Political Candidates Discuss Healthcare Policy

The UNA GRC submitted a questionnaire to all federal candidates for Utah offices for whom we could find a web presence. There was only one candidate for the 3rd Congressional District who had no website, Gregory Duerden (Ind). The questions were drawn from AARP and the ANA. They addressed the future funding of Medicare, Medicaid, the federal deficit, and addiction treatment access, the role of CDC and NIH in regard to addiction treatment, funding reallocation for nursing workforce, safe staffing, and meaningful gun legislation. We want to share the responses that we received with all licensed nurses in Utah. Of note, no incumbents responded to our questionnaire.

We received responses from Jenny Wilson (Senate Candidate), Ben McAdams (Congressional District 4), Shireen Ghorbani (Congressional District 2), Lee Castillo (Congressional District 1), and Eric Eliason (Congressional District 1).

Their responses are as follows:

Jenny Wilson

Do you believe Medicare should be cut as a way to reduce the budget deficit? Making cuts to Medicare will not significantly reduce the growing federal budget deficit and will only serve to bar access to health care for those who need it the most. The most recent economic data suggests that the ballooning deficit is the result of the GOP’s trillion dollar tax cut. In a time when millions of Americans are in need of health care coverage, maintaining a sustainable tax law while streamlining the efficiency of Medicare is the only way to reduce a growing federal deficit. The Trump administration’s attempt to undermine the Affordable Care Act has done little to reduce debt and has only increased insurance premiums.

Do you favor converting Medicare to a voucher program? Converting our current Medicare system into a voucher program will substantially increase out of pocket costs for seniors and patients with disabilities. A Medicare voucher program, as proposed under recent legislation, would completely overhaul the Medicare system by eliminating national health care services and transitioning patients onto federal “medical savings accounts.” Studies suggest that these savings accounts are wholly inadequate to cover premiums for “dual eligible” on both Medicare and Medicaid. By 2022, Medicare recipients at the federal poverty line would have to spend up to 34% of their income to cover costs. Placing patients into a situation where they are forced into paying substantially more for services is unacceptable and I will vote against any legislation favoring a Medicare voucher program.

What changes would you make to ensure that individuals continue to get promised benefits? Recent actions by the Trump administration and the GOP have severely undercut the scope and reach of the ACA. Under the recent tax bill, the individual mandate will be eliminated from the ACA which will destabilize the law’s markets and increase premiums. Under this plan, 13 million people will go uninsured by 2027, as wealthier people may refuse coverage and poorer people will no longer have the same urgency to enroll. The Centers for Medicare and Medicaid Services has cut funding for advertising outreach and eliminated “navigator” programs that guide patients through complicated insurance plans. As a Senator, I will work to develop legislation that reverses these actions and increase the number of insured patients.

Do you support expanding coverage to include hearing, vision, and dental care? Expanding Medicare coverage to include hearing, vision, and dental care is necessary to maintain a fully healthy population. Recent studies indicate that over 70% of people who have difficulty eating as a result of tooth related medical issues have not seen a dentist in the past year. This statistic is similar for people who are in need of hearing aids. Currently, the demand for hearing and dental care is high but these needs have not been met under Medicare coverage. A significant number of older adults are dissuaded from going to the dentist or being examined for hearing aids because the costs for these appointments are too high without insurance. As a result, people delay seeking treatment until absolutely necessary, causing more emergency room visits. Expanding coverage to include a voluntary insurance benefit for these treatments will provide Medicare recipients more options and will avoid more costly medical services down the road.

The Utah Nurses Association Mission Statement:

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

Attention UNA Members

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

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PRESIDENT’S MESSAGE

Aimee McLean BSN, RN

Hello Utah Nurses!

I hope this issue finds you all safe and sound! I am elated with the excitement in this issue as we head into the election and then the legislative session. Advocating for each and every one of you at the legislature is definitely a passion of ours here at UNA! As I wrap up my term as President, I have one last outgoing request for each of you... Get out, get educated and get involved! We are over 30,000 strong, educated voices. We are the most trusted profession in the nation. Get out and get your voice heard! Get educated on the issues, then get out and vote! Find your passion, and get out and get involved! Every voice counts. From holding and talking to infants in the nurseries, to reading in the schools, to getting involved! Every voice counts. From holding and talking to infants in the nurseries, to reading in the schools, to attending local sporting events, to sitting in the board room, to testifying on Capitol Hill, get out there and be involved! Every voice counts. From holding and talking to infants in the nurseries, to reading in the schools, to attending local sporting events, to sitting in the board room, to testifying on Capitol Hill, get out there and be involved! Every voice counts. From holding and talking to infants in the nurseries, to reading in the schools, to attending local sporting events, to sitting in the board room, to testifying on Capitol Hill, get out there and be involved! Every voice counts. From holding and talking to infants in the nurseries, to reading in the schools, to attending local sporting events, to sitting in the board room, to testifying on Capitol Hill, get out there and be involved! Every voice counts.

That first UNA meeting as a juvenile corrections nurse. Our wise president at the time, attempting to diversify the board, invited a few staff nurses from different areas to come and see what it was all about. That’s all it took and I was hooked. UNA is now looking to expand its affiliate organizations and bring the voice of nursing across the state together. The more we collaborate, the stronger we are. I am proud of the hard work each and every one of you do as nurses, and I understand the stressors and the challenges you face daily in your lives and careers. Join us and let’s work together to make that burden a bit lighter for everyone. Together, we can literally move mountains... and save lives while doing it! Take care, get out and vote and then have some very happy holidays!

Aimee McLean

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Become a Nurse Peer Reviewer

Looking for a flexible schedule volunteer opportunity to serve your nursing association and your nursing community?

Become a Nurse Peer Reviewer — Supporting Quality Continuing Education

The Western Multi-State Division (WMSD) and its four member associations — A2NA, CNA, INA, and UNA invite qualified nurses to serve as peer reviewers to evaluate continuing education programs for approval. Their expertise supports continuing education activities for the nurses in our four state division and beyond.

The WMSD Accredited Approver Unit will provide training to all qualified Nurse Peer Reviewers to educate them on the ANCC/WMSD accreditation criteria.

- Are you:
  - A currently licensed RN with a Bachelors Degree in Nursing or higher?
  - Interested in joining a unique group of nurse peers supporting providing ANCC accredited continuing education for the nurses in your community?
  - A nurse planner for education programs and events or a primary nurse planner of an Approved Provider unit who wants to stay current in your knowledge of ANCC accreditation criteria?
  - Willing to serve on the volunteer review panel or as an independent reviewer?
  - Qualified with a background in education, training, and or relevant knowledge and experience in educating nurses that would prepare you to participate in the peer review process?
  - Proficient in Microsoft Office suite, and accessing application information.

If so, learn more about the selection and training process at utnurse.org/education under the Nurse Peer Reviewers tab.

Be a Welcome Baby Volunteer

United Way of Northern Utah has a program called Welcome Baby. This program is a free community service designed to promote a healthy, secure, and enjoyable beginning for parents, new babies and their families.

Trained volunteers visit new moms monthly with age appropriate developmental information for their baby, parental engagement activities that enhance on stage development and parenting tips. These volunteers love what they do and really form a bond with the moms. They are very appreciative of the support they receive from their home visitor. Most moms have developed a relationship with their home visitor and feel comfortable texting or calling them when they have a question or need advice. Welcome Baby has been fortunate in receiving various donations from the community. On the first visit, moms receive a diaper bag filled with new baby essentials—diapers, wipes, baby outfit, baby blanket, digital thermometer, baby board books, and a parenting guide book. Volunteers are able to take much needed baby items such as diapers and wipes into the homes on their monthly visits. These moms are so grateful, some even moved to tears, for the items they receive. For some, these are things they could not afford otherwise.

What it takes
- A commitment of at least six months is asked of our volunteers.
- Volunteers can decide how much time per month they are able to donate and set their own schedule.
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- You identified a need.
- You're planning education for it.
- Apply for CE contact hours.

There are as many aspects to nursing practice as there are settings and types of nursing practice. The “needs” that are identified for professional development and practice enhancement will be as varied.

Don't assume you can't offer CE – Utah Nurses Association can help.

- Contact education@westernm MSD.org with questions.
- Visit www.utnurse.org/ Education to view FAQs and application information.

Get credit for your education efforts!
naloxone is shorter than that of opiates. Keep all opioids under lock and key. They can and do kill 100s.

Education Day included a presentation on Workplace Violence presented by Daphne Thomas MSN, RN, CEN and Stacie Hunsaker MSN, RN, CEN, CPEN from BYU. They noted 75% of all workplace assaults happened in healthcare settings. Utah has had a law since 2016 making it a felony to harm a healthcare provider. The ANA has a position statement against workplace violence and has available articles on line, https://www.nursingworld.org/practice-policy/advocacy/position-statements/official-position-statements/official-position-statements/workplace-violence and https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/official-position-statements/workplace-violence.

Daphne and Stacie reported per OSAN (2015) an effective workplace violence program has five components: management's commitment and worker participation, workforce analysis and hazard identification, hazard prevention and control, safety and health training, and record keeping and program evaluation. They stated all nurses need training in de-escalation techniques. They recommend when threatened with violence, all healthcare personnel first run, then hide, and as a last resort, fight. As nurses, we need to have a process to report the incidents to our employers. Additionally, we should always report to the police and follow up on the report.

Several months ago, UNA was contacted by a news reporter for statistics on nurse assaults; however, that data is likely kept by employers and the police. Is there a nurse or research looking for a research project? A team representing the Pain Management Center, (University of Utah) provided insight and expertise on the management of pain. This includes, an MD and PT that initially evaluate the patient, followed by other specialties in the day, as well as, information on how to register patients with pain from an elective procedure have different needs and require different approaches than patients with pain resulting from a trauma. Julie Valentine PhD, RN, CNE, SANE-A, Leslie Miles DNP, FMHNP-BC and Linda Malley DNP, CNS, APRN-BC (BYU) presented their research on the testing of sexual assault kits. Upon discovering so few had been processed, they lobbied the Legislature for the completion of the processing of these kits, and filing for prosecution. An interim report this summer indicated that processing of backlogged kits is at about 64% and current kits are nearly all processed.

Advocacy Day concluded with sessions on communicating with your legislators, testifying and the UNA's Phone2Action tool. Conference attendees were given tools to act on the critical issues presented earlier in the day, as well as, information on how to register to vote and provided summaries of bill issues. The UNA's own Diane Forster-Burke MS, RN, and Kathleen Kaufman MS, RN, as well as, Angie lead participants through hands-on workshops in emailing, utilizing social media, accessing Phone2Action and testifying at the legislature. This is in preparation for the upcoming 2019 Utah Legislative Session.

Thank you to all who planned, attended, presented, participated and supported the conference.

Kathleen Kaufman, MS, RN, Diane Forster-Burke, MS, RN, Claire L. Schupbach, BSN, RN, CPC, CHP

This past year we showcased professional and para-professional collaboration in the Utah Nurse. The Conference reflected strongly the truth that we stand on the shoulders of those who have gone before us and lean on and are better because of our colleagues across the spectrum of healthcare. The scope of para-professionals includes physicians, physical therapists, pharmacists, a psychologist and a yoga educator. The professional scope of peers included student nurses, masters and bachelor prepared nurses, advanced practice, PhD and DNP nurses. We are honored to have such a rich unity and partnership across the nursing community in Utah. Of special note a resounding "THANKS" to our Education Committee Chair, Blaire Winters DNP, ACNP-BC and the Conference Committee. They gave months of their time to ensure this conference was stellar. Their diligence and dedication to service of the Utah nursing community is appreciated and noted.

We have included summaries of a few of the presentations.

Dr. Jennifer Plumb, MD, MPH opened Advocacy Day with the grim statistic that opioid overdoses (OD) kill more Utahns than car crashes. While motor vehicle fatalities have declined steadily since 1972, opioid deaths have steadily increased. In 2014, Utah was the state with the highest deaths from ODs. In 2017, Utah improved to be the 7th highest death rate state from ODs.

The death of Dr. Plumb’s brother Andy in 1996 from an OD propelled her into prevention efforts. She has spearheaded the movement to get naloxone kits into the hands of first responders and the public. Through her efforts, and the legality of administering naloxone in the Opiate Overdose Response Act in 2016, kits are now widely available on the Wasatch Front, at certain dispersion sites near you. Libraries will give these out free and public libraries in Salt Lake County. If you are outside of Salt Lake County go to Utahnaloxone.org to find a kit near you. Libraries will give these out free. Home, get a Naloxone kit and learn how to use it.

Counties with the highest rate of opioid OD deaths are Emery and Carbon counties. In those counties, check with fire companies and libraries for availability of naloxone kits.

Dr. Plumb's presentation also emphasized the signs and symptoms of an overdose from opioids: nonresponsive to stimuli, pinpoint pupils, snoring or gurgling breathing, lips and “finger tips” turn blue. Naloxone works only on opioid overdoses, and can only reverse or help someone suffering from another source of OD. If you give naloxone to anyone, BE SURE TO CALL 911 because the half-life of naloxone is shorter than that of opioids.
Political Candidates Discuss
Healthcare Policy continued from page 1

Do you believe that Medicaid should be cut as a way to reduce the budget deficit?
I am a strong advocate of Medicaid expansion and I do not believe the program should be cut to reduce the budget deficit. The new Medicaid system under the ACA is the only way to ensure low income people can receive affordable health care services. Substantial cuts to this service will only serve to burden state budgets and will ultimately result in increased number of uninsured. Providing affordable health care services should be one of the top priorities for our nation and making cuts to Medicaid reverses the progress that has been made on this front.

Would you support or oppose making Medicaid a block grant program?
I oppose making Medicaid a block grant program because such reform would both significantly increase the number of uninsured people and place a heavy burden on state budgets. A block grant program provides a fixed amount of money to states for Medicaid programs which means states will have to spend their own money on anything the federal government fails to cover. Such a program will reduce flexibility and force states into deciding between either making cuts to Medicaid or overstretching their budgets. A non-block grant program like the current Medicare system allows the federal government to work individually with states to implement effective health care policy and reduce the financial burdens of the state.

Would you support Medicaid guaranteeing long-term health care services at home?
The people in our country who suffer from chronic illnesses that require long-term health care services should be provided full benefits under Medicaid to facilitate rehabilitation and increase quality of life. However, Medicaid recipients should not have to completely deplete their financial assets in order to qualify for coverage of these long-term services. I believe that access to affordable health care is a right and people should not be forced into dire financial circumstances to gain access to vital medical services. The state and federal government should work together on long-term health care policies to ensure that all people who suffer from chronic illnesses can receive the medical services they need.

Should Medicaid recipients be subject to work requirements?
Medicaid work requirements, however well-intentioned they may be, often do not reflect the interest or reality of low income people. Medicaid recipients are already working. That work, however, is usually not considered consistent or stable enough to meet the work requirement. For example, 25% of people who work over a thousand hours a year, a year would fail to meet an 80 hour per month work requirement because their working schedules are not evenly distributed. Strict work requirements place heavier burdens on those who are already struggling to make ends meet and obstructs the original intentions of Medicaid.

What ideas would you support to protect nurses from workplace violence?
Minnesota’s Legislature has a bill that could potentially prevent such violence that occurs in the workplace. Ideas such as developing incident response plans in collaboration with health care workers, providing adequate security staff, allowing health care workers to request additional staff due to concerns over potential violence, and providing training to health care workers in response to any potential issues that might arise are all things I can get behind to protect nurses and employees in their workplace. I would also support any bill that allows health care workers to contact law enforcement without the interference of hospitals whenever violence is being demonstrated in their immediate environment.

Some federal programs have been proposed for cuts to reduce the budget deficit? What would you do to protect social programs?
I believe that making unwarranted cuts to useful social programs is the incorrect way to go about reducing the federal budget deficit. Many of these programs are crucial to those in the humanities, public broadcasting, environmental programs, education?

What is the role of the CDC and NIH in addressing these issues?
The CDC touches the opioid crisis in many ways, such as providing guidelines for how opioids can be prescribed in the first place, raising awareness of the opioid crisis, and analyzing data such as the effectiveness of certain strategies and how they respond quite differently with the right resources. The NIH can provide research that demonstrates the efficacy of certain intervention and MAT strategies so that patients can receive evidence-based treatment. Shireen realizes the importance of the multi-agency and national and local resources that must be called upon to positively affect the opioid crisis. In Utah, this is more than a crisis, it is an epidemic and it is a priority for Shireen so that more Utahns don’t die.

The Safe Staffing for Nurse and Patient Safety Act (H.R. 5052 / S. 2446). This bill focused on enacting safe staffing legislation through adding registered nurses to unit staffing. This legislation requires Medicare-participating hospitals to establish a safe staffing legislation through adding registered nurses to unit staffing. This legislation requires Medicare-participating hospitals to establish a multi-agency and national and local resources that must be called upon to positively affect the opioid crisis. In Utah, this is more than a crisis, it is an epidemic and it is a priority for Shireen so that more Utahns don’t die.

The Utah State Hospital, a cutting-edge 325 bed psychiatric inpatient treatment facility on a 300-acre campus in Provo, Utah located at the base of the Wasatch Mountains, is seeking Registered Nurses, Licensed Practical Nurses, and Psychiatric Technicians. Flexible schedules are available, with excellent benefits including medical, dental, life insurance, paid time off, and 401K. A national search is being offered to full time Registered Nurses and Licensed Practical Nurses, $4,000 to full time RN’s. Apply online at https://statejobs.utah.gov. Hover over Job Search and click on Job Listings. Under locations, select Provo, and then click Apply Search. You will then see the links to the job applications, click on the one you are interested in. If you have any questions contact Human Resource Office at 801-344-4271.

Shireen Ghorbani

Do you believe Medicare should be cut as a way to reduce the budget deficit?
No.

Do you favor converting Medicare to a voucher program?
No.

What changes would you make to ensure that individuals continue to get promised benefits?
Medicare is a system that working people pay into during their entire lives. It is not an entitlement. In 2016, Shireen watched her mom die of pancreatic cancer. Medicare was there when her family needed it and Shireen believes every family deserves the dignity of care. Shireen will work to ensure that Medicare benefits cannot be cut—every family deserves the dignity of care. Shireen will.

Would you support Medicaid guaranteeing long-term health care services at home?
Yes.

Should Medicaid recipients be subject to work requirements?
No.

What ideas would you support to protect nurses from workplace violence?

There are several state-level policies that help to protect nurses from workplace violence and Shireen supports these policies as well as exploring federal options for protecting nurses from workplace violence.

What federal programs do you propose to cut to reduce the budget deficit? I.e. health care, arts, humanities, public broadcasting, environmental programs, education?
We should not need to cut vital programs for health and wellbeing. I believe that making unwarranted cuts to useful social programs is the incorrect way to go about reducing the federal budget deficit. Many of these programs are crucial to those in the humanities, public broadcasting, environmental programs, education.

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Would you support or oppose making Medicaid a block grant program?
Oppose.

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Shireen Ghorbani

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Do you support or oppose making Medicaid a block grant program?
Oppose.
Eric Eliason

Do you believe Medicare should be cut as a way to reduce the budget deficit?
I support a complete restructuring of the way we do health care. Health Care costs make up a major part of our spending, and must be addressed in order to work to cut our national debt. Rather than just taking money from one government program in order to pay for other people’s health care, we must address costs. In other words, we need to talk less than just taking money from one program to another and make sure that costs $30,000/year, but when they miss appointments helping patients be healthy, hospitals get paid for performing procedures. We need to cut spending where we spend the most money: health care, military, social security, government infrastructure. I’ve explained above that we spend too much money on health care. Sometimes reducing stigma is as much part of the battle as treatment.

Do you favor expanding coverage to include hearing, vision, and dental care?
Yes. Do you believe that costs make up a major part of our spending, and must be addressed in order to work to cut our national debt. Rather than just taking money from one government program in order to pay for other people’s health care, we must address costs. In other words, we need to talk less than just taking money from one program to another and make sure that costs $30,000/year, but when they miss appointments helping patients be healthy, hospitals get paid for performing procedures. We need to cut spending where we spend the most money: health care, military, social security, government infrastructure. I’ve explained above that we spend too much money on health care. Sometimes reducing stigma is as much part of the battle as treatment.

What changes would you make to ensure that individuals continue to get promised benefits?
I support any measure that reduces health care cost while still providing access to those who need it. There is good evidence that increasing social spending, like Medicaid, reduces overall costs. For example, if Medicaid pays for something, taxpayers save $2 of every $3 because taxpayers save $200,000, let’s increase spending on the preventative side to decrease catastrophe spending and keep people healthier. This is a roundabout way of say yes, if performed efficiently, I do support Medicaid block funding.

Ben McAdams

Do you believe Medicare should be cut as a way to reduce the budget deficit?
I do have concerns about the trend toward mandatory workplace violence.

Do you favor converting Medicare to a voucher program?
No. If elected, I would run a bill to reform the way Congress tracks the tax gap spending. According to a recent study, Congress’s failure to properly track the payments it makes has cost taxpayers more than $1.2 trillion over the last 15 years. We should also crack down on Medicare fraud and abuse, which costs the treasury tens of billions annually, harms health care providers and vulnerable seniors. The American Nurses Association supports the follow the bill’s language and bills that have been shared with us by the member states including Utah. Please answer questions about the first two as indicated.

The Addiction Treatment Access Improvement Act (S 2317/ H.R. 3692). This purpose of the act is to help those most in need gain access to treatment beds for Medicaid patients that are homeless or recipients of treatment, including doubling the number of residential treatment beds, and CRNAs and granting them MAT prescribing authority. As of July, this has passed the House and is now in the Senate.

What is the role of the CDC and NIH in addressing the opioid crisis?
Both the CDC and the NIH can and should be forces for good in the fight against opioid abuse. The NIH should provide the funding for a large number of additional medication-based treatment and urge better pain management practices. The CDC should be a central hub for data and serve as a focal point for helping state and local governments develop effective strategies, law enforcement, and other agencies. Our response to this epidemic should be forceful and conducted with as many hands on deck as possible.

The Safe Staffing for Nurse and Patient Safety Act (H.R. 5052). This act would be an enabling safe staffing legislation through adding registered nursing to unit staffing. This legislation requires Medicare-participating hospitals to establish a committee, composed of at least 55% direct care nurses, to create nurse staffing plans that are specific to each unit.

In your view, how does patient safety relate to nurse staffing in an acute care setting? In a long-term care setting?
I do have concerns about the trend toward mandatory workplace violence.

What changes would you make to ensure that individuals continue to get promised benefits?
I support any measure that reduces health care cost while still providing access to those who need it. There is good evidence that increasing social spending, like Medicaid, reduces overall costs. For example, if Medicaid pays for something, taxpayers save $2 of every $3 because taxpayers save $200,000, let’s increase spending on the preventative side to decrease catastrophe spending and keep people healthier. This is a roundabout way of say yes, if performed efficiently, I do support Medicaid block funding.

Would you support Medicaid guaranteeing long-term health care coverage at home?
See previous answer.

Should Medicaid recipients be subject to work requirements?
Another perverse incentive structure. A good example should be the $200,000, let’s increase spending on the preventative side to decrease catastrophe spending and keep people healthier. This is a roundabout way of say yes, if performed efficiently, I do support Medicaid block funding.

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Would you support Medicaid guaranteeing long-term health care coverage at home?
See previous answer.
Would you support Medicaid guaranteeing long-term health care services at home? 
Yes. I would support Medicaid guaranteeing long-term health care services at home. My ultimate goal is to see a universal healthcare system, which is paid rendering Medicaid unnecessary.

Should Medicaid recipients be subject to work requirements? 
No, Medicaid (healthcare) is a basic human right.

What ideas would you support to protect nurses from workplace violence? 
Before suggesting measures to protect nurses (and all medical staff) I would want to talk to them, hear their stories, and get to know their situations on how to best accomplish this task. I would also consult security experts and look across the nation to see where and how this is being done well and how we can emulate what others are doing correctly.

Some federal programs have been proposed for cuts to reduce the budget deficit. What would you do? Would you cut funding for health care, arts, humanities, public broadcasting, environmental programs, education? 
None of the above. I would put forth tax reform legislation to ensure the top 1% and large corporations are contributing their share to the welfare of our country and allocating the necessary percentage of this income to allow for the above-mentioned services to continue. The recent tax cuts need to be reversed. Humanity must take a front seat in our allocations.

The American Nurses Association has several bills that they support and have shared these with member states. The Addiction Treatment Access Improvement Act (H.R. 959). The purpose of this act is to help more opioid substance use disorder patients gain access to medication-assisted treatment (MAT) by maximizing the use of advanced practice clinicians (e.g., PAs, APRNs, CNS, CNMs, and CRNAs) and granting them MAT prescribing authority. As of July, this has passed the House and now is in the Senate.

What is the role of the CDC and NIH in addressing these issues? 
I fully support the Addiction Treatment Access Improvement Act. The opioid epidemic is a public health crisis and should involve the CDC. I have personally worked with people who have struggled physically and mentally while they had no access to a physician to combat the opioid crisis and ultimately stop it before it starts.

The Safe Staffing for Nurse and Patient Safety Act (H.R. 5052 / S. 2448). This bill focused on enacting safe staffing legislation through adding registered nurses to unit staffing. This legislation requires safe staffing legislation through adding registered nurses to unit staffing. This legislation requires nurses to be aware of how to come up with the optimal number of nurses to meet the needs of their patients.

In 2010, the Institute of Medicine released a landmark report, The Future of Nursing: Leading Change, Advancing Health, which recommended increasing the number of nurse leaders in pivotal decision-making roles on boards and commissions that work to improve the health of everyone in America. The Nurses on Boards Coalition (NOBC) was created in response to this, as a way to help recruit and engage nurses to step into leadership roles.

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

In your view, how does patient safety relate to nurse staffing in an acute care setting? What about in a long term care setting?
Nurses work long, hard hours in a stressful and demanding environment. Without the proper nurse/patient balance nurses can be over-taxed, patients can be neglected, and mistakes can be made. A proper and safe staffing plan cannot be determined solely by accountants or hospital administrators; it must be done in conjunction with the people who have firsthand knowledge and experience that understand the challenges of the day-to-day.

We know this is also true for long-term care settings. When people are heard they in-turn show that in their work. This would create a better patient/nurse relationship and help the conversation/solution. We also need to ensure that appropriate support is available for nurses to take leave and get their own balance. As a mental health therapist, I know too well these professions need to come with time for recharging.

Title VIII nursing workforce reauthorization Act (H.R. 959). This bill would reauthorize nursing workforce development programs through fiscal year 2022. It provides the largest source of federal funding for nursing education, particularly in preparing nurses in rural and medically underserved communities.

Rural and economically challenged areas are underserved and underrepresented in many ways including: medically, educationally, and infrastructurally. My job as a Clinical Social Worker takes me to rural Utah and I’ve seen the impact this has first-hand. I believe that Utah is for Everybody and would fight to ensure that these areas receive the funding and resources they need to provide the necessary care for the residents. We have to have dedicated professionals in rural areas even if it means paying a little bit more. All people deserve great health-care.

Enact meaningful gun legislation. ANA strongly urges requests for funding gun violence research by the Centers for Disease Control and prevention, and supports the following: Banning assault weapons, Enabling background check systems Enacting mandatory waiting periods, Combatting the epidemic of gun violence as a public health and safety issue.

In addition to everything you have listed, I also support funding for the CDC to study gun violence so we can develop meaningful legislation and mental health programs to address the causes/factors identified. I also support banning bump stocks and high capacity magazines and creating a legitimate gun buy-back program.

And finally, what do you propose to do to increase mental health care in Utah and across the United States?
As a Clinical Social Worker, I have worked all too often with people who have struggled with addiction and medication and have wound up homeless, in jail, and/or confused. This should never happen because they are not getting the proper care they need. I support a single payer, universal healthcare system that includes physical, mental, and oral health coverage.

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Lee Castillo
Do you believe Medicare should be cut as a way to reduce the budget deficit?
No
Do you favor converting Medicaid to a voucher program?
No

What changes would you make to ensure that individuals continue to get promised benefits?
I would put forth tax reform legislation to decrease the top 1% tax rate by half. I would earmark a portion of this revenue exclusively for Medicare. Then I would work to establish a universal healthcare system that our nation needs to solve the healthcare crisis.

Do you support expanding coverage to include hearing, vision, and dental care?
Yes. Hearing, vision, and dental care are all vital components of our overall health.

Do you believe that Medicaid should be cut as a way to reduce the budget deficit?
No.

Would you support or oppose making Medicaid a block grant program?
I would oppose making Medicaid a block grant program because block grants come with only general provisions as to how the money is to be used. Then the eligibility and other factors which should be national become state subjective and therefore bigotry/racism can become a factor.
UNA leaders represent your interests in a wide variety of meetings, coalitions, conferences and work groups throughout the year, anticipating and responding to the issues the membership has identified as priorities. In addition to many meetings with legislators, regulators, policy makers and leaders of other health care and nursing organizations, the following is a partial list of the many places and meetings where you were represented during the past three months:

- **UNA Board Meeting**
- **UNA Executive Director Committee**
- **Health and Human Services Committee of ULON**
- **UNA Conference & Advocacy 2018 Planning Meeting**
- **WEX Meeting**
- **Utah Health Policy Roundtable**
- **Sigma Theta Tau Nu Nu Chapter Board Meeting**
- **Utah Board of Student Nursing Association Meeting**
- **Honors for Nursing**
- **National Quarterly President’s Call (ANA)**
- **UACH (Utah Action Coalition for Health)**
- **Health Insights Falls Prevention Committee**
- **Natural Resources, Agriculture and Environment Interim Meeting**
- **ANA Delegation Assembly, Washington D.C.**

We would like various nursing professional roles to “grow” our Membership Committee!

## Membership Benefits

- **Unlimited CPE credits**
- **Contact us today for more details!**

### Contact Information

**Melissa Blackner:** 435-893-2232
**Amber Epling:** 435-893-2228

## Membership Committee

| Dr. Sharon Dingman, UNA Membership Committee Chair at membership@utnurse.org |
| Dr. Liz Close, UNA Executive Director at execdirector@utnurse.org |
| Contact the UNA Office at (801) 272-4510 |

### Membership Benefit Information Online – Take a few minutes to visit the sites below!

Membership provides a way for nurses across the United States and Utah to speak on behalf of nurses and patients for safe and consistent quality care. Continuing Education and member programs provide access to learning opportunities keep nurses up-to-date nursing knowledge and career advancement. Memberships helps inform nurses about personal health and healthy work environments that are safe, empowering, and satisfying.

As a member there is access to up-to-date journals and publications: The American Nurse Journal; The Online Journal of Issues in Nursing (OJIN) by using a member log-in; E-News Letters: ANA SmartBrief, ANA Nurse CareerBrief, Nursing Insider, and Member News.

Network and connect through social media with your state and national associations by visiting the UNA Website http://www.utnurse.org. For additional local information contact UNA at una@xmission.com or send correspondence to Utah Nurse Association, 4505 S. Wasatch Blvd, Suite 330B, Salt Lake City, UT 84124 to the attention of UNA Membership Committee Chair/Executive Director.

Please take a few minutes to review the current benefits of ANA/UNA Membership Information online.

### How to Join ANA/UNA Membership

- **ANA**
- **UNA**
- **UNA Executive Director Committee**

Here is what we do! The UNA Membership Committee assists the UNA Board and Executive Director (in alignment with ANA) in creating value for membership, nurse engagement, nurse excellence support, nurse health and well-being, and healthy work environments. The Committee is responsible to recruit, retain, and increase Utah nurse awareness about the benefits of ANA/UNA membership and active participation with the organization.

Join us! We would like to have committee members from geographical locations throughout the State of Utah.

For questions about joining the UNA Membership Committee, please contact:

**Sharon K. Dingman, DNP, MS, RN**
**UNA Membership Committee Chair**

Our UNA membership continues to grow! Thank you for your support at the UNA Conference held September 27-29, 2018 at Salt Lake Community College. During the conference, the Membership Committee Strategic Plan and Goals for 2018-2019 were presented as approved by the UNA Board of Directors. We are interested in developing an easier method of supporting our membership along the continuum. Here is a recap of our immediate Membership Committee goals:

1. Clarify and promote the value of UNA membership
2. Promote auto pay of membership vs annual dues onetime payment
3. Maintain communication with members regarding benefits
4. Support value of conference participation
5. Maintenance of membership services
6. Membership growth

Along with increasing UNA membership, we would like to “grow” our Membership Committee!

We are seeking six (6) registered nurse members to join the UNA Membership Committee. We would like to see more nursing professional roles represented on the committee, including inpatient/outpatient clinical care delivery, education, and management/leadership.

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**UNA Membership Committee Chair**

### Membership Benefits

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- **UNA**
- **UNA Executive Director Committee**

## Important Contacts at-a-Glance for Membership

**ANA Membership Services:**
1. 1-800-923-7709
2. FAX: 1-301-628-5355

**Mail: American Nurses Association**
8515 Georgia Avenue, Suite 400
Silver Spring, MD 20910

**Update your Profile:**
NursingWorld.org /MyANA

**ANA E-mail Addresses:**
- **Membership:** membership@ana.org
- **American Nurses Foundation ANF:** anf@ana.org
- **ANA-PAC:** ana-pac@ana.org
- **NursesBooks.org:** np.org@ana.org
- **Ethics Issue:** ethics@ana.org
- **Lobbying – Federal and State:** gov4@ana.org
- **Meetings and Conferences:** meetings@ana.org
- **Nursing World:** https://www.nursingworld.org

**Professional Development and Networking Resources Online:**
- **ANA Careers Center:** https://www.nursingworld.org/education-events/careers-center
- **ANA Leadership Institute:** https://www.nursingworld.org/continuing-education/online-courses/nurse-leadership-bundle--settled-online-course-0158247
- **ANCC Certifications:** https://www.nursingworld.org/cert
- **Online Continuing Education:**
  - http://ana.nursingworld.org/ce/webcom.cfm
- **Navigate Nursing:**
  - https://www.nurselearn.org/anamembers/
- **American Nurses Credentialing Center:**
  - 1-800-264-2072 (2378)
How Do I Register to Vote in Utah?

Kathleen Kaufman MS, RN GRC Co-Chair

If you are not registered to vote, you still have time to do so. This can be done online simply with the use of an up-to-date, non-expired photo ID. Go to www.voteutah.org to Register to Vote in Utah. This will bring you to a secure state website. To register online to vote, your address must match the address on file with the Driver License Division (DLD). This must be done before submitting your online voter registration. After updating your address please also update your voter registration address by signing up online.

If your address is not current with DLD you may still use the online voter registration system, but you will be required to print the voting card and sign and mail it to the County Clerk of your choice.

Another way to register to vote is to go in person to the County Clerk’s office, fill out needed forms and mail in the registration form. Be sure to take your photo ID with you when you go vote online to justin@voteutah.org and follow directions or call 801-979-2571.

VOTE HERE @ https://voteutah.org is a non-partisan, non-profit organization that is dedicated to helping people register to vote, regardless of demographic status in Utah. Note that in Utah, homeless people can vote just using cross streets as their address and in Utah a person who has been released from prison is eligible to vote. Age Requirement is 18 by election day. Residence requirement is that one must live in Utah for 30 days before election day. You only need to re-register to vote if you have moved, changed your name, or need to update contact information.

The deadline to register to vote is seven days before election day. In-person registration requires a postmark of 30 days before election day. This year election day is Tuesday, November 6th.

Proposition 3 – Five Reasons to Support Medicaid Expansion

RyLee Curtis, MPP, Campaign Manager, Proposition 3

Vote YES on Prop 3 to cover 150,000 Utahns with access to healthcare

For an extra penny on the price of a movie ticket, Utahns can afford to cover 100,000 of their neighbors, friends, and family members. These are Utahns who earn less than $17,000 per year for an individual, or parents earning up to $34,000 for a family of four.

Vote YES on Prop 3 to bring back our tax dollars

Proposition 3 allows Utah to get $9 back for every $1 raised. A sales tax increase of 0.15% on non-grocery items (about a penny on a movie ticket). By triggering this proposal during the interim session since last spring, Proposition 3 is proud to have the endorsement of organizations including AARP Utah, American Cancer Society, United Way of Salt Lake, Utah Nurses Association, American Heart Association, Utah Academy of Family Physicians, and many others. This is a common-sense decision that will provide healthcare to thousands of Utah families, and benefit the state. This November 6th, vote yes on Proposition 3.

Kathleen Kaufman MS, RN – GRC Co-Chair

2018 is a landmark year in Utah. Three issues will come to us, the voters, to decide. These issues include the legalization of medical marijuana, the expansion of Medicaid under the Affordable Care Act (ACA) that has not expanded the program, arguing it would be too costly. (www.kuer.org/topic/2018-elections). They earn too much to qualify for Medicaid but too little to pay for their ER bill, hospitals will write that care off - go online to justin@voteutah.org  and follow directions or go to www.KaiserFamily.org and fill out the form.

For an extra penny on the price of a movie ticket, Utahns can afford to cover 100,000 of their neighbors, friends, and family members. These are Utahns who earn less than $34,000 per year for a family of four. Another way to register to vote is to go in person to the County Clerk’s office, fill out needed forms and mail in the registration form. Be sure to take your photo ID with you when you go vote online to justin@voteutah.org and follow directions or call 801-979-2571.

VOTE HERE @ https://voteutah.org is a non-partisan, non-profit organization that is dedicated to helping people register to vote, regardless of demographic status in Utah.

Vote YES on Prop 3 to reduce healthcare costs

Reductions in ER visits and increased access to primary care will also slow the rising costs of healthcare for all Utahns. Right now, when someone goes to the Emergency Room they have to be treated, regardless of insurance status. If that person is unable to pay for their ER bill, hospitals will write that care off - meaning in some cases that cost onto insurance companies, who in turn raise insurance premiums for everyone. According to the Kaiser Family Foundation, states who have expanded Medicaid have seen an average 7% reduction in premium costs.

Join us in Voting YES on Prop 3

To get involved, sign up to participate in our free, unaffiliated candidate forum. Also sign up to show your support! We have t-shirts, stickers, and bumper stickers ready for eager volunteers!

As a Utah Registered Voter, YOU Finally Have the Opportunity to Expand Medicaid. VOTE!!!

Vote “YES” on Proposition 3

Kathleen Kaufman MS, RN – GRC Co-Chair

2018 is a landmark year in Utah. Three issues will come to us, the voters, to decide. These issues include the legalization of medical marijuana, the expansion of non-partisan board to establish voting districts and the expansion of Medicaid coverage in Utah. As nurses, the last issue hits us where we work and live.

Vote to make a difference in Utah’s healthcare affordability this November. You, the citizens of Utah can finally decide if and when Utah will provide a system of healthcare for the poorest people in our state. We have discussed this issue on these pages for over four years. The Utah Nurses Association has been an early supporter of expanding Medicaid fully in Utah. We have testified, monitored, and advocated for this expansion.

Our legislators have worked long and hard and have still failed to expand Medicaid sufficiently to cover even half of the uninsured in Utah. They have passed several piecemeal bills that address a fraction of the uninsured. The latest bill would cover about half the uninsured but includes a request for waivers that have not been granted by the federal government to any other state to date. An array of advocates and non-profit groups have banded together to develop the ballot initiative, Proposition 3. Many of you have been supporters of expanding Medicaid.

What does Proposition 3 do? “Proposition 3 will fully expand Medicaid in Utah under the Affordable Care Act (ACA). Since President Obama signed the ACA into law in 2010, states have had the option of expanding the federal government’s low-income health insurance program to those who fall into what’s known as the ‘coverage gap.’ They earn too much to qualify for Medicaid but too little to purchase a plan on the health insurance marketplace. [They have zero chance of getting Medicaid if they are single adults.] Utah is one of a handful of holdout states that has not expanded the program, arguing it would be too costly” (www.kuer.org/topic/2018-elections).

Costs of the expansion will be covered by $800 million each year which has been paid by Utahns in taxes which have never been claimed and applied to a full expansion of Medicaid in Utah. Instead, these taxes have gone to pay for expansion in other states. This proposal includes a modest 0.15% increase in non-food sales tax which equals about one cent on a movie ticket’s cost. This sales tax will be added to the federal funds (the $800 million/yr) to provide access to care for people who make less than 138% of the federal poverty level (or $17,000/yr for a single person or $34,000/yr for a family of four). This will cover over 100,000 people. With a full expansion of Medicaid, the federal government will cover fully 90% of the expansion costs in Utah. For reference, with our current Medicaid coverage, the government covers only 70% of costs with the state picking up 30%.

The most recent estimates of the impact of Medicaid full expansion on Utah’s economy indicate that this expansion will create nearly 14,000 jobs and generate $1.7 billion in new economic activity in our state each year. You have the power to make care more available to our fellow citizens, many of whom do work at jobs that do not offer health benefits. For more information go to Utahdeicides.org. At this website, you can read a synopsis of the proposal AND the full proposition.

Next, reflect carefully on the implications of a continuing lack of health care for minimum wage workers in food preparation and presentation, child care, retail and landscape work. How do you think the risk of spreading contagion could affect you or your family? Do you, as a professional, believe that people with minor infections or health problems could avoid serious complications if they could access affordable care earlier in their illness? Should a cancer patient be able to get a major surgery through charity care, but no follow-up radiation or chemotherapy? Is that the world you want to serve as a nurse? Next, open your ballot and vote according... be sure to vote. Have a voice in the decision. Own the outcome. This is crucial for all of us to do as citizen-nurses. Vote! Vote! VOTE!!!

References:
www.kuer.org/topic/2018-elections
www.utahdecides.org, www.voteutah.org

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SAVE THE DATE

Nurses’ Day at the Legislature

Please join us Friday, February 22, 2019 for Nurses’ Day at the Legislature in Salt Lake City from 8:00 am to Noon. We will be a great opportunity to learn about this year’s bills. We welcome all nurses and nursing students to attend, Your Government Relations Committee members have been following legislation proposed during the interim session since last spring.
Preventable Disease which was developed by the DOH school districts and state school board member to quality care in schools should contact their local children in schools. Every nurse who cares about is due to the release of the teachers from providing money by increasing the productivity of teachers. This nurses. This year the Utah PTA is proposing a resolution on APRNs was also presented and this only underlines number of existing healthcare professionals. A state report profession is the lack of a clear record of the preventing qualifying for funding to train or hire more make the districts appear to be staffed well enough, by rural areas NOT to include these professionals. The crucial concern regarding the sustained shortage of key within the state. Many issues are related to lack of appropriate caregivers prevention and mental health care to workforce shortage issues. Most meetings addressed suggested solutions, as well as, major barriers to care in Utah. Not surprisingly, many issues are related to lack of appropriate caregivers within the state.

During July, stakeholders and providers illustrated a crucial concern regarding the sustained shortage of key healthcare professionals. The numbers of key providers such as doctors, psychologists, are documented thoroughly in the Health Professional Service Area (HPSA) reports. The numbers of APRNs, psycho-APRNs, and PAs are not documented in these reports due to the historical demand by rural areas NOT to include these professionals. The rationale was driven by a concern the numbers would make the districts appear to be staffed well enough, preventing qualifying for funding to train or hire more professionals. The result is the lack of a clear record of the number of existing healthcare professionals. A state report on APRNs was also presented and this only underlines the need for more primary care providers who are APRNs. Both reports can be accessed at the committee hearing document lists. We expect public comment to open soon and requirements for nurses and aides in home health care and develop language clearly defining delegation processed. This is significant progress.

The lack of forethought now has a situation in other states, trying to avoid errors in other states. Part of the problem of appropriate psychiatric care are the barriers to access: too few providers of any type for mental illness and substance abuse, lack of facilities, no access to coverage, lack of homes, and the high cost of care and medics. Civil commitment reforms are needed. In Utah, there is no “need for treatment” law as a reason for admitting a person to a hospital. While judges might decide to commit a patient for observation and treatment, they do not have access to the history of the person. One suggestion is to support families by having the family and/or patient sign a DNR release as a standard form for anyone admitted to or discharged from mental health care. Another barrier is the widely unknown federal law preventing Medicaid from being used to pay for care at the Utah State Hospital. Addressing mental illness demands answering questions and resolving barriers to care from a multitude of perspectives and approaches. The audiocast of this discussion are under the July 18th HHS Interim committee meeting at leuah.gov under committees.

The discussion about the opioid overdose crisis is driven by the fact that Utah has a higher rate of opioid deaths than the nation. The Utah Coalition for Opioid Prevention has been formed under the DOH. There is a decreasing number of opioid prescriptions being written, but alternatives to opioids need to be researched, in addition to increased provider education. This issue of nurses’ roles in fighting the opioid epidemic was the content focus of the UNA Advocacy Day. Creating and sharing “best practices” including developing the controlled substance database prescriber dashboard, internal and public indicator dashboard, and provider and insurer round table/summit. A future problem will be benzodiazepine overuse or overdoses. The legally and freely available Naloxone kits are helping to decrease deaths from opioids but they do not have efficacy against benzo overdoses. Rural drug drop boxes have been working well to assist in excess drug disposal. Ongoing evaluation of the impact of the Medical Marijuana ballot initiative (Proposition 2) has pointed to numerous shortcomings in infrastructure in the ballot initiative. Identified missing components of the infrastructure include a lack of direction for drug labeling, side effect labeling, appropriate dosage levels, and minimal attention to security issues. The initiative requires reports, but no tracking is in place under the initiative to gather data regarding dispensaries and no plan to develop or issue medical marijuana use cards. Despite this lack of infrastructure identified by the legislators there was no reflection on a bill run by Senator Evan Vickers in 2016 to establish much of this needed infrastructure. This bill was killed in the Senate HHS that year. One of the senators clearly stated that Vicker’s bill “put the cart before the horse” since medical marijuana was not yet legal in Utah. Senator Vickers, a pharmacist, had carefully drawn up his bill based on successes in other states, trying to avoid errors in other states. The lack of forethought now has a situation in which no sensible infrastructure exists such as Proposition 2 pass. A brighter note at the August HHS meeting was the sexual assault kit processing progress. This report was mandated by HB200 in 2017. As a result, by June 2018, 2,200 of the 3,300 backlogged sexual assault kits were processed. This is significant progress. The GRC chairs, as well as, President Aimee McLean attended the State Board of Nursing meetings to partner and develop language clearly defining delegation requirements for nurses and aides in home health care settings. We expect public comment to open soon and will post that information on our homepage so YOU can weigh in with your opinion. We will post a rationale and explanation of the changed/clarified language under current events.

Finally, GRC members have been working to collect signatures to put the full Medicaid expansion on the ballot. Proposition 3 is now a ballot initiative that we hope all voters will support to finally provide access to care to impoverished Utahns. We will next move to educate our community regarding the expected results of the ballot initiative. The remaining interim committee meetings will be held October 17 and November 14, beginning at 1:15. As have been in previous years, we will provide a call-in number to contact us and join us. You will enjoy yourself and will learn so much more than can be conveyed in these pages.

Kathleen Kaufman, MSN, RN, GRC Co-Chair

The Utah Legislature is in Interim Session from mid-May until mid-November. During this session, all standing committees meet approximately once per month for two to three hours. The standing committees may discuss a list of issues for possible legislation in the coming general session in January. (This is the approach of the Health and Human Services Committee, HHS.) Other committees discuss specific bills that will be run during the general session. Appropriation subcommittees also meet throughout the Interim to discuss the state budget and to consider requests for funding from across the state.

Diane Forster-Burke and Kathleen Kaufman usually attend the HHS Interim Committee meetings and other committee hearings as time permits. This summer serious health issues were discussed at great length. These ranged from the opioid misuse epidemic to suicide prevention and mental health care to workforce shortage issues. Most meetings addressed suggested solutions, as well as, major barriers to care in Utah. Not surprisingly, many issues are related to lack of appropriate caregivers within the state.

One undisputed area of shortage is that of school nurses. This year the Utah PTA is proposing a resolution that validates how school nurses save school districts money by increasing the productivity of teachers. This is due to the release of the teachers from providing nursing care to the increasing numbers of chronically ill children in schools. Every nurse who cares about quality care in schools should contact their local school districts and state school board member to advocate for higher numbers of nurses in schools.

Another report of interest was the presentation by the DOH of the Online Education Module regarding Vaccine-Preventable Disease which was developed by the DOH with the able assistance of the APRN faculty at BYU. This module is now required to be completed by all parents who are considering NOT immunizing their children for school. This module grew out of a bill passed in 2017. The discussion of mental health treatments for serious and less serious mental health problems was in-depth and bordered at times on serious disagreements. Stakeholders defended both the prevention of mental health problems and the speedy treatment of very seriously ill people whose conditions of schizophrenia and bipolar illness is potentially life-threatening and not currently preventable. Too few inpatient beds are available to care for these seriously ill patients who must prove they are a danger to themselves or others before they are even considered for hospitalization. Listen to the audiocast of the July 15th HHS meeting for an in-depth understanding of the daunting challenge in Utah today. While suicide is largely an adult condition, many states are spending more money on preventing adolescent suicides and less on adult suicides. We learned not all stakeholders in the psychiatric field share similar ideas about prevention or rapid, effective treatment.

Part of the problem of appropriate psychiatric care are the barriers to access: too few providers of any type for mental illness and substance abuse, lack of facilities, no access to coverage, lack of homes, and the high cost of care and medics. Civil commitment reforms are needed. In Utah, there is no “need for treatment” law as a reason for admitting a person to a hospital. While judges might decide to commit a patient for observation and treatment, they do not have access to the history of the person. One suggestion is to support families by having the family and/or patient sign a DNR release as a standard form for anyone admitted to or discharged from mental health care. Another barrier is the widely unknown federal law preventing Medicaid from being used to pay for care at the Utah State Hospital. Addressing mental illness demands answering questions and resolving barriers to care from a multitude of perspectives and approaches. The audiocast of this discussion are under the July 18th HHS Interim committee meeting at leuah.gov under committees.

The discussion about the opioid overdose crisis is driven by the fact that Utah has a higher rate of opioid deaths than the nation. The Utah Coalition for Opioid Prevention has been formed under the DOH. There is a decreasing number of opioid prescriptions being written, but alternatives to opioids need to be researched, in addition to increased provider education. This issue of nurses’ roles in fighting the opioid epidemic was the content focus of the UNA Advocacy Day. Creating and sharing “best practices” including developing the controlled substance database prescriber dashboard, internal and public indicator dashboard, and provider and insurer round table/summit. A future problem will be benzodiazepine overuse or overdoses. The legally and freely available Naloxone kits are helping to decrease deaths from opioids but they do not have efficacy against benzo overdoses. Rural drug drop boxes have been working well to assist in excess drug disposal. Ongoing evaluation of the impact of the Medical Marijuana ballot initiative (Proposition 2) has pointed to numerous shortcomings in infrastructure in the ballot initiative. Identified missing components of the infrastructure include a lack of direction for drug labeling, side effect labeling, appropriate dosage levels, and minimal attention to security issues. The initiative requires reports, but no tracking is in place under the initiative to gather data regarding dispensaries and no plan to develop or issue medical marijuana use cards. Despite this lack of infrastructure identified by the legislators there was no reflection on a bill run by Senator Evan Vickers in 2016 to establish much of this needed infrastructure. This bill was killed in the Senate HHS that year. One of the senators clearly stated that Vicker’s bill “put the cart before the horse” since medical marijuana was not yet legal in Utah. Senator Vickers, a pharmacist, had carefully drawn up his bill based on successes in other states, trying to avoid errors in other states. The lack of forethought now has a situation in which no sensible infrastructure exists such as Proposition 2 pass. A brighter note at the August HHS meeting was the sexual assault kit processing progress. This report was mandated by HB200 in 2017. As a result, by June 2018, 2,200 of the 3,300 backlogged sexual assault kits were processed. This is significant progress.

The GRC chairs, as well as, President Aimee McLean attended the State Board of Nursing meetings to partner and develop language clearly defining delegation requirements for nurses and aides in home health care settings. We expect public comment to open soon and will post that information on our homepage so YOU can weigh in with your opinion. We will post a rationale and explanation of the changed/clarified language under current events.

Finally, GRC members have been working to collect signatures to put the full Medicaid expansion on the ballot. Proposition 3 is now a ballot initiative that we hope all voters will support to finally provide access to care to impoverished Utahns. We will next move to educate our community regarding the expected results of the ballot initiative. The remaining interim committee meetings will be held October 17 and November 14, beginning at 1:15. As have been in previous years, we will provide a call-in number to contact us and join us. You will enjoy yourself and will learn so much more than can be conveyed in these pages.
Alliance website at: https://ucoa.utah.edu/fpa/. Multiple among our older population. A brochure containing a Jani Iwamoto led a taskforce of stakeholders over the cause for hospitalization for elders in Utah. Senator independence and function. Falls are the number one the devastating impact a fall can have on an individual's Nurses working in home health agencies are aware of than half talk to their primary care provider about a fall. Day on September 22nd.

One in four older adults fall each year and fewer than half talk to their primary care provider about a fall. Nurses working in home health agencies are aware of the devastating impact a fall can have on an individual's independence and function. Falls are the number one cause for hospitalization for elders in Utah. Senator Iwamoto led a taskforce of stakeholders over the past 18 months examining how to best prevent falls among our older population. A brochure containing a self-assessment or family assessment tool has been created and can be found at the Utah Falls Prevention Alliance website at: https://ucoa.utah.edu/fpa/. Multiple resources that can help with the World Health Organization participated in this task force and UNA supports this initiative.

Many falls can be prevented by screening and appropriate interventions to address risk factors. Every patient who has suffered a recent fall or reports a fear of falling should receive a multi-factorial risk assessment based on the CDC’s STEADI protocol. Include interventions for fall risk factors in your treatment plan. For example, add exercises to address strength and balance deficits; ensure proper lighting, add grab bars, and reduce clutter to make the home safer; review medications and consult a pharmacist or primary care provider if necessary; enlist family members to assist with household chores and shopping.

Lastly, when you’ve completed Home Health visits with the patient, please connect them to community resources that help keep seniors active, engaged, and safe. Utah Department of Health’s Living Well website has information on community fall prevention programs such as Stepping On workshops and other support services. Additional fall prevention information and resources can be found on the Utah Falls Prevention Alliance website.

Utah Celebrated Falls Prevention Day on September 22nd

The UNA represented the Utah nursing community in June at the ANA Delegation Assembly in Washington D.C. June 21st. The Director, Liz Close and Barbara Wilson attended the three-day event.

Barbara L. Wilson, PhD, RN – ANA Assembly Representative

Thursday began with ANA Hill Day, ANA President Pam Cipriano, PhD, RN, NEA-BC, FAAN gave the opening remarks. Following Dr. Cipriano, two members of the Federal Government Affairs at ANA, Samuel Hewitt (Senior Associate Director) and Tim Casey, Policy Advisor provided a federal legislative overview of the current legislative ANA priorities of which included:

- The Addiction Treatment Access Improvement Act (S. 2317 / H.R. 3652). The purpose of this bill is to help more opioid substance use disorder patients gain access to medication-assisted treatment (MAT) by maximizing the use of advanced practice clinicians (e.g., PAs, APRNs, CNS, CNMs, and CRNAs) and granting them MAT prescribing authority. ANA is in support of the Addiction Treatment Access Improvement Act.
- The Safe Staffing for Nurse and Patient Safety Act (H.R. 5052 / S. 2446). This bill focused on enacting safe staffing legislation through adding registered nurses in other states. The bill requires Medicare-participating hospitals to establish a committee, comprised of at least 55% direct care nurses, to create nurse staffing plans that are specific to each unit. ANA is in support of the Safe Staffing for Nurse and Patient Safety Act.
- Title VIII nursing workforce reauthorization Act (H.R. 959). This bill would reauthorize nursing workforce development programs through fiscal year 2022. It provides the largest source of federal funding for nursing education, particularly in preparing nurses in rural and medically underserved communities. ANA is in support of this act.
- Enact meaningful gun legislation. ANA strongly urges request for funding gun violence research by the Centers for Disease Control and prevention and supports the following: Banning assault weapons Enhancing background check systems Enacting mandatory waiting periods Combating the epidemic of gun violence as a public health and safety issue

Representative Paul Tonko from New York then spoke to the power of nurses in the legislative process. Scheduled time was then spent on Capitol Hill, where nursing representatives/delegates from each state had individual meetings with their key legislators. Liz and Barbara had meetings with: Senator Orrin Hatch, Representative Rob Bishop and Representative John Curtis. They were very receptive to the UNA’s input and perspective.

Friday and Saturday were devoted to the membership assembly/voting. The strongest discussion with opposing views was whether ANA should endorse political candidates (is the role of ANA political activism?). There were no firm final decisions but continuing dialogue is expected.

Lori McLeish, RN, CPC

As told to Claire L Schupbach, BSN, RN, CPC, CHP

Most nursing peers are not aware of what a Product Consultant does or what it means I was in the healthcare reimbursement industry. I’d like to share the experience with you. I have been a nurse since 1999, started my practice in pediatrics then worked in post-op care on same-day surgery. My career took a different path in 2008, when I joined a Utah start-up, focused on reducing the fraud, waste and abuse of healthcare spending. At that time, I was trained as a medical coder and earned my C.P.C. (Certified Professional Coder) credential. Initially as a nurse, my knowledge and understanding of how a provider is reimbursed, how the services are coded and billed was almost non-existent. (It is true for all of us directly out of nursing school.) The great advantage of working as a nurse and having a medical coding background is you can apply the clinical aspect to coding. Companies highly value the combination of clinical and medical coding expertise in combination. There is high demand in this industry for nurses with this background and qualifications.

Today, I work as a Product Consultant, which means, at a high level, I am responsible for implementing and training a client from right after the sales process has concluded to Go Live. Many of our clients buy our software and configure how it will apply to their claims themselves. Our company does offer the option to have us support them on-going and complete the configurations for them, on-going. My role with the client typically concludes once they Go Live with the software. The software I work with is focused on proper coding of healthcare claims. As a nurse, consulting to our clients on medical coding, I can speak directly to why/how specific medical services would or would not be appropriately coded and billed to the client. Clinical experience takes the medical coding rules and applies them to real-life clinical events. This gives a full 360 perspective on healthcare reimbursement. Nurses are uniquely qualified to provide this to the industry.

NURSES ON THE NATIONAL FRONT

Kathleen Kaufman, RN, MS, RN – GRC Co-Chair Sally Aerts, PT, MHP – Falls Prevention Coordinator

One in four older adults fall each year and fewer than half talk to their primary care provider about a fall. Nurses working in home health agencies are aware of this issue for elders in Utah. Senator Iwamoto led a taskforce of stakeholders over the past 18 months examining how to best prevent falls among our older population. A brochure containing a self-assessment or family assessment tool has been created and can be found at the Utah Falls Prevention Alliance website at: https://ucoa.utah.edu/fpa/. Multiple resources that can help with the World Health Organization participated in this task force and UNA supports this initiative.

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Lastly, when you’ve completed Home Health visits with the patient, please connect them to community resources that help keep seniors active, engaged, and safe. Utah Department of Health’s Living Well website has information on community fall prevention programs such as Stepping On workshops and other support services. Additional fall prevention information and resources can be found on the Utah Falls Prevention Alliance website.

Falls Prevention Awareness Days were held in Liberty Park, September 14th; Murray Park, September 20 in addition to the Utah Fall Prevention Awareness Day on September 22nd.

A Day in the Life of a Product Consultant

I am present at the Kick off meeting, then work with the technical experts on the claims files and data. As the project progresses through implementation, I review all the software’s edits applied to healthcare claims and work together to ensure the configurations match the client’s business needs and provider contracts. Always, correct coding is the benchmark; however, some unique business needs or special patient needs require customized rules be configured.

Typically, I have 7-10 clients at a time in various stages of implementation. Since I visit the client about three times, this role requires a lot of travel. The most gratifying part of this job is the client relationship. This completely aligns with direct patient care nursing. I am teaching, training and not always with people that are supportive of this change. I must build a relationship with multiple stakeholders at the client. This is the same as direct patient care nursing—building trust. Just as with patients, my favorite part is when I witness the client moving to independence in this new process in their lives. I teach, I hold hands, I support, I collaborate on solutions for new unfamiliar processes, I cheerlead, I am trustworthy...I am a nurse.

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“MUSINGS OF CARING”  
SELF-REFLECTIVE MOMENTS BY NURSES

Nurses Enhance Patient Care Interactions in Moments of Connection – Part 2

Sharon K. Dingman, DNP, MS, RN

In the August, September, November 2018, December 2018, January 2019 Edition, Volume 27, 3 of Utah Nurse, nurses were encouraged to share their “Musings of Caring” stories for publication in future issues. The article was entitled “Musings of Caring Self-Reflective Moments by Nurses - Nurses Enhance Patient Care Interactions in Moments of Connection.” We invited nurses to share meaningful moments of connection experienced with patients.

Musings Defined

In the article, musings are defined as forms of self-reflection including personal introspection, and being contemplative, thoughtful, logical and philosophical. Nurses often share personal caring moments of connection, both given and received with their patients, with each other. The nursing literature provides examples of nurse caring and the impact on patient care outcomes.

Connection Defined

“Connections between nurses and patients were defined as having ‘authentic empathy, respectful caring, collaborative awareness, calming presence, engaged spirit, informed professionals and quality outcomes’” (Dingman, 2012). Moments of shared connection promote patient/family satisfaction with care and service delivered. In addition to being informed of the progress of their own care or that of their loved one, patients and their families value meaningful affective interactions with their care providers.

Caring Defined

“Nurses define caring by their actions, especially during the one-on-one interactions at the bedside. Caring is defined as an interpersonal relationship characterized by respect for human dignity, genuine service, a partnership, personal ownership, and as a matter of integrity that is always directional from the nurse to the patient.” (Dingman, 1999, 2012). “Musings are therefore ‘moments of caring presence’ from the nurse with the patient, family and/or significant others by being present in delivering care” (Dingman, 2018). Caring experiences from nurses shared with nurses is a form of celebration of our practice we share together.

Caring Experience #1: (names have been changed)

The recent experience of a family member is one I would like to share as an example. Living some distance from her family, Angie was called and informed that her father had been taken by ambulance and urgently admitted to the hospital. Angie replied, “These nurses and doctors have not only knowledge and competence, but are sincere and engage in their caring actions for my father and family members when we visit. The nurses make a difference don’t they?” Angie returned home before her father’s discharge, but left knowing that her father was in good hands. Angie’s “musing” is a wonderful example of how nurses create relationships in shared experiences with families. In doing so, nurses influence patient care outcomes, family satisfaction, and provide examples of quality care delivery.

Early in my practice, I had a patient who had experienced a stroke between my shifts in a nursing home. As I walked towards the patient’s room with the bedside aide, the aide explained that although he was not alert, however, the stroke had left him with only one functioning side of his body. Since he enjoyed flirting and teasing us, when we walked into the room, I simply looked at him and started giving him a hard time. He broke out laughing, with exactly half of his face.

To my surprise, he smiled and said, “And I remember seeing you walking in with my Dad, Angie.” “Yes,” I replied, “I was with your Dad the day he passed away in the night, the week prior—not long after we had left. I realized I had been with him just hours prior to his transition. That was my first time so close to death. My memory of that time has a holiness around it. To this day, I can see the room with the soft afternoon light and hear our voices and laughter.

The incomparable gift and honor I was given by his presence, spirit and leadership has never left me. To this day, he impacts me and ‘chastens’ me and I recall his example of presence with more clarity than any try or course. May the simplicity and clarity of this man’s presence stay with us all as we continue to become our best selves. May his lesson that connection, healing and presence can serve the nurse or the patient. (It is not always directional from the nurse to the patient.)

Conclusion

As nurses create relationships in shared experiences with families they influence patient care outcomes, family and patient satisfaction, and build lasting memories of care delivered. Please share your insights with others. Heath and Heath (2017) ask a provocative question, “What if every patient was asked, ‘What matters to you?’” As such “Musings of Caring” are nurses’ reflections of their practice long remembered….and perhaps are some of the most remembered defining moments of nursing practice.

NOTE from UTAH NURSE Editor & "Musing of Caring" Co-creator

We look forward to reading your “Musings of Caring” stories. We extend an invitation to Utah nurses to share their “Musings of Caring” stories for publications in future issues of Utah Nurse. In 300 words or less please submit your stories. Guidelines for Article Development and submission are available on page 2 listed under “Musings of Caring.”

Nurses Association, 4505 S. Wasatch Blvd., Suite 330B, Salt Lake City, Utah 84124 / Phone: 801-272-4510

Selected References:


Aimee McClean and Diane Forster-Burke presented. They were asked to join with the League of Women Voters, who presented who they are, their history, how they research, issues, voting and politics in general. Aimee and Diane discussed how Utah’s GRC reviews bills and shares them to reach a consensus position. Aimee described how the presidents of the state associations meet in Washington DC on national issues and have a chance to speak to legislators, or their staff, about the concerns from the ANA. Some of the national concerns shared with the nursing students were the “Registered Veterinary Nurse” title that is found in some states, and the issue of foreign MDs who want to take NCLEX here and be able to take certification exams to become Nurse Practitioners in the US. Diane also reviewed the question on educational funding, the three ballot proposals, and the constitutional amendments to be voted on in November. The students asked great questions of us and the representatives from the League of Women Voters.
Environmental wellness

Megan Amaya, PhD, CHES; Bernadette Mazurek Melnyk, PhD, RN, APRN-CNP, FAANP, FNAP, FAAN; Susan Neale, MFA

Reprinted from American Nurse Today

Pay attention to your environment—it can affect your body, mind, and spirit.

This is the ninth installment in a series of articles on wellness. You can read the earlier articles at americannursetoday.com/category/wellness101.

"Environment" doesn't mean only the great outdoors. "Environment"—it can be in your own backyard, a community park, or walking trail. You also can venture miles from home for traveling, bicycling, camping, or canoeing. But if you’re outdoors, the rest of life seems to disappear. You become "one with nature"—spiritually, mentally, and physically—as you appreciate all the beauty this planet has to offer. Your senses heighten as you become more aware of your surroundings. And you may not realize it, but you’re improving your health and wellbeing. Yes, outdoor activities, from a simple walk around the block to snow tubing down a wintry hill, enhance your overall health.

We may not give a lot of thought to how the environment fits into our wellness efforts, but the environment and how we take care of it can have a huge impact on our overall well-being.

The evidence is in

Research has demonstrated that green space, such as forests and river corridors, are good for our physical and mental health. In a study by Blumenthal and colleagues, 71% of people found a reduction in depression after going for a walk outdoors, versus a 4% reduction after an indoor walk. In a 2013 study from Roe and colleagues, gardening demonstrated a significant reduction in subjects’ levels of stress and depression.

And we can all contribute to making our physical surroundings healthier, from recycling to creating a culture of respect and gratitude. (See 6 ways you can improve your environment.) Start with a small step to-day—at work, at home, with your family, or by volunteering in the community—to improve your environmental wellness.

The authors work at The Ohio State University in Columbus, Ohio. Megan Amaya is director of health promotion and wellness and assistant professor of clinical nursing practice at the College of Nursing and president of the National Consortium for Building Healthy Academic Communities. Bernadette Mazurek Melnyk is the vice president for health promotion, university chief wellness officer, dean and professor in the College of Nursing, professor of pediatrics and psychiatry in the College of Medicine, and executive director of the Helen Fuld Health Trust National Institute for Evidence-based Practice in Nursing and Healthcare. Susan Neale is senior writer/editor of marketing and communications in the College of Nursing.

6 ways you can improve your environment

When we take care of our environment, we take care of ourselves. Get started with these ideas:

• Reuse it. Drink from reusable water bottles and coffee mugs. Glass or stainless steel water bottles are the best options, but a plastic water bottle works well, too—as long as you reuse it. Reusable shopping bags cut down on plastic bag waste. According to The Wall Street Journal, the United States goes through 100 billion plastic shopping bags annually. Evidence shows that they slowly release toxic chemicals once they get in the soil. If you use plastic bags, recycle them at your local grocery store.

• Eat local. Take advantage of farmers’ markets, community-supported agriculture, and restaurants that serve local foods. Most local foods are packed with more nutrients because they don’t have to travel long distances to reach your plate. Locally grown food also means less energy (fuel) is used to transport it to your kitchen or grocery store.

• Turn it off. Whether it’s a faucet you leave running while you brush your teeth or the TV that’s on when you’re not in the room, if you’re not using something, turn it off. You’ll save energy and, as a bonus, you may save money in cheaper utility bills.

• Travel light. If you can, find environmentally friendly ways to travel—walk, ride your bike, or take public transportation.

• Clean green. Using natural or homemade cleaning products is better for you, your home, your pets, and the environment. Some items to keep on hand include white vinegar, natural salt, baking soda, and lemons.

• Recycle. Most communities recycle, whether by a city-sponsored pickup route or at a drop-off location. Learn more about what you can recycle from your local solid waste authority.

Selected references


8 steps for making effective nurse-patient assignments

By Stephanie B. Allen, PhD, RN, NE-BC

Successful assignments require attention to the needs of both nurses and patients.

YOU MANAGE...to learn how to make nurse patient assignments. What? Already? When did you learn to make a charge nurse on your unit? Please raise your hand if you’re up to the challenge and ready to learn the process.

Nurse-patient assignments help coordinate daily unit activities with patients need, unit and patient needs for a specific length of time. If you’re new to this challenge, try these eight tips as a guide for making nurse-patient assignments.

Find a mentor
Most nurses learn to make nurse-patient assignments from a colleague. Consider asking if you can observe your charge nurse make assignments. Ask questions to learn what factors are taken into consideration for each assignment. Nurses who make assignments are aware of their importance and value your efforts to combine patient and nurse needs. It’s dangerous and may jeopardize patient and staff safety.

Gather your supplies (knowledge)
Before completing any nursing task, you need to gather your supplies. In this case, that means knowledge. You’ll need information about the unit, the nurses, and the patients. (See What you need to know: which includes important patient factors.) To generate various useful pieces of patient information. You may not know what time of day most admissions and discharges occur or the timing of certain daily activities? And do other nursing duties need to be considered? What’s given to each assignment. Making nurse-patient assignments is challenging, but with your mentor’s help, you’ll move from novice to competent in no time.

Set priorities for the shift
The purpose of nurse-patient assignments is to provide the best and safest care to patients, but you’ll need to coordinate for educational needs. You’ll need to consider continuity of care, new nurse orientation, patient requests and satisfaction, staff-student being, fairness, equal distribution of the workload, nurse development, and workload completion.

Make the assignments
Grab your writing instrument and pencil and head for that first nurse’s name. This first match should satisfy your highest priority. For example, if a nurse and any other returning nurses are reassigned to the patients, you have a complex patient with a higher-than-average acuity, you must assign your best nurse to this patient. After you’ve satisfied your highest priority, move to your next highest priority and match nurses with unsatisfied patient needs. Sounds easy, right? Frequently, though, you’ll be faced with competing priorities that aren’t easy to rate, and completing the assignments may take a few tries. You want to satisfy as many of your priorities as you can while also delivering safe, quality nursing care to patients. This strategy helps you assign patients many times before you’re satisfied that you’ve maximized your priorities and the potential for positive outcomes. Congratulations, you’ve already assigned your best patient assignments are finally made.

Adjust the assignments
You just made your assignments, so why do you need to adjust them? The nurse-patient assignment list is a living, breathing document. It involves people who are constantly changing, their conditions improve and deteriorate; they’re admitted and discharged, and their nursing needs can change in an instant. The assignment process requires constant evaluation and reevaluation of information and priorities. And that’s why the assignments are usually written in pencil or erased on a dry-erase board.

As the charge nurse, you must communicate with patients and staff throughout the shift and react to changes in needs by updating assignments. Your goal is to ensure patients receive the best care possible; how that’s accomplished can change from minute to minute.

Evaluate success
What’s the best way to evaluate the success of your nurse-patient assignments? Think it through to your priorities and goals. Did all patients receive care, quality care? Did you maintain continuity of care? Did the patient experience? Were the assignments fair? Measure success based on patient and nurse outcomes.

Check with the nurses and patients to get their feedback. Ask how the assignment went. Did everyone get or did the patients’ needs met? What could have been done better? Get specifics. Transparency is key here. Explain your rationale for each assignment (including your focus on patient safety) and keep in mind that you have more information than the nurses. You’re directing activity across the entire unit, so you see the big picture. Your colleagues will be much more understanding when you share your perspective. When you speak, they’ll be more open about their experiences and if all their needs were met.

Keep practicing
Nurse-patient assignments never lose their complexity, but you’ll get better at recognizing potential pitfalls and maximizing patient and nurse outcomes. You’ll need to help your colleagues and remember that good assignments contribute to nurses’ overall job satisfaction.

Stephanie B. Allen is an assistant professor at Pace University in Pleasantville, New York.

Choose your process
Your nurse-patient assignment process may be dictated by unit layout, patient census, or nurse-to-patient ratio. Most nurses use one of three assignment processes.

Area assignment
This process involves assigning nurses and patients to areas. For example, you might be assigned to an area, such as triage in the ED or postanesthesia care unit (PACU), you likely make nurse-patient assignments this way. A nurse is assigned to an area, such as triage in the ED or 1–2 in the PACU, and then patients are assigned to each area throughout the shift.

Direct assignment
The second option is to assign each nurse directly to a patient. This process works best on units with a lower patient census and nurse-to-patient ratio. For example, on a higher-acuity unit, such as an intensive care unit, the nurse is matched with one patient or two patients, so a direct assignment is made.

Group assignment
With the third option, you assign patients to groups and then assign the nurse to a group. Bigger nurses have higher census and nurse-to-patient ratios (1:5 or 1:6). They also have characteristics, such as age, gender, and other acuity/workload factors that are the safest and most effective way to make assignments.

You also can combine processes. For example, in a labor and delivery unit, you can assign one nurse to the triage area (area assignment) while another nurse is assigned to one or two specific patients (direct process). Unit characteristics drive your process for making assignments. Your process will remain the same unless your unit’s geography or patient characteristics (length of stay, nurse-patient ratio) change.
Nursing Grant-in-Aid Scholarship Guidelines

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

SCHOLARSHIP INFORMATION:

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

GENERAL SCHOLARSHIP CRITERIA:

The applicant must:

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

AGREEMENT

In the event of a scholarship award:

• The nursing student agrees to work for a Utah Health Care Facility or Utah Educational Institution as a full-time employee for a period of one year, or part- time for a period of two years.
• The student recipient agrees to join the Utah Nurses Association within 6 months of graduation, and /or Nursing Profession.
• Submit a personal narrative describing his/her anticipated role in nursing in the state of Utah, upon completion of the nursing program.
• If asked by UNF, provide personal pictures and narratives to be published in The Utah Nurse indicating that UNF funds were provided for this project.

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

To download application, visit www.utnurse.org.