AzNA PAC Endorses Two Nurse Candidates for Arizona’s 2018 Elections

On Monday, June 4, the AzNA Political Action Committee announced the endorsement of two nurses running for seats in the 2018 Arizona Elections (Details below!). These nurses won’t make it to the general election without getting past the primaries in August.

There are currently NO NURSES in the legislature. Decisions on healthcare and the medical professions are made by legislators who seek opinions from doctors and dentists serving in the legislature. Do you want the voice of nurses to be heard? VOTE IN THE PRIMARIES!

There are 90,123 Registered Nurses in Arizona. Can you imagine what we can do if every nurse VOTES FOR A NURSE in the next election?

What if every nurse who does not have a nurse on her ballot joined the AzNA PAC for $25.00? A whole lot of yard signs could be bought for endorsed nurses! Visit aznurse.org/PAC to donate.

Want to know who your candidates are? Visit AzNA PAC’s ‘Get Out The Vote’ website (aznurse.org/GOTV) to locate your polling place, register to vote or sign up for mail in ballots, and see who your candidates are.

Let’s do this!

Here are the Two Endorsed Nurses Running for the Legislature:

Denise Link, PhD, RN, WHNP-C, CNE, FAAN, FAANP
Democrat
Legislative District 24, House of Representatives
What makes Denise Link special to our nursing community? Could it be her 43 years of experience as a health care provider? Does she fight to improve healthcare for all? Does she understand how important the future of nursing is and is willing to make bold steps to improve Arizona’s educational challenges at all levels?

Yes, yes, and yes to all of the above. Just look at the numbers! Learn More at aznurse.org/PAC.

Felicia French, RN, BSN
Democrat
Legislative District 6, House of Representatives
Felicia French – a person who has served people and her country throughout her entire adult life; French has over 30 years in military service, she’s a nurse, and volunteers for Hospice and Search & Rescue.

Felicia has been to many far-off places in the world and she can speak intelligently to the matters affecting our soldiers, our healthcare system, and education in our state.

If you want a full picture of all the races this year, go to the Secretary of State’s election site (azsos.gov/elections) where every candidate is spotlighted. Notice that there are three tabs – the last one is for the races for all 60 Legislators and all 30 Senators.

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Candidates continued on page 4
A common line you may have heard is “do you hear me now?” After discharge from the hospital, we hear from our patients about their satisfaction with their care through HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) scores. For those of you who are members of the Arizona Nurses Association (AzNA), know that your AzNA Board of Directors hears from you as well.

We received your feedback quarterly from the American Nurses Association (ANA) when you renew your membership, at which time you are given the opportunity to fill out a survey questionnaire. This is no small task on your part, as I recently filled mine out and realized it took about 15 minutes of my precious time. We want our members to know that the time taken to fill out this survey is time well spent as the Board of Directors at AzNA, along with our Executive Director Robin Schaeffer, take to heart what you have to tell us. Based on feedback, we determine if there is any correction required on our part. Here some of the issues we are hearing from our members that are of concern –

**Nurse staffing** – There is no doubt that self-care is challenging for the busy healthcare provider. While the ANA Year of the Healthy Nurse ended in December, the Healthy Nurse, Healthy Nation (HNHN) Grand Challenge continues. With a focus on improving health in five areas: physical, activity, nutrition, rest, quality of life, and safety, the goal is for RNs to increase their personal wellness and thus lead a healthier nation. We at AzNA used this theme for last year’s Symposium and plan to do so again at Convention this September 27th – 29th. Other initiatives at the local level include partnering with the ANA in the “End Nurse Abuse” campaign. We are realizing physical and verbal abuse against nurses is a serious problem in hospitals, clinics, and other healthcare settings across the country. You can be part of this campaign by visiting RNaction.org or test “PLEDGE” to 52668.

While many of you belong to specialty organizations in nursing, consider AzNA as your umbrella organization that encompasses all disciplines in nursing. If you are not a member of AzNA, consider joining. Membership dues are currently at an all-time low due to the Value Pricing Pilot we are currently conducting. We hear you, we represent you, and we advocate for you.

It is an honor representing you,

Selina Bliss, RN, PhD, CNE, RN-BC
President - AzNA

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Announcing Career Opportunities
You’ve Been Waiting For!

**Now Hiring:**
- Central Arizona Probation Correctional Complex - RN and LPN
- La Palma Correctional Center - LPN and RN (PRN)
- Red Rock Correctional Center - RN
- Saguaro Correctional Center in Arizona - LPN

New Licensed Graduates Welcome! Competitive Salary and Pay Based on Experience.

To learn more, please contact: Cyndy at 615.583.3146
Apply online at jobs.corecivic.com

CoreCivic is a Drug Free Workplace & EOE - M/F/Vets/Disabled.

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We Hear You

Selina Bliss, RN, PhD, CNE, RN-BC
President - AzNA

Hospital nurse staffing issues by bringing together stakeholders representing administrators, direct care nurses, and community partners. Using a care-centric approach, we are attempting to answer the question: “How do we change hospital nurse staffing to be more healing for patients and more satisfying for nurses?” While a tough question to answer, we continue to proceed. More on this to come.

**Leadership** – Designed for charge and supervisory nurse managers, AzNA has partnered with the Capstone Leadership Solutions training program to provide leadership training to meet not only the needs of entry-level but also experienced nurse leaders. Based on feedback, the Arizona Nurse Leader Academy has been a success for the past three years. This year the AzNA Board is looking at how to expand this program by partnering with our colleagues in the Arizona Organization of Nurse Executives (AzONE).

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Are You Professionally Prepared to Weather What’s on the Horizon for Nurses?

In the next 10 years, nursing may experience a perfect storm, an event in which a rare combination of circumstances drastically aggravates the event. The event in our case is the nursing workforce and the rare combination of contributing circumstances include: aging experienced nurses, aging nursing faculty, aging population, healthcare reform, a shift from in-patient to out-patient nursing, and millennial nurses outpacing baby boomer nurses in the workforce for the first time.

Over 1 million of our 3.6 million nurses will retire over the next 10 years. There are pockets of shortages projected and Arizona is identified as a projected shortage state. Faculty shortages are one reason student capacity is limited in schools of nursing.

Locally, the Maricopa Nursing Program has over 2,500 potential future nurses on the waiting list for entry into the nursing program.

To make matters more complex, the population of senior citizens is expected to increase 75% by 2030 due to aging baby boomers. Because of the generation’s sheer size, the demand for health care services and qualified health care professionals, including nurses, is increasing. And speaking about aging baby boomers, having 4 generations of nurses in the workplace create its own challenges: generational mindsets, work-life balance and communications styles to name a few. This topic has gone viral in publications and social media.

While over 50% of the nursing workforce currently remains in hospitals, healthcare reform and striving for the triple aim (improving population health, enhancing patient care, reducing health care costs) continues to shift where nurses work. Five new community-based roles for RNs were identified in HealthImpact’s Nurses Role Exploration Project (2013). They include 1) care coordinator (population health management), 2) faculty team leader (interprofessional education in community settings), 3) informatics specialist (design, data interpretation and tele-health), 4) nurse/family cooperative facilitator (bringing virtual healthcare to homes and worksites) and 5) primary care partners (care in community health settings).

This article is in no way an exhaustive summary of our big problem, but it is a start.

So, what can Arizona do to get ahead of the storm and quiet the waters? One way is to make sure we collect data that allows the identification of imbalances between supply and demand and allows for forecasting efforts that drive nursing workforce development and policy recommendations. Arizona has taken the first step towards the collection of this data through the successful passage of the Workforce Development Database bill (HB2197) this past legislative session. Knowing how important data collection is, The Arizona Nurses Association (AZNA) took a lead role in assuring this bill, now a law, was passed. Beginning in January 2020, the Arizona Department of Health Services will begin collecting supply data from five health professional boards, including the nursing board.

Lastly, how can you be professionally prepared to weather the storm? Maybe you want to become our next new nursing faculty or explore some of the new jobs out in the community. How about becoming more active in unit-based leadership or shared governance committees? Consider becoming a preceptor or mentor to new grad nurses and help them navigate their first year out of school. And, if you are not already a member of the AZNA, put that on your “to do” list. There is no better professional investment at just $15/month. The work that AZNA does has allowed AZ nurses to keep their head above water for the past 99 years. AZNA is a convener of groups that solve complex nursing problems. Look towards the horizon and you will see AZNA making sure that our boat keeps steady and upright as we approach that storm!

Robin Schaeffer, MSN, RN, CAE

References:
Primary elections in Arizona are August 28, 2018.

Why is it important for Arizona nurses to vote in the Primary?
• Of all the voters in Arizona, only 18% vote in the Primaries; where many of the election outcomes are decided.

Why is it important for Arizona nurses to vote in the Primary?
• Your vote may count much more in the primary election than the general election on Nov. 6.

Why is it important for Arizona nurses to vote in the Primary?
• Nurses who vote in the Primaries see their candidates endorsed by our PAC.

Why is it important for Arizona nurses to vote in the Primary?
• Nurses have an opportunity to make an impact on healthcare and the nursing profession by voting

The AZNA Political Action Committee (PAC), made up of Arizona nurses, has researched the candidates, first through a questionnaire, then an interview, and finally they are assessed through a voting record matrix. Those candidates whose concerns align with those of the nursing profession and healthcare care are endorsed by our PAC.

And if you don't think your vote matters, just remember we are 90,000 nurses strong in Arizona and our profession remains the most trusted profession. That's an important voice to mobilize in our 2018 election – let your voice be heard and advocate for your career, your patients, your community, and country. Vote this August 28.

Mark your Calendar:
Primary Election: August 28, 2018
(voter registration deadline - October 9, 2018)
General Election: November 6, 2018

For more information on voting by mail/absentee/early voting in your county, visit https://azsos.gov/elections.

To find your polling place and view your candidates: aznurse.org/PAC.

Correction
In the May, June, July 2018 Edition of Arizona Nurse, the Article “Nurse Honored” on page 9 listed out-of-date information. Correct information should have been:
Phone: 623-428-9001
Main Email: maricopanurses@gmail.com
Main Facebook page: @AZNurseHonorGuard
Pima County Email: pimanurses@arizonanursehonorguard.org
Pima County Facebook page: @AZNurseHonorGuardPima
Website page: http://www.arizonanursehonorguard.org/

Arizona Nurse Honor Guard

Nursing Opportunities Available
• Emergency Room Nurse
• Medical / Telemetry Unit Nurse
• Outpatient Clinic Nurse
• Outpatient Clinic Nurse Supervisor

Sage Memorial Hospital is located in Northeastern Arizona, Ganado, Arizona
For more information contact: Ernasha McIntosh, RN, BSN, DON, 928-755-4501, ernasha.mcintosh@sagememorial.com
Applications available at http://sagememorial.com/careers/
Submit applications to the Human Resources Department, Fax#: 928-755-4659, hr@sagememorial.com

Arizona Nurse – Let’s Exceed 18%!

Palm View Rehab and Care Center, a Kissito Healthcare facility, is currently searching for new team members who exhibit passion in what they do, excellence in their clinical skills, respect for residents, family, co-workers, and possess integrity to always do the right thing.

For more information contact: Marcela at 928.783.8831
Or forward your resume to: Marcela.Juarez@Kissito.org
For more information, call Marcela at 928.783.8831

Palm View Rehabilitation & Care Center

NAPAHO HEALTH FOUNDATION
SAGE MEMORIAL HOSPITAL
MONEY CPR

What’s a 529 Plan: Can I Benefit from One?

It’s back to school time and our hearts and wallets turn to getting kids ready for school. As a parent or grandparent, we are even thinking about the BIG school start, going to college. According to the Arizona Department of Administration, by the end of this year, 22 of the top 25 “in demand jobs” will require a college degree. And that means money. Over the last 20 years the cost of a college education has risen more than twice the rate of inflation.

According to 2016 data from the US Bureau of Labor Statistics, someone with a high school education earned a median of $67,970/week. An individual with some college education or associates degree earned a median of $78,207/week compared to a 4-year college graduate with a median income of $115,155/week. That’s per week. Multiply the difference by 52 to see how much a college education can be worth a year.

While most of us believe in education and want that for our children and grandchildren, surveys indicate that only about one-third of us have a plan to pay for that education.

A 529 plan is a tax-advantaged savings plan authorized by the IRS to encourage saving for future education costs. Also called “qualified tuition plans,” they are sponsored by states, state agencies, or educational institutions. There are tax benefits for this type of savings plan and both parents and grandparents can participate.

The state of Arizona has a very helpful interactive College Savings Planner at az529.gov that you can download. It explains 529 savings plans and identifies those 529 plan providers approved by the state of Arizona. It also identifies sources of financial aid. The obvious financial benefits of 529 plans are tax advantages. Generally, earnings of the money in the plan is tax free. However, there are also penalties for withdrawing the funds for non-education purposes. The College Savings Planner will break down the ins and outs of 529 plans and show you how putting away a small amount of money for a longer period will help with college expenses.

Wherever you are in this process, it is always smart to educate yourself. Tax codes are changing every year, so be sure to seek professional advice. If you have children or grandchildren, start a savings plan, even a small one, to give your child the personal and financial benefits of a college education.

Shawn Harrell, RN

ANA’s #EndNurseAbuse Professional Issues Panel

ANA is pleased to announce the selections for the #EndNurseAbuse Professional Issues Panel – Steering Committee and the #EndNurseAbuse Professional Issues Panel – Advisory Committee. Both groups will work to identify the barriers to effective reporting of violent and abusive incidents. We received almost 300 applications which were reviewed based on the criteria in the original call for applications. The Steering Committee is a smaller group that will do a deep dive into the topic. The Advisory Committee will provide additional information, feedback, and advice to ANA and the Steering Committee. Both committees are necessary to ensure sufficient rigor while also allowing for broad feedback from a full range of practice arenas.

Congratulations to the following AzNA Members on the Advisory Committee

• Rita Anderson, BSN, RN, CEN, FAEN
• Peter Gray, BSN, RN
• Lorraine Hover, RN, MSN, BA
  Doctoral Candidate
• Joy Whitlatch, EdD, MSN, RN
• Bobbi Winter, DHSc, MBA, MSc, RN

www.aznurse.org/events

Thursday, September 27 – Saturday, September 29, 2018
2018 AzNA Convention
Location: Wild Horse Pass Resort, Chandler, AZ

Upcoming 2019 Events
Advocacy Day – January 2019
RN Lobby Day at the Arizona Capitol – January 2019

Save the Date!
AzNA Centennial Celebration – 100 years! – September 2019

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Save the Date!
AzNA Centennial Celebration – 100 years! – September 2019
The 72nd AzNA Convention:
This two day intensive program offers a review and update of current concepts reaching across all areas of the nursing profession.

Featured Speakers
Anne McNamara, PhD, RN
**Finding YOUR Super Hero Power**
Anne is well positioned to help you find your own super hero power. In a career spanning more than three decades, Anne has been an inspirational mentor and leader to hundreds of Arizona nurses. She has helped shape legislative policy, represented nursing on hospital boards, served as dean of a nursing program, and provided an influential voice at the national level as a board member of both ANA and ANCC.

Candy Campbell, DNP, RN, CNP, FNAP
**Florence Nightingale-LIVE!**
A 19th century humanitarian, author, statistician, researcher, nurse and visionary, ‘Florence’ shows you a new way to think about healthcare — from the way you thought it was, to the way it may become. And when you peer with her into the future, Florence will shine her light on how you can expect to survive and thrive in healthcare.

Kathy Malloch, PhD, MBA, RN, FAAN
**Super Hero Nurse Regulators**
Nurse regulators have an opportunity to be super heroes and innovative change agents. Dr. Kathy Malloch is a recognized expert in leadership and the development of effective evidence-based processes and systems for patient care. Her uncanny focus on accountability and results is the hallmark of her practice. Kathy’s presentation makes regulation relevant and exciting.

Schedule at a Glance:

**Thursday, September 27, 2018**
5 - 8:30 pm AzNA Business Meeting with Dinner & Auction (additional registration required)
11:30 - 12 pm Board of Nursing Complaint - One Nurse’s Story
LeAnne Pruewowst, DNP, MBA, RN CNE
12 - 1:30 pm Award Luncheon Exhibitors Silent Auction Closes
1:30 - 2:15 pm Nurses Are Super Heroes (NASH) Talks
• The Arizona Nurse Honor Guard
• Professional Services: Influencing Nursing Practice at the National Level
• American Red Cross: If Clara Could See Us Now!
2:30 - 3:00 pm Closing Keynote: Super Hero Nurse Regulators
Kathy Malloch, PhD, MBA, RN, FAAN

**Friday, September 28, 2018**
8:00 - 10:00 am Registration & Breakfast Committee & Chapter Meetings Exhibitors | Silent Auction Poster Presentations (CE Available)
10 - 10:30 am Welcome & Announcements
10:30 - 11:30 am Keynote - Finding YOUR Super Hero Power Dr. Anne McNamara, PhD, RN
11:30 -12:30 pm Nurses Are Super Heroes (NASH) Talks
• Smart SimRooms: Promoting Positive Patient Outcomes
• Correctional Nursing: Superheroes Behind Bars
• Nurse Innovator: Personal Journey from Problem to Solution
12:30 - 1:30 pm Lunch | Exhibitors | Silent Auction
1:30 - 2:15 pm Nurses Are Super Heroes (NASH) Talks
• Utilizing Integrated Case Management in a Senior Population
• Building Systems to Honor Patient’s Goals of Care
• Innovation at a Rural Hospital on a Reservation
2:30 - 3:00 pm Arizona Nurses Address the Gun Violence Epidemic
Nancy Bowman, RN
Lisa Kiser, RN
3:00 - 3:45 pm Human Trafficking & Forensic Nursing
Samantha Calvin, PhD, MBA, MHI
Amber Norton, BSN, RN
3:45 - 4:15 pm Break | Exhibitors | Silent Auction
4:15 - 5:30 pm AzNA Business Meeting
5:30 AzNA PAC Reception

**Saturday, September 29, 2018**
8:00 - 10:00 am Registration | Breakfast Committee & Chapter Meetings Exhibitors | Silent Auction Poster Presentations (CE Available)
10:00 - 10:15 am Welcome & Announcements
10:15 - 11:00 am Keynote - Florence Nightingale-LIVE!
Candy Campbell, DNP, RN, CNP, FNAP
11 - 11:30 am Opioid Crisis - Nurses Play a Key Role
TBA: RN From Arizona Department of Health Services

Nurses: Arizona Superheroes
Not every hero wears a cape

The 2018 Convention
Friday, Sept 28 - Sat, Sept 29 | Chandler, Arizona

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**‘NASH’ Talks**
AzNA is proud to present Nurses Are Super Heroes (NASH) talks! These 15-minute presentations highlight the work of Arizona nurses in a concise and powerful way.

AzNA is pleased to offer up to 9.5 hours of CNE credit lead by experienced and accomplished experts in their fields.

The Western Multi-State Division is an accredited provider of continuing nurse education by the American Nurses Credentialing Center (ANCC) Commission on Accreditation.

**Registration Information**
September 28-29, 2018
Wild Horse Pass Hotel & Casino
5140 W Wild Horse Pass Blvd
Chandler, AZ 85226

Beat the Traffic and Treat Yourself to a Reduced Rate hotel room from just $99 per night, with shopping outlets and the casino in walking distance!
Please call 520-796-4900 and refer to ‘Arizona Nurses Association’ for reservations.

**Event Information:**
Event registration is available at www.aznurse.org/2018Convention

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**Exhibitor and Sponsorship information is available at www.aznurse.org/2018Convention**

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Advisory Opinions: Do They Relate to My Practice?

LeAnne Prenovost, RN

When you have a specific question about your scope of practice, you can go to the Arizona Board of Nursing’s website (azbn.gov) click on Menu, Choose Resources and select Advisory Opinions. “An advisory opinion adopted by the Board of Nursing is an interpretation by the Board of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of the Arizona Board of Nursing regarding the practice of nursing as it relates to a specific standard of care.”

At our May event, members had the opportunity to share this information with nurse colleagues. A review of this list might surprise you and certainly will inform you.

As a registered nurse for many years, my goal was to earn that final degree in nursing, especially since the project is very challenging and labor intensive.

In my search to find a meaningful project that would add to the knowledge of preceptorship in the state of Arizona, I became involved with the Education Advisory Committee of the Arizona State Board of Nursing. At the time, the Education Committee was reviewing an 11 year old advisory opinion related to preceptorship of prelicensure nursing students in the state.

This topic is of keen interest to me as a nurse educator. I am passionate about producing nursing students who are ‘practice ready’ to function in today’s fast paced, complex clinical environments. Preceptorships are a way to help nursing students ‘practice’ their clinical learning in a health care setting. Preceptorships have in fact, become a common, everyday practice in nursing education. The surprising issue that I came across with preceptorship was that there are many stakeholders involved in this process (schools of nursing, healthcare organizations, nurse educators, nurse preceptors, and nursing students; however, not one stakeholder is really in control of this process. Current policies, standards, and rules to guide the preceptorship process vary widely. Because of this, I felt it necessary to carefully examine the current preceptorship process to clearly delineate the process and ensure that safety for all stakeholders and most importantly, the patient, be maintained during this experience.

For this project, I updated the advisory opinion based on current evidence and practice. I did a thorough systematic review of all available academic literature on preceptorships as well as a systematic review of all 50 Board of Nursing with regard to prelicensure preceptorships. I identified 13 themes of importance related to regulation of preceptorships. I also surveyed nurse educators, leaders, and preceptors across the state of Arizona to verify content analysis of this ‘practice guideline.’

I incorporated all the evidence gathered in an updated advisory opinion and presented those findings to the Education Advisory Committee. The Committee recommended the Arizona State Board approve the advisory opinion. The Board approved the advisory opinion on preceptorship at its March 2018 meeting.

Preceptorships in nursing are a high-volume experience in nursing. There is some measure of risk to the patient. There are so many stakeholders involved in the process, yet not one stakeholder is in total control of the process. This is why it is important for the process to be regulated by boards of nursing. This advisory opinion serves as a robust practice guideline and is based on the most current, evidence-based content and practice available in the United States. Go to azbn.gov to review the 2018 Advisory Opinion on Prelicensure Preceptorship.

Greater Phoenix Area Chapter 1

LeAnne Prenovost, PhD, RN

My hard work will benefit the nurses and patients of Arizona for years to come! Review the Advisory Opinion topics to be current on the scope of nursing practice in Arizona.

LeAnne Prenovost, PhD, RN

August, September, October 2018

Arizona Nurse • Page 7

Greater Phoenix Area Chapter 1

AzNA Members are automatically assigned to Geographic Chapters based on the zip code they provided when they joined ANA/AzNA. There are currently five geographic chapters in Arizona that provide opportunities for members to network, attend educational meetings, and support the community in which they live or work. If you live in the Greater Phoenix Area, you can choose to become a member of Chapter 1 when you join ANA/AzNA.

The Greater Phoenix Area Chapter (GPACE), Chapter 1 was the first Arizona Nurses Association (AZNA) Chapter. The chapter was established on December 17, 1917 as the “Marcopica County Graduate Nurses’ Association” with 21 charter members. In 1993, the chapter was titled “District 1” and serviced Maricopa County, covering a 30-mile radius of the city of Phoenix. Chapter One, often referred to as “GPACE” or “Greater Phoenix Area Chapter 1,” is the largest chapter with membership at over 1000 members.

The mission of Chapter 1 is to promote the professional development of nurses, advance the practice of nursing, and provide opportunities for establishing collegial relationships. Chapter 1 is an extremely busy chapter dedicated to supporting this mission. We partner and support other Chapters and Special Interest Groups and host a variety of events throughout the year.

In February, Chapter 1 cooperates with the Education Committee of the Arizona State Board of Nursing. At these board meetings, the Student Nurse’s Association of Arizona (SNA A2) has an annual and a midyear convention. Chapter 1 partners with the East Valley Chapter 30 to sponsor a table at both conventions to support our student nurses. A membership to ANA/AzNA is raffled off at each event.

Chapter 1 sponsors a minimum of two ‘meet and greet’ events with food and networking for members. Our last two events were a lunch and tour of the Wrigley Mansion in December 2017 and a May 2018 dinner at The Old Spaghetti Factory. At our May event, members had the opportunity to meet some of the nurse candidates running for office. Our next ‘meet and greet’ is slated for the September event and will also sponsor a table again this year at the AZNA convention in September 2018 and host several members from the Chapter at the table, covering their convention registration. Watch your email for our next event! To support Healthy Nurse, Healthy Nation, the chapter co-sponsored the 4th Annual Renewal Retreat for Nurses with Chapter 30. Plans are underway for the 5th Annual Renewal Retreat for Nurses April 26-28th, 2019 at the Franciscan Renewal Center. This life-changing event helps nurses recharge and learn self-care and stress reduction while networking with nurse colleagues throughout the state.

Finally, Chapter 1 celebrates nurses’ professional development. In the last year, Chapter 1 awarded scholarships to a doctoral nursing candidate, Marlene Steinheiser and RN to BSN student, Nesa Farmer. For 2018, Chapter 1 board will extend opportunities for Chapter Members to, not only pursue higher educational degrees, but also funds for loan repayment and professional development scholarships. These opportunities will be announced on our website this summer at: https://aznurse. site-vm.com/members/group_content_view.asp?group=1920164&d=6370882

I encourage you to check out our Facebook page at https://www.facebook.com/chapter1azna/ or contact me, Chapter President LeAnne Prenovost, to inquire about chapter events or to get involved. I can be reached at leanneprenovost@hotmail.com or 623.776.5609.

We offer competitive salaries, sign-on bonuses, relocation, day-one benefits packages and wellness programs. To learn more about career opportunities at Presbyterian, contact Janna Christopher at jchristop2@phs.org.

The Presbyterian Healthcare Services system is a locally owned, not-for-profit healthcare system comprised of eight hospitals, a statewide health plan and a growing multi-specialty medical group. Founded in New Mexico in 1908, it is the state’s largest private employer, with approximately 11,000 employees. We have a variety of nursing positions at our three Albuquerque locations, as well as at our six statewide facilities, including:

- **Nurses for various departments at our NEW Presbyterian Santa Fe Medical Center**
- **Nurses for Home Health, Hospice, Recovery Room, Oncology, Progressive Care, Emergency Room, Vascular, Cardiothoracic, Cardiology and Outpatient Clinics**
- **Assistant Nurse Managers for Operating Room**
- **Nurse Manager for NICU**
- **Clinic Managers for Adult Healthcare, Family Practice and Gastroenterology**

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(505) 923-5239. To apply directly, please visit phs.org/careers.
Nursing Care of the Patient Showing Suicidal Tendencies

According to the Centers for Disease Control and Prevention “Leading Causes of Death Report in 2016,” suicide was the tenth leading cause of death overall in the United States, claiming the lives of nearly 45,000 people. Suicide was the second leading cause of death among individuals between the ages of 10 and 34, and the fourth leading cause of death among individuals between the ages of 35 and 54. In 2016 there were more than twice as many suicides (44,965) in the United States as there were homicides (19,362).

The diagnosis and safety of patients demonstrating “suicidal tendencies” can be complex. The ability of a nurse to prevent suicide is directly related to adequate training in recognition of risk factors, doing appropriate screening for suicide risk factors, knowing when to consult with psychiatrists, psychiatric nurse practitioners, and psychologists, and continuous monitoring of the patient.

Nurses are considered the “frontline” in suicide prevention in both primary and secondary levels of care because they have significant interaction with patients. Suicide is considered by Centers for Medicare and Medicaid Services (CMS) to be a “Never Event.” Key to prevention of sentinel events is the assessment of risk factors, not only on a routine predetermined schedule, but also upon a change in behavior or cognition of the patient. Timely and repeated suicide risk assessments will not only provide a snapshot of the patient’s risk of suicide at any given point in time, it will enable the nurse to identify trends for that patient and determine if the risk of suicide is increasing, decreasing, or staying the same. These suicide risk assessments can also be used to help assess the efficacy of medication management and therapy. A change in behavior or cognition may be a harbinger for a suicide attempt.

The patient assessed as suicidal or substantially at risk for suicide, is a danger to self. Arizona law defines “danger to self” as a “mental disorder that constitutes a danger of inflicting serious physical harm to oneself, including attempted suicide with a serious intent in a manner such that, when considered in light of its context with the individual’s previous acts, is substantially supportive of an expectation that the threat will be carried out, and without hospitalization, the individual will suffer serious physical harm or serious illness to oneself.” A.R.S. §§ 36-501.

Once it is determined that a patient is a danger to self, the appropriate consultation with a psychiatrist or a psychiatric nurse practitioner should be made for a full and complete psychiatric assessment. Meanwhile, the nurse should ensure close observation which may include one-to-one care or line-of-sight observation. It is recommended that these patients be provided hospital clothing to wear. Personal clothing and belongings should be removed from the patient to prevent the patient from using any of those objects for harmful purposes. The most common methods of suicide that hospitals are hanging, suffocation, and jumping. Therefore, the more controlled the environment, the less the risk of self-harm or death exists. The nurse should make judgments directed toward the goal of patient safety.

The Substance Abuse and Mental Health Services Administration (SAMHSA) www.samhsa.gov/about-us has on-line assessment and triage tool kits and even a mobile app (Suicide Safe) available at the App Store. Their many resources, available free of charge, are designed to educate clinicians and assist in the assessment and care of suicidal patients.

The state of Texas has created the ZEST initiative, Zero Suicide in Employment and Treatment. ZEST is an acronym for Zero Suicide in Employment and Treatment. ZEST is a system that organizations can adopt to help reduce suicide in Texas. It incorporates the goals identified for DSHS-funded mental health providers. http://sites.utexas.edu/ zest/toolkit/

Whatever method you choose, learn more about suicide prevention and your role in reducing the 10th leading cause of death in the United States.

Written with consultation from Jeffrey S. Hunter, Partner, Renaud Cook Drury Mesaros, PA, Phoenix, AZ.

Decision-Making Dilemmas: Ethics v. Empathy

Denise Atwood, JD, RN

“How can I provide for the right thing to be always done?” – Florence Nightingale

In order to ensure the right thing is always done, nurses must incorporate ethical nursing principles into their day-to-day practice. In general, ethical principles include:

- Autonomy – the right to self-determination – to control your own destiny, body, information
- Beneficence – the value of “doing good” or actively preventing harm
- Non-maleficence – Do no harm. Avoiding actions that would harm others
- Fidelity – the act of keeping a promise, keeping your word, or being dependable
- Veracity – telling the truth
- Justice – treating everyone as equals, as if each one has equal rights

In practicing ethically, nurses demonstrate the tenets of these principles to their patients and must understand the importance of their words and actions as they relate to patient care. A nurse’s words and actions can motivate a patient to undergo a needed treatment, can uplift a patient during a difficult time, or can provide hope with a new diagnosis. Conversely, a nurse’s words and actions can alienate a patient who is on the fence regarding a treatment or upset a patient who is shocked and overwhelmed by a new diagnosis. Above all, ethical nurses honor patient autonomy and protect their patients from harm.

You can probably think of situations in which two different (ethical) principles conflict...Which principle or right will prevail?

Consider This Scenario:
You are assigned to care for a married, pregnant woman. She was admitted for pre-term labor. In report you were told she was recently diagnosed with a sexually transmitted disease (STD), but she does not want her husband to know.
When you enter the room to introduce yourself and complete an assessment, the patient states, “Be sure you do not disclose my STD to my husband because the chance I did not get it from him.”

In this scenario there are two values in conflict; the patient’s right to autonomy, to control her own body and information, and the husband’s right to beneficence, his right to be protected from harm. What should you do? In this instance, the law steps in to help you.
An appropriate response to the patient is: “I understand your concern in this situation. As a patient you have certain rights to make self-care decisions and disclosures; however, in the case of sexually transmitted diseases, under state law, we are required to report STDs to the Health Department and partners have a right to know and be treated.”

Knowledge of the laws pertaining to the nursing profession and recognizing when ethical principles are in conflict will help you make ethical decisions.
However, there is not always a law to help a nurse decide the best course of action. The ANA Center for Ethics and Human Rights helps nurses navigate complex and every day ethical issues, in all practice settings. Go to www.nursingworld.org and click on Policy and Practice, then select Ethics for more in-depth information.
Be informed. As Florence Nightingale suggested, try to see that the right thing is always done.

Denise Atwood, JD, RN, CPHRM is an adjunct professor for two universities teaching health care law, ethics and politics/public policy. She earned her Juris Doctor in Law from Arizona Summit Law JD, RN

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For more information or to apply, visit: www.valleyhospital-phoenix.com or call 602-952-3904

Ensure. As Florence Nightingale suggested, try to see that the right thing is always done.

Denise Atwood, JD, RN, CPHRM is an adjunct professor for two universities teaching health care law, ethics and politics/public policy. She earned her Juris Doctor in Law from Arizona Summit Law School in Phoenix, AZ and her nursing degree from Moorpark College.
The major producers of cardiac monitors/defibrillators offer devices that can provide real-time feedback on CPR and ventilation performance, but these can be expensive. An alternative approach is to use a score card and assign a CPR performance score for every code. The role of the monitor will be to coach those performing CPR, observe for fatigue and ensure that any pauses are kept to a minimum. It is also important to observe that the rate of ventilations is around 10 per minute and that the tidal volume delivered is just enough to see the chest rise. Since we began monitoring the quality of our CPR, the hospital staff have become much more attuned to the need for high-performance CPR and work to ensure that we are doing our best to provide our patients with the best chance for survival from cardiac arrest.

Angie Westergard, RN, MSN, MBA, CEN is the Clinical Educator in the Emergency Department at Northwest Medical Center in Tucson and is the Clinical Educator in the Emergency Department at Northwest Medical Center in Tucson and is the best chance for survival from cardiac arrest. We can expect that each and every one of us will perform CPR to the best of our ability. A leader should be assigned to oversee CPR performance at every code arrest.

Correct hand position
Compression rate of 100 to 120 beats per minute
Tidal volume just to see chest rise
Monitoring ETCO2 waveform for adequate ventilation rate.
Depth of compression – 2 inches
Full recoll on the upstroke
Frequent rotation of compressors (at least every 2 minutes or when fatigued)
Intubation and IV start without pausing chest compressions
Frequent training and practice to reinforce habits
Predesignated roles/responsibilities

Since November 2017, my hospital has been conducting mock codes on the various nursing units and there has been a varied willingness for staff members to participate. I’m too busy, “we don’t have time” are some common themes voiced. The reality is that it is never a good time for a patient to experience a sudden cardiac arrest and we owe it to our patients to implement and learn the best practices so that when the unexpected does occur, we can fly into action.

Here are some common opportunities for improvement that have been observed:
Delays in starting compressions
Log (synchronous) per shock pauses
Delays in delivering the initial shock in ventricular fibrillation

The next time you witness a real or a mock code, remember these facts:
Changes of survival decrease 5 to 10% for every minute without CPR.
Every pause in compression results in no perfusion to the heart or brain.
Once compressions are restarted, it will take 30 more compressions/16 seconds before there is adequate brain and heart perfusion.

The major producers of cardiac monitors/defibrillators offer devices that can provide real-time feedback on CPR and ventilation performance, but these can be expensive. An alternative approach is to use a score card and assign a CPR performance score for every code. The role of the monitor will be to coach those performing CPR, observe for fatigue and ensure that any pauses are kept to a minimum. It is also important to observe that the rate of ventilations is around 10 per minute and that the tidal volume delivered is just enough to see the chest rise. Since we began monitoring the quality of our CPR, the hospital staff have become much more attuned to the need for high-performance CPR and work to ensure that we are doing our best to provide our patients with the best chance for survival from cardiac arrest.

Angie Westergard, RN, MSN, MBA, CEN is the Clinical Educator in the Emergency Department at Northwest Medical Center in Tucson and is the Clinical Educator in the Emergency Department at Northwest Medical Center in Tucson and is the best chance for survival from cardiac arrest.
Legislative summaries are prepared annually by the AzNA Lobbyists at the close of each legislative session. Dedicated staff and nurse volunteers work tirelessly during the session and throughout the year to advocate for our mission: Advancing the Nursing Profession and Promoting a Healthy Arizona. The AzNA Public Policy Committee is chaired by Governmental Affairs Officer (GAO) Denice Gibson, DNP, CNS, RN. The committee reviews bills during the legislative session. Committee review process: 1) Bills that address AzNA’s Public Policy Agenda are evaluated by several committee members (nurses belonging to AzNA) 2) A position that support, oppose or monitor the bill is determined by the Public Policy leadership team (GAO, Executive Director, lobbyists).

You can follow the progress of bills each year by accessing The Nurses List. AzNA members receive weekly updates during the legislative session via the Policy Pulse newsletter. For more information visit the Advocacy tab at www.aznurse.org.

**Introduction**

The second session of the 53rd Legislature adjourned on May 4th. At 116 days it was six days shorter than last year’s session and included a special session on opioids for four days that ran concurrently with the regular session.

This year there were no nursing scope of practice issues, however, there was a major overhaul of the sunrise process (SB1034), which we hope, will benefit our efforts in the future.

The main objective of the session and the end of the session was on education and these issues crowded out other budget issues such as AHCCCS coverage of dental services for pregnant women and funding the 211 system 24/7, as well as bills regarding referring changes to the Independent Redistricting Commission to the voters, repealing last year’s bill that increased state support for vouchers for private schools which will be subject of a referendum on the 2018 ballot and school safety measures.

There was a general movement to reduce regulation and the conduct of regulatory boards such as HB2411, which would have eliminated the Board of Behavioral Health Examiners. In the end, these attempts were pushed back and there were no major changes to regulation, but this will continue likely in the near future.

An effort in HB2127 to eliminate the automatic freezing of enrollment in the Kid's Care program if federal funding drops below 100% (which is the current law) was not successful. This will be a priority next session as currently the federal contribution will drop below 100% beginning Oct. 1, 2019 which would then require the program to stop enrollment and potentially eliminate the program.

**Major Bill Projects**

**Special session: SB1001 Controlled Substances, Regulation**

This bill attempts to address the opioid epidemic through additional restrictions on prescriptions of opioids and benzodiazepines – both in length and dosage; requiring these prescriptions to be issued only by e-prescribe; disallow dispensing of these drugs except for MAT (Medication-Assisted Treatment); requiring practices in which over half of prescriptions are these drugs to be licensed as pain clinics; protect persons calling 911 in event of an overdose from criminal prosecution in some circumstances; and provide for disposal sites of these drugs. Because this was such sweeping legislation in its scope and complexity and was rushed through in three days, there was not the usual chance to weigh in and seek amendments.

However, there were three "trailer" bills later in the session, which were passed and cleared up some of the problems detected after the passage of SB1001. One of these bills, HB2549, added Nurse Practitioners with advanced pain certification to serve as medical directors at pain clinics; another, HB2548 requires continuing education for prescribers of these drugs. HB2653 clarifies that a pharmacist is not required to verify if a prescription complies with the limitations on length of prescription.

**Activities:** Lobbying efforts were led by AZNA lobbying team working with other health care professional groups, legislators and the Governor’s office to address some of the problematic issues in the opioid legislation with trailer bills.

**Outcome:** All bills above, Signed into Law

**SB1034 Committee of Reference, Sunrise Process**

This legislation made several changes to the sunrise process. It was amended in the Senate to add provisions, which impacted regulation and licensing, which AzNA believed were problematic although it supported many of the changes to the sunrise process itself. After lengthy negotiations, a compromise on language and process was developed which will require the sunrise reports to be filed by December 1, not require a hearing on the report (though an informational hearing can be requested), eliminate COR (Committee of Reference) committee and refers reports to Health Committees, does not allow a vote on the report at any informational hearing; clarifies criteria upon which proposals increase in scope are to be based, and allows reports from prior years to be utilized, without refiling, unless there is substantial changes to a report or it was filed over five years ago.

**Activities:** Negotiations and drafting of compromise final bill were led by AzNA.

**Outcome:** Signed into Law

**HB2197 Workforce Development Database**

This legislation requires five health professional boards to begin collecting supply data on 1/1/20. The basic dataset will be incorporated in rules to be adopted by the Department of Health Services. Stakeholder meetings will be conducted to further develop the process and funding of the data collection.

**Activities:** AZNA was a primary leader in the creation of the ad hoc committee which recommended the legislation; the lobbying efforts of the bill and in the organization of ongoing discussions about how to organize the data collection process.

**Outcome:** Signed into Law

Legislative Summary continued on page 15
Breaking Barriers to Patient Compliance

Despite a nurse’s best efforts, some patients aren’t willing to follow instructions, but the impacts of patient noncompliance are too serious to ignore. Nurses can enhance patient understanding of and adherence to their overall treatment plans by strengthening communication, rapport, and education.

It Starts with Communication
Asking the right questions and opening the lines of communication between patient and nurse can uncover critical barriers to treatment compliance.

- Pose questions in a constructive, problem-solving manner. For example, “I see that you have not been completing your daily exercises. I wonder if they are causing you too much pain, or if there is some other reason?”
- Try to relate personally to the patient to build a stronger therapeutic partnership. Get the patient to express what the nurse and care team can be doing to help them better meet their personal health goals.
- Set and adhere to a discussion agenda for every encounter. Begin with a discussion of the patient’s personal goals and issues before moving on, such as “First, tell me what concerns you most, and then we’ll discuss test results.”

Encouraging Cooperation and Participation
Explain to patients that they must take some responsibility for the outcome of their care and treatment. Let them know that everyone caring for them wants them to be successful in regaining their health.

- Clearly and explicitly convey the severity of the problem and the risks of not properly carrying out instructions. Give the patient an opportunity to ask questions and clarify the instructions.
- Find out if there are any underlying factors affecting compliance. For example, “It sounds as though you may be concerned about the medication’s possible side effects. Is that why you have not taken it as prescribed?”
- Identify any practical or logistical difficulties that may hinder compliance.
- Encourage each encounter by having the patient verbalize at least one self-management goal.

Helping Patients Manage Logistics
Sometimes a patient’s noncompliance issue is out of their hands due to a lack of personal support at home or financial restraints. Uncover where those patients are struggling:

- Do health care information records note who can help your patient when they’re outside of the health care setting? Do they have the consistent help of a spouse, relative, friend, or paid caregiver who can aid with their care?
- Are patients asked whether they can get to appointments via car or public transportation, and are responses documented in the patient care record?
- If a patient lacks the physical or mental capacity to perform such essential tasks as changing dressings or picking up prescriptions, has a relative or friend been asked to assist, with the permission of the patient or legal guardian?
- Does the patient lack the financial resources to comply with their current care plan? Are they concerned about the out of pocket costs for treatment, or having to take time off of work?
- Document these concerns in the patient care record, and work with the patient and their primary care provider (with the patient’s permission) to find solutions.

Supporting the Effort with Documentation
To help staff deal with hostile, manipulative, or uncooperative patients, written protocols should be in place to help all staff respond to and deal with difficult patients. This should include ways to document and procedures for such common concerns as:

- Repeated prescription refill requests of questionable nature
- Narcotic use and general pain management in drug-seeking patients
- Appointment or procedure cancellations
- Unacceptable behavior, such as belligerent voicemail messages or yelling or cursing at staff
- After-hours patient calls

• Refusal to consent to recommended treatment
• Neglecting to take medications, do exercises, or make necessary lifestyle changes
• Terminating the patient-provider relationship

Monitoring Compliance
Driving patient compliance often means health care teams need to repeat themselves again, and again, and again. Different tools and strategies can help nurses drive compliance.

- Remind patients of upcoming appointments, including referrals and laboratory visits, via telephone and/or email.
- Try electronic alerts to remind patients with a history of noncompliance about screening and monitoring requirements.
- Inform blind or visually impaired patients of subscription services that use wireless devices to deliver reminders to take medications or perform vital self-care activities.
- Schedule follow-up and referral appointments before patients leave the facility.
- Document no-shows and conduct telephone follow-up within 24 hours.

Know if there is a written policy for terminating the patient-provider relationship if the patient is chronically noncompliant and fails to respond to reminders and other messages.

Keep at It
Patient noncompliance is a deep issue with no easy answers or simple solutions. Nurses in almost any setting will encounter noncompliant patients, but with consistent communication and a persistent, but cooperative, spirit nurses can work to overcome the risk of noncompliance one patient at a time. Nurses also can explore Nurses Service Organization’s patient self-assessment checklist to help facilitate open communications.

Adapted from Breaking Barriers to Patient Compliance by Jennifer Flynn, CPHRM, which originally appeared in Minority Nurse, and is used with permission from Nurses Service Organization (NSO).

This risk management information was provided by Nurses Service Organization (NSO), the nation’s largest provider of nurses’ professional liability insurance coverage for over 500,000 nurses since 1976. Arizona Nurses Association (AzNA) endorses the individual professional liability insurance policy administered through NSO and underwritten by American Casualty Company of Reading, Pennsylvania, a CNA company. Reproduction without permission of the publisher is prohibited. For questions, send an e-mail to service@nso.com or call 1-800-247-1500 www.nso.com.
In 2016, more than two Arizonans died every day due to opioid-related causes, with a tripling in the number of deaths due to heroin since 2012. On June 5, 2017, Governor Doug Ducey issued his first public health emergency declaration, which called for a statewide effort to reduce opioid deaths in Arizona. The Department of Health (ADHS) established an Enhanced Surveillance Advisory following the declaration. The Surveillance reported 1213 suspected opioid deaths and 7730 suspected overdoses since June 15, 2017. (www.azhealth.gov/opioid). On April 26, 2018 the Opiate Act went into effect and will impact prescribers, patients, and nurses in all practice areas.

It is often difficult to move evidence to the practice setting. However, when official policy is involved it becomes a requirement to know the new laws, understand how to be the best patient advocate, and respond to patients’ concerns in a way that is supportive. Below is practical and valuable information that every nurse needs to know.

Patient Safety

Preventing harm to patients from medications, or adverse drug events, is a patient safety priority, not only in hospitals, but also across the continuum of care. An overdose is an example of an adverse drug event. People who have a nonfatal drug overdose are at a very high risk for another overdose.

So improving the discharge process from hospitals and integrating overdose education are opportunities for intervention that may result in improved patient health and preventing death.

Who is at risk for overdose?

- Anyone taking a high daily dose of opioids, co-prescription of benzodiazepines or who have a history of overdose are at risk for overdose from opioid abuse
- Patients receiving rotating opioid medication regimens (and thus are at risk for incomplete cross-tolerance)
- Patients discharged from emergency medical care following opioid overdose
- Patients with a legitimate medical need for analgesia (chronic pain), coupled with a suspected or confirmed history of substance abuse, dependence or non-medical use of prescription or illicit opioids
- Someone who is completing mandatory/voluntary opioid detoxification or abstinent for a period of time
- Someone who was recently released from incarceration and a past user or abuser of opioids

Advocacy and Education

In April 2018, Dr. Jerome Adams, the US Surgeon General, issued a rare public health advisory calling on more Americans to carry naloxone, a life-saving medication that can reverse the effects of an opioid overdose. Naloxone is an opioid antagonist for a statewide effort to reduce opioid deaths in Arizona. The Department of Health (ADHS) issued a standing order for naloxone in 2017. This means that if a patient is unable to obtain a prescription for naloxone, they can still access the drug at a pharmacy. Nurses can inform patients at risk and their families to purchase naloxone at home for ease of access. It’s easy to use.

Overdose education includes teaching your patient/family how to recognize the signs and symptoms of an overdose. It can save a life. The person may become unresponsive and develop blue lips or blue fingertips. The breathing becomes slow (less than 1 breath every 5 seconds) or no breathing. They may make choking sounds or a gurgling, snoring noise. If family or friends see these symptoms, tell them to call 911, administer naloxone, and place the person in a position to facilitate breathing and avoid asphyxiation.

Substance Use Disorder

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), “Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.” Opioid Use Disorder is one of the most common substance use disorders. Effective treatment for Opioid Use Disorder included medication prescribed in conjunction with behavioral therapies. Medication-Assisted Treatment (MAT) has emerged as an effective treatment. (See MAT May Be The Answer below).

Resource

ADHS has created resources to assist in providing care to patients who may have an underlying unrecognized substance use disorder. There are new prescribing guidelines that were released in March 2018 based on the latest evidence that include guidance for acute and chronic pain patients. Hospital discharge instructions have been developed to give guidance in identifying individuals at risk for overdose and recommending those patients receive at minimum a prescription for naloxone. Go to www.azdhs.gov, select A-Z index and click on “O.” You will find information about the opioid epidemic and tools to help care for at-risk patients.

Nurses are practicing on the front lines of the opioid epidemic; our patients and families are relying on us to do what we do best: care, advocate, listen and keep them safe.

For patients who may experience withdrawal symptoms when attempting to stop their opioid use

Medication-Assisted Treatment (MAT) combines behavioral therapy and medication to treat substance use disorders for the purposes of promoting and maintaining recovery.

methadone (Methodose®, Dolophine®)
buprenorphine (Suboxone®) (Subutex®)
naltrexone (Depade®, Revia®, Vivitrol®)

- mechanism: full agonist (acts on opioid receptors), alleviates withdrawal symptoms & cravings
- pros affordable, convenient dosing (1x/day), demonstrated safety for pregnant women
- cons risk of respiratory depression when used in combination with alcohol or other drugs

- mechanism: partial agonist - blocks euphoric effects of opioids, alleviates withdrawal, assists with cravings
- pros better safety profile than methadone, available in a sublingual form, naloxone discourages abuse
- cons 24 hour abstinence required prior to treatment

- mechanism: full antagonist (blocks opioid receptors)
- pros prevents euphoric effects of opioids; non-addictive; extended release available
- cons cost, poor control of cravings

The Comprehensive Addiction and Recovery Act (CARA) allows Nurse Practitioners to become waivered to prescribe buprenorphine after completing 24 hours of training. To find a free training near you, visit https://pcasn.org/education-training/mat-training/.

For any questions, contact Cara Christ, Director Arizona Department of Health Services (ADHS) at (602) 542-2837, or Tomi St. Mars, RN, MSN, FAEN, Chief of Injury Prevention, Arizona Department of Health Services (ADHS) at (602) 542-2802.

Resources


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New & Returning AzNA Members (March – May 2018)

Anthem
Hailey Olson

Pepco Junction
Robert Christophersen
Jerrr Foster

Avondale
Joseph Baldowski
Kristina Deseau
Deborah Mayo
Kelly Rybacki
Regina Ward

Buckeye
Siboney Norton
Elizabeth Parra
Alexus Pena
Jennifer Poole

Casa Grande
Mary Agee
Melisa Salmon

Cave Creek
Jamie Smith

Chandler
Carrie Arge
Jessie Ball
Pamela Blume
Raeleen Davis
Amy Decausmaker
Jessica Heffer
Rebecca Kreis
Karen Lutostanski
Shelley Meyers
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Ami Hollis

Laveen
Shardell Nealy

Lupton
Carol Lauher

Marana
Anna Bourgoud
Ronda Garrigan
Stephanie Schmid

Maricopa
Erica Newell

Mesa
Silva Carrillo
Brittany Cleveland
Jenna Ford
Patricia Franke
Johanna Heywood
Samantha Hyland
Christina Interpreter
Diane McCord
Jerrr McGowan
Maranela Melendez
Angela Mercer
Tanya Meyer
Denise Murray
Linda Okofer
Robin Parker
Kim Pasulka
Holly Poitot
Zennoma Richardson
Victoria Sowards
Patricia Stenberg
Deanna Turner-Garcia

New River
Karen O'Fala

Oro Valley
Terry Badger
Stephanie Gasser
Tiffani Pallanes
Jane Robles

Parker
Cheather Welch

Peoria
Joseph Apap
Katrina Marie Baptista
Kristine Dallibec
Diane Green
Cara Harris
Chris Kim
Leigh Ann Tovar
Robin Wannaker
Pamela Waychoff
Staci West
Jonathan Wieland

Peridot
Anita Alaniz
Phillip Sieloff

Phoenix
Molly Ament
Paula Banahan
Jane Barnes
Kristal Bonelli
Teresa Bowman
Martha Carrillo
Alana Comeau
Sharon Daetwyler
Brian Eggen
Karen Ellis
Ellen Ely
Jean Espinas
Patricia Elberidge
Patricia Gill
Maggie Goldenberger
Gail Gomez
Deborah Grischko
Emily Hein
Dustin Husemann
Judith Kashmer
Angela King
Jennifer Martens
Morgan Montes
Christina Nichols
Harriet O'Connor
Ejro Ojamaurye
Patricia Ozment
Jean Palazzetti
Christina Parks
Annie Perdomo
Katie Peterson
Samantha Pierce
Jennifer Roy
Samantha Ruthkosky
Loni Sailer
Nicole Schade
Laurie Schiavo
Sally Snedigar
Rayna Sloane
Sally Snedigar
Laura Soube
Linda Turner
Jennifer Utan
Victor Vela
Hannah Wiesenhofer
Claudia Williams
Laura Winter

Pima
Kathleen Conlin

Prescott
Michael Frost
Elaine Martin-Stomel
Tiffany O'Reilly

Queen Creek
Brandi Bushong
Nicole Garrison
Katherine Hakeman

Rio Tico
Laura Monarque

Sahuarita
Marina Ortinoros

San Tan Valley
Johnathan Burrell
Chadizoe Eze
Mark Kent
Nicole Sidebottom
Loni Smith

Scottsdale
Rowena Aquino
Sadien Canin
Patricia Cook
Lori Enever
Jill Hecker Fernandes
Sydney Janowski
Lynne Mathieu
Jen Matlick
Lisa Mead

Elizabeth Hodgeson
Daron Ruckman
Paula Rut
Linda Schwartz
Elizabeth Sposito
Tiina Tuuli Haug
Michael Wenger
Doreen Zannis
Kristina Zimmermann

Show Low
Briana Brimmhall
Jennifer Goss
Ari Guterrez
Kerby Hammond
Janessa Kuhl
Gwen Matkin
Kelton Merril
Sydney Nielson
Brandi Odette
Amber Owens
Meghan Pratt
Brantley Reed
Ashley Towell

Sierra Vista
Jesus Arballo
Jennifer Eliot
Christe Transflag
Melissa Wendl

Surprise
Xenia Agee
Randy Bostrom
Stephanie Dailey
Allyson Goldspiker

Tempe
Eva Stinson
Jeriell Wilkerson

Tucson
Brittany Abeln
Masresha Akalu
Joanne Berry
Nancy Bowman
Amanda Bowman-Wan
Natalie Camras
Hanb Chu
Coy Collins
Nancy Denny
Nicole Dolce
Mrs. Danielle Edwards
Kyle Estep
Jennifer Fine-Hardesty
Patricia Higgins
Shawna Jenkins

Joy Metcalf
Tracy Mulligan
Vanessa Nunez
Vicki Padilla
Jesus Perez
Dana Richardson
Lisa Sande
Patricia Skowron
Arlette Stevens Castano
Lorri Ann Valdez
Carolyn Van Baken

Vail
Trisha Douglass
Sylvia Fischer
Leslie Jimerson
Shanee Murphy

Waddell
Sara Ingram

Winslow
Carmen Garcia-Garza

Yuma
Laura Avenetti
Sarah Bird
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For more information contact Patrice Abby at patrice@mhmcareers.com or 855.507.9900
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March – May 2018

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Avondale
Karyn Carlson
Crystal Tremble-Webster

Bullhead City
Mary Tulinnye

Carefree
Janet Burns

Casa Grande
Folake Alimi
Lisa Mace

Coolidge
Barbara Thomas
Margaret Williams

Cave Creek
Cavecera
Linda Black

Chandler
Gayle Belshe
Susan Deason
Jennifer May
Elizabeth Porter
Katherine Tambasco

Chinle
Tanya Dempsey

Chino Valley
Kimber Wagner-Hines

Terry-Ann Kuehner
Sheng Peng

Glendale
Lori Cannon
Jennifer Rossetti

Globe
Gloriajean Nelson

Goodyear
Amanda Baguart
Weslyne Smith

Litchfield Park
Jean Lynch

Marana
Cynthia Montoya

Wendi Sears
Stacy Vineyard

Maricopa
Tandra Carvin

Mesa
Diane Ortega
Lorraine Quigman
Graham Sawicki
Michael Schoon
Janine Sutter
Michelle Sutton

Olympia, WA
Gregory Jones II

Peoria
Bethany Bradshaw

Carolyn Burcham
Lacey Fudge
Kelley Glassburn
Taylor Hungerford
Kristian Orde
Diane Seago
Terri Brown

Phoenix
Courtney Campbell
Diane Caruso
Ma Kristel
Joyce Donato
Emma Garcia
June Heilig
Carrie Jankowski
Brandy Martinez
Laura Maurer
James McKee
Therese Sargent
Rachael Vargas

Prescott
Cassandra Archer
Jessica Green
Dorothy Osborne

Prescott Valley
Michele Salters

Safford
Tajma Palma

Scottsdale
Caroline Burr
Kydell Cline
Trisha Deason
Brooke Finley
Regina Martin
Lorraine Meclean
Jessica Swanson

Show Low
S Samarin

Sun City West
Janie Randle

Surprise
Robin Abrego

Tempe
Molly Slape

Tucson
Heidi Costello
Xiangping Fang
Colleen Ford
Kendra Garcia
Sara Gonzales
Rebecca Hicks
Sierra Holloway
Sonia Massoud
Brenda Mitchell
Wendy Owen
Rebecca Vlas

Vail
Jacquelyn Hall

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- Operating Room • ER • ICU
- Labor & Delivery
- Critical Care

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Other Bills We Supported

HB2085 Schools: Emergency Epinephrine Administration
This bill clarifies that nurses who are contracted with a school district or charter school as well as those who are employed may administer or assist in the administration of an inhaler.
Activities: Worked with other stakeholders and committee support
Outcome: Signed into Law

HB2323 Schools: Inhalers; Contracted Nurses
This legislation imposes requirements on health insurers in the credentialing process including timeframes for response and completion as well as electronic submissions.
Activities: Participation in stakeholder meetings and committee support
Outcome: Signed into Law

HB2322 Health Insurers; Provider Credentialing
This legislation imposes requirements on health insurers in the credentialing process including timeframes for response and completion as well as electronic submissions.
Activities: Participation in stakeholder meetings and committee support
Outcome: Signed into Law

SB1076 Assault on Public Safety Workers
This bill clarified that the public safety employees covered under the law may petition for an order to test another person for HIV or other communicable diseases if there is reasonable grounds to believe the employee may have been exposed as a result of an assault; also includes contracted persons (not just employees) and those contracted or employed by correctional institutions. This was supported by AzNA as nurses often contract to work in public safety or correctional settings and are at risk for such exposure in an assault.
Activities: Worked with other stakeholders and committee support
Outcome: Signed into Law

Other Bills We Opposed or Monitored

HB 2235 Dental Therapists; Regulation; Licensure
Creates a new licensed professional, dental therapist, who, upon meeting the education and training required in the bill may be licensed and regulated by the Dental Board. The therapists must be supervised by a dentist and work under a collaboration agreement. Therapists may only work in certain settings: community health centers, federally qualified community health centers, nonprofit organization that provided dental care to low income and underserved persons, private dental practices that provide dental services to community health centers, tribal or IHS agencies or entities, veteran services.
Activities: Participation in stakeholder meetings and committee support
Outcome: Signed into Law

HB2250 Physician Assistant; Prescribing Authority; Delegation
This bill expands the period for which a PA can write a prescription for Schedule II or III drug from 30 to 90 days; prescriptions written by the PA now must contain the name, address and phone number of the PA, not the supervising physician; PA may receive manufacturers samples if delegated by physician and distribute the samples.
Activities: This was closely monitored by AzNA lobbyists as it did not go through a sunrise process, which it arguably should have, as it provides greater authority for PAs, which may be useful in advocating for upcoming legislation by AzNA.
Outcome: Signed into Law

AzNA/ANA Membership Activation Form

Because of AzNA nurses can say YES

there is a strong state-wide voice for nursing nurses influence laws, rules and Scope of Practice collaboration on the local and national level promotion of a healthy Arizona nationally accredited continuing education
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AzNA’s Superstars

Happy Anniversary to our dedicated AzNA members celebrating these special milestones for this past quarter: March – May 2018

5-Year Members
Lorrie White
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Laura Monks
Helene Gibson
Francesca Mallamo
Angelita Boloz
Charrissa Levasseur
Ricardo Paredez
Anna Aguileria
Rakhi Joshi
Kim Perch
Carol Burgess
Mary-Louise Mulcahy
Heather Lincoln
Amy Basch
Melody Baldwin
Tonya Yazzie
Genevieve Davis
Mary Brown
Wivande Mana
Mary Wilson

10-Year Members
Ambrur Lindstrom-Mette
Valerie Kading
Geraldine Ramos Kennedy
Jean Stanley
Kristi Canther
Katrina Schuh
Kevin Meek
Susan Phillips
Catherine Mohammed
Dana Sanders

15-Year Members
Kimberly Rossell
Elizabeth Reifsnider
Susan Kurzer
Katharine Kazaka
Jeanette Yazzie
Julie Hoffman
Jan Hamilton
Judith Crume

20-Year Members
Melanie Brewer
Cheryl Leigh
Brenda Downs
Sheryl Peteul
Cathleen Michaels

25+Year Members
Gretchen Schabner
Caroline Trail
Laruenz Langfield
David Hrabe
Ida Health
Sheryl Shantz
Mary Griffith
Helen Tull
P. Jost
Rebecca Amabisca
Tracy King
Ada Hinshaw
Bonnie Westra
Milk is nutrient-rich, with nine essential nutrients. It is the #1 food source of three of the four nutrients the 2010 Dietary Guidelines for Americans (DGA) identify as falling short in the diets of both children and adults – calcium, potassium and vitamin D.

Motivate parents to be role models. Parents are important influences on children’s behavior, including eating right and being physically active. So encourage them to eat fruits and vegetables and drink milk. Their actions speak louder than words.

The DGA recommends low-fat or fat-free milk and milk products daily:
- 3 cups for 9 years or older
- 2 1/2 cups for 4-8 year olds
- 2 cups for 2-3 year olds

By the age of 4, children do not consume the recommended number of servings from the Dairy Group.