The Future of Nursing in Michigan will reach over 5,000 Michigan nurses and State Legislators through direct mail.

New House Committee Unveiled

MNSA Convention

4th Annual Ethics Conference

The Official Publication of the American Nurses Association Michigan

PRESIDENT’S MESSAGE

Recently I was asked what I wanted as my legacy as ANA-Michigan President. This had me do some reflecting on why I became involved with ANA-Michigan and what I see as my legacy to nursing. This leads to the question, what am I passionate about as it pertains to nursing? A big help in answering this question was my calendar, yes that spiral book with actual paper pages. I looked at how I spend my time, putting time and effort into what drives me as a nurse and brings me immense satisfaction and often, joy. The list could be divided into four categories; (1) supporting nursing students and new graduates as they enter our profession, (2) growing ANA-Michigan membership, ensuring that Michigan nurses gain a stronger level of control over the future of our profession and our practice, (3) encouraging a growth mindset among Michigan nurses, and (4) enhancing the image of nurses and nursing.

Supporting nursing students and new graduates as they enter the profession. Recently, at the Michigan Nursing Students’ Association (MNSA) conference in a room with over 200 nursing students from all over the state, I had the opportunity to hear a very dynamic and powerful speaker. The speaker, Nurse Blake, a young nurse (graduated four years ago) very much revered by the nursing students (they mobbed him in the lobby for selfies), talked about the phrase “nurses eat their young.” Nurse Blake has a campaign “Nurses Support Their Young.” What a great idea, we need to nurture and support the nursing students doing clinicals in our facilities. We need to welcome those new graduates coming to our units. Can you remember how terrified you were in those first few weeks/months as you worked that first job? I have been very fortunate, and in most situations, I have been welcomed with kindness and support by those who were helping me to onboard. I can’t help but wonder if instead my first charge nurse had the philosophy that I needed to pay my dues? If that had been the case, then this might not be my passion today. Luckily, I had great mentors and coaches during my career and so I have paid it forward for more than fifty years.

I encourage each and every one of you to do the same.

Growing ANA-Michigan membership, ensuring that Michigan nurses gain a stronger level of control over the future of our profession and our practice. In the past several years, numerous decisions have been made that impact nurses and nursing practice in Michigan. Most of these decisions were made with little, if any, input from nurses. ANA-Michigan puts tremendous efforts and resources into having an agenda for educating our members and the public on issues that impact nursing and healthcare in Michigan. ANA-Michigan needs a strong voice to accomplish our goals. To have that strong voice ANA-Michigan must have larger membership numbers, because to legislators, it’s all in the numbers. When ANA-Michigan knocks on the legislature’s door how many nurses stand with us?

Encouraging a growth mindset among Michigan nurses. A recent article by Dr. Carol Dweck, from Stanford University, talked about a “fixed mindset” and a “growth mindset” among nurses. A mindset, according to Dr. Dweck, is a self-perception that people hold about themselves. Mindsets can either be growth-oriented or fixed. When you have a growth mindset, you believe that you can accomplish more, and you are willing to step outside of your comfort zone. A great question each of us should ask our self is “what have I done professionally in the past year to develop new knowledge and skills?” Along with this is the question about membership in a professional nursing organization. I really believe that engaging in lifelong learning gives us that growth mindset. In my term as ANA-Michigan President I want to share my enthusiasm for professional growth. We hope to bring you webinars and podcasts on nursing issues and trends, conferences to increase networking and collaboration, all focused on the growth mindset.

Enhancing the image of nurses and nursing. Another speaker at the MNSA conference was Sandy Summers, MSN, MPH, RN. Sandy’s presentation focused on the way the media portrays nurses, usually an inaccurate portrayal of nurses and their work. Several years ago, after hearing another presentation about nurses and how we are viewed by the media, I fostered a...
4th Annual Clinical Ethics Conference
“Ethics Bootcamp: Applying Bioethical Principles through Case Analysis”
Sponsored by Munson Medical Center and ANA-Michigan
Friday, May 17, 2019 | 7:30 am - 4:30 pm
Northwestern Michigan College, Great Lakes Campus | Hagerty Center
715 E. Front St., Traverse City, Michigan

Registration Deadline is May 3rd!

This multi-disciplinary annual conference has received outstanding reviews each year and is set to do the same in 2019. The theme of this conference is “Ethics Bootcamp: Applying Bioethical Principles through Case Analysis.” Each speaker will focus on a different ethical principle and its relationship to the same case study. All day long, various speakers will be giving their expert opinions on a variety of topics such as “The Patient Perspective” and “Non-Maleficence: Does the Hippocratic Oath Make You Swear?” This conference has also been approved for a variety of continuing education credits.

Keynote Presenter: Thaddeus Mason Pope, JD, PhD
Thaddeus Mason Pope is a law professor and bioethicist who uses the law both to improve medical decision-making and to protect patient rights at the end of life. He is Director of the Health Law Institute and a Professor at Mitchell Hamline School of Law in Saint Paul, Minnesota (USA).

In nearly 200 publications Pope works:
• To balance liberty and public health
• To assure adequate informed consent
• To develop fair internal dispute resolution mechanisms

Specific topics include:
• Medical futility
• Brain death
• Informed consent & patient decision aids
• Ethics committees
• Advance directives
• Surrogate decision-making

Pope explores all these topics - and others - on his Medical Futility Blog, which has nearly four million page-views. Furthermore, Pope's engagement goes beyond academic scholarship. He bridges thought and action through:
• Amicus briefs
• Legislative testimony
• Professional organization policy statements

At Mitchell Hamline, Pope teaches:
• Health Liability & Quality
• Torts
• Health Law Seminar
• Bioethics

To view the complete schedule of events and to register visit www.ana-michigan.org.

The cost for ANA-Michigan members is only $75!

Keynotes: Thaddeus Mason Pope, JD, PhD

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MESSAGE FROM THE EXECUTIVE DIRECTOR

Over the past year, we have been busier than ever. We launched a campaign to better promote the association and the value that membership brings to nursing. This resulted in our campaign being highlighted on a national level. We changed the way our members engage, using virtual forums as a chance to communicate. For electing the President, we gave members access to listen in on forums virtually, become more involved, and because of it, the election had the highest voting record in our history!

Giving our members the opportunity to meet others in the nursing sector, we facilitated various opportunities for networking with both one-day and annual meeting conferences.

With board approval, we drafted these position statements: Safe Nursing Staffing to Improve Quality of Care; Enhanced Nurse Licensure Compact, and Medication Aides in Long Term Care and Skilling Nursing Care Facilities. Due to these positive and proactive moves, membership growth has increased 2.4% on a monthly basis! In 2017, we had a membership growth of 35% and in 2018, we had an increase of 36.5%. ANA-Michigan is moving forward, and we would like to thank those of you who are assisting us in this movement. If you haven’t yet joined please do - there is a spot at the table for you!

October 26, 2018 marked a defining moment for ANA-Michigan as the membership approved bylaws that changed the organizational and governance structure. A highlight of the new changes includes:

- Elimination of the council model and adding several new committees.
- Elimination of the regions and moving to a more central model to promote, while still maintaining, local educational programming.
- Changing the structure of the Board of Directors.
- Adding a new membership option for organizational affiliates.

While keeping busy, we have continued to look at innovative strategies to help our members grow in their careers. In 2019, we will be advancing leadership skills for nurses, delivering opportunities to advance nurses, and serving as a voice for nurses on important issues and policies that impact nursing!

Recently, the Board of Directors made the 2019 committee appointments. These committees have been meeting monthly and working on their strategic initiatives set by the bylaws and direction provided by the board and determined in the Association Strategic Plan. We would like to recognize the following members and thank them for volunteering to move ANA-Michigan forward!

Nursing and Health Policy

- Katie Kessler, Northville, Chair
- Kristin Castine, Royal Oak
- Nikeyia Davis, Romulus
- Mindi Johnson, Lincoln Park
- Cheryl LaPlante, Sault Ste. Marie
- Nadine Wodowski, Detroit

Legislative

- Nancy George, Brownstown Township, Chair
- Linda Buck, Kalamazoo
- Tracey Connolly, Muskegon
- Jeanine Easterday, Traverse City
- James Lee, Sterling Heights
- Susan Wiers, Bruce Township

Nursing Practice

- Katherine Dontie, Bath, Chair
- Margaret Calarco, Plymouth
- Linda Dunmore, Twin Lake
- Nadia Farhat, Dearborn
- Marge Frendli, Grosse Pointe Woods
- Jamie Platt, Byron Center
- Julie Powell, Temperance
- Tamara Putney, Interlochen
- Paula Salvatore, Lenox

Education

- Julia Stocker Schneider, Pinckney, Chair
- Julie Bulson, Grand Rapids
- Lori Dewey, Irons
- Nancy Martin, Harbor Springs
- Rachel Peltier, Mount Pleasant
- Mihaela Reed, Brighton

Bylaws

- Vineta Mitchell, Southfield
- Jamie Platt, Byron Center
- Linda Taft, Clinton Township

Finance

- Stacy Slater, Traverse City, Chair
- Julie Bulson, Grand Rapids
- Vineta Mitchell, Southfield
- Karen Paulosky, Williamsburg

2019 Strategic Plan

During December's Board of Directors meeting, the board approved the 2019 Strategic Plan, a plan that is focused around working relentlessly to help nurses connect, grow and thrive.

Our focus is that no Michigan nurse stands alone when they are a member of ANA-Michigan. Together, we have the power to advance the nursing profession and create a health care environment in which nurses can succeed. We are catalysts for change, connecting nurses to do collectively what cannot be done individually.

Nursing is undergoing a fundamental shift as innovation and technology are transforming the profession. As nursing continues to evolve, ANA-Michigan will lead with a clear direction and vision for the future of nursing.

We have identified four key pillars that will serve as the core of our strategic efforts for 2019. These strategies provide the direction for ANA-Michigan's future.

1. Nursing Leadership
2. Organization Viability
3. Membership Value
4. Policy Influence

To learn more about each of these goals and strategies visit www.ana-michigan.org

Organizational Affiliate Membership

New membership option for ANA-Michigan has been launched! An organizational affiliate of ANA-Michigan is a nursing association or health-related organization whose mission and purpose are in alignment with the mission and purpose of ANA-Michigan and have been granted organizational affiliate status by the ANA-Michigan Board of Directors. The annual cost for an organization affiliate membership is $500.

Benefits for Organizational Affiliates:

- Access to ANA-Michigan’s conference room meeting space for up to 20 people.
- Access to ANA-Michigan’s Legislative Action Center.
- Member discounts on tuition at participating “educational partner” institutions.
- One registered participant with voice but no vote in the ANA-Michigan annual membership assembly.
- Link to the organization’s website on the ANA-Michigan website with recognition of the organizational affiliate status.
- Collaboration opportunities with other state nurses’ associations and other nursing organizations.
- Access to professional development opportunities for affiliated members.
- 50% discount on exhibitor space and member rates at ANA-Michigan events.
- Access to receive ANA-Michigan e-newsletter and print publications, with the opportunity to submit articles and promote organizational affiliate communication in all ANA-Michigan publications.

To learn more about becoming an organizational affiliate member contact me directly at tobi@ana-michigan.org or 517-375-5306. Keep a close eye on us as we move forward with these changes!

President’s Message continued from page 1

small campaign of “instead of wearing our hearts on our sleeve we need to wear our brains on our sleeve.” We need to work on the disconnect between nurses being the most trusted profession and the chronic trivialization of nursing as a profession in the media, as this diminishes the quality of care nurses provide. I want to help nurses and the public see and value us as the indispensable and highly trained health care professionals that we are.

That’s a long answer to the legacy question.
Will You Meet Continuing Education Requirements When Renewing Your Nursing License?

Pain Management Requirement – Since January 2017, nurses have been required to complete at least two hours of continuing education in pain and symptom management. If only one credit hour has been met thus far, nurses need to obtain an additional one credit hour of continuing education in pain and pain symptom management prior to renewing their nursing licenses this year. Previous to January 2017, nurses were only required to complete one hour of pain and symptom management continuing education.

The Department of Licensure and Regulatory Affairs has also expanded and clarified ways in which 25 credit hours of approved continuing education credits may be earned. The new rules allow for different ways in which to earn continuing education credits, including the following:

- **Limitation of Online Continuing Education** – The number of credit hours that may be earned by online or by electronic media is limited to no more than 12 credit hours earned during a 24-hour period. “Online or electronic media” includes videos, internet web-based seminars, video conferences, online continuing education programs, and online journal articles.

- **No Credit For Identical Programs/Activities** – A nurse may not earn credit for a continuing education program or activity that is identical to a program or activity a nurse has already earned credit for during the previous two-year renewal period.

- **Academic Programs** – Five credit hours of continuing education may be earned for each semester credit hour completed in an approved academic nursing program. Three credit hours of continuing education may be earned for each quarter credit hour earned. If audited, nurses will need to produce an official transcript indicating completion of the academic course and the semesters/credit hours earned.

- **Specialty Certifications** – Twenty-five hours of continuing education may be earned by obtaining or maintaining specialty certification as a clinical nurse specialist, nurse anesthetist, nurse midwife, or nurse practitioner during the renewal period. Proof of certification or recertification will serve as proof of continuing education.

- **National Nursing Specialty Examination** – A nurse may earn ten credit hours upon successful completion of a national nursing specialty examination. Continuing education credit hours are limited to a maximum of 20 credit hours in any given renewal period. Credit will not be given for repeating the same examination in a renewal period. If audited, the nurse will need to submit proof of a passing score on the examination.

- **Publications** – A nurse may earn up to a maximum of ten hours in a renewal period for an initial publication of a chapter or article related to the practice of nursing or allied health in either a nursing or health care textbook, peer-reviewed textbook or a nursing or health care peer-reviewed journal. Proof of earned credit hours requires a copy of the publication, and identification of the nurse as the author, or a publication acceptance letter.

- **Articles Without Self-Assessment** – A maximum of four credit hours may be earned by reading articles or viewing or listening to media related to nursing practice that does not include a self-assessment test. Each hour of earned credit equals 50 to 60 minutes of participation. If audited, the nurse will be required to submit an affidavit attesting to the description of and number of hours spent reading articles or viewing or listening to media.

- **Quality Patient Care/Utilization Activities** – A maximum of four credit hours may be earned by participation on a health care organization's committee addressing quality patient care or utilization review. Each hour of earned credit equals 60 minutes of participation. Proof of participation requires a letter from the organization verifying the nurse's participation and the number of hours spent in committee activities.

- **Academic/Program Presentations** – Presentation of an academic or continuing education program that is not part of a nurse's regular job description may count towards continuing education credits. For each 60 minutes of presentation, the nurse may earn three credit hours, up to a maximum of six credit hours in a license renewal period. To receive credit hours the nurse must maintain a copy of the curriculum and a letter from the program sponsor verifying the length and date of the presentation.

- **Serving As A Preceptor** – A nurse may earn continuing education credit by serving as a preceptor for at least one nursing student or new employee undertaking orientation up to a maximum of five credit hours in each renewal period. The length of the preceptorship must be for a minimum of 120 hours and have a one student/employee to one preceptor ratio. Proof of the preceptorship requires documentation from the educational institution or preceptor's supervisor verifying the dates and hours of the preceptorship.

Certified Organizations – In addition to the aforementioned ways of earning continuing education credits, programs and activities approved or offered by the following certified organizations will continue to be acceptable ways in which to earn continuing education credits.

- American Association of Nurse Anesthetists (AANA)
- American Association of Nurse Midwives (AANM)
- American Nurses Credentialing Center (ANCC)
- American Organization of Nurse Executives (AONE)
- National Association of Clinical Nurse Specialists (NACNS)
- National Association for Practical Nurse Education and Service (NAPNES)
- National League for Nursing (NLN)
- Another State’s Board of Nursing
- Other continuing nursing education programs approved by Michigan’s Board of Nursing

Documentation of Continuing Education Credits – Maintaining documentation of earned continuing education credit hours is necessary in the event a nurse is audited. Such documentation must be retained for a period of four years from the date of license renewal. If documentation cannot be provided to support reported continuing education credits earned, the lack of documentation could result in disciplinary action against a nurse's license.
Human Trafficking – In addition to the 25 hours of continuing education credits needed for renewal of a nurse's license, a nurse must also obtain training in human trafficking. Human trafficking training does not need to be certified by one of the sponsoring organizations above, but it must address the following topics:

- Understanding the types and venues of human trafficking in Michigan or the United States
- Identifying victims of human trafficking in health care settings
- Identifying the warning signs of human trafficking in health care settings for adults and minors, and
- Identifying resources for reporting the suspected victims of human trafficking

Waiver of Continuing Education Requirements – The board of nursing may waive continuing education requirements for a nurse, if upon a written application by the nurse, the board finds the nurse failed to complete board-approved courses or programs due to a defined circumstances, which include disability, military service, absence from the continental United States, or a circumstance beyond the control of the nurse. The board of nursing determines if the nurse's waiver application is sufficient. If the board of nursing finds that any of these conditions exist and grants a waiver, the number of hours waived will be proportional to the length of time the licensee met those circumstances.

Donna J. Craig, RN, JD is legal counsel to the ANA-Michigan Chapter. She practiced as a cardiac care nurse for several years before a chance opportunity to audit a graduate course in health care law and ethics, which changed her career path. That course propelled her to earn her law degree. After law school Ms. Craig joined a medical malpractice defense law firm before transitioning her focus to health care corporate and administrative law matters. For over 20 years she has maintained her private health care law practice, representing health care providers and facilities in business, licensure and compliance matters. For her expertise and accomplishments, Detroit’s Business Magazine awarded Ms. Craig its Top Lawyer in Health Care Law award for three consecutive years. For more information about The Health Law Center, go to www.healthlawcenterplc.com.
Speaker of the House Rep. Lee Chatfield has announced a new House committee structure in which bills, based on topic, will be given review in a second committee either through the Appropriations, Judiciary, Ways and Means or Government Operations committees before being reported to the floor for a vote.

The Appropriations, Judiciary, Ways and Means and Government Operations committees can get bills referred to them directly but they will be the only four committees that can send bills to the House floor.

- Appropriations will review bills that include an appropriation
- Judiciary Committee will review any legislation that creates or changes criminal penalties
- Ways and Means Committee will review all other legislation after it leaves its original committee

In addition, a new senate committee has been created called the “Advice and Consent” committee will review gubernatorial appointments to some boards and commission appointments made by the Governor.

Key committee assignments include:

- **Senate Health Policy and Human Services**: Chair VanderWall, Vice Chair Bizon, Johnson, LaSata, MacDonald, Theis, Minority Vice Chair Brinks, Hertel, Santana and Wojno.
- **Senate Regulatory Reform**: Chair Nesbitt, Vice Chair Theis, Johnson, Lauwers, VanderWall, Zorn, Minority Vice Chair Moss, Polehanki and Wojno.
- **House Health Policy**: Chair Vaupel, Vice Chair Frederick, Afendoulis, Alexander, Calley, Filler, Hornberger, Lower, Mueller, Whiteford, Woziak Minority Vice Chair Liberati, Clemente, Ellison, Koleszar, Pohutsky, Stone, Witwer
- **House Regulatory Reform**: Chair Webber, Vice Chair Berman, Crawford, Farrington, Filler, Frederick, Hall, Hoitenga, Wendzel, Minority Vice Chair Chirkan, Cambensy, Garza, Jone, J., Liberati, Robinson
- **House Ways and Means**: Chair Iden, Vice Chair Lilly, Griffin, Hauck, Kahle, Leuthesser, Wentworth, Minority Vice Chair Warren, Byrd, Hertel, K., Neeley

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It's that time again, a new year, and time for annual nursing licensure renewal. Those nurses who last licensed in 2017 should have received their reminder from LARA to renew their license. Nurses who have not yet registered their email with the system or changed email addresses since registering their email with the Michigan Professional License User System (MiPLUS) may not have received the electronic reminder notice sent by LARA. The following URL may be used to renew your license or register with MiPLUS: https://www.michigan.gov/lara/0,4601,7-154-89334_72600_85566--,00.html

In 2019, we are also changing the process for administering the annual Michigan Nursing Licensure Survey to include all nurses, not just those renewing their license in 2019. As a nurse licensed in Michigan, we respectfully request your participation in the annual Michigan Nursing Licensure Survey. This collaborative effort of the Michigan Public Health Institute; the Michigan Department of Health and Human Services, Office of Nursing Policy; and the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, is primarily intended to inform nursing workforce policy and planning and grant writers that utilize the data. Data collected includes the geographic, demographic, educational and employment characteristics of nurses in Michigan. The identity of individual respondents will be kept confidential. This information is crucial to ensure that Michigan has an adequate supply of appropriately trained nurses. For those of you who have not already completed the survey, the survey may be accessed using the following URL: https://www.surveymonkey.com/r/SurveyofNurses2019

The most recent Michigan Nursing Licensure Survey results, as well as easy to use maps, tables and charts to illustrate the distribution of all nurses licensed in Michigan, both in absolute numbers and relative to the State’s population, may be accessed using the following URL: https://www.minurse.org/

Deborah Bach-Stante, RN, MPH, Director
Michigan Department of Health & Human Services

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ANA-Michigan was proud to support the 68th annual Michigan Nursing Students Association Convention, “Survival Guide to Nursing School.” With over 200 in attendance and nursing celebrity Nurse Blake, it was a great opportunity to meet with the future of nursing. We met with many future ANA-Michigan members and helped them understand the benefit of being a part of ANA and ANA-Michigan.

We would also like to congratulate the three winners of the ANA-Michigan drawing:
- 1-year FREE ANA/ANA-Michigan Membership – Jessica LeBlanc
- Starbucks Gift Card – Ashton Hadley
- Bluetooth Headphones – Jami Jo Greden

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It exists – and we all know we have to do something about it. Bullying is one of the most intractable challenges nursing leaders face in all settings – one that proves very resistant to our many well-intentioned efforts. A 2018 survey of ANA members revealed that 87% of the respondents had experienced bullying at least once in their careers.

This live, free and interactive webinar will highlight actions you can take IMMEDIATELY to begin to lessen bullying and its negative impact on your staff. Don’t miss this opportunity to join an intimate conversation with an accomplished nursing leader about one of our profession’s most significant challenges.

Topics include:
• Seemingly small actions you can take right now to begin to successfully address bullying
• How to get your staff involved in positive, productive ways
• Supporting and helping the most vulnerable populations: Early career and older RNs
• How “down in the weeds” do you get?: How to recognize what is going on and intervene when you are removed from day-to-day bullying situations
• Self inventory and knowing how you are perceived: You can’t bully others into being more civil

Bullying will probably never be completely eliminated. Dramatically lowering the incidence of bullying, however, starts with the leader. There are actions you can take to begin, little by little, over time, to lessen the occurrences of bullying as well as provide help and support to the RNs who are vulnerable to being bullied. This webinar will give you valuable tools to begin to make a difference.

Who should attend: Nursing Leaders

Additional information: Register no later than April 10, 2019 at 1 pm ET to receive 24/7 access to this webinar so even if you can’t attend the live webinar, you can still benefit from this information at a later time. A link will be emailed to all registrants the day after the webinar so you can view the webinar at your convenience.

Visit www.ana-michigan.org to REGISTER TODAY!

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Attention Providers
Implementing projects and purchases requires an understanding of costs and benefits

YOUR ORGANIZATION has a computed tomography (CT) scanner that’s six years old. Because of technology upgrades and advances in care, the organization is considering whether it’s time to replace the equipment. The cost of a new CT scanner ranges from $1 million to more than $2.5 million, depending on the scanner type. These questions need to be answered:

• Is it necessary to replace this machine at this time?
• What CT scanner should your organization purchase to get the best return on investment (ROI)?

To make this important decision, your organization needs to perform a cost-analysis. The purpose of a cost-analysis is to determine the total cost of an item, program, or project—in this case, a new CT scanner.

We use three primary types of cost analysis in healthcare: cost-benefit analysis, cost-effectiveness analysis, and cost-utility analysis. As nursing leaders, we can do cost analyses:

• to justify the purchase of new equipment
• to outline the costs compared to the benefits of beginning a new program
• to support the need for adding staffing positions or increasing staffing in the unit or department
• to justify why we need to implement specific safety or quality initiatives.

Let’s learn about each type of analysis, decide which option (or options) will help you make the best CT scanner purchase, and how nurse leaders can use cost analyses to justify the purchase of equipment or the implementation of new programs or services.

Cost-benefit analysis

A cost-benefit analysis allows us to compare the costs of a purchase or a new program to the benefits obtained. The first step is determining the objectives—tangible and measurable—you hope to achieve. For example, a cost-benefit analysis will help you determine the impact of increasing staffing on nursing-sensitive outcomes and staff satisfaction.

After determining the objectives, determine the cost of the equipment, service, or program and all other associated costs (including the purchase cost and all costs associated with executing the venture, such as any related equipment, supplies, staffing/labor, development, and implementation). Then quantify the benefits (including assigning a dollar value to each) and determine the ratio between the costs versus the benefits. Do the benefits exceed the costs and if so, by how much? When doing a cost-benefit analysis, the benefit should have a dollar value assigned to it. For example, if a new piece of equipment will reduce repair costs, how much have repair costs in the past year? If increasing staffing will reduce falls, patient infections, or other patient complications, what is the average cost of a fall or a catheter-associated infection and how many falls or infections will be prevented.

Cost-effectiveness analysis

In cost-effectiveness analysis, we consider the value of our purchase and determine if the value and usage is going to be worth what we paid. Usually when doing a cost-effectiveness analysis, we look at two alternatives and try to determine which is the most cost-effective. As a nursing leader, you might do a cost-effectiveness analysis to determine the value of one type of skin pressure-relieving support surface over another. You could do this by trialing both products and comparing the outcomes, taking into account patient comfort, ease of caring for patients on each type of surface, nursing care, patient skin condition, and cost.

Once you’ve quantified value in terms of benefits, you can compare the benefits of both products in relation to the cost. The question to ask in cost-effectiveness analysis is: Which alternative returns the most value in relation to the overall cost? Nursing literature includes several examples of cost-effectiveness analysis. For instance, to answer the question about the cost-effectiveness of higher hour per patient day staffing targets, Twigg et al published a systematic review of the impact of increased staffing on patient outcomes.

Cost-utility analysis

A cost-utility analysis is used to compare the value of a product or medication on the maintenance and improvement of the length and quality of a patient’s life or the allocation of health resources. It compares the cost of different treatment options with their outcomes in terms of health utility. (See Quality-adjusted life year.)

Penner reminds us that cost and benefits aren’t the only things that should be considered when making decisions about initiatives we want to implement. She notes that “neither the least costly nor the most costly intervention is certain to result in the best clinical outcomes.” (See Comparative effectiveness research.)

ROI

A final term frequently used in healthcare is ROI, which means how much profit or loss is made from an investment. ROI is often defined in terms of an existing program or a new CT scanner, programs, or projects. An ROI example is returning to school to obtain an advanced degree. The investment of your money and time can result in a promotion or new job opportunity that results in higher income and future career advancement.

Justifying the investment

Before making financial commitments in most healthcare settings, some type of cost analysis or ROI analysis is done to justify the investment. As leaders in today’s value-based healthcare world, we must quantify the benefit of equipment we recommend, projects that need to be completed, or programs that we would like to implement. We should always consider the cost and benefit of requests. How will patient outcomes be affected? Will staff satisfaction be improved? Leaders at all levels must be competent at creating and presenting a business case that includes the appropriate type of cost analysis.

Comparative effectiveness research

Some situations call for comparative effectiveness research, which allows leaders to use existing research findings about various interventions and strategies to make evidence-based decisions about the most effective tests, therapies, procedures, and services.

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Mind/Body/Spirit

Wellness 101

Spiritual wellness: A Journey Toward Wholeness

When do you feel most energized? Great satisfaction and positive change in your life. Remember that well-rounded self-care also involves spiritual wellness.

What is spirituality?

What is spirituality? Religion can give you an outlet for your spirituality, but 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, Melnyk 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.”

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, Melnyk 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 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.

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 spirituality in relation to a person’s overall health. Even our ethics emphasize the value of a spiritual connection. Provision 1 of the Code for Nurses with Interpretive Statements states, “The nurse practices with compassion and respect and for those aspects of our lives that mean the most to us. We have to promote health and safety, preserve wholeness of the self as to others, including the responsibility for our own actions.” 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.

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Continue the journey

Here are some ideas to consider as you continue your nursing journey. You’ll notice that these practices are connected to recommendations we’ve made for other dimensions of wellness. This isn’t a mistake. We’re integrating these and these practices support multiple dimensions.

Reconnect/reimagine your life’s purpose and passion: Set aside some time for a “retreat with yourself!” to carefully consider your purpose and whether/how you’re living it out. Where do you need to make adjustments? What do you need to stop doing? What do you need to start doing? What would you do in the next 5 to 10 years if you knew that you couldn’t fail? Periodically “taking stock” is critical to staying on track.

Ramp up your positive outlook: In their work with people newly diagnosed with HIV, Moskowitz and colleagues developed an intervention from a spiritual and psychological outlook even in the midst of a very challenging circumstance. The intervention involves cultivating positive emotions through these daily practices:

• Recognize a positive event each day.
• Savor that event and log it in a journal or tell someone about it.
• Start a daily gratitude journal.
• List a personal strength and note how you used it.
• Set an attainable goal and note your progress.
• Report a relatively minor stress and list ways to reappraise the event positively.
• Recognize and practice small acts of kindness daily.
• Practice mindfulness, focusing on the here and now rather than the past or future.

Results were promising and showed that, over time, the positive effects increased. Cultivating an attitude of gratitude is cited by many spiritual leaders from multiple faith traditions as essential to their daily practice.

Consider some kind of meditative practice: Traditional forms of meditation can include prayer, chanting, or sitting in stillness with a quiet mind. Some people prefer physical actions that incorporates meditation, such as yoga, tai chi, gardening, or simply walking. Experiment to find what works for you.

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