Greetings North Dakota Nurses! My last article was ‘The Year of Advocacy.’ Well, because we are all selfless nurses I would bet we are better at advocating for our patients, our friends, our loved ones and everybody else other than ourselves. Am I right? With the holidays all fast approaching I think it is always a good time to shed light on this important subject. For those of you that attended our recent conference you will know we have found it important enough that we have made self-care our annual conference topic. I believe we must be mindful of this all year long, especially during the busiest times such as the holidays. Between shopping, cooking, family, and entertaining it’s easy to understand why people get strung out during the holidays. Before things become too overwhelming this holiday season, take the following information into consideration.

Simplify – If you are struggling to keep up with holiday-related activities this year consider delegating some tasks to other family members, limit the number of social events you attend, cut back on the amount of baking you would normally do, or consider a family gift exchange rather than buying gifts for your entire extended family. We must learn our limits and when it is okay to say no or to cut back before we burn out.

Prioritize values – Discuss what is important to you and your family. Give priority to things that mean the most and can be accomplished realistically and within your budget and time.

Adjust your expectations – We can easily reduce stress by keeping realistic expectations of yourself and others around you. One thing that we have against us now is social media. Social media can add additional stress and expectations when we compare ourselves to others. Understand that although we may envision the holidays as a time for excitement and joy, disappointment and frustration are normal feelings that may arise as well. Lower your expectation of perfection and understand that things happen.

Take care of your health – We can all benefit from a healthy diet and regular exercise, which help to alleviate stress. This is one of the things that I am personally passionate about. As a busy working mother of two, I commit to my own health on a regular basis. It is so important to remember I am the only one who will make that commitment and it’s okay to be selfish for an hour or so a day to get physical exercise or decompress. Exercise is considered vital for maintaining mental fitness, and it can reduce stress. Studies show that it is very effective at reducing fatigue, improving alertness and concentration, and at enhancing overall cognitive function (ADAA, 2018).

Another thing for me personally is I am very grateful to be surrounded by loved ones during the holidays. Doing things that are a little more relaxing is a great way to reduce anxiety and depression. Having said that, it is so important to take time for yourself. So, I’m making it a huge priority this year to relax and unwind by focusing on my mental health. I encourage you all to find a way this holiday season and ALWAYS to be an advocate for yourself. Be well, we need all of you!!!
diverse professional nursing history includes nursing/nurse leadership fields. Prior to nursing, twenty years of progressive experience in the

message from the president

I am writing to inform the NDNA membership of a change in staff we have had in July 2018 in our Association. Carmen Bryhn has resigned from her position as Executive Director and her last day was July 31st, 2018. On behalf of the board of Directors, we want to thank her for all her hard work and dedication to NDNA over the last three years! She has helped our association grow in tremendous ways, and we wish her the very best of luck!

In moving forward, we were fortunate to hire one of our own board members, Sherri Miller, to take her reigns!

Carmen and Sherri shared the role in July for a smooth transition process. Sherri has been very successfully fulfilling the role in the month of August!!!

Sherri is a Registered Nurse with almost twelve years of progressive experience in the nursing/nurse leadership fields. Prior to nursing, Sherri was a certified teacher and carried her love and passion for educating into nursing. Her diverse professional nursing history includes several years as a staff nurse on the oncology, ortho-surgical and ENT floors, a physician's office nurse/nurse manager and employment at a rapidly growing remote medical home care coding company as Director of Operations, then Director of Support Services. Sherri holds Bachelor's degrees in both Education and Nursing. Currently, she works as a Point of Care Testing Nursing Coordinator at CH St. Alexius Health in Bismarck, as well as is now the Executive Director of the North Dakota Nurses Association. Sherri has a special interest in health/wellness and is also a certified personal fitness trainer. She resides in Bismarck with her family, including two golden retrievers.

Welcome, Sherri! We are thrilled to have you! If you need to reach Sherri, you can email her at: director@ndna.org.

Respectfully submitted,
Tessa Johnson
MSN, BSN, RN
NDNA President

Welcome New Members

Monica Sorgen
Kendra Knain
Jarrod Hinkle
Kimberly Spal linger
Jennifer Drevlow
Jericco Alicante
Kirsten Azure
Allysa Albrecht
Amber Logie
Daniele Scott
Jaime Yaeger
Tiffany Loth peich
Alyssa Armentrout
Stephanie Jepsen
Jenna Flynn
Melissa Kainz
Andrew Janssen
Ashlyn Deachin
Skylar Wehri
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October, November, December 2018

The North Dakota Nurse

Page 3

Re-elected
PRESIDENT – Tessa Johnson, MSN, RN

I have a genuine passion for nursing and nursing practice in the state of North Dakota. Being a part of the board has shown me the selfless time, effort, and dedication it takes to be an advocate of the nursing profession. I want to help the board and the nurses in the state to be the best they can. I am currently employed through Agemark Countryhouse in Dickinson as the Executive Director of the building. I have a background in nursing leadership and management, and have a diverse background in different areas of nursing to bring to the table.

Newly Elected
VICE PRESIDENT OF PRACTICE, EDUCATION, ADMINISTRATION, AND RESEARCH (PEAR) – Jerico Alicante, BSN, RN, CNN, FISQua

I am Jerico G. Alicante, BSN, RN, CNN, FISQua, originally from the Philippines with more than 10 years of progressive nursing experience as medical-surgical and critical care ICU nurse and as clinical instructor in a BSN program in a university in the Philippines. I was inducted into Sigma (formerly, Sigma Theta Tau International, Honor Society of Nursing) at the Alpha Eta Chapter at University of California, San Francisco, CA, USA in May 2014. Since then, I have been involved at the local level as board of director; regional level as Asia Regional Committee member; and international level as current board of director for Sigma Foundation for Nursing 2017-2021. I have also served on different committees as member and chair within Sigma and other professional organizations such as the Renal Nurses Association of the Philippines to become leaders. I believe everyone is leader given the opportunity. In my peers and encourage them to embrace those strengths and help them express that information to others to help them understand. Even though I am a newer RN, I have always considered myself a leader. I can see strengths and I am the type of person to help provide clarity in uncertain situations. I am self-directed and thrive off application of processes. I also thrive off policy and rules. I can find clarity and make decisions based on information provided to me and express that information to others to help them understand. Even though I am a newer RN, I have always considered myself a leader. I can see strengths and I am the type of person to help provide clarity in uncertain situations. I am self-directed and thrive off application of processes. I also thrive off policy and rules. I can find clarity and make decisions based on information provided to me and express that information to others to help them understand. Even though I am a newer RN, I have always considered myself a leader. I can see strengths and I am the type of person to help provide clarity in uncertain situations. I am self-directed and thrive off application of processes. I also thrive off policy and rules. I can find clarity and make decisions based on information provided to me and express that information to others to help them understand.

Newly Elected
DIRECTOR AT LARGE: RECENT GRADUATE – Jessica Vos, BSN, RN

I graduated from NDSU with my BSN in August 2016, and have since been working on Med/Surg at the Fargo VA. I have worked at the VA for 5 ½ years. Before becoming an RN, I worked as an LPN, both on Med/ Surg and in the Rheumatology Clinic. Being at the VA has taught me so much about policy and politics. But in the end, we have to do what is right by our patients so there needs to be balance and compromise at times to produce acceptable outcomes. As a nurse, I practice to help my patients and their families and provide the best care possible. I also know there are other aspects (behind the scenes) issues that affect our jobs and the care we can provide. I would like to serve the NDNA to help guide and lead nurses, influence leadership in recognizing the importance of the nurses role in patient outcomes, and to find best practices to provide the safest and most effective care for our patients. As a newer member of the NDNA, I am eager and willing to provide the board with my enthusiasm and talent for detail. I know a lot of things in nursing and policy can be gray at times and I am the type of person to help provide clarity in uncertain situations. I am self-directed and thrive off application of processes. I also thrive off policy and rules. I can find clarity and make decisions based on information provided to me and express that information to others to help them understand.

Newly Appointed
VP OF MEMBERSHIP – Kami Lehn, BSN, RN

I have nine years of nursing experience with a diverse background of nursing roles. I have provided care as a bedside nurse, a clinic nurse, as well as working in an administrative role in medical review. I would like to serve on the NDNA board to help advance nursing as a whole, while expanding my knowledge in a field that I have passionately committed my life to. I believe that nursing is an ever-changing field, and to ensure that we provide quality, safe care we all need to be part of a strong community that shares our knowledge.

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Skin-to-Skin Contact

North Dakota Nurse Evidence-Based Practice Student submission Karisa Barthorpe, Kayla McLeod, Naomy Ochenga Mayville State University RN to BSN

Appraised by:
Karisa B. RN, Kayla M. RN, Naomy O. RN, Mayville State University RN to BSN Student

Clinical Question:
Among healthy newborn infants in low- and middle-income countries, does early skin-to-skin contact of the baby with the mother in the first hour of life compared with drying and wrapping have an impact on neonatal mortality, hypothermia, or initiation/exclusivity/duration of breastfeeding.

Articles:


Synthesis of Evidence:
There are many potential complications associated with childbirth. These complications may be exacerbated or worsened when women give birth in areas with inadequate resources. Due to the lack of resources, they must make due with more traditional ways of medicine and child birth is not exempt from this. To answer our question, as previously stated, we gathered information from twelve articles published in the last ten years that addressed the benefits of skin-to-skin contact (SSC) in newborns.

In the article by Ashmed, a study was conducted to evaluate the effectiveness of community-based kangaroo care in lowering the rates of infant mortality in the low-income area of Bangladesh. The study found that, in the group studied, the most newborn deaths occurred in those babies that were held skin-to-skin for less than a hour a day or had missing newborn skin-to-skin assessments. Five newborn deaths were noted in the group of babies who had received more than seven hours of skin to skin contact within the first two days of life (Ahmed et al., 2011). Community based kangaroo care was associated with an increased rate of success with breastfeeding. It was also noted that newborn fever, cough, breathing problems, agitation, and disinterest in breast feeding would generally tend to decline as the amount of skin to skin contact increased throughout the entire sample (Ahmed et al., 2011). However, in infants weighing <2kg at birth, this was not the case.

In the second article, a study was conducted to evaluate whether there was a difference in breastfeeding rates at forty-eight hours when women performed skin to skin contact with their babies in the operating room immediately following their caesarean section in comparison to initiating skin to skin contact once they had left the operating room. The study showed that a longer skin-to-skin contact was associated with a significantly lower occurrence of artificial feeding at both forty-eight hours and at six weeks postpartum (Gregson, Meadows, Teakle, & Blacker, 2016). In participants who had provided more than twelve hours of skin to skin contact within the first twelve hours of life, one-hundred percent were still breastfeeding at forty-eight hours postpartum. Although data seemed to be a little less consistent for ten days to six weeks, there was still a general trend which showed a favorable response to breastfeeding with increased skin to skin contact postpartum (Gregson et al., 2016).

Bottom Line: (what does the evidence mean?)
Throughout our research we were unable to find any dramatic difference in temperature stability between those infants who had received skin-to-skin contact and those who had not. However, we did find that there was a direct correlation between providing early skin-to-skin contact and better infant outcomes with latching which led to breast feeding an average of sixty days longer than babies who were placed under a warmer directly after birth (Anderson, Bergman, & Moore, 2016). It was also proven that babies who were provided skin-skin contact had higher blood glucose levels and had more stable cardiac rates and respiratory outcomes (Anderson, Bergman, & Moore, 2016).

Implications for Nursing Practice:
Early intervention in neonatal care immediately after birth has a direct effect on the infants’ outcome. Our critical appraisal of research was to determine if there was a link between early skin-skin-contact and infant mortality associated with temperature and breastfeeding. As premature delivery continues to be an issue in not only lower and middle-income countries, but also the entire world, SSC may be the difference between life and death. During our research, we found a correlation linking SSC and faster initiation of latching in terms of breastfeeding. This link is associated with a 22% reduction in infant mortality rate in the first 28 days (Journal of Nursing Education and Practice, 2015, p. 2). As nurses, it is our role to not only care for and treat our patients but also educate them on their options. With the implementation of education presented by the nurse during prenatal care visits, pregnant women in all regions of the world may learn about the benefits associated with SSC. With this knowledge, we may see a decrease in neonatal complications and infant mortality associated with temperature and breastfeeding. As premature delivery continues to be an issue in not only lower and middle-income countries, but also the entire world, SSC may be the difference between life and death. During our research, we found a correlation linking SSC and faster initiation of latching in terms of breastfeeding. This link is associated with a 22% reduction in infant mortality rate in the first 28 days (Journal of Nursing Education and Practice, 2015, p. 2). As nurses, it is our role to not only care for and treat our patients but also educate them on their options. With the implementation of education presented by the nurse during prenatal care visits, pregnant women in all regions of the world may learn about the benefits associated with SSC. With this knowledge, we may see a decrease in neonatal complications and infant mortality associated with temperature and breastfeeding. As premature delivery continues to be an issue in not only lower and middle-income countries, but also the entire world, SSC may be the difference between life and death. During our research, we found a correlation linking SSC and faster initiation of latching in terms of breastfeeding. This link is associated with a 22% reduction in infant mortality rate in the first 28 days (Journal of Nursing Education and Practice, 2015, p. 2).

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October, November, December 2018


Synthesis of Evidence:
Our team reviewed 12 articles examining hand washing versus hand sanitizer in relation to incidence of hospital acquired infection. Four articles were found to have sufficient evidence regarding our question. In the first article, the Centers for Disease Control (CDC) published their guidelines titled “Guideline for Hand Hygiene in Health-Care Settings” (2002). This report presents current recommendations, which are to use an alcohol-based hand rub for decontaminating hands, unless hands are visibly soiled. If they are visibly soiled, it is recommended to wash hands with soap and water. The antimicrobial properties of alcohol-based hand rubs can be attributed to their ability to denature proteins. Alcohol solutions containing 60-95% alcohol are most effective (CDC, 2002). In order to improve hand hygiene among healthcare workers, it is important to continue providing education and monitor adherence to recommended hand hygiene practices.

Girou, Loyeau, and Legrand (2002) looked at the effectiveness hand rubbing with an alcohol based solution versus standard handwashing with antiseptic soap during routine care. Their study began by examining 12 healthcare workers who were asked to use alcohol based solution for hand hygiene. In addition, they observed the patient care activities performed and the number of eligible activities were performed. These actions included direct contact with a patient’s skin before invasive care and hand contact with any part of a patient with colonized multi-resistant bacteria. As a result, there were 114 patient care activities performed and nurses that used an alcohol based solution for hand hygiene were shown to have reduced amounts of contamination (83% v 58%) versus regular hand washing with antisepic soap (Girou, Loyeau, Legrand, 2002).

Maliekal et al. (2005) conducted a controlled study to determine effectiveness of hand hygiene in ICU setting. The study consists of 34 nurses in the ICU over the course of three months. 204 samples were collected to examine the number of residual bacteria on the nurse’s hands. This was done by placing hand impressions on MacConkey agar plates and examining the different bacteria. The nurses would use an alcohol based hand rub for conventional hand wash and the residual bacteria would be rechecked. As a result, initial MacConkey agar plates show high bacterial density (92%) before washing or using alcohol hand rub. A qualitative reduction in bacteria occurred after hand washing (50%) and a substantial reduction occurred after the use of alcoholic hand rubs (95%) (Maliekal et al., 2005). Therefore, there was a far greater reduction of bacterial flora after the use of alcohol hand rub.

In the final article by Suner, Oruc, Buke, Ozkaya, and Kitapcioglu (2017), expert opinions were given by infectious diseases and clinical microbiology specialists regarding their thoughts on antimicrobial soap and water versus alcohol based antisepsis solutions. Applying those opinions to two methods, the Analytic Hierarchy Process, for determining preferences for hand hygiene in preventing nosocomial infection. Our team reviewed 12 articles examining handwash versus hand sanitizer. The second method, Analytic Hierarchy Process, to determine preferences for hand hygiene. In the final article, the specialists thought that alcohol based antisepsis solutions had the highest utilities in majority of the criteria. The second method, Analytic Hierarchy Process, identifies a problem, utilizes subjective and objective knowledge regarding the problem, and then computes the best possible outcome. This method concluded that alcohol based antisepsis solution was more effective in preventing the spread of infection, cheaper, and easier to use than antimicrobial soap and water. Seven criteria for the study, the specialists thought that alcohol based antisepsis solutions were more effective, better infections, and easier to use than antimicrobial soap and water (Suner et al., 2017).

Bottom Line:
We found that using a hand rub is not only effective in preventing the spread of infection, but it is less time consuming and easier to use. Furthermore, hand sanitizer is readily available and has shown to be cost effective. The literature from our research strongly indicates that the hand sanitizer is effective in killing microorganisms versus hand washing alone. As nurses, it is our duty to protect our patients by performing proper hand hygiene. Hospital acquired infections are costly and preventable, and nurses are on the forefront when it comes to patient care.

Implication for Nursing Practice:
It is important that nurses realize the importance of hand hygiene in preventing nosocomial infections. Hand sanitizer is found to be less time consuming and effective at preventing infections for both the patient and the staff. Not only should education be provided for staff on correct ways to perform hand hygiene, but education for patients as well is important in preventing the spread of infection. As part of an overall program to improve hand hygiene practices among healthcare workers is to continue adhering to the recommended practices and provide personnel with information regarding their performance.
Synthesis of Evidence:

Bariatric Surgery

Four different research articles were taken into consideration to help answer the question of the long-term benefits of surgical vs nonsurgical interventions for weight loss maintenance. Our research was focused on the weight loss maintenance aspect only, as the primary purpose of bariatric surgery is to aid patients in losing weight. In the United States, Approximately half of SSIs are preventable using evidence-based strategies. This article demonstrated that the use of bathing preoperatively is effective in preventing SSIs.

Appraised by:
Ashley Miller, RN, Mayville State University RN-to-BSN student, Jordan Burgau, RN, Mayville State University RN-to-BSN student, Jennie Sampson, RN, Mayville State University RN-to-BSN student

Clinical Question:

Bottom Line:

When treating middle aged adults who have a BMI of 30 or greater with bariatric surgery to aid in weight loss, it is important to consider the risk and benefits of weight loss and diet and regular exercise alone in the time frame of 10 years.

Articles:


2. Bond, D. S., Bond, D. S., ... Wing, R. (2009). Weight-loss maintenance in successful weight losers: Surgical and diet and exercise prove to be successful ways to maintain weight loss over time. Five years, compared to the weight lost, the weight re-gain was insigniﬁcant. The fourth and ﬁnal study that looked at surgical interventions was the one that addressed the need for more research as limited studies have been done on these interventions and for a longer range of time. Also, a need for a more diverse sample was mentioned in some of the studies. Another thing to consider would be the risk and beneﬁts of the interventions. The articles’ involving bariatric surgery also mentioned complications or effects the weight loss had on illness, such as hypertension and diabetes. These factors may need to be considered in determining which intervention is appropriate.


The collection of studies concluded that those that underwent bariatric surgery had a significant decrease in BMI long-term, although the speciﬁc numbers were not given. A meta-analysis of 11 studies concluded that although the initial weight loss was lower than the surgical group, there was a much larger weight gain in the non-surgical group. A study that was conducted concluded that surgery had slightly better results in weight loss maintenance but lifestyle interventions still proved to be successful in keeping weight off. The third study had limited data on the weight loss differences, however, in terms of long-term maintenance it showed that the weight regain was about the same in both groups. We are looking at over two years. Compared to the weight lost, the weight re-gain was insigniﬁcant. The fourth and ﬁnal study that looked at surgical interventions was the one that addressed the need for more research as limited studies have been done on these interventions and for a longer range of time. Also, a need for a more diverse sample was mentioned in some of the studies. Another thing to consider would be the risk and beneﬁts of the interventions. The articles’ involving bariatric surgery also mentioned complications or effects the weight loss had on illness, such as hypertension and diabetes. These factors may need to be considered in determining which intervention is appropriate.

4. The second research article was a review of seven different studies. These studies ranged from one year to 10 years, with the average being two years. The majority of the studies found that both methods of losing weight were successful in the long-term, although the surgical group had a larger weight loss. The third study that looked at surgical interventions was concluded that although the initial weight loss was lower than the surgical group, there was a much larger weight gain in the non-surgical group. A study that was conducted concluded that surgery had slightly better results in weight loss maintenance but lifestyle interventions still proved to be successful in keeping weight off. The third study had limited data on the weight loss differences, however, in terms of long-term maintenance it showed that the weight regain was about the same in both groups. We are looking at over two years. Compared to the weight lost, the weight re-gain was insigniﬁcant. The fourth and ﬁnal study that looked at surgical interventions was the one that addressed the need for more research as limited studies have been done on these interventions and for a longer range of time. Also, a need for a more diverse sample was mentioned in some of the studies. Another thing to consider would be the risk and beneﬁts of the interventions. The articles’ involving bariatric surgery also mentioned complications or effects the weight loss had on illness, such as hypertension and diabetes. These factors may need to be considered in determining which intervention is appropriate.

Bottom Line:

It was concluded that both bariatric surgery and diet and exercise prove to be successful ways to maintain weight loss. Bariatric surgery showed slightly higher weight loss in the long-term, however, the difference in results are insigniﬁcant and there were also many reports of surgical complications. Diet and exercise can be considered to be successful intervention without complications and continues to be a good recommendation for obese patients, however, more research is needed on this topic. It was concluded that that pre-operative bathing with chlorhexidine gluconate (CHG) decreases the risk of postoperative surgical site infections. CHG is effective against both gram-negative and gram-positive bacteria and continues to be a need. The only contraindication noted in our research for the use of CHG is if the patient has a known allergy to CHG, otherwise the risk is minimal and the beneﬁts considerable. An SSI is not only very costly to the medical institution, but in some cases have long lasting sequela for the patient or even result in patient mortality. A medical facility that performs surgical procedures and are not currently using a CHG pre-cleansing regimen should review the literature and research and consider implementing CHG pre-operative cleansing as a part of their pre-surgical regime.
Mott health conditions. It should come as no surprise and again able to discriminate against people with when insurance companies are in the driver’s seat political office prevails, all of us return to the day if the lawsuit, supported by some candidates for access preventive and other health care goes away. If the lawsuit, supported by some candidates for election office who “are proven to be advocates for nurses and their patients”(1). In the upcoming November election, there are critically important differences health status against them by denying coverage; this would be a tragedy. Most nurses have seen how devastating it can be when health care comes too late for people who had been prevented or managed so much better, had they just been treated more quickly. Nurses know the research clear, being uninsured is associated with a higher rate of morbidity and mortality. In other words, having insurance does mean the difference for many between life and death and health and illness.

IMPACT ON HEALTH CARE IN NORTH DAKOTA

The lawsuit would be most harmful for our state’s rural communities. Rural families tend to have higher rates of morbidity and mortality. In other words, having insurance does mean the difference for many between life and death and health and illness.

IMPACT ON THE HEALTH OF NORTH DAKOTANS

The lawsuit eliminates many health related protections that North Dakotans depend on. Currently, North Dakota health insurance companies to offer everyone insurance coverage and companies cannot charge more for health insurance to individuals who have health conditions like cancer, hypertension, or diabetes. All of us benefit from these lawsuits. Lawsuits are underway to roll back this and other critically important protections. A lawsuit being heard in a federal court in Texas introduces a major threat to health insurance and the health of thousands of North Dakotans rely on. If the lawsuit is successful, these North Dakota families will lose their insurance coverage for pre-existing conditions in the future. Additionally, North Dakota health care facilities will accrue millions of dollars of unpaid bills for care given to patients who lost coverage. If the lawsuit prevails, there is no new law that will protect both North Dakotans and the financial health of our state’s health care institutions. Currently, some health conditions are more expensive to treat in the future. These protections help the patients we care for every day as well as those of us in the future develop conditions such as cancer, hypertension, or diabetes. The law created a level playing field for everyone and eliminated the ability of insurance companies to use a person’s health status against them by denying coverage, or charging them astronomical amounts for that coverage.

Before the Affordable Care Act (ACA), it was not uncommon for insurance companies to refuse to issue health insurance or to charge sky high prices to individuals with health conditions. These protections help the patients we care for every day as well as those of us in the future develop an illness. Historically, insurance companies could also put annual or lifetime caps on what they would pay for care. These policies put families losing coverage at the very time when they needed it the most. For example, infants born with congenital heart defects may require multiple surgeries, the costs of which can total in the hundreds of thousands of dollars or more. Currently their families are protected. If the lawsuit is successful, all of this changes and the cost will rise to families that currently have to ensure their loved ones are able to access preventive and other health care goes away. If the lawsuit is successful, these lawsuits could cause our state’s health care facilities to lose revenue, and perhaps even go out of business. The majority of these closures were due to financial reasons. Consequently, it’s no surprise that hospitals and other providers strongly oppose this lawsuit that could limit their ability to offer, or expand services, hire staff or potentially even trigger their closure. Recently, the ND Rural Health Association issued a strongly worded letter stating, “Should the Medicaid Expansion and the protections provided by the ACA be stripped away, thousands of North Dakotans will be placed at risk. In states that expanded Medicaid, people residing in rural areas saw better health outcomes such as catching cancer early...It is clear that the ACA and Medicaid expansion strengthened rural health care...lawmakers and government officials (should)...keep these crucial protections that are so important to our rural communities.” (North Dakota Rural Health Association, 2018).

Additionally, national organizations like the American Nurses Association, American Public Health Association, American Heart Association, American Diabetes Association and major national physicians’ associations have all expressed grave concerns about the adverse impact this lawsuit will have on the health of millions of Americans, including thousands of North Dakotans. In November, each ND nurse should know where candidates for elective office stand on this devastating lawsuit and keep this in mind when you cast your vote. For example

U.S. Senate Candidates
Kevin Cramer supports lawsuit
Heidi Heitkamp opposes lawsuit

U.S. House of Representatives Candidates
Kelly Armstrong supports lawsuit
Mac Schneider opposes lawsuit

The health and health care of North Dakotans should not be decided in a Texas courtroom. Yet that is what is happening right now.

1. ANA Capitol Beat, (August 29, 2018)

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Join our team of dedicated nurses and dieticians and you will travel across our great state to assure compliance with state and federal regulations. The majority of these were due to financial reasons. Consequently, it’s no surprise that hospitals and other providers strongly oppose this lawsuit that could limit their ability to offer, or expand services, hire staff or potentially even trigger their closure. Recently, the ND Rural Health Association issued a strongly worded letter stating, “Should the Medicaid Expansion and the protections provided by the ACA be stripped away, thousands of North Dakotans will be placed at risk. In states that expanded Medicaid, people residing in rural areas saw better health outcomes such as catching cancer early...It is clear that the ACA and Medicaid expansion strengthened rural health care...lawmakers and government officials (should)...keep these crucial protections that are so important to our rural communities.” (North Dakota Rural Health Association, 2018).

Additionally, national organizations like the American Nurses Association, American Public Health Association, American Heart Association, American Diabetes Association and major national physicians’ associations have all expressed grave concerns about the adverse impact this lawsuit will have on the health of millions of Americans, including thousands of North Dakotans. In November, each ND nurse should know where candidates for elective office stand on this devastating lawsuit and keep this in mind when you cast your vote. For example

U.S. Senate Candidates
Kevin Cramer supports lawsuit
Heidi Heitkamp opposes lawsuit

U.S. House of Representatives Candidates
Kelly Armstrong supports lawsuit
Mac Schneider opposes lawsuit

The health and health care of North Dakotans should not be decided in a Texas courtroom. Yet that is what is happening right now.

1. ANA Capitol Beat, (August 29, 2018)
Does PPE Prevent the Transmission of MRSA Infections?

Appraised by:
Lesley Butze, RN; Brandi Peck, RN; and Rachelle Yost, RN (Mayville State University RN-to-BSN Students)

Clinical Question:
The research question: Does the use of PPE prevent the transmission of MRSA infections for patients in healthcare facilities? Review the use of personal protective equipment and how it prevents the transmission of MRSA infections for patients in healthcare facilities. This PICO topic was formulated to determine if the use of gowns and gloves decreases the spread of MRSA.

Articles:
Chang, H. H., Dordel, D., Donker, W., Torrey, D. J., Feil, E. J., Hanage, W. P., & Lipsitch, M. (2016). Genetic differentiation of methicillin-resistant Staphylococcus aureus (MRSA) patient sharing and transmission used "genetic sequencing data of 988 MRSA regional isolates to study MRSA transmission within and between hospitals and between hospitals and their surrounding community" (Chang et al., p.7). The study utilized genetic differentiation as it has been suggested that the cloud of diversity is a major issue in identifying person-to-person transmission links.

Marshall, C., Richards, M. & McBryde, E. (2013) discusses a quasi-experimental study that was conducted on determining the transmission of MRSA in patients with active MRSA infections. They began with swabbing all the patient's nares, groins, underarms and throat to classify which patients were already infected and which ones were not. Patients with open draining wounds were treated per protocol to prevent spreading MRSA. The study utilized a 90% reducer to study MRSA transmission of MRSA in colonized patients when contact precautions and isolation (single patient rooms) was "implemented" (Marshall, Richards & McBryde, 2013, p.8).

The third study by Hughes, Tunney, and Bradley (2013) objective was to study whether or not PPE was used appropriately at all times to achieve the lowest transmission of MRSA. It is critical that it be used appropriately at all times to achieve optimal effectiveness. Contact precautions are an important part of infection control in healthcare facilities; it is important that staff receives proper PPE training to minimize the transmission of MRSA in patients with active MRSA infections. An essential factor in decreasing the transmission of pathogens in healthcare facilities, this requires continued education and proficiency by healthcare workers.

Synthesis of Evidence:
Our team evaluated 12 articles looking for effectiveness of PPE to prevent the transmission of MRSA in healthcare settings. These were chosen based on content pertaining to our topic in the last five years. The goal was to use these recent studies to reach a conclusion on the prevention of the spread of MRSA in healthcare facilities. The first study by Chang, Dordel, Donker, Worby, Feil, Hanage, and Lipsitch (2016) objective was to look into hospital-acquired infections caused by methicillin-resistant Staphylococcus aureus (MRSA) patient sharing and transmission used "genome sequencing data of 988 MRSA regional isolates to study MRSA transmission within and between hospitals and between hospitals and their surrounding community" (Chang et al., 2016). The study utilized genetic differentiation as it has been suggested that the cloud of diversity is a major issue in identifying person-to-person transmission links.

Bottom Line:
Employee compliance with handwashing and proper cleaning techniques is an essential component in decreasing the transmission of MRSA infections. Although, according to data gathered through research studies, it is likely that the prevention of transmitting MRSA is significant with the use of PPE. Research strongly suggests that touch transmission and the path of the number of pathogens being transmitted within the healthcare facilities.

Implications for Nursing Practice:
Healthcare workers need to be aware that PPE is not only used to prevent the transmission of MRSA but can also be used to prevent the transmission of other pathogens. It is important to continue to follow the guidelines for PPE training to minimize the transmission of MRSA in patients with active MRSA infections. An important factor in decreasing the transmission of pathogens in healthcare settings, this requires continued education and proficiency by healthcare workers.

Dissemination-Sepsis:


A study was done that included 51 patients, 51% of whom obtained vasopressor independence at 24 hours, 10% died at 28 days, 26% was not associated with vasopressor independence, but was associated with 28-day mortality (Tang et al., 2017). This study targeted patients admitted to a Shock Trauma ICU and a Respiratory ICU at one hospital (Tang et al., 2017). All were 15 years of age or older, had severe sepsis or septic shock on admission, had an arterial catheter, and were on vasopressors at admission.

The first five minutes of arterial blood pressure was used from each patient (Tang et al., 2017). A filtering technique was used to obtain a systolic blood pressure from every heartbeat (Tang et al., 2017). Vasopressor dependence at 24 hours increased chances of 28-day mortality (Tang et al., 2017).

Bottom Line:
Nurses should regard regardless of which stage sepsis is recognized at, treatment is the same. This includes fluid resuscitation, antibiotics, and close monitoring of vital signs, lactate acid levels, and lactate ratios. Patient mortality gets higher the more severe the stage, the higher the lactate acid level is, the higher the lactate ratio is, and patients with intra-abdominal and respiratory infections.

Implications for Nursing Practice:
Nurses should know that recognizing this topic to become more knowledgeable on the potential risks and best treatment for sepsis because sepsis is a real threat to patients of all ages. Although much research has been done to improve recognition and understanding of sepsis, high mortality rates still remain. Early recognition by patients and healthcare staff is key to a patient's recovery. Nursing staff are a patient's first point of contact. It's important that nurses are educated on sepsis and how to recognize this in their patients. They also need to be aware that as further research uncovers new treatments, signs and symptoms, and prevention. Another key to early recognition and treatment is patient recognition. Nursing education on signs and symptoms to watch for is vital in helping patients recognize early signs of sepsis at home.
There is some confusion regarding the differences between the North Dakota Board of Nursing (NDBON), the North Dakota Nurses Association (NDNA) and North Dakota Center for Nursing (NDCFN). Hopefully, the following will help clarify some of the confusion.

A COMPARISON OF THE THREE ORGANIZATIONS

<table>
<thead>
<tr>
<th>North Dakota Board of Nursing (NDBON)</th>
<th>North Dakota Nurses Association (NDNA)</th>
<th>North Dakota Center for Nursing (NDCFN)</th>
</tr>
</thead>
<tbody>
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<td>919 S 7TH Street, Suite 504</td>
<td>1515 Burnt Boat Dr, Suite C #325</td>
<td>3523 45th Street South</td>
</tr>
<tr>
<td>Bismarck, ND 58504-5881</td>
<td>Bismarck, ND 58503</td>
<td>Fargo, ND 58104</td>
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<tr>
<td>Phone: (701) 328-9777</td>
<td>Phone: (701) 335-6376</td>
<td>Phone: (701)639-6548</td>
</tr>
<tr>
<td>Fax: (701) 328-9785</td>
<td>E-mail: <a href="mailto:Director@nddna.org">Director@nddna.org</a></td>
<td>Website: <a href="http://www.ndcenterfornursing.org">www.ndcenterfornursing.org</a></td>
</tr>
</tbody>
</table>

Mission: ND Board of Nursing assures North Dakota citizens quality nursing care through the regulation of standards for nursing education, licensure, and practice.

Mission: NDNA promotes the professional development of nurses, and advances the identity and integrity of nursing to enhance healthcare for all through practice, education, research, and development of public policy.

Mission: The mission of NDCFN is through collaboration guide the ongoing development of a well-prepared and diverse nursing workforce to meet health care needs in North Dakota through healthcare delivery system. Promotes the continuing professional development of Registered Nurses. Advances the identity and integrity of the profession to enhance healthcare for all through practice, education, research, and development of public policy. Promotes the Scope and Standards of Nursing Practice and the Code of Ethics for Nurses.

Description: • Governmental regulatory body established by state law under the North Dakota Century Code 43-12.1 Nurse Practices Act to regulate the practice of nursing and protect the health and safety of the public • Regulates the practice of individuals licensed and registered by the Board • Establish standards of practice for RNs, LPNs, and APRNs • Establish standards and regulate nursing education programs • Discipline licensees and registrants in response to violations of the Nurse Practices Act

Description: • 501c/6 non-profit association • Professional Association for Registered Nurses. • Constituent member of the American Nurses Association (ANA) • Influences legislation on health care policies and health issues in the health care delivery system • Promotes the continuing professional development of Registered Nurses • Advances the identity and integrity of the profession to enhance healthcare for all through practice, education, research, and development of public policy • Promotes the Scope and Standards of Nursing Practice and the Code of Ethics for Nurses

Description: • 501c3 non-profit organization • All nurses and over 40 nursing organizations, education programs, grant programs, state agencies and other stakeholders are members and are invited to volunteer on ND Center for Nursing Leadership Team. • Works to unify voice of nursing in North Dakota through connecting nursing organizations interested in policy issues. • Develops statewide programming to fulfill mission across multiple areas including nursing education faculty and resources, workplace planning, research and development and practice and policy. • Tracks supply, demand and education of nursing workforce.

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Board of Directors listed at https://ndna.nursingnetwork.com/ board-of-directors/

NDINA Independent Contractor: Sherri Miller BSN, RN Executive Director Director@nddna.org

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Michael Hammer, RN member, Velva: Vice President
Jamie Hammer, RN member, Minot: Treasurer
Tanya Spilovey, Public Member, Bismarck
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Mary Beth Johnson, RN member, Bismarck
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Wendi Johnston, RN member, Kathryn

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Board of Directors: 13 organizations represented. List available on website at: http://www.ndcenterfornursing.org/board-of-directors/
Smoker Compared to Non-Smoker Rates After Myocardial Infarction

Appraised by:
Michelle Neuschwander, RN; Chad Schiltz, RN; Deborah Erti, RN & Tonya Olson, ION-Mayville State University RN-to-BSN students

Clinical Question:
In patients who have experienced an acute myocardial infarction, how does being a smoker compared to a non-smoker influence death and infarction rates during the first five years after the myocardial infarction?

Articles:

Synthesis of Evidence:
Our goal for this PICO question was to use recent studies within the past 10 years to assess whether smokers compared to nonsmokers have better outcomes and less ongoing or repeated adverse cardiac events after an acute myocardial infarction, including the explanation of the “smokers paradox.” Smoking is a risk for acute myocardial infarction, coronary artery disease and death, and is a preventable risk factor. Our PICO question correlates with nursing as nurses can assume secondary prevention measures and psychosocial interventions in health promotion. Nurses also play a role in incorporating patient involvement in smoking cessation programs and the benefits of smoking cessation related to cardiovascular health. Our group reviewed a total of 16 articles looking to find current smoking habit of nonsmokers and smokers after an acute myocardial infarction. Four of our articles were found to have significant evidence regarding our question to come to our conclusion.

In the first study by Gupta et al. (2016), the cohort of 2,152 patients, 1,042 smokers and 1,110 nonsmokers, were studied in a retrospective cohort study examining death and infarction rates among smokers compared to nonsmokers during a follow-up of 20 years. Smokers were less likely to have atrial fibrillation, congestive heart failure, diabetes, hypertension, and chronic renal failure. Smokers were noted to be more likely to have had prior myocardial infarctions, a history of drug and alcohol abuse, coronary artery disease, and chronic pulmonary disease (Gupta et al., 2016).

The second study by Shemirni, Dehghani, and Amirpour (2014) was a cohort study of 141 patients with a diagnosis of STEMI (ST-segment elevation myocardial infarction) classified into smokers and nonsmokers. This study performed a diagnosis of STEMI and is correlated with morbidity and mortality in acute myocardial infarction (MI). The study concluded that there were no significant complications between current smokers and nonsmokers in the no-reflow phenomenon, but findings suggest a smoker's paradox, which is suggested that smokers have a better outcome after a MI than nonsmokers (Shemirni, Dehghani, and Amirpour, 2014).

The fourth study by Barth et al. (2015), used 40 randomized control trials conducted by assessing studies from 2003, 2008, and 2013. Data was independently extracted by two researchers assessing trial eligibility and risk of bias. Risk ratios were pooled using the Mantle-Haenszel and random effects model with 85% (CI), to determine if 1 a variety of interventions used for smoking cessation were effective short-term, long-term, or not at all. Quality indicators used: Allocation concealment; sequence generation; completeness of outcome data; and, was done for smoking status. Types of participating interventions, interventions, and intervention strategies: Patients with a diagnosis of coronary heart disease and length of follow-up; Separate psychosocial intervention focused mainly on smoking cessation or a more comprehensive cardiac rehabilitation program; and behavioral therapies. The study found that smoking cessation was effective in smokers, but not in nonsmokers.

Implications for Nursing Practice:
Nurses should continue to promote smoking cessation at all times in patient care settings, despite the idea of a smoker's paradox. Smoking will always be detrimental to a patient's health and lead to death at some stage in life. Nurses should use this research information for patient education purposes, as patient's focus is on smoking cessation. Nurses must remember that smoking cessation was effective in smokers, not in nonsmokers. This is due to the fact of being a younger age, lesser comorbidities, and less atherosclerotic effect with health risks than nonsmokers. Smokers also have a decreased chance of having a recurrent MI as long as they change prior health habits.

Do you serve on a board?
The Nurses on Boards Coalition (NOBC) represents national and state efforts by nurses and others working to build healthier communities in America. Our goal is to improve the health of communities and the nation through the service of nurses on boards and other bodies. The important aspect of the NOBC is to increase nurses’ presence and influence on corporate, health-related, and other boards, panels, and commissions. The Coalition’s intent is to ensure that at least 5% of the commission members, directors, and other appointees are nurses. The Coalition’s intent is to promote awareness that all boards would benefit from the unique perspective of nurses to achieve the goals of improved health and efficient and effective health care systems at the local, state, and national levels.

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CPR: Hands-Only Versus Hands Plus Breathing

The first study by the Circulation Society Resuscitation Science Group's objective was to reach beyond the recent change of standard BLS CPR from chest compression-only (CCO) to chest compression plus rescue breathing. If/how it accomplished this was by viewing 173,565 adult cardiac arrest witnessed by bystanders that received dispatcher-assisted CPR instruction. This included CPR with and without rescue breathing. The primary endpoint was favorable neurological outcomes after 30 days for those that obtained return of spontaneous circulation (ROSC). With instruction by dispatch, compression only CPR was accomplished 71.4% of the time versus 56.6% for standard CPR, thus improving neurological outcomes and reduction in heart failure for survival patients. “Rescue breathing provided no neurological benefit in the non-cardiac etiology subgroup” (Circulation Society Resuscitation Science Study Group, 2013).

The purpose of the study by Dobbie and colleagues (2018) was to relate the importance of education regarding CPR globally for community dwelling adults. There are unexplainable gaps in attempts of resuscitation, even amongst well-developed countries. “Survival from out-of-hospital cardiac arrest (OHCA) varies across the developed world. In 2013, Seattle, USA, had one of the best OHCA survival to discharge from hospital rates at 22%. In contrast a study was conducted in the UK between 2008-2012 and only 6% surviving to hospital discharge” (Dobbie, MacKintosh, Clegg, Stirzaker, Bauld, 2018, p. 2). The study discovered that even in developed countries such as Scotland with available CPR training, only about half of the adult population report feeling confident regarding rescue breathing of CPR. This displays and encourages the importance of education throughout our communities to improve mortality rates.

The study by Rea and colleagues (2010) is a multicenter, randomized trial of dispatcher instructions to bystanders for performing CPR. The purpose of this study was to determine if dispatcher instructions to bystanders to provide chest compressions alone would result in improved survival as compared with instruction to provide chest compressions plus rescue breathing. 981 patients were randomly assigned instructions to provide chest compression plus rescue breathing. It was observed no significant difference between the two groups in the proportion of patients who survived to hospital discharge (12.5% with chest compressions alone and 11.0% with chest compression plus rescue breathing). However, prespecified subgroup analyses showed a trend toward a higher proportion of patients surviving to hospital discharge with chest compression CPR alone. It concluded the results do support a strategy for CPR performed by laypersons that emphasizes chest compressions and minimizes the role of rescue breathing (Rea et al., 2010).

The study by Zhan et al. (2017) looked at randomized and quasi-randomized studies in adults and children suffering from non-asphyxial out of hospital cardiac arrest (OHCA) due to any cause. The study compared the effects of continuous chest compression CPR (with or without rescue breathing) to interrupted CPR plus rescue breathing provided by rescuers (bystander or professional CPR providers). The study concluded that bystander compression only CPR along with phone instruction from dispatch increases the survival rate of people, compared with conventional interrupted chest compression CPR plus rescue breathing (Zhan, Yang, Huang, He, & Liu, 2017).

Implications for Nursing Practice:
This topic directly correlates to nursing, specifically public health, as nurses can assist in educating the public on the preferred method of CPR to increase bystander participation. If CPR with rescue breathing results in a higher outcome, it is important to educate the public on how to perform CPR effectively. This includes educating the public on the preferred method of CPR (Hands-Only CPR) and its benefits versus the Hands-Plus CPR (chest compression CPR plus rescue breathing).

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IHS Nurses serve a critical role in clinics, hospitals and public health outreach programs that are vital to the health of American Indians and Alaska Natives individuals, families and communities. Nurses live and work in some of the most beautiful areas of the country, in communities with deep traditions, located mainly, but not exclusively in rural settings. If you are a new graduate nurse or experienced nurse looking for new challenges, we have a place for you!

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