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The Official Publication of the Arizona Nurses Foundation

Arizona Nurse

Quarterly Publication direct mailed to over 89,000 Registered Nurses in Arizona

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Shawn Harrell, RN • Editor

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Try a New Avenue for Powerful Patient Advocacy

Last year I had an unexpected opportunity; I had a front row seat watching and helping someone run for a national office. My husband, Eric Chalmers, was the campaign manager for former Phoenix Mayor Greg Stanton, who was successfully elected last year to the U.S. House of Representatives for Arizona's 9th Congressional District. I'm an OR nurse and Certified in Medical Aesthetics so, as you might guess, I'm no political professional. Like many of you reading this, I try to keep up on the news and always vote. But, by playing a small part in a campaign I learned that there are boundless opportunities available for nurses, or anyone for that matter, to get engaged with a campaign they care about. For me, I cared about improving healthcare in our state and nation. Therefore, when I heard, and agreed, with Greg's stances on healthcare policy, it was natural to pitch in and help get him elected.



Rylee Chalmers, RN

I recognize that for many, getting involved in politics is not that easy – and even for me it was intimidating! When you're just starting it's hard to know where to go or who to talk to, but it can be as simple as going to someone's

website and clicking their "Volunteer" button or sending them a message via their campaign Facebook page. Trust me, the campaign staff are always thrilled to welcome a new volunteer (and they need our help!) There are so many ways to engage - get informed, knock on doors, attend meet and greet parties, make phone calls, and even just encouraging your friends and family to register and vote.

Politics at its core is advocacy. As nurses our most important role is to advocate for

the best interests of the patient, someone whose voice otherwise could go unheard. Campaign work is all about speaking up and speaking out – clearly, something I believe we can be very effective in. Before this experience, I hadn't thought of shaping health policy through politics as patient advocacy but, while it may seem obvious, the people we elect shape the policies which dictate how we deliver and provide care.

Patient Advocacy continued on page 4

"I think one's feelings waste themselves in words; they ought all to be distilled into actions which bring results."

~ Florence Nightingale

NURSE PRIDE

Cookie S. and Beth K. show off their Nurse Pride on their Arizona License plates. Cookie 'Loves to Be an RN.' Beth is a Nurse Practitioner plus avid hiker in Flagstaff!



Do you have a nurse pride license plate you want to share? Send it to info@aznurse.org. You might be on our next front page!

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PRESIDENT'S MESSAGE

OK, I'm Feeling It

After another long 12-hour shift, I'm feeling the stressors of being a staff nurse. The long shift combined with the constant cognitive and physical workload definitely is a challenge to keeping patients safe and satisfied. Welcome to some of the many challenges of being a nurse! Yet how do we cope? Is it through what is called 'grit?' Is it resiliency or fortitude? I am not sure which but what I know is this, developing strong coping mechanisms through the use of resources, self-care, and care for our colleagues can certainly help get us through some of our more challenging shifts.



Selina Bliss,
RN

Resources that build resiliency include getting involved, as an individual or an organization, by participating in ANA's Healthy Nurse, Health Nation (HNN) Challenge which helps create and maintain a culture of wellness. Recently, the East Valley and Northern Arizona Chapters of the Arizona Nurses Association (AzNA) have embraced several activities at the Chapter level to help members meet the HNN Challenge. In fact, the annual Renewal Retreat for Nurses coordinated by the East Valley Chapter has become so successful that other AzNA chapters have joined in to help sponsor this event. Now in its fifth year, registration is open on the AzNA website for the next retreat coming up on April 26th.

As we turn the calendar over to a new year, let us be thankful for our accomplishments from 2018 and consider a few new year's resolutions that include self-care. Care for ourselves, before we can effectively care for others, is what Stephen Covey called 'sharpening the saw.' That includes caring for yourself in the physical, social/emotional, mental, and spiritual areas of your life. Rest, diet, and exercise are just a few of the activities that keep us 'sharp.' Did you know it is in our Code of Ethics to care for self? The Code tells us we owe the same duty to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth (ANA, 2015).

As we strengthen our problem solving and coping skills, how do we know when it is time to help one another, or at least be more empathetic with our colleagues? Another activity for the new year is examining what it takes to develop a healthy and positive work environment. One only has to look to our specialty organizations, such as the American Association of Critical-Care Nurses (AACN) which is an Organizational Affiliate with the ANA. The AACN has identified six Healthy Work Environment (HWE) standards – which include skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership. Using available resources, care for self, and care for others certainly helps me get through some of my most challenging shifts as a nurse.

Before I end this President's Message I want to recognize one of my mentors, Bonnie Kempf, who passed away on November 6th at the age of 95. A nurse since the 1940s, Bonnie was ahead of her time. While ANA currently partners with the Nurses on Boards Coalition (NOBC), Bonnie knew a long time ago the importance of the presence of a nurse and served on several boards in the 1980s, including the Board of Directors of Yavapai Regional Medical Center and the Salvation Army. Bonnie was one of the two founding members of AzNA's Northern Arizona Chapter Dress-A-Child Project which along with a handful of other nurses helped provide new clothes and a coat for children in need every Christmas season. They went from outfitting 17 children in 1966 to over 500 by the 1990s. I spent many years volunteering for the Dress-A-Child Project and currently serve on their board. Today the Dress-A-Child Project continues to be governed and operated by a small group of nurses in the Prescott area. Bonnie has certainly left her legacy and will be missed by so many whose lives she touched and help improve.

Bonnie, I hope you rest in peace. For the rest of us, let's find peace within ourselves and others.

Happy New Year and what an honor it is representing you,

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

American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements* (2nd ed.). Silver Spring, MD: Nursebooks.org.

Call for Article Submission

Submit your article or research for publication in AzNA's quarterly print publication.

The Arizona Nurse is mailed to all 89,000+ RNs in the state.

AzNA welcomes submission of nursing and health related news items and original articles. We encourage short summaries and brief abstracts for research or scholarly contributions with an emphasis on application.

To promote inclusion of submitted articles, please review the Article guidelines available on the AzNA website at www.aznurse.org/Guidelines.

An "article for reprint" may be considered if accompanied by written permission from the author and/or publisher as needed. Authors do not need to be AzNA members.

Submission of articles constitutes agreement to allow changes made by editorial staff and publishers. See Article Guidelines for more information.

Submit your article to info@aznurse.org.



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EXECUTIVE DIRECTOR'S REPORT

Our Commitment to Lifelong Learning is Focused on You!

As we begin the first month of our Centennial Celebration year, I am reminded that nursing 100 years ago looked very different than nursing today. The complexities of health care and the technology explosion has challenged our knowledge and skills to the max! Lifelong learning is no longer a choice, but part of our survival strategy.



Robin Schaeffer, RN

AzNA is pleased to announce that we have re-named our continuing nursing education entity to better represent services that are available to every Arizona nurse. The old name, Western Multistate Division has been replaced with **Continuing Nursing Education Group (CNEG)**. CNEG is a partnership between Utah Nurses Association, ANA-Idaho, and Arizona Nurses Association. There are many excellent nursing-focused educational programs offered in our state, yet some entities have felt intimidated by the complexities of the CNE application process. The good news is that CNEG has improved and streamlined this process! If you would like to apply for Continuing Nursing Education (CNE) contact hours for a single event, program, or activity please visit the new website www.aznurse.org/CE.

All CE is not Equal

CNEG is an accredited approver of continuing nursing education by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation. ANCC is considered the "gold standard" for CNE and only accredits organizations that demonstrate the use of evidence-based criteria and evaluation.

We Need You....

If you like what you have read so far and are looking for a way to give back to the association/nursing profession, why not consider volunteering as a Nurse Peer Reviewer (NPR)? NPRs are trained as volunteer reviewers for CNE applications. NPRs are the lifeline of CNEG. Criteria for becoming an NPR are listed on the CNEG website www.aznurse.org/CE.

Terminology 101: Did you Know?

CEU is a retired term no longer in use. Contact Hours has replaced CEUs. Continuing Nursing Education (CNE) signifies that the continuing education offered is specific for Nurses. This is the preferred terminology.

Everything I Need to Know I Did Not Learn in Nursing School!

Being voted the most honest and ethical profession for the last 17 years (Gallup Poll, 2018)

suggests public assumption that nurses are professionally competent. The American Nurses Association (ANA Position Statement, 2014) defines competency as an expected level of performance that integrates knowledge, skills, abilities, and judgment. ANA also states that the registered nurse is individually responsible and accountable for maintaining professional competence. Professional competence goes hand in hand with lifelong learning principles. Here are some of the benefits of CNE:

- Validates specialty knowledge, experience and judgment for Specialty Certification
- Impacts patient care quality/outcomes
- Meets some states' requirement for licensure renewal (Idaho)
- Promotes professional advancement.

The Wisdom of Florence

Let us never consider ourselves as finished nurses...we must be learning all of our lives.
~Florence Nightingale

ANA (2014). *Position Statement: Professional Role Competence* <https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/professional-role-competence/>
Gallup (2018). *Nurses Again Outpace Other Professions for Honesty, Ethics.* <https://news.gallup.com/poll/245597/nurses-again-outpace-professions-honesty-ethics.aspx>

AzNA ARIZONA NURSES ASSOCIATION

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CONTINUING NURSING EDUCATION GROUP

The Continuing Nursing Education group is now accepting applications to award CNE Contact Hours for programs, events, and activities.

Aznurse.org/CE

To access electronic copies of the *Arizona Nurse*, please visit <http://www.nursingald.com/publications>

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DELIBERATE LIVING

Who Am I and Where Am I Going Anyway?

Shawn Harrell, RN



Shawn Harrell, RN

My personal mission statement is: With love, laughter, and respect, I exist to help others become their very best.

I once had a job as a medical underwriter, often telling people they didn't qualify for health insurance. I needed a job right away, so I took it on a temporary basis, knowing it would be extra difficult for me and that I should keep looking for a better fit. It didn't last long. My personal mission statement helped me understand very quickly why this job wasn't a good fit for me. My job conflicted with my mission and as a result, I was in conflict within myself, too.

Why create a mission statement?

If you don't know where you are going, any road will do.

A personal mission statement is a refined focus on why you exist and provides guidance for decisions and actions. For instance, if your mission statement is "I exist to conserve the beauty and resources of the earth," you probably would not decide to take a job working for a company that makes nonbiodegradable plastics.

Although you may feel your personal mission is to finish a degree or get a promotion, a degree or job is only a tool you use along the way to live out your personal mission.

This exercise will help you finish the statement: "I exist to....."

Answer some questions.

Part 1

What would I want people to say about me after I'm gone?

1. Family member:
2. Friend:
3. Coworker:
4. Someone from my church or community organization:

What are the roles I play in life? Mother, father, sister, brother, daughter, son, employee, coworker, student, nurse, breadwinner, other.

Prioritize those roles starting with the most important now. Keep in mind that roles may move around in your lifetime depending on circumstances.

The top five activities that consume my time are: (Is your time spent consistent with the prioritized roles?)

Part 2

What are my greatest strengths?

- List them.
- Ask friends and family to finish this statement: "You are so good at _____."
- Make a list of at least five strengths.
- The top five things I am good at are:

Part 3

- What am I doing when I am most happy?
- What gives me the greatest sense of accomplishment?
- What in my life has made me most proud?

Write a statement.

With information from Part 1, 2, 3 you can write a beginning mission statement. To get started you may want to visit these two websites that have more information and examples.

<http://www.timethoughts.com/goalsetting/mission-statements.html>

<https://www.andyandrews.com/personal-mission-statement/>

Your mission statement can guide decisions about how you spend your time, which activities you choose, and how you manage relationships. It will help you understand sources of conflict and identify the boundaries of life you want to maintain. While there are many worthy activities, your mission statement will help you choose those things that will be most likely to satisfy you and help you eliminate others that aren't a good fit.

By reflecting and answering these questions, you can start to identify your destination in life. In turn, the destination will define how you get there.

AzNA/AzNF Calendar of Events



Friday, February 26, 2019

Winter Nurse Leader Forum

Presented by Arizona Organization of Nurse Leaders
Visit www.myazone.org for more information

Friday, April 26 - Sunday April 28, 2019

Renewal Retreat for Nurses

Presented by AzNA East Valley Chapter 30
Location: Franciscan Renewal Center, Scottsdale

Saturday, July 27 - Sunday, July 28, 2019

31st Annual Southwestern Regional Nurse Practitioner Symposium

Location: Sheraton Mesa Hotel at Wrigleyville West, Mesa

Thursday, September 19 -

Friday, September 20, 2019

AzNA Centennial Celebration

Presented by AzNA East Valley Chapter 30
Location: Wild Horse Pass Hotel & Casino, Chandler

Registration and event information can be found at www.aznurse.org/events

Patient Advocacy continued from page 1

Along the way, I met other candidates running for office and I learned that nurses are a powerful group. We are the largest single group in healthcare delivery and according to an annual Gallup poll, nursing is the most trusted profession for 16 years in a row. We are problem solvers, educators, and often the first phone call of friends and family members when they have health issues. It is clear, politics needs us.

Your opinion and voice in your city's, Arizona's, and national health policy is more powerful than you think. You can find your City leaders contact information by typing (your city name).gov, your Arizona State Senators' and Representatives' contact information at www.azleg.gov/memberroster, and find your member of Congress by going to www.house.gov.

Whether you are a Democrat, Republican, or Independent your representatives and Senators in Washington want to know what you are thinking. Let them know!

Start 2019 by choosing to influence health policy. You can communicate with your state and national representatives. You can find and attend your party's district meeting (www.az.gop or www.azdem.org). You can track Arizona legislative health policy bills by going to www.aznurse.org and clicking on "Advocacy." Members and non-members can get quick tips about communicating with your representative on that same site. And finally, you can magnify your voice by joining AzNA. Membership information on page 15.

Get started today to advocate for patients that will influence the care of thousands of patients!

Rylee Chalmers is an RN certified in Medical Aesthetic Injections. She works in pediatrics at Phoenix Children's Hospital and for a medical aesthetics practice in Phoenix.

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MEMBERS ON THE MOVE

Four Arizona Nurses Inducted into the American Academy of Nursing

The American Academy of Nursing selected 195 highly distinguished nurse leaders as its 2018 class of Academy fellows. The inductees were honored at a ceremony held during the Academy's annual policy conference, *Transforming Health, Driving Policy*, which took place November 1-3, 2018, in Washington, D.C.

The Academy fellows, with the addition of this newest class, represent all 50 states, the District of Columbia, and 29 countries. The Academy is currently comprised of more than 2,500 nurse leaders in education, management, practice, policy, and research. Fellow selection criteria include evidence of significant contributions to nursing and health care, and sponsorship by two current Academy fellows. Applicants are reviewed by a panel comprised of elected and appointed fellows, and selection is based, in part, on the extent the nominee's nursing career has influenced health policies and the health and wellbeing of all. For more information about the American Academy of Nursing and the 2018 policy conference, visit <http://www.AANnet.org/2018>.

Arizona's Nurses:

Karen L. Johnson, PhD, RN, FAAN – Banner Health

Dr. Johnson's contributions to acute and critical care nursing have been sustained over decades as an educator, clinician and researcher. She has held faculty appointments at the University of Kentucky, University of Arizona and University of Maryland. She is the co-editor of several editions of an acute and critical care textbook, authored over 50 chapters in textbooks and 25 peer reviewed publications. She has led and mentored hundreds of nurses in the conduct of research and evidence-based practice projects that have transformed nursing practice. As a prolific author and speaker, she has disseminated compelling outcomes nationally and internationally through publications and presentations.



Lesly A. Kelly, PhD, RN, FAAN – Arizona State University

Dr. Kelly's research examines nurse and patient outcomes associated with clinician well-being. Her dynamic portfolio of funded research includes studies on nurse burnout, the healthcare work environment, and leadership behaviors. Findings from her research have enhanced the way nurses are meaningfully recognized, changed the processes and response to secondary trauma in hospitals, and increased knowledge and awareness around compassion fatigue, burnout, and recognition in the interprofessional setting. In her position spanning both academic and clinical settings, she utilizes her research findings for evidence-based initiatives that results in practice changes. Dr. Kelly obtained her BSN and PhD from the University of Arizona College of Nursing and her Postdoctoral



Fellowship from the University of Pennsylvania Center for Health Outcomes and Policy Research.

Judith O'Haver, PhD, RN, CPNP-PC, FAANP, FAAN – Phoenix Children's Hospital

Dr. O'Haver is a nurse practitioner at Phoenix Children's Hospital and specializes in pediatric dermatology. She is a faculty associate at Arizona State University and teaches in the Doctor of Nursing Practice program and a Nurse Scientist at Rady Children's Hospital in San Diego. She graduated from the University of Az with her PhD, Arizona State University with her MS and post masters PNP and Niagara University with her BSN. Dr. O'Haver is an Assistant Professor of Pediatrics, Mayo Clinic College of Medicine, Clinical Assistant Professor, Department of Child Health, University of Arizona, College of Medicine, Phoenix, AZ and Assistant Clinical Professor in the Department of Pediatrics, Creighton University School of Medicine, Phoenix Regional Campus. She is also a retired Lt Col from the USAF Reserves.



Rudy Valenzuela, PhD, RN, FNP-C, FAAN, FAANP – FSP Health Ministries

Father Rudy Valenzuela is an alumnus of the University of Arizona College of Nursing (MSN 2002, PhD 2010) and a family nurse practitioner at the YRMC San Luis Primary Care. He is pastor of Holy Spirit Church and director of Clinica Santa Maria de Guadalupe in San Luis Rio Colorado, Sonora, Mexico, a full service health clinic serving the poor and underserved on both sides of the U.S.-Mexico border, with over 50,000 visits a year. Dr. Valenzuela has recently been recognized by the Arizona Medical Association by bestowing on him the David O. Landrith Humanitarian Award. He was named the University of Arizona College of Nursing Alumni of the Year in 2014 and Yuma County nurse of the year in 2009. He is past president of the National Association of Hispanic Nurse and founder of the Yuma Chapter of Hispanic Nurses, Angeles del Desierto. Dr. Valenzuela is nationally and internationally known for his work at the U.S.-Mexico border, and for his expertise on caring for underserved populations, especially migrant workers and homeless. For the past 20 years, Dr. Valenzuela has served in numerous national and state boards and committees and has served as a mentor and clinical preceptor for numerous students from various universities. His work at the primary and community level has helped improve the health of populations on both sides of the U.S.-Mexico border.



Open Positions Available for Leadership – Call for Nominations

AzNA's Board members oversee the direction of the association, take responsibility for specific projects and teams, recruit new members, ensure a balanced budget, and represent AzNA members at the American Nurses Association. AzNA's Board of Directors is an active board that makes a difference in our profession.

Board members have been elected annually for two-year terms. A recent bylaws change requires that board positions are elected in a staggered fashion. Job descriptions and additional information are posted at www.aznurse.org/page/2019Election.

If you wish to run for one of the AzNA Board of Directors please submit a bio consent to serve form, available at www.aznurse.org/page/2019Election. Deadline for submission is July 21, 2019.

The committee is seeking nominations for the following:

- Officer Positions Two Year Term:**
- President**
 - Secretary**
 - Governmental Affairs Officer**
 - Director-at-Large**

AzNA leadership positions provide opportunities for career advancement as well as being professionally and personally rewarding. Volunteer to take a seat at the table.

Nominations Committee: Jason Bradley, Jane Carrington, Debbie Dyjak, Olivia Holt, & John Risi board liaison, Heidi Sanborn.

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Advocacy: Older Patients During Transitions in Care

Kelly Hanson, RN

Picture this clinical situation

Mrs. Andrews, an 86-year-old woman, was brought to the emergency room for increased shortness of breath. Mrs. Andrews has type 2 diabetes, hypertension, and macular degeneration. No longer able to drive, Mrs. Andrews relies on a neighbor and friends in her church community. During her admission, Mrs. Andrews is diagnosed with CHF with new medications that include a diuretic, a bronchodilator, and an increased beta blocker dosage. After three days, Mrs. Andrews was provided with education on her medications and a handout which instructed her to follow up with her primary care provider within seven days and see a cardiologist within a month.

I don't know about you, but if this were my mother I know she would be very overwhelmed and likely not want to overburden her neighbors or friends with more work. I am a clinical nurse working at the Geriatric and Extended Care (GEC) facility at the Northern Arizona VA Health Care Systems and have seen situations like this many times. Getting into see a PCP is not always that simple. Interestingly, very little communication occurs between hospitalists and PCPs. One study showed that only 23% of PCPs were notified of their patient's hospital admission. As nurses, we can advocate for older patients who may not have support systems at home and may have additional cognitive or physical challenges.

Advocacy begins on patient admission. The principal role of the nurse advocate is to act as an intermediary between the patient and the health care environment. Rehospitalizations among Medicare beneficiaries, frequent and costly, have been linked to gaps in follow-up care. As a nurse, you can advocate for this older population by communicating crucial information with the interdisciplinary health care team (IDT) and also providing personalized education using the Teach-

back method. This will ensure a more coordinated and safe discharge and protect against readmission.

Advocacy through communication

First and foremost, explain the roles of each member of the IDT. Older patients may not understand that a hospitalist is a medical doctor that will act as their PCP during hospitalization. Secondly, since this population is characterized by polypharmacy and comorbidities, be sure to validate all medications and supplements the patient is taking. Determine what specialists the patient is seeing and ask the patient if he or she would like the unit secretary to forward a copy of the discharge paperwork to these providers. Asking the patient if he or she would like help making the follow up appointments during their inpatient stay can be very important, especially with a new referral to a specialist. If there are any pending labs at discharge be sure to ask the unit secretary or hospitalists to please forward these records also. Finally, ensure that the patient has reliable transportation to attend follow up appointments. While it is customary for care managers and social workers to assist in discharge planning, high workload volumes can result in less time with the patients. Nurses are positioned strategically at the bedside to support both patient and care manager in a safe discharge.

Advocacy using Teach-Back Education

Elderly patients can feel overwhelmed with the abundance of information, instructions, and paperwork during the discharge process. Because over 75% of patients have three or more medication alterations, clear and effective communication is essential. The Teach-Back method is an evidence-based teaching practice endorsed by the Joint Commission (JC) and involves asking the patient to repeat back instructions in their own words allowing immediate feedback of the learner's understanding of information. Nurses using Teach-Back can adjust

teaching to accommodate a patient's individual learning style and reinforce education where needed. Adherence to disease management protocols is enhanced using this tool while supporting patients' self confidence in managing their care. An example of a Teach-Back question would be "Mrs. Andrews, can you tell me what symptoms would prompt you to call your PCP?" In our example, you can also help Mrs. Andrews develop a daily plan to weigh herself and record the results on the refrigerator. Discharge education should expand beyond medication review to include practical ways to support a healthy recovery transitioning from institution to home.

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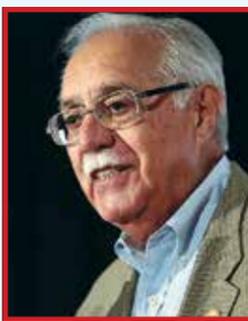
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Affiliate Organization Highlight: National Association of Hispanic Nurses – Phoenix Chapter

IN MEMORIAM:

THE Honorable Edward Lopez Pastor was a partner of the National Association of Hispanic Nurses - Phoenix Chapter. He was an advocate for diversity of the nursing profession. He demonstrated his commitment to the nursing community by sponsoring legislation designed to increase the diversity of nursing in Arizona. Congressman Pastor secured funding to begin the Bilingual Nursing Fellowship Program at the Maricopa Community Colleges. To date there has been 314 bilingual nurses graduated from this innovative national nursing program.

We offer our sincere condolences to the family and agree that "those of us left behind have been graced and forever changed by the force of his life." (Edward Lopez Pastor obituary, 2018).



2018 was a productive year for the National Association of Hispanic Nurses (NAHN)-Phoenix Chapter (NAHN-Phx). Our National Conference in July was a huge success as we connected, celebrated, discussed the future of our organization, and recognized scholarship and NAHN award winners.

The Phoenix Chapter has been able to meet our mission by advocating and educating our community through a variety of partnerships and grants, many sponsored by the National Institute of Health (NIH):

- **All of Us Research Grant**, NIH; bringing awareness to the Latino community to participate in research projects, in order to understand treatment to our diverse population
- **Latinos Against Alzheimer's**, NIH; bringing awareness about Alzheimer's Disease to the Latino community
- **Pfizer Vaccinations**, Pfizer, Inc.; educating older adults about the importance of adult immunizations.
- **Science Education Partnership Award (SEPA)**, NIH; informing high school students early about a career in nursing.

We have also participated in five community healthcare events, providing 138 total volunteer hours. Two of our members received recognition this past year:

Monica Miller was recognized as the face of Breast Cancer by the American Cancer Society. Monica Miller is a breast cancer survivor and serves on the NAHN Phoenix Board. She was one of the Portraits of Hope for the American Cancer Society Making Strides Against Breast Cancer Walk 2018.



She spoke at events in the community regarding breast cancer awareness and fundraised for this great cause. She and fellow NAHN Board Members had a wonderful day in October attending the Making Strides Phoenix Walk.

Bertha Sepulveda was one of four nurses across the nation recognized by Charting Nursing's Future, a program partner of AARP and the Future of Nursing: Campaign for Action, recognizing retired nurses who continue to volunteer. In addition to remaining active with NAHN-Phx, which she co-founded in 1991, Bertha is a "volunteer with the Society of St. Vincent de Paul at her local parish church. She interviews clients and directs them toward social supports – among them food, rent assistance, Medicaid, and employment counseling." (Fauteux, 2018)



NAHN nurses are a vital part of the health care system that contribute to the diversity of our nursing profession and they continue to meet the challenge of providing culturally relevant patient care. We look forward to our partnership with AzNA and, with the help of those who wish to get involved, working together to advocate for healthcare policies that impact nurses and the community at large.

Visit www.nahn-phx.org for info on how you can get involved with NAHN-Phx!

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Featuring:

Tim Porter-O'Grady

Dr. Tim Porter-O'Grady has been in health care for over 40 years and has held roles from clinical provider to senior executive. His name has long been synonymous with the concept of shared governance, but the whole of him is so much more. Tim is an enthusiastic, energetic and inspiring presenter and has lectured internationally at over 500 venues. He holds academic scholar positions at Arizona State University and The Ohio State University, is a registered mediator and arbitrator and an APRN wound specialist. He has published 23 books, eight have won AJN health care book of the year awards, and over 200 proctored journal articles.

Tim is currently senior partner of the international healthcare consulting firm, Tim Porter-O'Grady Associates Inc., in Atlanta, GA. He has consulted nationally on health reform during both the



Clinton and Obama administrations. He is noted for his work on shared governance models, clinical leadership, conflict, innovation, complex systems and health futures.

Chuck Underwood

Chuck Underwood is a pioneer who created, developed, and popularized generational study. Having researched generational dynamics for over 25 years, he is an elite consultant in generational strategy. He conducts generational research at his firm The Generational Imperative, Inc based in Ohio. He is the host of the PBS national-television series, America's Generations With Chuck Underwood, the first such series in the history of national television.

In his rightful place as an eminent authority in generation study, Chuck has taken on the generational challenges that confront nursing and all of healthcare including:

How to strategize ways to retain and actively recruit Boomer nurses.

Millennial nurses are as damaged by technology as they are helped by it. They know it and they want help.

How does nursing collaborate more fully with higher education to ensure a future nursing



workforce that possesses the right skills and values?

Will generational differences create care-team harmony or disharmony?

Will all generations of nurses strike a balance between technology and the human touch?

NASH* Talks!

Attendees at the last Convention raved about NASH talks – These 15 minute talks highlight the work of Nurse Superheroes from throughout the state of Arizona. You won't want to miss them! *NASH: Nurses Are SuperHeroes

Also featuring: an extensive display of peer-reviewed posters, exhibitors excited to speak to attendees, silent auction items...

...and the 2019 CENTENNIAL BIRTHDAY PARTY! A special dinner program that celebrates and highlights the many accomplishments from the past 100 years and sets the stage for the next 100 years!

Interested in submitting a poster?

Interested in being an exhibitor or sponsor?

Visit www.aznurse.org/Centennial for more information.



POLITICAL
ACTION
COMMITTEE

Trade Your Flip Flops for Boots

Colleen Hallberg, RN, AzNA-PAC Chair

What the AZNA-PAC does and what it needs to do next are not the same. The PAC Board was thrilled and proud to support our three nurse candidates running for legislative seats in Arizona's 2018 General Election, along with 65 others. The finely tuned Endorsement Process that candidates go through resulted in strong candidates that had been carefully vetted.

Yet, what we learned about the power of "boots on the ground" to a candidate's success will shape our next work as we begin to think about 2020. Denise Link, a nurse candidate in Phoenix's District 24, concludes that "a successful candidate needs a sufficient number of dedicated volunteers to knock on doors, make phone calls, write postcards, and staff events." She goes on to say that in her District 24, "the two candidates that got the most votes were the ones who knocked on the most doors, and more than once. They also had a large group of dedicated supporters who helped them do the knocking."

Last year, AZNA-PAC had intense endorsement cycles in both the Primary and General Elections. During these times we surveyed all of the candidates, reviewed the voting records of incumbents, collaborated with AZNA's governmental affairs committee on priorities, selected candidates for 1:1 interviews, and concluded these steps with Board discussion with our lobbyists and finally decisions on Endorsement. This is AZNA-PAC's finest work and it yields viable candidates – 54 out of our 68 endorsed candidates won the General Election.

Once the endorsement news was delivered to our candidates the questions began....can nurses in my district put up yard signs? How much can AZNA-PAC contribute to my campaign? Are there nurses to help me canvass on Saturdays and Sundays? Can you help staff my phone bank in the evenings? In other words, HELP ME GET ELECTED! Isn't this a very reasonable request? Yet, our infrastructure and capacity were not developed enough to quickly respond and deliver; the need is there and the desire to have nurse and healthcare champions in our AZ Legislature is very appealing and will continue to be so.

In early 2019, discussion will begin on opportunities to help our candidates get elected, along with the structure and processes needed in AZNA-PAC to fulfill this next step. There was tremendous excitement surrounding our nurse candidates and we expect nurse interest to be repeated in 2020.

Following the November election, Denise Link shared "I have listened to comments from my nursing colleagues about the need to have one or more nurses serving in the legislature. If nurses want a nurse in the legislature, they must be willing to work to get him/her there and encourage others to do the same."

Boots on the ground – it's what our nursing colleagues need to get elected. So in 2020, get ready to trade your flip flops in for boots!

Want to get involved with AzNA-PAC? Follow the AzNA-PAC facebook page. Contact info@aznurse.org with subject line 'Boots for PAC' to be added to the distribution list that will keep you up to date on PAC needs and initiatives.

Violence, Incivility & Bullying

American Nurses Association, www.nursingworld.org

While nursing is a profession dedicated to helping others, the highly charged nature of many of the environments in which nurses work can lead to situations where emotions boil over.

Incivility, bullying, and violence in the workplace are serious issues in nursing, with incivility and bullying widespread in all settings. Incivility is "one or more rude, discourteous, or disrespectful actions that may or may not have a negative intent

Civility Best Practices for Nurses

It's up to all of us

Nurses should model respect and a professional demeanor to help reinforce civility and positive norms. Employers must support and facilitate this process.

- 1 Use clear communication both verbally and nonverbally.
- 2 Treat others with respect, dignity, collegiality, and kindness.
- 3 Consider how personal words and actions impact others.
- 4 Avoid gossip and spreading rumors.
- 5 Rely on facts and not conjecture.
- 6 Collaborate and share information where appropriate.
- 7 Offer assistance when needed but accept refusal gracefully.
- 8 Take personal responsibility for one's own actions.
- 9 Recognize that abuse of power or authority is never acceptable.
- 10 Speak directly to the person with whom one has an issue.
- 11 Demonstrate openness to other points of view, experiences, and ideas.
- 12 Be polite and respectful, and apologize when indicated.
- 13 Encourage, support, and mentor others.
- 14 Listen to others with interest and respect.
- 15 Above all, aspire to uphold the professional Code of Ethics.

Bullying Prevention Strategies for Nurses

It's up to all of us

Nurses must establish and promote healthy interpersonal relationships at the workplace. Employers must support and facilitate this process.

Preventing Bullying

- 1 Become familiar with employer bullying prevention policies.
- 2 Establish an agreed-upon code word to seek support when feeling threatened.
- 3 Practice using responses to prepare to deflect incivility or bullying.

Responding to Being Bullied

- 1 Address perpetrators promptly and privately, when possible.
- 2 Report the event through appropriate channels.
- 3 Keep a detailed written account of the incident(s) and their frequency in case it becomes a pattern.

Responding When Witnessing Bullying

- 1 Consider letting the person doing the bullying know that their actions are not consistent with established policies.
- 2 Provide peer support or suggest access to a similar support system.
- 3 Recognize one's own actions taken and not taken as they relate to incivility and bullying.

behind them." ANA defines bullying as "repeated, unwanted, harmful actions intended to humiliate, offend, and cause distress in the recipient."

Such acts of aggression – be they verbal or physical – are entirely unacceptable, whether delivered by patients or colleagues. These incidents not only have a serious effect on the wellbeing of the nurse in question but also their ability to care for their patients.

ANA seeks to protect nurses from all types of workplace conflict through various methods including advocacy, policy, and resources. We want nurses, employers, and the public to jointly create and nurture a healthy, safe, and respectful work environment in which positive health outcomes are the highest priority.

Types of violence

According to The National Institute of Occupational Safety and Health (NIOSH), there are four types of violence that nurses might face in their work environment:

1. **Criminal Intent.** The perpetrator has no relationship with the victim, and the violence is carried out in conjunction with a crime.
2. **Customer/client.** The most common health care environment-based assault, the perpetrator is a member of the public with whom the nurse is interacting during the course of their regular duties.
3. **Worker-on-worker.** Commonly perceived as bullying, in these instances the perpetrator and victim work together – though not necessarily in the same role or at the same level.
4. **Personal relationship.** In these incidents, the victim has been targeted as a result of an existing exterior relationship with the perpetrator, with the violence taking place in the workplace.

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What Nurses Need to Know About Statutes of Limitations

Jennifer Flynn, CPHRM, Risk Manager,
Nurses Service Organization (NSO)

Do you remember the details of interactions with every patient you cared for two months ago? What about one year ago? The reality is nurses cannot rely on memory to recall details that could make the difference in successfully defending themselves against a lawsuit. After all, most of us can't recall what we had for dinner two nights ago.

The *statute of limitations* refers to the maximum amount of time between when an incident took place and when legal action can occur. Medical malpractice lawsuits can occur months or years after you last cared for the patient. Remember that following best practices for documenting and retaining records will help protect you in such a situation.

Why statutes of limitations?

Statutes of limitations specify the amount of time between when an injury occurs and when the injured party can file a valid cause of action in court. The intent of limiting this time frame is to promote fairness. After all, memories fade over time and witnesses can become incapacitated or die, making it difficult for the accused person to mount a reasonable defense.⁴

Statutes of limitations vary by state and the nature of the offense, and they can be quite specific. For example, in Arizona the statute of limitations for filing a medical malpractice lawsuit is two years from the date of the injury or two years from the date the patient knew or should have known^{3,5} but in California, it is three years or one year from the date the injured party should have known about the injury, whichever is the earlier date.^{3,6}

In addition, the time associated with statutes of limitations typically is longer for minors. Most states have statutory provisions that allow individuals to have the same amount of time for commencing legal action beginning after the minor becomes an adult.

Documentation provides protection

As a nurse, it's likely you realize the importance of documenting what treatment you have provided, but it's easy to forget—or not document completely—when you're caught up in a busy workday. However, not recording key information makes it more difficult for an attorney to defend you in the event of legal action.

Protect yourself by documenting patient interactions, whether they occur in person, on the phone, or electronically. Use the tips in *Documentation tips*, (see sidebar), to remind yourself of what and how to document. Consider the tips to evaluate whether your documentation meets professional standards and legal

requirements and make improvements to your practice as needed.

Retaining records

Because of statutes of limitations, you could be named in a lawsuit long after your last interaction with a patient. That's why it's important to retain records based on state and federal laws and regulations.

The Health Insurance Portability and Accountability Act requires the retention of records that contain protected health information for six years after the last visit. This rule preempts state laws that might require less time. Some experts recommend keeping records for as long as 10 years. In the case of minors, experts recommend keeping records until the child reaches the age of majority (adulthood) plus the maximum the length of time your state defines as the statute of limitations.

Shield your nursing practice

Statutes of limitations provide some protection against lawsuits years after you see a patient, but they also provide ample opportunity for lawsuits by individuals who may no longer be a patient. Help protect yourself from liability by documenting completely and retaining records that can provide evidence of your care.

You can find information about state and federal requirements related to retention of medical records at www.healthinfoweb.org/topics/60.

Resources

1. Nurses Service Organization. Do's and don'ts of documentation. <https://www.nso.com/Learning/Artifacts/Articles/Do-s-and-don-ts-of-documentation?refID=iiWLTNPI>. Accessed March 13, 2018.
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This risk management information was provided by Nurses Service Organization (NSO), the nation's largest provider of nurses' professional liability

Documentation Tips^{1,2}

Follow these tips to help ensure that complete documentation—not your memory—protects you in the event of legal action in response to a complaint from a patient.

- Check that you have the correct chart before you begin writing.
- Make sure your documentation reflects the nursing process and your professional capabilities.
- Chart promptly. If you wait until the end of your shift, you could forget to include important information.
- Chart in chronological order, specify exact times, and do not chart ahead of time.
- Keep comments factual, objective, and complete to avoid any perception of bias.
- Write clearly and concisely. Avoid using words, such as “appears” or “apparently,” when describing signs and symptoms or imprecise descriptions, such as “bed-soaked” or “a large amount.”
- Document all communications: face-to-face, electronic, and by telephone.
- Don't chart a symptom, such as “c/o pain,” without also charting what you did about it.
- If you make an error when documenting, make the correction, noting the date and time of the correction.
- If you remember an important point after you've completed your documentation, chart the information with a notation that it's a “late entry.” Include the date and time of the late entry.
- Adhere to documentation requirements in states where you practice, your organization's policies, and professional standards. If there's a conflict, use the most rigorous requirement.

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Whose Problem Is It?

Roni Collazo, RN

On Oct 19, 2018, over 130 nursing leaders in practice and education gathered together to discuss best practices for transition to practice. Dr. Kathy Malloch, Associate Director for the Arizona State Board of Nursing, provided the keynote and planted seeds for thought to look for unlikely partnerships and not to take shortcuts. She also challenged us to discontinue the use of the term “gap” when we discussed practice readiness and instead consider using the term trajectory to describe the pathway students follow to becoming professional nurses, growing in experience and expertise.

You will now see the term **Education Practice Trajectory Summit** used to label the Oct 19 event and future events.

As the day progressed, information was shared on the need to shift our paradigm and look for new ways to accomplish our goal of effective and efficient preparation of future nurses to provide safe, quality-driven, patient-centered care with a smooth transition from education to practice. Rochelle Rivas, from Maricopa County Community

College District's Office of Healthcare Education provided statistics related to clinical placements through the consortium. There were panels to provide perspectives from new graduates, clinical practice, and education, along with innovations in clinical learning experiences. Workgroups were formed, and meetings have begun. There will be an opportunity to gather together to report on progress in the spring, and another summit is being planned for next fall.

Five workgroups were formed and some attendees self-selected to sponsor these groups. They are: Summative Simulation Evaluation/Experiential Learning, Preceptorship, Clinical Faculty Training, Partnerships, and NextGen Nursing Education. We also have the full support of the Academy of Medical Surgical Nurses.

As the morning came to an end, and the group prepared to enter breakout sessions to discuss potential solutions in more detail, Dr. Malloch provided further insight. She asked, “Whose problem is it?” I have pondered this statement for the last month. How we prepare our future nurses is not a problem just for education or just for clinical practice. Nursing is our profession. The continued

growth of new professionals is a responsibility of the profession. Do we all “own” the problem? Or are we shifting responsibility and accountability?

I am currently in nursing education, so that is my lens at this time. The nurse in me wants to solve the problem and do everything from my perspective to do so. However, there is another perspective, that of clinical practice. I have not worked in the hospital setting for ten years, and so for me, that lens is clouded with age. Instead of working in silos, it is time to build teams and work in collaboration to address the legitimate concerns and create a trajectory that will meet the goals of developing our future nurses. Clinical practice partners were present on Oct 19 and we are all grateful for their participation, but we need more. We need nursing leaders from education and practice to OWN this! This is the future of our profession, and it is our responsibility to provide the trajectory that will launch future generations of nursing. “Whose problem is it?” It is ours! And we can create the solution!

Roni Collazo, RN, PhD, is Division Chair, Nursing & Allied Health, Estrella Mountain Community College.

UNITE Tribal Nursing

Debbie Dyjak, RN

This is a story of perseverance and encouragement to inspire all nurses across the state. Having worked as the Education Coordinator of a tribal nursing home in Arizona for seven years, I know the challenges of long commutes, flooded roadways, language and other cultural barriers that often need to be addressed. UNITE, United Nursing Homes in Tribal Excellence, has found a way to do that. Our last annual convention had a theme of “Nurses are Superheroes.” It’s true; we can do more than we think. UNITE strives to serve 22 different tribes, over what is often referred to as “Arizona Indian Country,” which is over a quarter of the size of Arizona, about 31,000 square MILES. That makes it larger than 11 states in the U.S., with fewer services than any of those states. Creating and coordinating services over such an enormous area takes an UNITE’d effort.

As in most healthcare service organizations, it is nursing that touches the most other services and most often initiates coordination of care. UNITE has succeeded because of Nursing Leadership and engaged stakeholders.

Since 2012, the 18 Tribal Nursing homes and the handful of Tribal Assisted Living homes across Arizona Indian Country have “united” in mission to bring quality and best practices to Elders residing in Tribal facilities. It took “telling our story” to all stakeholders and approaching the problem as nurses always do with assessment, plan, implementation, and evaluating our results. We explained the problem and asked everyone to help with planning a way to meet our goal. Choosing a name, UNITE, United Nursing Homes in Tribal Excellence, helped keep us focused. As an informal collaborative since 2011, a community-based nonprofit, and soon to be a Tribal organization, we have successfully engaged stakeholders as diverse as the Administration for Community Living, Centers for Medicaid and Medicare Services, Indian Health Service, National Indian Health Board, National Congress of American Indians, National Indian Council on Aging, Banner Alzheimer’s Institute, and the Geriatric Workforce Enhancement Program at the University of Arizona.

At our annual meeting in Washington, DC in August of 2018, as part of the 2018 National Title VI Conference, UNITE members met with three key senatorial staffers to discuss the need for funding of LongTerm Support Services in Indian country. In Washington, we advocated for our patients at the highest levels and improve the quality of care for our patients.

Information about this collaborative, recorded webinars, recordings of monthly calls, and Best Practice reports on topics as diverse as Traditional Food in Tribal Nursing Homes and Disaster Preparedness in Tribal Nursing Homes may be found at [CMS.gov<outreach](https://www.cms.gov/outreach) and [education<AI/AN<Tribal](https://www.cms.gov/education/AI/AN/Tribal) [Technical Assistance Center< UNITE](https://www.cms.gov/education/AI/AN/Tribal).

Please join us in becoming a member of this exciting and innovative collaborative. We will need many hands as we reach out to Tribes across the country, assisting them in developing very needed facilities for their Elders. These facilities will be staffed by Tribally educated and certified nurses to assist those requiring more full-time care in a setting “close to home.”

We are united in our mission:

UNITE works closely with any self-identified tribe needing help to create and sustain “homes of excellence” so Tribal Elders or those needing full time assistance may age close to home and community. We accomplish this mission through networking, education and training, advocacy efforts, resource production, and site visits.

Please contact Debbie Dyjak RN, BSN, MS to join or for more information at Debbie.dyjak@unitenatives.org.



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The Value of Certification

Mary Jo Hersom, RN, ONC

I am a Certified Orthopaedic Nurse at HonorHealth - J.C. Lincoln Medical Center and an advocate for certification on the Specialty Surgical Care unit as well as for the network. On my unit, 28% of our nurses are certified, which is something I'm very proud of. According to the American Nurses Credentialing Center, "board certification is an important way to distinguish that a nurse has met a level of distinction and knowledge indicating professional nursing practice. Board certification also gives the public some assurance that the individual must engage in lifelong learning to maintain and renew their certification, and in the case of advanced practice nurses their authorization/licensure to practice. The public recognizes the significance of this achievement and it provides some assurance that the individual who is caring for them has acquired a predetermined level of knowledge in the specialty area of practice."

Being certified positions nurses to support better patient outcomes through specialized knowledge and skills. Certification promotes career growth and opens doors for new opportunities. Specialty certification fosters empowerment and improves confidence in clinical competency. In addition, when a nurse is certified it demonstrates a commitment to advance the profession of nursing through lifelong learning. State RN licensure only measures entry-level competence to practice nursing. Certification reflects achievement of a standard beyond licensure for specialty nursing practice.

Trend in Healthcare

The Institute of Medicine's (IOM's) *Future of Nursing Report* recommends healthcare organizations foster a culture of lifelong learning and provide resources for continuing competency programs. Professional certification holds nurses to lifelong learning through the recertification process.

There is a growing trend in hospitals to pursue recognition through the American Nurses Credentialing Center's Magnet Recognition program. Having certified nurses is a key requirement for Magnet hospitals. Certification aligns with providing patient-centered care of the highest quality for the greatest value.

Continuing education required to maintain certification contributes to creating an environment of professionalism. Certified nurses are likely to have higher satisfaction rates resulting in increased retention rates. Leaders value the confirmation of nurses' knowledge through certification. Promoting certification of nurses is important to continue moving the profession forward (Elwell, 2017).

Barriers to Certification

Nurses report the number one barrier to achieving certification is cost. This expense is related to the cost of the examination, as well as maintenance of certification. Nurses who let their certification lapse identify several factors including lack of recognition, no increase in compensation, cost of certification renewal, lack of time to complete required continuing education, and personal circumstances (Haskins, Hnatiuk, & Yoder, 2011). Other barriers identified in the literature include limited time to prepare, lack of practice relevance, and fear of failing (Brown, Murphy, Norton, Baldwin, Ponto, 2010).

Strategies to Increase Certifications

Certification is voluntary. Healthcare facilities can support the process of certifications by adopting practices that promote and encourage nurses to obtain certification. Strategies to consider include:

- Reimbursement of exam cost, with passing score
- Monetary annual reward
- Provide study material (Text books, Study Guides, Practice Exams)
- Set a goal (use visual example on the nursing unit, such as thermometer, to gauge progress)
- Offer certification classes, with a time commitment to take the exam
- Organize a celebration when a nurse obtains certification
- Display certificates at facility to recognize the Certified Nurse(s)
- Provide opportunities and support to earn continuing education for recertification

As a Nursing Supervisor on our Specialty Surgical Care Unit, a Certified Orthopaedic Nurse, and member of the Honor Health network Certification Committee, I have the privilege of consistently supporting nurses in the pursuit of certification. The 28% rate of certification on our Specialty Surgical Care Unit was achieved by incorporating all of the outlined strategies above. Certified nurses on this unit overwhelmingly report that certification enabled them to experience personal growth and to feel more satisfied in their work. They are proud of their achievement and are role models for nurses and other health care professionals. Specialty certification points to nurses' commitment to career development and dedication to patient care in the evolving complexities of health care.

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**Happy Anniversary to our dedicated
AzNA members celebrating these special
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**Violence, Civility, and Bullying
continued from page 8**

It is important to remember that none of the scenarios above are restricted to physical violence – verbal and psychological abuse can be just as damaging to both the nurse and their ability to care for patients. All such abuse comes within the scope of ANA's anti-workplace violence agenda.

How ANA is taking action on workplace violence

Currently, there is no specific federal statute that requires workplace violence protections, but several states have enacted legislation or regulations aimed at protecting health care workers from its effects. We support these moves by individual states, and are actively advocating further, more stringent regulation.

In 2015, we convened a Professional Issues Panel on Incivility, Bullying, and Workplace Violence to develop a new ANA position statement. You can read the full position statement here, and below are some key points:

- The nursing profession will not tolerate violence of any kind from any source;
- Nurses and employers must collaborate to create a culture of respect;
- The adoption of evidence-based strategies that prevent and mitigate incivility, bullying, and workplace violence; and promote health, safety, and wellness and optimal outcomes in health care;
- The strategies employed are listed and categorized by primary, secondary, and tertiary prevention;
- The statement is relevant for all health care professionals and stakeholders, not exclusively to nurses.

How you can make a difference

Tackling workplace violence will take a united effort. To that end, we have collated a series of promotional and educational resources that can help you and your colleagues reduce incidents in your workplace, and help create safe health care environments by advocating for change.



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8 steps for making effective nurse-patient assignments

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

Reprinted from *American Nurse Today*

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

YOUR MANAGER wants you to learn how to make nurse-patient assignments. What? Already? When did you become a senior nurse on your floor? But you're up to the challenge and ready to learn the process.

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

1 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 are serious in their efforts to consider every piece of information when making them. By asking questions, you'll better understand how priorities are set and the thought that'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.

2 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*.) Some of this information you already know, and some you'll need to gather. But make sure you have everything you need before you begin making assignments. Missing and unknown information is dangerous and may jeopardize patient and staff safety.

The unit and its environment will set the foundation for your assignments. The environment (unit physical layout, average patient length of stay [LOS]) defines your process and assignment configuration (nurse-to-patient ratios). You're probably familiar with your unit's layout and patient flow, but do you know the average LOS or nurse-to-patient ratios? Do you 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 covered (rapid response, on call to another unit)? Review your unit's policy and procedures manual for unit staffing and

assignment guidelines. The American Nurses Association's *ANA's Principles for Nurse Staffing 2nd edition* also is an excellent resource.

Review the assignment sheet or whiteboard used on your unit. It has clues to the information you need. It provides the framework for the assignment-making process, including staff constraints, additional duties that must be covered, and patient factors most important on your unit. Use the electronic health record (EHR) to generate various useful pieces of patient information. You also can use the census sheet, patient acuity list, or other documents of nursing activity, such as a generic hospital patient summary or a unit-specific patient report that includes important patient factors.

Depending on your unit, the shift, and the patient population, you'll need to consider different factors when making assignments. Ask yourself these questions: What patient information is important for my unit? Does my unit generate a patient acuity or workload factor? What are the time-consuming tasks on my unit (medications, dressing changes, psychosocial support, total care, isolation)? Which patients require higher surveillance or monitoring?

Finally, always talk to the clinical nurses caring for the patients. Patient conditions change faster than they can be documented in the EHR, so rely on the clinical nurses to confirm each patient's acuity and individual nurses' workloads. Nurses want to be asked for input about their patients' condition, and they're your best resource.

Now ask yourself: How well do I know the other nurses on my unit? This knowledge is the last piece of information you need before you can make assignments. The names of the nurses assigned to the shift can be found on the unit schedule or a staffing list from a centralized staffing office. If you know the nurses and have worked with them, you'll be able to determine who has the most and least experience, who's been on the floor the longest, and who has specialty certifications. You'll also want to keep in mind who the newest nurses are and who's still on orientation.

3 Decide on the process

Now that you've gathered the information you need, you're ready to develop your plan for assigning nurses. This step usually combines the unit layout with your patient flow. Nurses typically use one of three processes—area, direct, or group—to make assignments. (See *Choose your process*.)

4 Set priorities for the shift

The purpose of nurse-patient assignments is to provide the best and safest care to patients,

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. If you work in the emergency department (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 Beds 1 and 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 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 units have higher censuses and nurse-to-patient ratios (1:5 or 1:6). They also can have unique physical features or layouts that direct how assignments are made. A unit might be separated by hallways, divided into pods, or just too large for one nurse to safely provide care to patients in rooms at opposite ends of the unit. So, grouping patients together based on unit geography and other acuity/workload factors may be 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 process) while another nurse is assigned to one or two specific patients (direct process). Unit characteristics direct 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.

but other goals will compete for consideration and priority. This is where making assignments gets difficult. You'll need to consider continuity of care, new nurse orientation, patient requests and satisfaction, staff well-being, fairness, equal distribution of the workload, nurse development, and workload completion.

5 Make the assignments

Grab your writing instrument and pencil in that first nurse's name. This first match should satisfy your highest priority. For example, if nurse and any other returning nurses are reassigned to the patients they had on their previous shift. If, however, you have a complex patient with a higher-than-average acuity, you just assigned your best nurse to this patient. After you've satisfied your highest priority, move to your next highest priority and match nurses with unassigned patients and areas.

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. You'll shuffle, move, and change assignments many times before you're satisfied that you've maximized your priorities and the potential for positive outcomes. Congratulate yourself—the nurse-patient assignments are finally made.

6 Adjust the assignments

You just made the 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 on paper or in marker on a dry-erase board.

As the charge nurse, you must communicate with patients and staff throughout the shift and react to changing needs by updating assignments.

What you need to know

Before you make decisions about nurse-patient assignments, you need as much information as possible about your unit, nurses, and patients.

Common patient decision factors

Demographics

- Age
- Cultural background
- Gender
- Language

Acuity

- Chief complaint
- Code status
- Cognitive status
- Comorbidities
- Condition
- Diagnosis
- History
- Lab work
- Procedures
- Type of surgery
- Vital signs
- Weight

Workload

- Nursing interventions

- Admissions, discharges, transfers
- Blood products
- Chemotherapy
- Drains
- Dressing changes
- End-of-life care
- I.V. therapy
- Lines
- Medications
- Phototherapy
- Treatments
- Activities of daily living
- Bowel incontinence
- Feedings
- Total care

Safety measures

- Airway
- Contact precautions
- Dermatologic precautions
- Fall precautions
- Restraints
- Surveillance

Psychosocial support

- Emotional needs
- Familial support
- Intellectual needs

Care coordination

- Consultations
- Diagnostic tests
- Orders
- Physician visit

Common nurse decision factors

Demographics

- Culture/race
- Gender
- Generation/age
- Personality

Preference

- Request to be assigned/not assigned to a patient

Competence

- Certification
- Education
- Efficiency
- Experience
- Knowledge/knowledge deficit
- Licensure
- Orienting
- Skills
- Speed
- Status (float, travel)

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 back to your priorities and goals. Did all the patients receive safe, quality care? Did you maintain continuity of care? Did the new nurse get the best orientation experience? Were the assignments fair? Measure success based on patient and nurse outcomes.

Check in with the nurses and patients to get their feedback. Ask how the assignment went. Did everyone get his or her work done? Were all 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 with patients, ask 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. Keep practicing 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.

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AzNA/ANA Membership Activation Form



Essential Information

First Name/MI/Last Name _____
 Mailing Address Line 1 _____
 Mailing Address Line 2 _____
 City/State/Zip _____
 County _____

Date of Birth _____ Gender: Male/Female _____
 Credentials _____
 Phone Number _____ Check preference: Home Work _____
 Email address _____

Professional Information

Employer _____
 Type of Work Setting: (eg: hospital) _____
 Practice Area: (eg: pediatrics) _____

Current Employment Status: (eg: full-time nurse) _____
 Current Position Title: (eg: staff nurse) _____
Required: What is your primary role in nursing (position description)?
 Clinical Nurse/Staff Nurse
 Nurse Manager/Nurse Executive (including Director/CNO)
 Nurse Educator or Professor
 Not currently working in nursing
 Advanced Practice Registered Nurse (NP, CNS, CRNA)
 Other nursing position

Ways to Pay

Monthly Payment \$15.00

Checking Account *Attach check for first month's payment.*
Checking: I authorize monthly recurring electronic payments to the American Nurses Association ("ANA") from my checking account, which will be drafted on or after the 15th day of each month according to the terms and conditions below. Please enclose a check for the first month's payment. The account designated by the enclosed check will be used for the recurring payments.
 Credit Card
Credit Card: I authorize monthly recurring electronic payments to the American Nurses Association ("ANA") be charged to my credit or debit card on or after the first of each month according to the terms and conditions below.

Membership Dues (Price just reduced \$15 monthly/ \$174 annually)

Dues:\$ _____
 ANA-PAC Contribution (optional)\$ _____
 American Nurses Foundation Contribution (optional)\$ _____
 Total Dues and Contributions.....\$ _____

Credit Card Information Visa Mastercard AMEX Discover

Monthly Electronic Deduction | Payment Authorization Signature _____
 I understand that I may cancel this authorization by providing ANA written notice twenty (20) days prior to deduction. I understand that ANA will provide thirty (30) days written notice of any dues rate changes. I understand that my dues deductions will continue and my membership will auto-renew annually unless I cancel.

Credit Card Number _____ Expiration Date (MM/YY) _____
 Authorization Signature _____
 Printed Name _____

Please note: \$49 of your membership dues is for a subscription to *American Nurse Today*. American Nurses Association (ANA) membership dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, the percentage of dues used for lobbying by the ANA is not deductible as a business expense and changes each year. Please check with your State Nurses Association for the correct amount.

For assistance with your membership activation form, contact ANA's Membership Billing Department at (800) 923-7709 or e-mail us at memberinfo@ana.org

| | | | |
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| Online Join instantly at JoinANA.org | Mail ANA Customer & Member Billing PO Box 504345 St. Louis, MO 63150-4345 | Phone 1 (800) 923-7709 | Fax (301) 628-5355 |
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|---|---|--|

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- YES** nurses influence laws, rules and Scope of Practice
- YES** collaboration on the local and national level
- YES** promotion of a healthy Arizona
- YES** nationally accredited continuing education
- YES** nurses have access to mentors and role models

www.aznurse.org



Navajo Area Indian Health Service (I.H.S.)
Chinle Comprehensive Health Care Facility
Chinle, AZ



Chinle Service Unit includes a 60 bed hospital with inpatient and outpatient services and two health care centers. Services are: Inpatient Care including Adult Care, Pediatric Care and Intensive Care Units; Outpatient Primary Care, Emergency Medicine, General Surgery, Podiatry, OBGYN, Labor & Delivery, Women's Health, Midwifery, Mental Health, Pharmacy, Optometry, Dental, PT, OT, Speech Pathology, Audiology, Lab, Public Health and School Health.

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(includes Chinle Hospital, Tsaile & Pinon Health Centers)

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928-674-7608 email: ella.bia@ihs.gov

Apply at: www.usajobs.gov

I.H.S. is required by law to give preference to qualified Indian applicants.
Equal Opportunity Employer



STR-TA
Consortium
State Targeted Response
Technical Assistance

ABOUT

The State Targeted Response (STR) Technical Assistance (TA) Consortium was created to support your efforts in addressing opioid use disorder prevention, treatment and recovery. This project, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), will help communities locally address the opioid public health epidemic.

MISSION

Training and Technical Assistance

To provide training and technical assistance to enhance prevention, treatment (especially medications to treat opioid use disorders like buprenorphine, naltrexone, and methadone), and recovery efforts across the country.

FREE

Training and Educational Support

Anyone can request technical assistance online at:

www.getSTR-TA.org

TRAINING & EDUCATION

STR-TA provides training and education support in the prevention, treatment and recovery of opioid use disorders. A few examples of how we might help you include:

Prevention

- Evidence-Based Prevention Programs (Life Skills, Strengthening Families)
- Safe Opioid Prescribing/Drug Misuse
- Media/Public Awareness Campaign
- SBIRT
- Naloxone Training/Distribution
- Program Implementation
- Coalition Development
- School/Educational Programs
- Drug Take-Back/Disposal

Treatment

- Psychosocial Interventions (Cognitive Behavioral Therapy, Motivational Interviewing, Clinical Supervision)
- Pharmacotherapy: Buprenorphine, Naltrexone, Methadone
- Collaborative/Integrated Care Models
- Telepsychiatry/Telehealth
- Pain Management

Recovery

- Medication-Assisted Recovery
- Peer-Support/Recovery Coach Models
- Integration of Peers/Peer Supervision
- Recovery-Oriented Systems of Care
- Recovery Coalition/Community
- Building Recovery Housing
- Peer Workforce Development
- Youth/Young Adult Recovery

*Funding for this initiative was made possible (in part) by grant no. 1H79TI080816-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



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