President's Column

Douglass Haas, MSN, APRN-NP, FNP-BC, AGACNP-BC, CCRN-CMC

Happy 2019 Nebraska Nurses! I hope everyone had a wonderful and restful holiday with family and friends. As we venture into 2019, I wonder what the most common New Year’s Resolution is – I know my gym resolution is already a little spotty. My hope for 2019 is that all Nebraska Nurses feel compelled to have a resolution related to NNA. If you are not a member, I genuinely encourage and welcome you to join our organization. We have adjusted our membership pricing to $15/month in hopes that the financial investment is more manageable while continuing to finance the excellent work of this organization. If you are an NNA member, THANK YOU! I also hope that the current membership can dedicate a resolution to NNA as well. Could you be available to join one of our Mutual Interest Groups, serve on one of our three committees, or even run for office in our 2019 election? The work of NNA cannot continue without dedication to this organization and our profession; I hope you will consider evaluating your current relationship with NNA and consider if there is room for advancement.

Also, I want to remind everyone of the activities happening within NNA these first few months of 2019. I welcome everyone to register to join us in Lincoln on February 28th at the Cornhusker Marriott for “Nurses Day at the Legislature.” Registration can be found on our website nebraskanurses.org. Our elected officials will have decisions to make this year which will have an impact on our practice as nurses as well as the outcomes and safety of our patients. Who better to speak to a Nebraska Senator than one of their Nurse constituents about the impact of their votes in the unicameral and our abilities to provide care to all Nebraskans? This event will update you on the 2019 unicameral bills that NNA is following and providing testimony for. The event will be followed by lunch with your Senator so that you can convey all the new knowledge with them over a meal and make sure they have a nursing point of contact when they need trusted resource this legislative session.

Finally – keep an eye out in the following pages for updates from our Mutual Interest Groups. We currently have four geographically located groups of Nebraska Nurses who are working hard to provide events and updates in our four NNA regions. These groups are found in Scottsbluff, Kearney, Lincoln, and Omaha and will have updates in this issue and future Nebraska Nurse publications. Their events will also be listed on our social media and website as details become available. I plan to be present in at least one event in all four mutual interest groups this year, but do enjoy some time on the road – my mother calls it “Windshield Therapy” – so I look forward to meeting and talking with as many Nebraska Nurses as possible this year. It seems like I just made another 2019 resolution, so I look to each of you to hold me accountable for this one!
Nurses lead progress in ChoosingWisely® Campaign

Call for implementation and evaluation of evidence-based recommendations

Reprinted from American Nurse Today

NURSES are masters at guiding wise choices and an obvious partner when the American Board of Internal Medicine (ABIM) Foundation expanded its national Choosing Wisely campaign about avoiding unnecessary tests, treatments, and procedures for patients. The American Academy of Nursing launched the Choosing Wisely effort aimed at nurses in 2014. In June 2018, the Academy announced five new recommendations for nursing, bringing the total to 25. Academy President Karen Cox, PhD, RN, FAAN, and Mary Fran Tracy, PhD, APRN, CNS, FAAN, the Academy’s Choosing Wisely chair, talk about the campaign’s progress and next steps.

How have the Academy and nurse experts contributed to Choosing Wisely?

Cox: The Academy accepted ABIM’s challenge to be the nursing profession’s champion of the Choosing Wisely campaign because of its good fit with the Academy’s mission of advancing health policy, practice, and science. Academy fellows represent an unparalleled brain trust of nursing’s most accomplished experts. Many of them are leaders of clinical nursing organizations that also partnered with the Academy to develop our Choosing Wisely statements.

What role do nurse leaders need to play in the campaign?

Cox: Some statements reach across all practice areas. Others are specialized. Clinical leaders need executive leadership awareness and support to implement the statements at the point of care since the statements directly impact quality and safety outcomes.

What do the nursing statements focus on?

Tracy: So far we’ve issued 25 statements on things nurses and patients should question. They span a wide range of clinical situations, including fetal heart rate monitoring, ambulation and restraints for older adults, not waking patients for routine care, and treatment of delirium. Hair removal at surgical sites and unwarranted continuous vital signs monitoring in hospitalized children and adolescents are also included.

How can nurse leaders foster collaboration on these issues with other clinicians?

Cox: Leaders can raise awareness in clinical areas within facilities and across health systems. They can support collaborative initiatives to change practice habits based on the Academy’s Choosing Wisely statements.

What steps are needed for implementation, research, and dissemination of the nursing recommendations?

Tracy: The statements are evidence-based. Now we need evidence to show what works and what doesn’t in implementing these recommendations. For example, a joint effort by 16 advanced practice registered nurse teams in 13 states implemented high-value care initiatives based on initial recommendations from ABIM’s Choosing Wisely campaign. We need similar projects for the Choosing Wisely statements the Academy has developed for nursing.

Karen Cox is president of the American Academy of Nursing and president of Chamberlain University in Downers Grove, Illinois. Mary Fran Tracy is chair of the Academy’s Choosing Wisely Task Force and associate professor and nurse scientist at the University of Minnesota School of Nursing in Minneapolis.

NNA’s Mission:
The mission of the Nebraska Nurses Association is advancing our profession to improve health for all. The vision of the Nebraska Nurses Association is to be a proactive voice for nurses and an advocate for improved health for all.

NNA’s Core Priorities:
- C – Collaboration
- A – Advocacy
- R – Recognition
- E – Education

NNA’s Official Publication:
The Nebraska Nurse is the official publication of the Nebraska Nurses Association (NNA) a constituent member of the American Nurses Association, published quarterly every March, June, September and December. The NNA provides education, networking opportunities, publications and other products and services to its members and extends its mission to all nurses in Nebraska.

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You can leave a message at any time!
Email: Director@NebraskaNurses.org
Website: www.nebraskanurses.org
Mail: c/o Midwest Multistate Division
3340 American Avenue, Suite F
Jefferson City, MO 65109

Questions about your nursing license?
Contact the Nebraska Board of Nursing at:
(402) 471–4376.
The NBB is an arm of the Nebraska Health and Human Services System Regulation and Licensure.

Questions about stories in the Nebraska Nurse?
Contact: NNA.

This newsletter is a service of the Nebraska Nurses Association and your receipt of it does not mean you are automatically a member. Your membership in support of this work is encouraged; please visit www.nebraskanurses.org.

Writer’s Guidelines:
Any topic related to nursing will be considered for publication in the Nebraska Nurse. Although authors are not required to be members of NNA, when space is limited, preference will be given to NNA members.

Photos are welcome, digital is preferred. The NNA assumes no responsibility for lost or damaged photos.

Submitted material is due by the 2nd of the month in January, April, July and October of each year.

You may submit your material in the following ways:
Prepare as a Word document and attach it to an e-mail sent to director@nebraskanurses.org.

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613, (800) 626–4081, sales@arthurldavis.com and Human Services System Regulation and Licensure.

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NNA MIG Region 1 Update

Spring events include meeting a meeting held on Monday January 21, and one coming up on March 18, 6:30 pm, at the Harms Center in Scottsbluff. We will discuss activities, supporting local nursing students to attend their national convention in April, and a nursing day event in May, yet to be determined.

NNA Omaha Metro Nurses Calendar of Events 2019!

Members and Non-Members Welcome

The NNA Metro Omaha Nurses group is excited to share scheduled events for 2019 in NNA Region 4. All nurses in the area are invited to attend, so mark your calendar now. More information about each event will be available at www.nebraskanurses.org as each event draws near. Please contact Chair, Anna Mackevicius - annamackevicius@gmail.com or Recorder, Terry Anderson - terraclandersonconsulting.com to get more details on NNA and the Omaha Metro Nurses events. We welcome all NNA members who would like to be more involved on a local level!

- March 30, 2019 – Local Nebraska Student Nurse Associations collaborative event – Methodist College – (Lead – Beth Flott)
- April 27, 2019 - Positive Image of Nursing Awards Celebration Breakfast – Scott Conference Center – (Lead – Teresa Anderson)
- June 6 and 8, 2019 - LTC Continuing Education Sessions – focusing on Mobility and Elder Care – Methodist College – (Lead – Beth Flott)
- September 7, 2019 - 5K/10K Fun Run/Walk – Lake Zorinsky – (Lead – Alice Kindschuh)

Kay Duncan, RN, BSN, MAA, CPN
President, Nebraska School Nurse Association

The Nebraska School Nurses Association is currently involved in planning the annual School Nurse Conference in Kearney, NE June 2-4. This is done in conjunction with the Central Nebraska School Nurses Association and Central Community College.

We have awarded several $100.00 grants to members across the state to enable them to improve their school nursing practice.

We are excited to announce that two of our members, Ashley DeBrie, RN, BSN and Tara Boyer, RN, BSN successfully passed the Nationally Certified School Nurse exam.

We are going to work on establishing a data base of all school nurses in Nebraska and determine which schools do not have access to a school nurse.

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Nebraska Nurses Foundation Celebrates 2018 Successes and Sets 2019 Goals

The Nebraska Nurses Foundation (NNF) was very successful in reaching 2018 operational goals, centered around enhancing organization presence within our website and at conference exhibits. A revised website was launched with the support of Travis Gallup, Communications & Graphic Design Manager of the Midwest Multistate Division. Travis also provided his expertise as a professional brochure, exhibit display, and table covering were developed. Visit the website at www.nebraskanursesfoundation.org to see his fabulous work.

Contributions of over $4600 collected in 2018 will support operations and continued growth of the project grant program. Chris Venovich, the recipient of the 2018 grant presented her work at both the NNA Omaha Metro Nurses Annual Dinner and the NNA/NNP Convention. Her project impacted over 2000 nurses and the patients they serve!

The NNF has also identified strategic priorities and goals for 2019. Work will continue to enhance our website, especially the materials available for nurses to be honored with the Nightingale Tribute at the time of their passing. The team will add a new twist to the Silent Auction, flaming the competition and excitement of this long-standing tradition, while enhancing its fundraising potential. The project grant program will be continued, and the team will also begin exploration of larger applicable grants to focus on rural nursing needs and support.

The NNF Board expresses our gratitude for the ongoing support of the MSD and NNA in making 2018 a success and looks forward to a successful 2019!

2019 NNF Project Grant to Support Aromatherapy Education in a Long-Term Care Setting

“The Nose Knows” Educating Long-Term Care Staff Members About the Benefits and Use of Essential Oils and Aromatherapy for Personal Use and Use for Residents

The NNF Board is pleased to announce the distribution of the 2019 nursing project grant to Rochelle (Shelly) Burke-Rodriguez, RN, DCE, IAC (Integrative Aromatherapy Certified). Shelly is the Director of Clinical Education at Columbus Care and Rehabilitation, Columbus, Nebraska. The purpose of the project is to increase staff knowledge of aromatherapy and how it can be used by each of them personally, and how it can be used to help residents with physical and emotional complaints. Under Shelly’s supervision staff will be encouraged to integrate aromatherapy into their personal lives and aspects of residents’ lives (activities, dietary) to increase quality of life physically, emotionally and mentally.

The $1000 grant award will be used toward the purchase of essential oils, education materials, and equipment for blending and distributing the oils. The project will directly impact 200 staff members/residents and indirectly their families and friends. The NNF Board was “impressed by the detailed design and scope of the project, and it’s potential to impact long-term care nurses and patients now and in the future.” Congratulations to Shelly, on receipt of these funds. The NNF Board looks forward to supporting similar projects to advance nursing practice and education in Nebraska!

For more information about the NNF and all of our programs, please visit our website at www.nebraskanursesfoundation.org.

NNF 2019 Board of Directors

The Nebraska Nurses Foundation recognizes the Board of Directors for 2019. Thanks to your service and dedication, the NNF continues to serve nurses and the public by providing information and resources to improve health care and to support nursing, including scholarships, practice grants, and research support.

Sara Seemann, Nurse Member (President)
Catherine Parker, Nurse Member (Vice President)
Teresa Anderson, Nurse Member (Secretary, 2nd Vice President)
Josh Hanshaw, Community Member (Treasurer)
Alice Kindschuh, Nurse Member
Joanie Nelson, Nurse Member
Dan Rock, Community Member
Jackie Steckelburg, Nurse Member
The MW MSD Board of Directors believes that the economy of scale created by the joint operations has enhanced member value (responsiveness, technology support, additional education, and expert consultation) and reduced expenses, while reducing the burden on volunteer leaders.

Our current board members are Rebecca McClanahan, President, Teresa Anderson, Vice-President, Angelia Hermann, Sec/Treasurer, Terry Reese, Anna Mackevicius, Jan Kemmerer, and Michelle Harp. Each member SNA is allotted two board seats.

SNAs continue to have independent, incorporated and fiduciary Boards of Directors at the state level to manage strategic and financial decisions, events, local advocacy and legislative actions. Bylaws, elections, reference proposals, membership and budgetary planning remain the responsibility of the SNAs.
This is a dynamic time for the Nebraska Nurses Association. Nurses are working collaboratively to create the future of NNA as it restructures the organization and expands member benefits. Offer your talents and leadership skills by submitting your name as a candidate for one of the NNA Leadership Opportunities listed. Most committee terms are two years in length.

To be eligible to serve on the Board of Directors, a person shall:

a. hold current individual membership in ANA/NNA.
b. not concurrently serve as an officer or director of another organization, if such participation might result in a conflict of interest with NNA.

### Committees and Organizations

<table>
<thead>
<tr>
<th>Committees and Organizations</th>
<th>Description</th>
<th>Time Required</th>
<th>Skills</th>
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<tbody>
<tr>
<td>Nursing Professional Development Committee (NPDC)</td>
<td>Plans and implements activities related to nursing professional development and NNA events.</td>
<td>Quarterly meetings and as needed.</td>
<td>Interest in professional development and continuing education.</td>
</tr>
<tr>
<td>Legislative Advocacy and Representation Committee (LARC)</td>
<td>Plans and implements activities related to professional security and nurse advocacy &amp; represents NNA’s positions on state and local concerns, as defined by NNA’s approved legislative platform.</td>
<td>Weekly meetings during Legislative bill introduction, then as needed.</td>
<td>Interest/experience in advocacy, bill review, government affairs, lobbying.</td>
</tr>
<tr>
<td>Governance, Finance, and Membership Committee (GFMC)</td>
<td>Provides infrastructure guidance and recommendations to the Board of Directors related to membership recruitment and retention, recruitment of qualified candidates for NNA elected and appointed positions, and oversight of financial operation on behalf of the Board of Directors.</td>
<td>Quarterly meetings, and as needed.</td>
<td>Interest/experience in association/non-profit budgeting and finances. Interest in membership development.</td>
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### PARTNER ORGANIZATIONS

<table>
<thead>
<tr>
<th>NNA PAC</th>
<th>Solicits funds for campaign contributions and distributes monies to selected candidates running for state offices based on established criteria.</th>
<th>Quarterly meetings by conference call.</th>
<th>Interest/experience in political campaigns.</th>
</tr>
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<tbody>
<tr>
<td>Nebraska Nurses Foundation</td>
<td>Nebraska Nurses Foundation promotes and protects the health of Nebraskans through the promotion of educational and scientific activities and community based projects.</td>
<td>Meets quarterly and as needed.</td>
<td>Desire to develop the financial resources to support the philanthropic mission of the Nebraska Nurses Foundation and the Nebraska Nurses Association.</td>
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Apply at www.mosaiccareers.org
8 Steps for Making Effective Nurse-Patient Assignments

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 them. By asking questions, you’ll better understand how priorities are set and the thought that’s given to them.

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 ratio). 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.

8 Steps continued on page 8

8 Steps continued on page 8
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.

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.)

Set priorities for the shift

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

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 another 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.

Congratulations! The nurse-patient assignments are finally made.

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—there conditions change, or they need a break, or they need a change of scenery. You’ll adjust the assignments many times before you’re satisfied that you’ve maximized your priorities and the potential for positive outcomes.

Congratulations—your nurse-patient assignments are finally made.

8 Steps continued from page 7

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

What you need to know

- 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)

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humanresources@amhne.org,
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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 can also 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.

**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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SPIRITUAL WELLNESS: A JOURNEY TOWARD WHOLENESS

What is spirituality?
Barbara Dossey, a pioneer in the holistic nursing movement, writes that our spirituality involves a sense of connection outside of ourselves and includes our values, meaning, and purpose. Your spiritual well-being isn’t what you own, your job, or even your physical health. It’s about what inspires you, what gives you hope, and what you feel strongly about. Your spirit is the seat of your deepest values and character. Whether or not you practice a religion, you can recognize that a part of you exists beyond the analytical thinking of your intellect; it’s the part of you that feels, makes value judgments, and ponders your connection to others, to your moral values, and to the world. For this reason, spirituality frequently is discussed in terms of a search. Spiritual wellness is a continuing journey of seeking out answers and connections and seeing things in new ways. It also means finding your purpose in life and staying aligned with it.

Although religion and spirituality can be connected, they’re different. A faith community or organized religion can give you an outlet for your spirituality, but religion isn’t spirituality’s only expression. Hope, love, joy, meaning, purpose, connection, appreciation of beauty, and caring and compassion for others are associated with spiritual well-being.

Spirituality as part of nurses’ DNA
As nurses we’re fortunate that the very basis of our practice is grounded in spiritual ideals. From the beginning of our education, we learn about the importance of compassion and respect for the inherent dignity, worth, and unique attributes of every person.” But many nurses are surprised to find that Provision 5 extends this compassion and respect to nurses themselves: “The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.”

The Code of Ethics for Nurses with Interpretive Statements states, “The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.” But many nurses are surprised to find that Provision 5 extends this compassion and respect to nurses themselves: “The nurse owes the same duties to the 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.” We have a responsibility to both our patients and to ourselves to honor our spiritual heritage.

Think about your job and what you do every day. When do you feel most energized? Great satisfaction can come from learning a new skill and mastering it, and of course it’s vital that you complete your many tasks efficiently and competently, but there’s more. When asked about the times they felt most energized, many nurses cite moments when they really connected with another person—family, friends, colleagues, patients. This is the “more”—when we go beyond just our needs and wants to connect beyond ourselves. Humans are wired to be in relationship with others. Spirituality is fundamental to nursing practice.

Disconnected much?
Although most nurses would likely agree that spirituality is an important component in the care they provide and in their personal lives, too often the pressures of modern life interfere with what’s most important to us. Crushing workloads, family responsibilities, financial pressures, and fast-paced living create the perfect storm that makes acting on our values difficult. Many nurses suffer chronic illnesses, including depression, at...
a rate greater than the general population and other health professionals. In a study, Letvak and colleagues demonstrated that nurses are twice as depressed as the patients they serve. A study by Melnyk and colleagues of more than 2,000 nurses across the country found more than half of the nurses reported poor mental or physical health and depression. Additionally, nurses with “...worse health were associated with 26% to 71% higher likelihood of having medical errors.”

Living life on purpose

In his groundbreaking work with professional athletes, performance psychologist Jim Loehr, EdD, argues that being out of touch with our life’s purpose creates an extraordinary energy drain. People may run in marathons, eat the healthiest foods, and be at the top of their game professionally, but these really good things can become an end to themselves when they’re disconnected from life’s purpose. Without that connection, anything can become meaningless.

Joy in the journey

All of us experience tragedy, sadness, and grief; they’re part of the human condition. If you’re wondering if finding joy and peace is possible under what appear to be impossible conditions, remember this: History is replete with ordinary humans rising to challenges of the day in extraordinary ways. They were able to unlock that part of themselves that gave them the strength and courage to carry on.

Nurses are extraordinary—don’t lose sight of the amazing work you do to improve the lives and comfort of the people you touch. It’s never too late to make a positive change in your life.

Selected references

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?”

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.” In other words, workplace 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.

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
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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 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 early clinical interventions you can use to prevent workplace violence.

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 accidents 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.
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/ntic/trauma-interventions.

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**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?”
Patient Violence continued from page 13

Environmental risks
To ensure a safe environment, identify objects in patient rooms and nursing units that might be used to injure someone. Chairs, footstools, IV 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 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, the 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.

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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**Resources**

- **American Nurses Association (ANA)** ([goo.gl/NksbPW](http://goo.gl/NksbPW))
- **Centers for Disease Control and Prevention** ([cdc.gov/niosh/topics/violence/training_nurses.html](http://cdc.gov/niosh/topics/violence/training_nurses.html))
- **Emergency Nurses Association (ENA)** ([goo.gl/oJuYsb](http://goo.gl/oJuYsb))
- **Joint Commission Sentinel Event Alert** ([bit.ly/2vrBnFw](http://bit.ly/2vrBnFw))

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