

# THE FUTURE OF NURSING IN MICHIGAN

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## PRESIDENT'S MESSAGE



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**Carole Stacy, MSN, MA, RN**

What a great way to begin my term of office! The 2018 ANA-MI conference was a huge success. The Awards Reception on Thursday evening was well attended as we recognized nurses who show exceptional promise in nursing, made significant commitment to nursing during their career and those who exemplify the profession and have made lasting contributions to nursing in Michigan. The evening ended with a very moving presentation by Dr. Patricia Hurn, Dean of the University of Michigan School of Nursing, who spoke about the opportunities that nursing provides for those entering the profession. The next morning was the ANA-MI Conference where our speakers gave us much to think about when it came to entrepreneurship, e-health and mindfulness. With a short pause for lunch we shifted our focus to our ANA-MI Annual meeting. The ANA-MI Board and the Bylaws Committee saw two years of hard work come to fruition as the proposed new Bylaws were passed. As your new ANA-MI President, this means I have a lot of work ahead of me.

The word that comes to my mind is **opportunities**, for all of us. With our new

organizational structure, we can grow our membership. Our members will have increased opportunities to get involved and be engaged in the ANA-MI organization and issues that impact nurses and nursing in Michigan. We will have the opportunity to have increased collaboration with other nursing organizations and be inclusive of other nursing entities. There are almost 190,000 nurses in Michigan, which means there are 188,000 nurses that are not ANA-MI members. One of my goals is to have nurses see the importance of being in a professional nursing organization and want to become part of ANA-MI.

As your President for the next two years, I hope that you find me to be open to new ideas, visionary when faced with challenges, enthusiastic, full of positive energy and passionate about nursing and committed to ANA-MI members. My predecessor, Linda Taft, did a tremendous job in guiding ANA-MI Board through the challenging process of putting a new organizational structure in place for the organization. I was fortunate to have been mentored during my time as President-Elect by such a committed leader such as Linda. I will need the support of all our membership as we move forward in setting an ambitious agenda for the organization. As nurses, we have an obligation to ensure the future of our profession.

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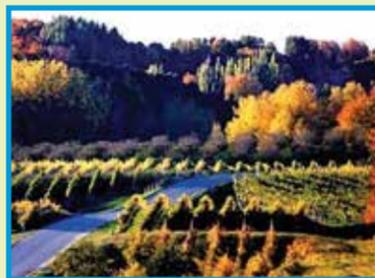
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## 4th Annual Ethics Conference May 17th, 2019

ANA-Michigan will again be a co-sponsor for the Munson Medical Center's Ethics Mentors 4th annual Ethics Conference on May 17th, 2019. This multi-disciplinary annual conference has received outstanding reviews each year and is set to do the same in 2019. The theme of this conference is "Ethics Bootcamp: Applying Bioethical Principles through Case Analysis." Each speaker will focus on a different ethical principle and

its relationship to the same case study. The conference will be held at the Hagerty Center in Traverse City and is set for the May 17 date in hopes you will be able to enjoy a warmer spring stay in our beautiful area. The cost for ANA-Michigan members is only \$75 for this continuing education program and lunch. Mark your calendar now for ethics in Traverse City on Friday, May 17, 2019 and watch for on-line registration in 2019.

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# 5

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... & much more!

## LEGISLATIVE UPDATE

### ANA-Michigan Join Healthcare Community to Share Concerns on Midwifery Draft Rules

Draft rules addressing the licensing of midwives in Michigan received a public hearing on October 30, 2018. The rules stem from a law passed by the Michigan Legislature in late 2016 requiring the licensing of midwives, also known as certified professional midwives, which is distinct from specialized advanced practice certified nurse midwives. The statute laid out basic parameters for the profession and required the Michigan Department of Licensing and Regulatory Affairs to promulgate rules.

**During the hearing, ANA-Michigan joined eight other healthcare organizations in submitting**

**a letter outlining major concerns with the proposed rules, particularly when it comes to adequately protecting the health and safety of mothers and babies.**

Suggested changes to the rules included hospitals' greatest challenges when it comes to mitigating emergency situations in cases where labor and delivery is overseen by a certified professional midwife in care settings outside of a hospital, such as during a home birth or in an independent birthing center. In those cases, ANA-Michigan and other healthcare organizations recommend that certified professional midwives

be required to remain with the patient to ensure a smooth care transition and continue providing patient care until an appropriate healthcare provider has taken over.

Additionally, consistent with standards of practice, the certified professional midwife must be required to communicate with appropriate health professionals on the mother's and infant's condition and, when possible, present medical records.

The next meeting of the Michigan Board of Licensed Midwifery is scheduled at 9:30 a.m. Nov. 30. ANA-Michigan will keep members apprised of any updates on the rules process.

### New Bylaws

ANA-Michigan membership passed several changes to the ANA-Michigan structure during the annual membership meeting on October 26th. A highlight of the new changes includes:

- Elimination of the council model and adding several new committees.
- Elimination of the regions and moving to a more central model to promote

while maintaining local educational programming.

- Changing the structure of the board of directors.
- Adding a new membership option for organizational affiliates.

Visit [www.ana-michigan.org](http://www.ana-michigan.org) to learn more about these new Bylaws.

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# MEMBER NEWS

## “VOICE” LESSONS FOR NURSE ADVOCATES: The American Nurses Advocacy Institute (ANAI)

Submitted by, **Jeanette Klemczak, FAAN, MSN, RN, Public Policy Chair**

Whether you aspire to be an operatic singer or a church choir member, “voice” lessons are necessary for success. Similarly, if you seek to be a nurse advocate, lessons are needed to put you most effective voice forward. ANA offers an annual course to train nurse advocates through its American Nurses Advocacy Institute (ANAI). For the past five years ANA-Michigan has sponsored one member each year to attend the Institute to build nursing advocacy in Michigan. This is yet another benefit of ANA-Michigan membership.

### What is the ANAI?

Here’s what the American Nurses Association (ANA) says about the ANAI:

The purpose of the American Nurses Advocacy Institute (ANAI) is to develop nurses into stronger political leaders and motivate change from the grassroots of nursing. Since its launch in 2009, ANAI has created a well-prepared and connected body of registered nurses who are equipped to influence policy at local, state, and national levels.

After the yearlong-mentored program, and with the continued backing of ANA and their ANAI colleagues, fellows will be able to use their political competence to provide support to their constituent/state nurses association (C/SNA). Actions include helping to establish their legislative and regulatory priorities, recommending strategies to advance policy issues, and educating members about political realities – as well as advancing ANA’s political agenda.

Another benefit of attending the Institute and meeting all requirements is that 17 Continuing Education credits are awarded to the Fellows at the end of the year.



### What do ANA-Michigan Advocacy Fellows say about their ANAI experience?

To date, five members have attended the Institute. Susan Wiers, Jeanette Klemczak and MaryLee Pakieser share their personal learnings here.

**Susan Wiers** (ANAI Class of 2018, Member of ANA-MI Public Policy Council)

I only recently attended this year’s ANAI launch, so my experience is limited. Thus far, the takeaway learning for me is that we are experts about nursing and the needs of our patients and have both great potential and a responsibility to influence healthcare policy.



My plan over the next year and beyond is to collaborate with seasoned political advocates in ANA-MI to work towards title protection for the term ‘Nurse’ here in Michigan. Monika Miner, ANA-MI’s Legislative and Policy Consultant, has graciously agreed to be my local mentor; I am both grateful and honored to learn from someone so skillful in political advocacy.

Since attending the Washington DC launch last month, I proactively work to instill in my students at Wayne State University College of Nursing the crucial role of nurses in political advocacy for our profession and patients. My plans include offering workshops for student groups to prepare them for future political advocacy.

**Jeanette Klemczak** (ANAI Class of 2016, ANA-MI Public Policy Council Chair)

The Institute curriculum included a presentation by a high-powered Washington communications and marketing company to demonstrate



how to talk with the media. This is always one of the most intimidating (yet important) aspects of advocacy. Nurses are the experts on the profession and patient care; yet our voices are seldom heard in the media. We are most trusted, but most silent. We must learn to speak articulately to teach others.

One takeaway lesson, I have continuously striven to practice is the hint they provided in talking with the media: when you speak with reporters or media, they will usually ask at the end of the interview, “DO YOU HAVE ANYTHING YOU WOULD LIKE TO ADD OR WANT OUR LISTENERS TO KNOW?” Be sure you have a brief message (one sentence or less) ready to roll off your tongue. My “soundbite” today: **Michigan’s 140,000 plus registered nurses stand ready as healthcare experts for our newly elected Governor and legislators. Call on us.**

**MaryLee Pakieser** (ANAI Class of 2015; ANA-MI Past President)

My thoughts....getting to see the nitty gritty of the public policy in action at ANA....an understanding of the ability to look at the big picture as opposed to a state or local level....the incredible knowledge of Janet Haebler and her ability to maintain a positive outlook when politics can be so dreary....mingling with ANA members from across the U.S. to see our similarities and how same problems are expressed differently (based on state politics)...the fun of being on the “hill” meeting legislators who get it about nursing ...working with their legislative aides (so young and eager to hear “real” nurses talk)...pride that I am an ANA member of an incredible association that has stayed the course of advocacy for over 100+ years.



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# MEMBER NEWS

## NEW PRESIDENT & PRESIDENT ELECT



**Carole Stacy, MSN, MA, RN**  
President



**Julia Stocker-Schneider, Ph.D., RN, CNL**  
President-Elect

## Julie Hartl Nurse Practitioner

*Submitted by, Kathy Birdsall*

Earlier this month, Julie Hartl, MSN, RN, NP spoke to a group of RNs and student RNs in Traverse City. Julie founded Chronic Care Management, LLC of Traverse City as a much-needed adjunct to the office-based care of anyone with chronic illness. In order to qualify for this coverage under Medicare, the person must have two chronic health conditions, the most common for this service are congestive heart failure and hypertension, but any will do such as fall risk or history, diabetes, depression, etc. Per their website, Chronic Care Management of Traverse City serves a wide geographical area, and is a Nurse Practitioner-based home visiting program that works with the patient's primary care provider (PCP) to prevent unneeded Emergency Department visits and unwanted/unnecessary medical procedures. Their services include lab work, X-rays, blood glucose monitoring, ultrasound diagnostic, echocardiogram diagnostics, falls prevention services, oxygen set-up and administration, medication assistance, podiatry care and home consultations with a dietitian or social worker.

NP Hartl got the idea for starting her company through her years as an ED nurse, witnessing the inappropriate ED visits for a chronic health concern that often resulted in unnecessary medical procedures, costly hospital charges, patient and caregiver distress and fatigue. Their series are 24/7 which is not offered by PCPs. All visit data is available to the patient's PCP which helps with chronic compassionate and cost-effective chronic care management.

We all have family members (or have concerns about our own care as we age) who may do well with a NP-based home visiting service.

Contact Chronic Care Management of Traverse City for assistance in Northern Michigan or to get information about similar services in your area. Their number is 231-421-6921.

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## OUTGOING BOARD MEMBERS



**Linda Taft, RN**



**Jeanette Klemczak, FAAN, MSN, RN**



**Nancy Martin, DNP, RN**



**Lisbeth Voltruba, MSN, RN**



**Mary Zugcic, MS, RN, ACNS-BC**

We would like to thank our outgoing board members for their service to ANA-Michigan. They made a tremendous impact on the organization and we thank them for their service.

Linda Taft, 2016-2018, President

Jeanette Klemczak, 2018-2018, Public Policy Council Chair

Nancy Martin, 2017-2018, Administration and Education Council Chair

Lisbeth Votruba, 2017-2018, Nursing Research Council Chair

Mary Zugcic, 2017-2018, Nursing Excellence Council Chair



**Julie Hartl and Kathy Birdsall**

# 2018 ANNUAL CONFERENCE

## Honoring the Past CELEBRATING THE FUTURE



### AWARD WINNERS

#### Exceptional Promise Awards

Exceptional Promise Award aims to spotlight aspiring nursing students for their skills today and promise for tomorrow. ANA-Michigan will recognize distinguished nursing students who exemplify leadership and achievement in their community and their scholarly efforts. The purpose is intended to celebrate and encourage exemplar dedication to the nursing profession.

- Claire Cowan – Michigan State University
- Krysta Forrester – Wayne State University
- Meghan Morrow – Michigan State University
- Cierra Scott – Baker College School of Nursing
- Baker Cadillac Student Nurses Association Executive Board (Shayann VanHouten, Kristen Nelson, Brandy Reid, Audrey Lamb, Lori Beggs and Kathleen Kehrer)



#### Celebrating the Future Awards

Celebrating the Future Award acknowledges nurses in Michigan who have demonstrated outstanding achievement in nursing who have been a licensed RN for five years or less. This award is intended to celebrate dedicated service, encourage exemplar commitment to the nursing profession, and a promise to grow in leadership in the advancement of nursing in Michigan.

- Andrea Corrie, BSN, RN, CCRN – Henry Ford Hospital Detroit
- Roberta Dankyi, RN – McLaren Greater Lansing
- Nikeya Davis, MBA, BSN, RN, CNN – Greenfield Health System
- Crystal Frazer, RN – Detroit Medical Center
- Kasha Martin, BSN, RN – Area Agency on Aging of NW Michigan
- Traci Moore, BSN, RN – Munson Medical Center
- Chase Zebari, BSN, RN, CPEN – CS Mott Children’s Hospital



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## Honoring the Past CELEBRATING THE FUTURE



### AWARD WINNERS

#### Honoring the Past Awards

##### Lynne Harris, MSN, RN and Katie Kessler, MSN, RN

Honoring the Past Award recognizes ANA-Michigan members who have demonstrated outstanding achievement in nursing and have been practicing for 30 or more years. This award is intended to celebrate the dedication, exemplar commitment, and significant contribution for a significant period to the nursing profession in Michigan.



#### Friend of Nursing Award

##### Elizabeth Del Buono, MD Munson Healthcare Otsego Memorial Hospital

The Friend of Nursing Award is conferred on a non-nurse who has rendered valuable assistance to the nursing profession. Their contributions and assistance are of statewide significance to nursing.



#### Public Policy Advocate Award

##### Jeanine Easterday, MSN, RN

The Public Policy Advocate Award accords a nurse who has demonstrated success in using public policy and advocacy as strategies in advancing nursing in Michigan.



#### Lifetime Achievement Award

##### Mary A. Scoblic, MSN, RN

The Lifetime Achievement Award recognizes an individual's profound impact and longstanding commitment to nursing.

#### Dorothea Milbrandt Nurse Leader Award

##### MaryLee Pakieser, MSN, RN, NP Traverse City Health Clinic

The Dorothea Milbrandt Nurse Leader Award has been created to honor nurses who have demonstrated excellence in building successful mentoring relationships with other nurses and/or nursing students. This award is presented on behalf of the late Dorothea Milbrandt, RN, MPS, MSN, who had an important and lasting impact on nursing in Michigan for nearly 40 years. She served as Interim and Associate Executive Director of the Michigan Nurses Association, Course Director at Lansing Community College, Board Member at Ingham County Health Education Coalition, Appraiser for ANA Magnet Hospital Recognition Program, Associate Professor at Michigan State University, and Vice President for Nursing at Ingham Medical Center in Lansing, Michigan. In 2005, she was instrumental in the founding the Registered Nurses Association in Michigan, now known as ANA-Michigan.

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# 2018 ANNUAL CONFERENCE

## Honoring the Past CELEBRATING THE FUTURE



### CONFERENCE HIGHLIGHTS

## 2018 ANA-Michigan Annual Meeting and Conference Highlights

*Honoring the Past, Celebrating the Future*, was the theme for this year’s conference, held at Royal Park Hotel in Rochester, Michigan on October 25 and 26, 2018.

Members and attendees were treated to a beautiful conference center and great speakers. To kick off the conference, we held an awards program that included honoring 18 nurses from across Michigan. The celebration ended with a keynote presentation from Patricia D. Hurn, PhD, RN, FAAN, on the opportunities in nursing and what “bedside and beyond” means in her world and how you can apply it to yours. The evening was well received, and numerous attendees commented on the energy and excitement in the room.

Friday’s program started out with a presentation from Rebecca Love, RN, MSN, ANP, on “Nursing Innovation and Entrepreneurship” followed by “Bringing Human Touch to e-Health” presented by Patricia Abbot, PhD, RN, FAAN, FACMI. The last presentation on “Integrative Therapies in Nursing” was presented by Roxane Chan, PhD, RN, AHN-BC, LMT. The day concluded with the ANA-Michigan

Annual Membership Meeting with included presentations from Joshua Meringa, MPA, MH, MBA, BSN, RN-BC, Chair for the Michigan Board of Nursing; Deborah Bach-Stante, RN, MPH, Director of Office of Nursing Policy; and Andrea Corrie, BSN, RN, CCRN, President of the Michigan Nursing Students Association. The annual meeting concluded by passing the President’s gavel from outgoing President Linda Taft, RN to incoming President Carole Stacy, MSN, MA, RN. Attendees gave lots of positive comments about the inspiring speakers.

The Research and Evidence-Based Council selected 13 posters to be displayed at the conference with winners receiving a \$250 prize. Winner of the Quality Improvement Award was Stephanie Mackinder, BSN, RN, for her poster, “Patient Ambassador Program and the Effects on Patient Satisfaction.” The Research Award went to Kristen Munyan, DNP, RN, FNP-BC, for her poster “Assessing Nursing Knowledge of Intact Care (Care of the Non-circumcised Client): A Survey Study.” Thanks to all those who submitted posters and for sharing your research and knowledge with attendees.

Thank you to the Conference Planning Committee, composed of Carole Stacy, Conference Chair, Katie Kessler, Peggy Kearney, Anne Kreft, Bridget Leonard and Erik Wilson. Your dedication is much appreciated!

A big thank you to the sponsors and exhibitors without whom we could not put on a conference of this magnitude. ANA-Michigan held a prize drawing for everyone who visited all the exhibitor booths. The winners of the prizes include Lynda Dolphus, who won a free conference registration for 2019; Marcy DeMarco, who won a one-year paid membership to ANA and ANA-Michigan; and Consuela McMillian, who won a \$20 gift card. Their generosity is greatly appreciated, and we thank them for helping to make our event a huge success!

Most of all, thanks to all the ANA-Michigan members and friends who attended the conference. Doing so demonstrates your willingness to improve your skills and knowledge as well as your dedication to celebrating nursing in Michigan!



# 2018 ANNUAL CONFERENCE

# Honoring the Past CELEBRATING THE FUTURE

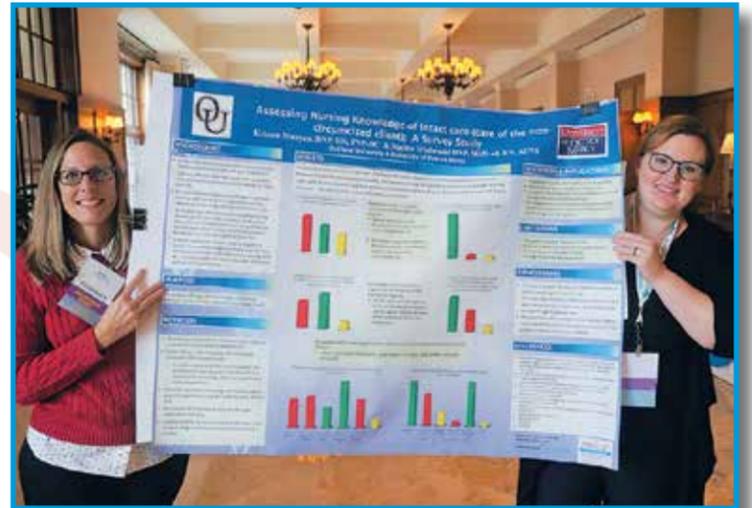


## CONFERENCE HIGHLIGHTS

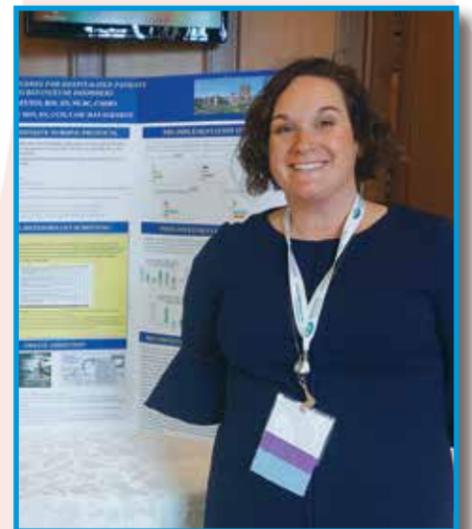
### Poster Winners



*Kathleen Gronda, BSN, RN and Stephanie Mackinder, BSN, RN "Patient Ambassador Program and the Effects on Patient Satisfaction"*



*Nadine Wodwaski, DNP, MSN-ed, RN, ACNS and Kristen Munyan, DNP, RN, FNP-BC "Assessing Nursing Knowledge of INTact Care (Care of the Non-circumcised Client): A Survey Study"*



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- School of Nursing, University of Michigan – Flint
- Select Specialty Hospital
- Siena Heights University
- Spring Arbor University
- The Oils Nurse, LLC
- Trumpie Photography
- University of Michigan School of Nursing
- Walsh College
- Wayne State University College of Nursing

#### POSTER PRESENTERS

**Type: Quality**

**Marina Andriyakhova, RN**  
Prophylactic Application of Soft Silicone Multilayered Foam Dressing in Trauma and Critically Ill Patients: A Quality Improvement Project

**Erica Brenckle, BSN, RN, HNB-BC**  
Intention Setting Time Outs with Tibetan Gongs

**Julie Bulson, DNP, MPA, RN, NE-BC**  
Assessment of Nursing Staff Self-Perceived Emergency Preparedness Knowledge Utilizing the Emergency Preparedness Information Questionnaire (EPIQ) Survey Tool

**Lori Dewey, DNP, RN, CNE**  
Nurse Residency Program: A Rural Hospital Pilot Utilizing Simultaneously Delivered Education Sessions

**Heather Kooiker, MSN, RN, CNL, CNOR, CRNFA**  
Perioperative/Procedural Skin: It's Not Always Warm, Dry, and Intact

**Stephanie Mackinder, BSN, RN**  
Patient Ambassador Program and the Effects on Patient Satisfaction

**Lorraine Manier, DNP, MSN-Ed, RN**  
Knowledge, Attitudes, and Practices of Providers Towards Palliative Care

**Daniel Modes, BSN, RN**  
Bladder Scanner Disinfection

**Carrie Mull, DNP, RN, RN-BC**  
The Aromatic Use of Essential Oils on a Psychiatric Unit

**Emily Sexton, BSN, RN, CMSRN**  
Improving Outcomes in Care for Hospitalized Patients with Substance Use Disorders

**Elissa Wagner, DNP, RN**  
Understanding Nurses' Thinking Amid Interruptions During Medication Administration

**Type: Research**

**Kristen Munyan, DNP, RN, FNP-BC**  
Assessing Nursing Knowledge of Intact Care (Care of the Non-circumcised Client): A Survey Study

**Type: Informational**

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# Could You Be Facing a Professional Licensure Investigation? Part IV, What Happens if My Professional License is Sanctioned?

This is the final article in a four part series addressing health professional licensure investigations and administrative actions in Michigan. In the first article, I presented how licensing investigations are initiated and the factors impacting the initiation of a professional licensure investigation.



Donna J. Craig,  
RN, JD

The second article focused on a health care professional's rights when being interviewed by an investigator from the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing. In the third article, important steps a health care professional should take after an investigator's interview were discussed. In this final article I will discuss the health care professional's rights in defending against an administrative complaint, should one be issued, possible outcomes to the health care professional, and the reporting of any sanctions that may be imposed.

Once an investigation is completed, the Bureau of Professional Licensing makes a determination as to whether the health care professional's actions or inactions violated Michigan's public health code. Following its review, the Bureau of Professional Licensing may take any number of actions including: closing the file if the investigation did not show a violation of the public health code; issuing a formal administrative complaint; summarily suspending a health care professional's license if the public's health, safety, or welfare requires emergency action; or issue a cease and desist order requiring a health care professional to cease a particular conduct.

Except when no administrative action is taken and the file is closed, the health care professional must respond to an administrative complaint, cease and desist order, or a summary suspension. If the health care professional does not respond within 30 days, he/she loses the right to object to the allegations and is deemed to agree with statements and allegations set forth in the administrative complaint, and the basis for the summary suspension or cease and desist order. While it can be emotional and disturbing to discover that an administrative action has been issued, it is very important that the health care professional does not lose his/her rights by delaying or procrastinating in responding within the 30 day period.

When a health care professional receives an administrative complaint he/she is given the opportunity to request a compliance conference where the health care professional is given the opportunity to show why the administrative complaint is inaccurate or why his/her actions do not violate the public health code. The compliance conference is also the time to discuss a possible resolution. Even if the compliance conference results in a proposed resolution, it is not final until the matter is approved by the full board's disciplinary subcommittee. Individuals present at a compliance conference are a Bureau of Professional Licensing representative, a member of the respective licensure board, the health care professional, and his/her attorney.

If, at the compliance conference, there is no resolution or the health care professional disagrees with the proposed resolution, the health care professional has the right to an administrative hearing before an administrative

law judge. At the administrative hearing, the Bureau of Professional Licensing and the health care professional have the ability to call witnesses, cross exam the other's witnesses, introduce evidence, etc. The administrative law judge determines if there are grounds for disciplinary action after hearing and viewing testimony and evidence. At the conclusion of the administrative hearing, the administrative law judge prepares a memorandum citing his/her findings of the facts and conclusions related to the applicable law. This memorandum is then transmitted to the appropriate board's disciplinary subcommittee. The administrative law judge does not recommend or impose penalties.

Similarly, if the health care professional receives a cease and desist order or a summary suspension of his/her license, the health care professional also has the ability to request an administrative hearing to determine if there are valid grounds for a cease and desist order or summary suspension. The same administrative hearing process occurs before an administrative law judge, who will also prepare a memorandum his/her findings and conclusions on the applicable law, which will be submitted to the appropriate board's disciplinary subcommittee.

If an administrative complaint, cease and desist order or summary suspension is not dismissed, the board's disciplinary subcommittee may impose one or more sanctions against the health care professional. The range of sanctions includes:

- Reprimand
- 1-2 year probation period with quarterly reports from a supervisor
- Placing a limitation on the professional license
- Suspension of a professional license
- Revocation of a professional license
- Payment of restitution
- Imposition of a fine

In addition to the aforementioned sanctions, if there is an issue of mental or physical impairment or substance use disorder by the health care professional, at any time during the administrative process either the Bureau of Professional Licensing, disciplinary subcommittee or an administrative law judge may require the health care professional to complete an education program, training program, treatment program, and/or mental, physical, or professional competence examination.

After an administrative disciplinary action becomes final, the Bureau of Professional Licensing publishes a list of disciplined health care professionals. On a monthly basis the list

of disciplined health care professionals is sent to the Department of Community Health, the Department of Insurance and Financial Services, state and federal agencies responsible for fiscal administration of federal health care programs, and appropriate professional associations. In addition, the Department of Community Health reports disciplinary actions to appropriate licensed health facilities and agencies. On an annual basis the Bureau of Professional Licensing also transmits the list to the library of Michigan and each county clerk in the state.

It is important that all health care professionals know that if any sanction is imposed by a board's disciplinary subcommittee, the sanction is posted on the individual's licensing page and is visible to the public and any future employer who is considering the employment of the health care professional. The sanction remains a permanent part of the health care professional's licensing information which is posted on the Bureau of Professional Licensing's website. Sanctions are also reported to a national database. Due to the potential that an incident can result in a licensure investigation, administrative action, and ultimate sanction, it is important that health care professionals know and exercise their rights if faced with a licensure investigation or administrative action.

*Donna J. Craig, RN, JD is legal counsel to the ANA-Michigan Chapter. She practiced as a cardiac care nurse for several years before a chance opportunity to audit a graduate course in health care law and ethics which changed her career path. That course propelled her to earn her law degree. After law school Ms. Craig joined a medical malpractice defense law firm before transitioning her focus to health care corporate and administrative law matters. For over 20 years she has maintained her private health care law practice, representing health care providers and facilities in business, licensure and compliance matters. For her expertise and accomplishments, Detroit's dbusiness Magazine awarded Ms. Craig its Top Lawyer in Health Care Law award for three consecutive years.*



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*ANA-Michigan is excited to announce the moving of the annual meeting and conference to early spring!*

Creativity and Innovation in Nursing is the focus of the 2019 ANA-Michigan Conference, which takes place on Thursday, February 28. We are starting the day at 7:30 a.m. and ending with an evening reception at 6:00 p.m. The event will go until noon on Friday, March 1. The annual membership meeting will occur over breakfast on Friday, followed by general session presentations. Newly elected ANA-Michigan President, Carole Stacy says, "We are going to focus on embracing the evolving role of the nurse while harnessing the foundations of nursing practice."

Riding on the coattails of a successful Fall 2018 conference, attendees stated what they wanted to hear more about, and we listened! ANA-Michigan believes Creativity and Innovation in Nursing covers many settings in the nursing world and, in our short time together, we are going to discuss some innovations like artificial intelligence in nursing, presented by Marketing Director at MAXQ AI, Linda Stacy, BA, MBA. We will also discuss climate change and its impact on health with Dr. Elizabeth Del Buono, from Munson Healthcare-Otsego Memorial Hospital. With Michigan's recreational use of cannabis legalized, how will this affect the world of medical marijuana, if at all? Melissa Keck, RN from Finding Grace is going to speak on her "a-ha" moment with her trusted cannabis journey and education. We will explore topics of gun violence with Linda Brundage, EdD, Executive Director of the Michigan Coalition to Prevent Gun Violence and how to protect your nursing license with Donna Craig, RN, JD. Title protection, advocacy roundtables, healthcare economics and several more will all be included on our journey together of innovation and creativity.

This event will also include exhibitors and innovation posters. For more information, the complete agenda, poster abstract applications and to register visit [www.ana-michigan.org](http://www.ana-michigan.org).

Overnight accommodations can be made at the Holiday Inn Grand Rapids Downtown on 310 Pearl St. NW, a mere 230-some steps away from the front entrance of the Eberhard Center. Room rate is \$142/night. To reserve your overnight stay, you must call the Reservations Department at 616-235-7611. Please say you are with the ANA-Michigan group. Reservations for hotel must be made by Tuesday, February 12, 2019. The hotel offers complimentary parking for all registered hotel guests.

## 2019 Awards

**Nomination Deadline: January 31, 2019**

To further emphasize the theme, ANA-Michigan will be giving away two awards in 2019. An Innovation Award and Collaborative Practice Award. Nomination forms are due on Thursday, January 31, 2019. The presentation of these awards will be at the evening opening reception on Thursday, February 28. The reception will begin at 6:00 pm followed by the awards program from 7:00 – 8:00 pm.

ANA-Michigan would like to invite you to nominate your organization for the ANA-Michigan 2019 Innovation Award or the Collaborative Practice Awards. Nominations may be made of a group or an organization, to include all areas of nursing practice and patient care.

### Innovation Award

Innovation is defined as identifying new opportunities and best methods to solve current problems, and thinking outside the box. This award will identify a group or organization, including all areas of nursing practice and patient care, for an innovative practice/approach which improves nursing and patient outcomes.

### Collaborative Practice Award

This award will identify a group or organization, including all areas of nursing practice and patient care, for a collaborative project which shows an interdisciplinary approach to best practices that resulted in improved patient outcomes or cost savings.

Visit [ana-michigan.org](http://ana-michigan.org) for the 2019 Innovation and Collaborative Practice Awards nominations form and more details on how to make your nomination.



*Happy Holidays*

*from the Board and Staff of ANA-Michigan Nurses Association*

# Patient Violence: It's Not All in a Day's Work

Strategies for reducing patient violence and creating a safe workplace

Lori Locke, MSN, RN, NE-BC;  
Gail Bromley, PhD, RN;  
Karen A. Federspiel, DNP, MS, RN-BC, GCNS-BC

Reprinted from American Nurse Today, Volume 13, Number 5

Robert, a 78-year-old patient, requests help getting to the bathroom. When the nurse, Ellen, enters the room, Robert's lying in bed, but when she introduces herself, he lunges at her, shoves her to the wall, punches her, and hits her with a footstool. Ellen gets up from the floor and leaves the patient's room. She tells her colleagues what happened and asks for help to get the patient to the bathroom. At the end of the shift, Ellen has a swollen calf and her shoulder aches. One of her colleagues asks if she's submitted an incident report. Ellen responds, "It's all in a day's work. The patient has so many medical problems and a history of alcoholism. He didn't intend to hurt me. What difference would it make if I filed a report?"

## Alarming statistics

The statistics around patient violence against nurses are alarming.

**67%** of all nonfatal workplace violence injuries occur in healthcare, but healthcare represents only 11.5% of the U.S. workforce.

**Emergency department (ED) and psychiatric nurses** are at highest risk for patient violence.

**Hitting, kicking, beating, and shoving** incidents are most reported.

**25%** of psychiatric nurses experience disabling injuries from patient assaults.

**At one regional medical center, 70%** of 125 ED nurses were physically assaulted in 2014.

Sources: Emergency Nurses Association (ENA) Emergency department violence surveillance study 2011; ENA Workplace violence toolkit 2010; Gates 2011; Li 2012.

These kinds of nurse-patient interactions occur in healthcare settings across the United States, and nurses all too frequently minimize their seriousness. However, according to the National Institute for Occupational Safety and Health, "...the spectrum [of violence]... ranges from offensive language to homicide, and a reasonable working definition of workplace violence is as follows: violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty." In other words, patient violence falls along a continuum, from verbal (harassing, threatening, yelling, bullying, and hostile sarcastic comments) to physical (slapping, punching, biting, throwing objects). As nurses, we must change our thinking: It's not all in a day's work.



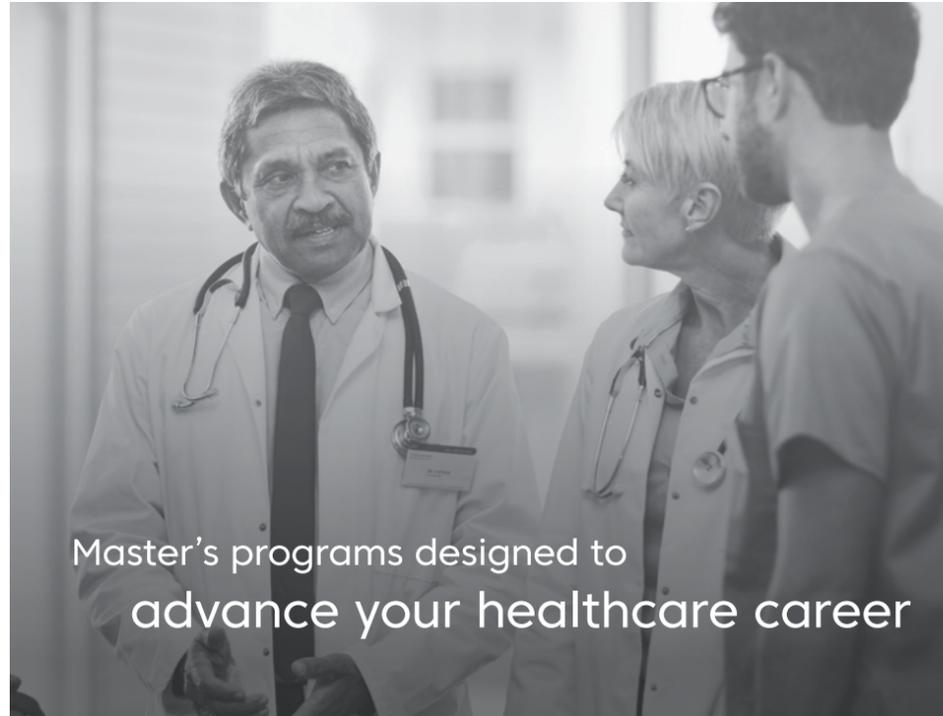
This article focuses on physical violence and offers strategies you can implement to minimize the risk of being victimized.

## Consequences of patient violence

In many cases, patients' physical violence is life-changing to the nurses assaulted and those who witness it. (See *Alarming statistics*.) As a result, some nurses leave the profession rather than be victimized—a major problem in this era of nursing shortages.

Too frequently, nurses consider physical violence a symptom of the patient's illness—even if they sustain injuries—so they don't submit incident reports, and their injuries aren't treated. Ultimately, physical and

*Patient Violence continued on page 14*



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**Patient Violence continued from page 13**

psychological insults result in distraction, which contributes to a higher incidence of medication errors and negative patient outcomes. Other damaging consequences include moral distress, burnout, and job dissatisfaction, which can lead to increased turnover. However, when organizations encourage nurses to report violence and provide education about de-escalation and prevention, they're able to alleviate stress.

**Workplace violence prevention**

Therapeutic communication and assessment of a patient's increased agitation are among the early clinical interventions you can use to prevent workplace violence. Use what you were taught in nursing school to recognize behavioral changes, such as anxiety, confusion, agitation, and escalation of verbal and nonverbal signs. Individually or together, these behaviors require thoughtful responses. Your calm, supportive, and responsive communication can de-escalate patients who are known to be potentially violent or those who are annoyed, angry, belligerent, demeaning, or are beginning to threaten staff. (See *Communication strategies*.)

Other strategies to prevent workplace violence include applying trauma-informed care, assessing for environmental risks, and recognizing patient triggers.

**Trauma-informed care**

Trauma-informed care considers the effects of past traumas patients experienced and encourages strategies that promote healing.

The Substance Abuse and Mental Health Services Administration says that a trauma-informed organization:

- realizes patient trauma experiences are widespread
- recognizes trauma signs and symptoms
- responds by integrating knowledge and clinical competencies about patients' trauma
- resists retraumatization by being sensitive to interventions that may exacerbate staff-patient interactions.

This approach comprises six principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues. Applying these principles will enhance your competencies so that you can verbally intervene to avoid conflict and minimize

patient retraumatization. For more about trauma-informed care, visit [samhsa.gov/nctic/trauma-interventions](http://samhsa.gov/nctic/trauma-interventions).

**Environmental risks**

To ensure a safe environment, identify objects in patient rooms and nursing units that might be used to injure someone. Chairs, footstools, I.V. poles, housekeeping supplies, and glass from lights or mirrors can all be used by patients to hurt themselves or others. Remove these objects from all areas where violent patients may have access to them.

**Patient triggers**

Awareness of patient triggers will help you anticipate how best to interact and de-escalate. (See *Patient triggers*.) Share detailed information about specific patient triggers during handoffs, in interdisciplinary planning meetings, and with colleagues in safety huddles.

**What should you do?**

You owe it to yourself and your fellow nurses to take these steps to ensure that your physical and psychological needs and concerns are addressed:

- Know the definition of workplace violence.
- Take care of yourself if you're assaulted by a patient or witness violence.
- Discuss and debrief the incident with your nurse manager, clinical supervisor, and colleagues.
- Use the healthcare setting's incident reporting to report and document violent incidents and injuries.
- File charges based on your state's laws.

Your organization should provide adequate support to ensure that when a nurse returns to work after a violent incident, he or she is able to care for patients. After any violent episode, staff and nurse leaders should participate in a thorough discussion of the incident to understand the dynamics and root cause and to be better prepared to minimize future risks. Effective communication about violent patient incidents includes handoffs that identify known risks with specific patients and a care plan that includes identified triggers and clinical interventions.

**Influence organizational safety**

You and your nurse colleagues are well positioned to influence your organization's culture and advocate for a safe environment for

**Communication strategies**

Effective communication is the first line of defense against patient violence. These tips can help:

- To build trust, establish rapport and set the tone as you respond to patients.
- Meet patients' expectations by listening, validating their feelings, and responding to their needs in a timely manner.
- Show your patients respect by introducing yourself by name and addressing them formally (Mr., Ms., Mrs.) unless they state another preference.
- Explain care before you provide it, and ask patients if they have questions.
- Be attentive to your body language, gestures, facial expressions, and tone of voice. Patients' behavior may escalate if they perceive a loss of control, and they may not hear what you say.
- Control your emotions and maintain neutral, nonthreatening body language.
- Strive for communication that gives the patient control, when possible. Example: "Which of your home morning routines would you like to follow while you're in the hospital? Would you like to wash your hands and face first, eat your breakfast, and then brush your teeth?"
- Offer a positive choice before offering less desirable ones. Example: "Would you prefer to talk with a nurse about why you're upset, or do you feel as though you will be so angry that you need to have time away from others?"
- Only state consequences if you plan to follow through.
- Listen to what patients say or ask, and then validate their requests.
- Discuss patients' major concerns and how they can be addressed to their satisfaction.

Despite these strategies, patients may still become upset. If that occurs, try these strategies to de-escalate the situation before it turns violent.

- **Nonverbal communication.** "I see from your facial expression that you may have something you want to say to me. It's okay to speak directly to me."
- **Challenging verbal exchange.** "My goal is to be helpful to you. If you have questions or see things differently, I'm willing to talk to you more so that we can understand each other better, even if we can't agree with one another."
- **Perceptions of an incident or situation.** "We haven't discussed all aspects of this situation. Would you like to talk about your perceptions?"

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staff and patients. Share these best practices with your organization to build a comprehensive safety infrastructure.

- Establish incident-reporting systems to capture all violent incidents.
- Create interprofessional workplace violence steering committees.
- Develop organizational policies and procedures related to safety and workplace violence, as well as human resources support.
- Provide workplace violence-prevention and safety education using evidence-based curriculum.
- Design administrative, director, and manager guidelines and responsibilities regarding communication and staff support for victims of patient violence and those who witness it.
- Use rapid response teams (including police, security, and protective services) to respond to violent behaviors.
- Delineate violence risk indicators to proactively identify patients with these behaviors.
- Create scorecards to benchmark quality indicators and outcomes.
- Post accessible resources on the organization's intranet.
- Share human resources contacts.

#### Advocate for the workplace you deserve

Physically violent patients create a workplace that's not conducive to compassionate care, creating chaos and distractions. Nurses must advocate for a culture of safety by encouraging their organization to establish violence-prevention policies and to provide support when an incident occurs.

You can access violence-prevention resources through the American Nurses Association, Emergency Nurses Association, Centers for Disease Control and Prevention, and the National Institute for Occupational Safety and Health. Most of these organizations have interactive online workplace violence-prevention modules. (See Resources.) When you advocate for safe work environments, you protect yourself and can provide the care your patients deserve.

The authors work at University Hospitals of Cleveland in Ohio. Lori Locke is the director of psychiatry service line and nursing practice. Gail Bromley is the co director of nursing research and educator. Karen A. Federspiel is a clinical nurse specialist III.

#### Resources

- **American Nurses Association (ANA)** ([goo.gl/NksbPW](http://goo.gl/NksbPW)): Learn more about different levels of violence and laws and regulations, and access the ANA position statement on incivility, bullying, and workplace violence.
- **Centers for Disease Control and Prevention** ([cdc.gov/niosh/topics/violence/training\\_nurses.html](http://cdc.gov/niosh/topics/violence/training_nurses.html)): This online course ("Workplace violence prevention for nurses") is designed to help nurses better understand workplace violence and how to prevent it.
- **Emergency Nurses Association (ENA) toolkit** ([goo.gl/oJuYsb](http://goo.gl/oJuYsb)): This toolkit offers a five-step plan for creating a violence-prevention program.
- **The Joint Commission Sentinel Event Alert: Physical and verbal violence against health care workers** ([bit.ly/2vrBnFw](http://bit.ly/2vrBnFw)): The alert, released April 17, 2018, provides an overview of the issue along with suggested strategies.

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#### Patient triggers

Recognizing and understanding patient triggers may help you de-escalate volatile interactions and prevent physical violence.

##### Common triggers

- Expectations aren't met
- Perceived loss of independence or control
- Upsetting diagnosis, prognosis, or disposition
- History of abuse that causes an event or interaction to retraumatize a patient

##### Predisposing factors

- Alcohol and substance withdrawal
- Psychiatric diagnoses
- Trauma
- Stressors (financial, relational, situational)
- History of verbal or physical violence

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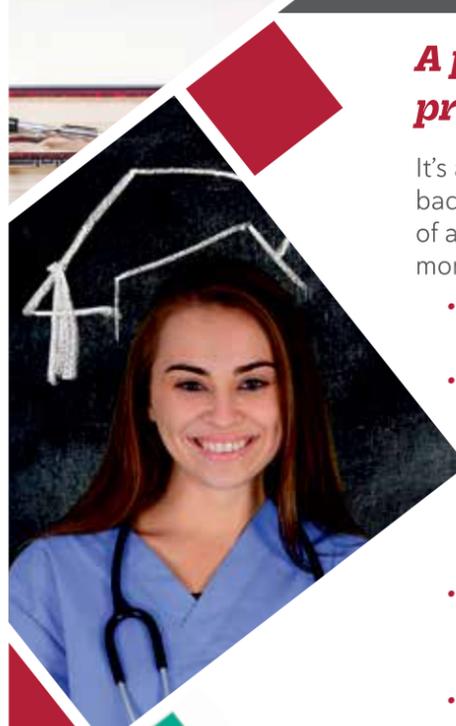
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