizational chain of command and the time of day or night, this might be a manager, a supervisor, an administrator on call or chief of staff.

Shifting now to the next hypothetical with the same set of facts, it behooves the person(s) contacted in the chain of command to be immediately responsive to the call or outreach by the nurse. Liability can extend through the chain of command if those contacted in the chain are unresponsive, incompetent as it pertains to the matter at hand and/or, particularly, if the patient sustains harm as a result of actions or omissions by those in the chain of command. If one step in the chain fails, then one must communicate (and document such) with the next identified position in the chain. Invariably, in a lawsuit or review of the patient outcome, two questions asked of parties involved would be, “Then what did you do next for the patient and when did you do it?”

Dr. Karen L. Brooks, Esq., EdD, MSN RN, a member of the ANA and NMNA, is the Graduate Nursing Faculty Lead (Remote: Santa Fe, New Mexico) for College of Online and Continuing Education at Southern New Hampshire University.

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New Mexico Nurses Foundation

“When Nurses are Involved, Great Things Happen!”

As nurses in New Mexico, we understand our resource needs:
- Well-educated nurses in increasing numbers who can think critically;
- Nurses from diverse cultures, practice levels and specialties in all areas of our amazing state;
- Nurses who have health, safety, balance in their lives.

The New Mexico Nurses Foundation is committed to lifelong learning for every nurse in NM through scholarships, provision of continuing professional development, the support of nursing research and the provision for special projects and assistance to nurses impacted by disaster.

The NMNF was a partner in the National Nurses Week activities sponsored by NMNA. The Foundation received a contribution from the Con Alma Health Foundation which supported ten participants who desired to attend the May 8th NM National Nurses Week Workshop: “Change, Sustain and Lead: Following the Thread of Our Lives.” These participants were representative of the emerging nursing leaders from all our diverse cultures across our amazing state. Readers should look for similar opportunities in the future. The Foundation also partnered with NMNA, Sigma Theta Tau and Arthur L. Davis Publishing Agency in recognizing the importance of our nursing faculty in NM and the innovative contributions they have made.

The NMNF Board will be working to increase the capacity of the Foundation so nurses will see efforts to make the Foundation visible and proactive in sharing the mission, goals and needs. The Foundation has exciting special projects for the immediate future including:
- The Nightingale Tribute for memorial services
- “On Whose Shoulders We Stand: A History of Nursing in NM” to be rolled out in 2021!!!

For more information and to become involved in the special projects, please call the NMNA office at (505) 471-3324.

*The New Mexico Nurses Foundation (NMNF) was formed in 1999 as a 501 (c) (3) non-profit organization and the charitable arm of the New Mexico Nurses Association. It is reignited under the newly created BOD. The following constitute the 2018 Foundation Officers and Board Members
  Dorothy Crawford, President
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NMNA presented the CNM Student Nurses Association with an award for its inspirational efforts.

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The UNMH Division of Nursing "Stressbusters" receive NMNA 2018 Employer Innovation award during National Nurses Week

Nurse Practitioner leaders Barbara Salas and Carolyn Montoya reunite during National Nurses Week

The UNMH Division of Nursing "Stressbusters" receive NMNA 2018 Employer Innovation award during National Nurses Week

National Nurses Week celebration brought nursing leaders from across NM together

NMNAINA honored two current members who serve in academia Ruth Burkhart, Erma Marbut (President of NMNAINA) and Emily Haozous

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New Mexico Native American Indian Nurses Association honored NMNA Board of Directors on May 8, 2018 during National Nurses Week with a special blessing. A gift of a beaded gavel was also presented so that the NMNA President can always “Lead with Wisdom, Vision, Harmony and Beauty.”

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Health Care Reform in New Mexico: Threat or Opportunity for the Nurse Role in Community Health?

Ruth L. M. Burkhart DNP, MA, RN-BC, LPCC

This article is submitted as part of a Doctor of Nursing Practice (DNP) project to describe the need for DNP nurse leadership to advocate for a nurse generalist role in the reform of New Mexico’s health care system under the Patient Protection Affordable Care Act (ACA) in 2010. The framework for the project was the nurse role within the national and global shift in health care focus to population health and social determinants of health, and an anticipated shift of reimbursement and workforce priority to primary prevention, where much of health, and an anticipated shift of reimbursement role within the national and global shift in health care. The framework for the project was the nurse role within the Future of Nursing and Midwifery support for United Nations Agenda 2030, and research demonstrating the value of the nurse in quality health care outcomes. Participation in state and regional health care reform initiatives, including advocacy for a nurse generalist role in the development and implementation of the New Mexico State Health System Innovation Plan (SHSIP), afforded project advocacy opportunities. The project sought to identify the risk to nursing and health care outcomes without a nurse generalist role in New Mexico’s reformed health care system, and the opportunity for nursing to re-imagine the nurse role in community based health care. The expected outcome of advocacy beyond the project is engagement of nurses in discussion and planning for a nurse generalist role in New Mexico’s community based systems of health care.

Background

The passage of the ACA accelerated the move toward value-based healthcare in the United States (U.S.), and mirrored a global shift toward health care systems based in primary prevention and population health. The Centers for Medicare and Medicaid’s Triple Aim initiative led by the American Hospital Association (2011) defined health care outcomes (Centers for Medicare & Medicaid Services, 2016). The National Prevention Strategy of 2011, a companion document to the ACA 2010, highlights the benefits of a prevention focus for U.S. health care outcomes. However, use of the word ‘prevention’ in the National Prevention Strategy of 2011 does not distinguish the nature of the three levels of prevention, primary, secondary, and tertiary, and refers to primary prevention and associated activities when using the word prevention. Primary prevention takes an upstream approach to the global disease burden, shifting attention, policy, and human and financial resources to population health initiatives which promote wellness at the community level of care (National Prevention Council, 2011). Differentiation of primary prevention from secondary and tertiary prevention is significant to a role for the nurse, as the U.S. and global health care systems transformation is a shift from a disease model with tertiary prevention as the focus. A majority of the 3.1 million nurses in the U.S. workforce hold positions aligned with tertiary prevention, or treatment of existing disease to prevent the most adverse outcomes. The unique role of the nurse allows for primary, secondary, and tertiary prevention activities within a single episode of care. The historical roots, and ongoing role, of nursing in community based health promotion cannot be denied (Kempainen, Tossavainen, & Turunen, 2012). However, current opportunities for the nurse generalist to participate in community based health initiatives are limited (Auerbach, Staiger, Muench, & Buerhaus, 2013; Dentzer, 2011; James A Baker III Institute for Public Policy of Rice University, 2012; Kempainen, Tossavainen, & Turunen, 2012; Koh & Sebelius, 2010; Robert Wood Johnson Foundation; 2011; Spetz, 2014; Staiger, Auerbach & Buerhaus, 2011). With the shift toward a population health focus for national and global health care systems, the question must be asked, what are the threats and opportunities ahead for the nurse generalist role?

Beginnings of the Project

To assist states in complying with the Centers for Medicare and Medicaid Services (CMS) Triple Aim, CMS offered State Innovation Model (SIM) grants beginning in 2014. Through an application process which included submission of a proposal to CMS, states received grant assistance to convene a series of stakeholder meetings for development of a state health care system transformation plan (Berwick, Nolan & Whittington, 2008; Centers for Medicare and Medicaid Services, 2016; Hughes, Pelz & Conway, 2015). With a December 2014 SIM grant, New Mexico began the state Health System Innovation (HSI) initiative, led by the New Mexico Human Services Department (HSD) and New Mexico Department of Health (DOH). The first stakeholder meeting was convened in Albuquerque, May 2015. A review of the New Mexico SIM proposal revealed a population health focused plan, no identified role for the nurse outside of a nurse practitioner role, and key workforce expanded roles for the emergency medical technician (EMT) and the community health worker (CHW) (New Mexico Department of Health, 2014). An invitation to participate in the HSI as a stakeholder led to leadership and advocacy activities as the foundation for this student’s Doctor of Nursing Practice (DNP) final project.

Love where you work. Love where you live.
impact on the target population was achieved, i.e. an understanding of the threat and opportunity to the nurse generalist role in New Mexico among a select group of New Mexico community health nurses. In response to Question 1, “What do you think will be the overall effect of the proposed service delivery change on the role of the community health nurse?” focus group participants indicated concern that health care reform in New Mexico brings significant risk for further loss of community health nurse positions by replacing nurses with lower paid, less skilled workers. A summary of responses to Question 2, “What are the pros and cons of the proposed change for the community health nurse role?” included the need for advocacy to regain respect and authority for the community health nurse role, and to address the threat and opportunity the proposed change creates. Focus group respondents looked to the New Mexico Nurses Association to take the lead in discussion and advocacy to address this threat and opportunity. Responses to Question 3, “What kind of changes will need to be made to the education of the community health nurse in light of the proposed change?” centered around the impact of the NMNEC (New Mexico Nursing Education Consortium) on lack of community health nurse role exposure within the NMNEC curriculum, and a need for empowerment of nursing students to meet the role challenges to nursing currently being encountered. Focus group participants recommended schools of nursing within the NMNEC curriculum ensure community health role exposure occur through clinical experiences. A summary of responses to Question 4, “How do you see this change to community health services delivery in Doña Ana County meeting the goals of the CMS’s Triple Aim strategy (cost, quality, patient satisfaction)?” is that the proposed change to a EMT/CHW and CHW workforce may save money but research has consistently demonstrated removing nurses from interdisciplinary teams negatively impacts quality outcomes in healthcare. Focus group participants pointed to The Hub, an integrated community health service delivery model utilized in Mexico, which is stated to achieve a 100% vaccination rate in some areas. The model utilizes a nurse, EM, and promotora (CHW), with the nurse in an equal yet supervisory role for some activities.

Conclusion

The roots of this project began with a request for this writer to join a newly formed committee engaged in state health care transformation in New Mexico. The focus and goals of the project evolved in 2015 and 2016, through collaboration with multiple stakeholders toward the common goal of building a transformed health care system in New Mexico. The goal of committee and stakeholder meetings was to build a system which would meet the requirements of the Centers for Medicare and Medicaid Services (CMS) Triple Aim (Denzler, 2011) under ACA 2010 (Berwick et al., 2008), and follow the population health focus of the National Prevention Strategy of 2011 (National Prevention Council, 2011). The new health care system would be the State Innovation Model plan for New Mexico, with a submission deadline to CMS of late 2015. The Health System Innovation initiative was made

Components of the Project

An extensive literature review was conducted in six key areas, below:
- State Innovation Model (SIM) and ACA 2010
- Health Care Reform and Health Care Workforce
- Risks to the Integrity of Nursing
- DNP Nurse Leadership and Advocacy
- Theoretical Foundations
- Local and Global Opportunities for Nursing Partnership

The SIM literature review revealed a variety of transformation designs among state healthcare system SIM proposals and plans, but there was one commonality - a minimal to no role for the nurse generalist in community health initiatives. The New Mexico SIM was particularly concerning for nursing, as the EMT and CHW were identified as the key workforce. The need for nurse advocacy for a nurse generalist role in the final SIM plan led to a DNP project focus of advocacy activities at the state, regional, and local levels. Key project activities included participation and advocacy in the state HSI stakeholder meetings, HSI subcommittee meetings, a regional health coalition, conducting an extensive literature review, presenting a project overview to a group of community stakeholders, convening a focus group comprised of community health nurse stakeholders, and analyzing the focus group recording for themes and recommendations.

The final New Mexico SIM plan, the New Mexico State Health System Innovation Plan (SHSIP), submitted to CMS in 2016, provided a framework for a new community health service delivery plan with heavy reliance on the EMT and CHW as key workforce. The components of the new plan are based in population health initiatives with a focus on social determinants of health. The framework provided a model for transition to the community centered health home (CCHH), with linkage between public and private health and community systems of care. Despite student advocacy, the SHSIP, like the 2014 SIM proposal, did not include a role for the nurse generalist (New Mexico Department of Health, 2016). When New Mexico was not awarded CMS funding for state-wide implementation of the SHSIP, various regional entities committed to undertaking SHSIP community health population initiatives in the state. After submission of the SHSIP, this author made a commitment to continue advocacy for a nurse generalist role in SHSIP community health initiatives.

Project Goals and Outcomes

The project had two primary goals, to advocate for a role for the nurse generalist in the SHSIP, and to increase awareness among the nurses of New Mexico of the threat and opportunity to the nurse generalist role with New Mexico’s health care system in New Mexico. The goal of committee and stakeholder meetings was to build a system which would meet the requirements of the Centers for Medicare and Medicaid Services (CMS) Triple Aim (Denzler, 2011) under ACA 2010 (Berwick et al., 2008), and follow the population health focus of the National Prevention Strategy of 2011 (National Prevention Council, 2011). The new health care system would be the State Innovation Model plan for New Mexico, with a submission deadline to CMS of late 2015. The Health System Innovation initiative was made
Health care reform continued from page 7

possible by a State Innovation Model grant awarded by Centers for Medicare and Medicaid Services in 2014 (CMS, 2014; CMS, 2016). The community health workforce identified in the New Mexico State Innovation Model proposal relied heavily on an expanded role for the CHW and the EMTCP (New Mexico Department of Health, 2014). As development of the SHSP continued throughout 2015, this writer assessed that the nurse generalist role was not being included, only a role for the nurse practitioner as a primary care provider. Advocacy for a nurse generalist role became the project priority. Advocacy efforts included research, writing, and public presentations as part of assigned committee work, and meeting with state employees who held leadership positions in the development of the New Mexico SHSP (New Mexico Department of Health, 2016). The radical transformation of the U.S. health care system outlined under ACA 2010 (Berwick et al., 2008), and global transformation of health care systems (Bernaert, 2015), were significant background factors for this project. The purpose and goal of this project have been determined as: Advocating for a nurse generalist role in the health care system currently under transformation in New Mexico.

The Theory of Integral Nursing (Dossey, 2008), with philosophical support from Nightingale’s Environmental Theory (Bolton, 2013; Delander, Beck & Attewell, 2005), and paired with the Nightingale Initiative for Global Health (Beck, Dossey & Rushton, 2011; Beck, Dossey & Rushton, 2013), the primary theoretical framework for the project. The Theory of Integral Nursing (Dossey & Luck, 2015) was viewed as beneficial for the project, though in-depth exploration was beyond the scope of the project, as it provided process and tools to empower the 21st Century Nightingale role for the nurse in local and global health initiatives (Beck, Dossey & Rushton, 2011; Beck, Dossey & Rushton, 2013). The theoretical framework supports the value and necessity of a role for the nurse generalist in health care system transformation, and identifies an interdisciplinary team role for the nurse in local and global health initiatives.

Effective advocacy for a nurse generalist role in New Mexico’s health care system transformation involves exploring the value of the nurse role to health care processes and quality outcomes. The literature review for this project identified the essential value of the nurse, and demonstrated the key role of the nurse in promoting quality health care outcomes, in preventing negative health care outcomes, and in effectively managing health care risk. The literature review demonstrated that leaving nurses out of health care teams in community jeopardizes the health of the consumer public (Horton, Tschudin & Forget, 2007; Institute of Medicine, 2003; Lindrooth, Yakushva, Faillien, Weiner, Naylor, & Pauly, 2015). New Mexico workforce data (New Mexico Health Workforce Commission, 2013) demonstrates the need for continued growth of the nurse generalist workforce to meet New Mexico health care needs and alleviate ongoing nursing shortages. This data demonstrates a need for the nurse generalist role in the state. The literature review and project outcomes reveal the threat to the role is in community based systems of care, particularly those which address population health needs.

Local to global pathways currently exist for managing the threat and opportunity for the nurse generalist role in New Mexico. Nurses have an opportunity to participate in community health councils across the state which are actively engaged in identifying and addressing local health needs. Participation may open opportunities for a nurse role in community health initiatives in those areas. As global health care reform continues to occur, opportunities exist for New Mexico nurses to link with global health initiatives such as the Nightingale Initiative for Global Health (NIGH) (Beck, Dossey & Rushton, 2011; Beck, Dossey, & Rushton, 2013), the Honor Society of Nursing, Sigma Theta Tau International’s GAPFON (Global Advisory Panel on the Future of Nursing and Midwifery) (2016), Wilson, Mendes, Klobber, Cattabigone, Al-Maaitah, Norton, & Hill, M. (2016), and the Nursing Now campaign, a global initiative recently launched by the Duchess of Cambridge, and supported by the International Council of Nurses and the World Health Organization to increase awareness of nursing’s value to global health (Ford, 2018). Clearly, a role for the nurse generalist in community health initiatives is important to the future of health and health care in New Mexico, yet, the threat to the nurse generalist role is real. The current opportunities for New Mexico nurses to participate in local to global opportunities to promote a role for the nurse generalist in community health are remarkable. This time is right and the time is now. Will you take your place as nurse participant and advocate?

References

Koh, P.C. (2011). The time is right and the time is now. Will you take your place as nurse participant and advocate?
July, August, September 2018

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Tips to Help Prevent Compassion Fatigue and Burnout

Self-Care: Relaxation Strategies
- Learn relaxation breathing. It is the easiest method of relaxation to use.
- Practice Bathroom Breathing - it is a good place to get away for a minute and breathe.
- Imagery - look out the window or at a picture/photo. Imagine you are in your favorite place. Have a special place (favorite chair) that you like to “get away.”
- Meditation - repeat a favorite phrase. Say a prayer. You can do this while you are walking.
- Journaling - write down your thoughts and frustrations. Jot down some happy thoughts.
- Art - get a coloring book or sketch pad. Draw, doodle.

Self-Care: Other Personal Strategies
- Do not try to be superhuman.
- Learn to “let go” of things that are outside of your control.
- Learn acceptance of yourself.
- Keep a sense of humor; laugh often.
- Exercise regularly. Get adequate sleep.
- Solve the little problems, since this can help you gain a feeling of control.
- If needed, get professional counseling.

Work-Related Strategies
- Work to resolve conflicts with other people.
- Shut the door and leave work at work. Do not take it home with you.
- Debrief - formal or informal. Have staff conferences.
- Develop a group of peers that you can be honest with and share your feelings.
- Create a comfortable relaxing place at work - comfortable chair, relaxing colors, quiet environment. This can be a room or just a space.

Knowing and Doing
- Just knowing what to do is not enough.
- For something to be effective, you must DO it.
- If you want to become healthier, you need to take some risks. You must do something different.
- Learning requires new information. Then it requires ACTION!
- Try to look at change as a positive challenge.
- Are you ready for a change? Be confident in your ability to change.
- If you have setbacks, they provide feedback about what does not work.
- Do NOT quit!!! Take Control!

© Stress-Busting Program for Family Caregivers

contributed with the permission of the StressBusting Program for Family Caregivers at the Division of Nursing, University of New Mexico Hospitals

NMNA Honors Three Employers

The New Mexico Nurses Association is committed to Healthy Nurse, Healthy New Mexico and Healthy Nation. Within this framework, it was a pleasure to recognize three New Mexico employers who have been creative in their approaches and efforts to promote these concepts in the workplace:

Division of Nursing, University of New Mexico Hospitals, and

Christus St. Vincent Hospital in conjunction with Santa Fe Community College.

NMNA congratulated them for their innovation and recognized them during 2018 National Nurses Week in New Mexico.
ANA’s Case for Evidence-Based Nursing Staffing

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

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

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

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

Key Findings

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

- **Patients**: Ongoing assessment of patients’ conditions, their ability to communicate, their emotional or mental states, family dynamics, and the amount of patient turnover (admission and discharge) on the unit
- **Care teams**: Each nurse’s experience, education, and training; technological support and requirements; and the skill mix of other care team members, including nurse aides, social workers, and transport and environmental specialists

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

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

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

Staffing and Cost Containment

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

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

- High-tech devices and procedures
- Prescribed drugs and other medicine
- Clinician and system practice insurance
- Facility construction, renovation, and maintenance
- Information technology investments and upgrades

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

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

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

Conclusion

ANA supports direct-care nurses and nurse managers in working with hospital clinical and management teams to address pressures to control costs while providing high-quality care in a safe environment. Outcomes-based staffing models require partnerships between nurses and hospital/health system leadership, including those in finance, operations, and clinical areas. Together, we can find pragmatic solutions to complex and pressing issues.
American Nurses Association Calls for an Immediate End to Immoral and Cruel Practice of Separating Children from Their Families

Silver Spring, MD – The American Nurses Association Board of Directors issued the following statement June 19.

The American Nurses Association (ANA) adamantly opposes the Administration’s policy and practices toward migrants and asylum seekers that result in the forcible separation of children from their families. These actions put the welfare of immigrant children at risk and are causing irreparable harm, such as, negative physical and emotional symptoms from separation and detention, including anxiety, depression and post-traumatic stress disorder. Unfortunately, the Department of Homeland Security has already acknowledged that 1,995 children have been separated from their families at the U.S.-Mexico border between April 19 and May 31. ANA condemns the use of this policy to create a deterrent for those seeking a safer and better place to live and believes that children should never be used as leverage or as a negotiating tool.

The Code of Ethics for Nurses with Interpretive Statements (ANA, 2015) calls on all nurses to always act to preserve the human rights of vulnerable groups such as, children, women and refugees. The United States of America is better than this. We cannot continue with a policy that is so immoral and cruel to children and families.

ANA calls for the following actions:

• Urges the Administration to immediately end the forced separation of families at the border;
• Calls for reunification of separated families without delay; and
• Calls on policymakers and administration officials to establish comprehensive immigration policies that reflect the humanity and human rights of all people.

The American Nurses Association (ANA) is the premier organization representing the interests of the nation’s 4 million registered nurses. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. ANA is at the forefront of improving the quality of health care for all. For more information, visit www.nursingworld.org.
The New Mexico Nurse

Social media missteps could put your nursing license at risk

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American Nurse Today March 2018 Vol. 13 No.3

Learn the rules and what to do if you make a mistake.

**Takeaways:**

- For nurses, social media use has daily applications in their personal and professional lives, facilitating conversations with colleagues about best practices and advancing healthcare.
- Inappropriate use of social media can create legal problems for nurses, including job termination, malpractice claims, and disciplinary action from boards of nursing (BON), which could negatively impact their nursing license and career.

_By Melanie L. Balestra, NP, Esq_

Without a doubt, social media has become an integral part of modern life. Today, seven in 10 Americans use social media to get news, connect with others, and share information. Facebook leads the way with more than 2 billion users worldwide, followed by other popular platforms such as Twitter, Instagram, LinkedIn, and YouTube. For nurses, social media use has daily applications in their personal and professional lives, facilitating conversations with colleagues about best practices and advancing healthcare.

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Unprofessional behavior

A second high-risk area are posts that could be considered unprofessional or reflect unethical conduct—anything defined as_unbecoming_of the nursing profession. For example, negative comments about your workplace, complaints about coworkers and employers, or threatening or harassing comments fall into this category.

The highly publicized firing in 2013 of an emergency department nurse at New York–Presbyterian Hospital demonstrates the risks connected with posting workplace photos. The nurse shared a photo on Instagram depicting an empty trauma room where a patient had been treated after getting hit by a subway train. Although the post didn’t violate HIPAA rules or the hospital’s social media policy, she was terminated for being insensitive.

Posts about your personal life also can negatively affect your professional life. Posting photos or comments about alcohol or drug use, domestic violence (even comments about arguing with a spouse) and use of profanity, or sexually explicit or racially derogatory comments could lead to charges of unprofessional behavior by a BON. And keep in mind that complaints can come from anywhere, including employers and coworkers, family and friends, and intimate partners, so the privacy setting on the social media platform won’t protect you.

Court rulings have supported disciplinary actions by BONs against nurses for unprofessional behavior in their personal lives. A key example is the 2012 decision by the California Supreme Court, which left intact an appellate ruling for unprofessional behavior in their personal lives. A key example is the 2012 decision by the California Supreme Court, which left intact an appellate ruling.

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can take from several months to more than a year, and outcomes can range from case dismissal for lack of merit or insufficient evidence to referral to the state’s attorney general for prosecution. If no settlement is reached, you and your attorney will argue the case at a hearing with potential outcomes that include public admission of fault, restriction, probation, suspension, or revocation of your nursing license.

Other serious repercussions are possible. Decisions made by BONs are communicated via Nursys.com, a national database for verification of nurse licensure, discipline, and practice privilege administered by the National Council of State Boards of Nursing. If disciplined, you also could receive a letter from the U.S. Department of Justice restricting your ability to work in any facility that receives reimbursement from Medicare and Medicaid. In addition, disciplinary action in one state may affect your license in another. After you’ve been disciplined, each state in which you hold a license can review or open the case.

To protect yourself, carry your own malpractice/disergency insurance (don’t rely on the insurance carrier for your hospital or private practice). This is especially important with the anticipated increase in medical professional liability claims associated with social media use.

Think twice
Social media is a great way to connect personally and professionally. But remember that online posts live forever and that social media missteps could negatively affect your license and ability to practice. To prevent you from being held to your post content that could be judged as unprofessional.

Melanie L. Balestra is nurse practitioner and has her own law office in Irvine and Newport Beach, California. She focuses on legal and business issues that affect physicians, nurses, nurse practitioners, and other healthcare providers and represents them before their respective boards.

Selected references
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Silver Spring, MD. The ANA Enterprise announces the appointment of Dr. Loressa Cole as its new Chief Executive Officer (CEO). She assumed this role on May 7, 2018.
In this role, Cole, DNP, MBA, RN, FACHE, NEA-BC, will provide strategic leadership and have responsibility for the operating activities of the Enterprise including management of staff and implementation of programs for the American Nurses Association (ANA), American Nurses Credentialing Center (ANCC), and American Nurses Foundation.

Dr. Cole is an accomplished senior executive who brings more than 30 years of progressively higher leadership and management experience, most recently as Chief Officer and Executive Vice President of ANCC. ANCC promotes excellence in nursing and health care globally through credentialing programs, recognizes healthcare organizations that promote quality patient outcomes, and accredits healthcare organizations that provide and approve continuing nursing education. She has been with ANCC since 2016.

Previously, Dr. Cole held Chief Nursing Officer and Chief Operating Officer positions within the Hospital Corporation of America’s (HCA) Capital Division. While Chief Nursing Officer at LewisGale Montgomery Hospital, she led the hospital to attain ANCC Magnet® recognition. Among her many accomplishments, she championed year-over-year improvement in employee engagement and reduction in nursing turnover, as well as implemented several specialty and Service Excellence programs that helped establish the regional health system as a Joint Commission Top Performer and earned Leapfrog “A” rating for hospital safety.

“Dr. Cole is well prepared to lead and strengthen the evolving ANA Enterprise. She was selected from a field of outstanding candidates to fulfill this top leadership role for nursing,” said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. “She brings proven leadership as a seasoned healthcare executive and as the current Executive Vice President of ANCC. She demonstrates the vision, creativity, passion for nursing, and strong business acumen to leverage the strengths of ANA’s entities to enhance and grow the Enterprise.”

“I am very honored and excited to assume this prestigious position. The American Nurses Association is the professional association for all registered nurses, and a recognized leader in ensuring quality care for all Americans,” said Dr. Cole. “At 4 million and growing, America’s nurses outnumber all other health-care professionals and serve an essential role to protect, promote, and improve health for all ages. I am humbled to lead the organization that for more than a century has nobly represented and served our nation’s nurses. I look forward to working with the dedicated staff and volunteers who contribute tirelessly to maintain and grow the exceptional programs and credentialing products offered by the ANA Enterprise.”

Dr. Cole earned an associate degree in nursing from Bluefield State College in Bluefield, WV, a bachelor’s degree in nursing from Virginia Commonwealth University in Richmond, VA, a master’s of business administration from Averett University in Danville, VA, and a doctorate in nursing practice from Case Western Reserve University in Cleveland, OH. She is a member of ANA, Virginia Nurses Association, American Organization of Nurses Executives, and the American College of Healthcare Executives, where she holds Fellow status. Additionally, she currently serves on the Journal of Nursing Administration’s Editorial Board and the Joint Commission’s Nursing Advisory Council. A past President of the Virginia Nurses Association and the Virginia Partnership for Nursing, Dr. Cole has also served on multiple boards, including The Bradley Free Clinic of Roanoke (VA), The Free Clinic of the New River Valley, and the Daily Planet (Richmond, VA).

The ANA Enterprise is the organizing platform of the American Nurses Association (ANA), the American Nurses Credentialing Center (ANCC), and the American Nurses Foundation. The ANA Enterprise leverages the combined strength of each to drive excellence in practice and ensure nurses’ voice and vision are recognized by policy leaders, industry influencers and employers. From professional development and advocacy, credentialing and grants, and products and services, the ANA Enterprise is the leading resource for nurses to arm themselves with the tools, information, and network they need to excel in their individual practices. In helping individual nurses succeed—across all practices and specialties, and at each stage of their careers—the ANA Enterprise is lighting the way for the entire profession to succeed.
Why are Nurses Suing the EPA?

How is it that our shampoo can contain carcinogens and our floor cleaner reproductive toxicants? For over a decade nurses have been working with a wide range of partners, including other health professionals, environmentalists, and health-affected groups, to up-date the nation’s chemical safety policy. Written in 1976, the Toxic Substance Control Act was an ineffectual safety net for people and the environment from exposures to toxic chemicals in our air, water, food, and products. It did not require companies to do any sort of pre-market testing of their products for toxicity or potential harm.

Worse, it established that any chemicals that were already in the marketplace (some 80,000 chemicals) were “generally regarded as safe” without any evidence about their safety or harm to confirm this assumption. This was a way in which “grandfather” a host of toxic chemicals and thus protect them from new requirements for safety testing. Additionally, the burden of proof regarding toxicity was the responsibility of the public and the Environmental Protection Agency, rather than requiring manufacturers to prove that a chemical or product is safe before letting us use the product in our homes, schools, or workplaces. In every instant in which the EPA tried to prove that a chemical was dangerous, the industry prevailed in keeping it on the market. An example of the challenges under the original law, the EPA could not even ban asbestos – a known carcinogen with unquestionable evidence of danger, the industry prevailed in keeping it on the market. Think about how many years it will take to get through that list at a pace of 10 - 20 chemicals per year. Importantly as nurses, consider how many years and decades we may see preventable health effects from toxic chemicals that have not been reviewed because we just haven’t gotten to them yet.

As a nurse, whose mantra is “evidence-based practice,” I find it difficult to help individuals and communities navigate the necessary purchasing decisions required to live, work, learn, and play because of the lack of information about so many of the chemicals that make up our everyday products. Because we don’t require complete labeling for the vast majority of products, we can’t even do our own independent literature searches regarding the ingredients. When nurses started working on the revamping of the old chemical law, we had 3 elements that our coalition members agreed upon: 1) We need basic health and safety information on all chemicals in the marketplace, 2) We must be able to protect the most vulnerable of our population, including the fetus, infants, and children, from the effects of toxic chemicals, and 3) The EPA must have the power to ban chemicals that create the greatest risk of harm. Our new chemical safety law, which has a very long name and honors the original Senator who sponsored the bill, is called the Frank R. Launenburg Chemical Safety Act for the 21st Century. Once signed into law in 2016, the EPA was mandated to issue guidance documents for how they were going to review the chemicals under the updated regulation. Unfortunately, the EPA is now under a different and admittedly anti-regulatory administration. The new guidelines, issued in June 2017, reflect this bias. Instead of looking at all possible uses of a chemical in the marketplace and commerce, the new guidelines allow the EPA to pick and choose which uses they will consider when determining if the chemical poses an unreasonable health risk. Consider the case of lead. Lead can be found as a contaminant in air, water, food, toys, and even in lipstick. If they only look at one or two of these sources, the EPA may be missing important exposure sources that could underestimate the health risks and allow a toxic chemical to be used in products that would otherwise be deemed unsafe.

At the issuance of the new guidelines, nurses joined a number of other organizations in suing the EPA for placing the public at an unreasonable health risk. “The new guidelines fly in the face of our attempts to protect the public’s health,” asserts Katie Huffeling, Executive Director of the Alliance of Nurses for Healthy Environments. Three separate suits were filed in District Courts around the country. It is anticipated that the judges in the courts will consolidate the cases and there will be one case heard. To follow the court case and other information about chemical safety and chemical policy, you can go to www.saferchemicalshealthyfamilies.org.

To join in free monthly national calls with other nurses who are concerned about chemicals and public health policy, go to the website of the Alliance of Nurses for Healthy Environments: https://envirn.org/policy-advocacy/. With so many policy changes occurring – in health care, the environment, and other important areas - it is sometimes difficult to keep up. We welcome you to join our calls and just listen, if you like, to hear from nurses who are engaged in helping to protect human and environmental health. We also, especially, invite you to get involved and join a growing number of nurses who are concerned about potentially toxic chemicals in our everyday lives.

Author: Barbara Sattler, RN, MPH, DrPH, FAAN, Professor, University of San Francisco School of Nursing and Health Professions (bsattler@sfsu.edu) and Board Member of the Alliance of Nurses for Healthy Environments (www.envirn.org).

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In almost a century of existence, Sigma has expanded from a small group of six visionary founders to a worldwide organization dedicated to scholarship, leadership, and service that successfully accomplishes goals that include promoting and recognizing excellence in nursing practice, and the improvement of health on a global scale. Can you imagine what those nursing students in 1922 would have thought if they could have seen Sigma Theta Tau today? In their wildest imaginings could they have envisioned how Sigma Theta Tau would grow, and what amazing things the organization would accomplish?
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