

UTAH NURSE

Volume 28 • Number 2
May, June, July 2019

Quarterly publication direct mailed to approximately 39,000 RNs and LPNs in Utah.

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www.utnurse.org

The Utah Nurses Association Mission Statement:

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

Attention All Utah Nurses

2019 Advocacy and Education Conference:
"Celebrating Utah Nurses"
Friday-Saturday, September 20th-21st
Location and more information TBA on
UNA website at www.utnurse.org



HAPPY NATIONAL NURSES WEEK!

May 6-12, 2019

A Time of Reflection – UNA Salutes the Nurse of Utah!

Sharon K. Dingman, DNP, MS, RN
President, Utah Nurses Association

As nurses, we are privileged to be involved in the care of others. I am sure many of you have spent time reminiscing with your family members and others about your experiences with nurse care givers. Nurses make a difference in the lives of others. I hope you take time this year to reflect on your own journey as a nurse, the decisions and perhaps sacrifices made to complete your levels of education; and the love of nursing you have. In 1993, the American Nurses Association declared May 6-12 as the national week to celebrate the nursing profession. This week gives all nurses and those they work with, those they serve and care for, and to take this opportunity to reflect on your contributions and impact as one of the 4 million registered nurses in America.

There is no doubt that Florence Nightingale's birthday on May 12, 1820 in Florence, Italy, is celebrated each



year in numerous places around the world as the founder of modern nursing. She came from a wealthy family and defied the social traditions of her time by becoming a nurse. Her reduction of the death count by improving the unsanitary conditions at a British base hospital, also defied current medical practice at the time.



Florence Nightingale

The story we remember most often is her work as a manager and trainer of nurses during the Crimean War and how she organized care for wounded soldiers. Against many odds, including the wishes of her parents, and the refusal of a marriage proposal, she was determined to pursue her nursing ambitions. She is



Happy National Nurses Week! continued on page 3



The Shoulders We Stand On

**Ruth Christy Hansen BSN, RN – Awardee of the Veteran
Foreign Wars Maltese Cross UNA Charter Member**

Kathleen Kaufman MS, RN

Ruth Christy Hansen, was a local nurse who graduated from the Dr. W.H. Groves LDS Hospital School of Nursing in 1913. Nurse Hansen began her career with two years in the ER and OR at LDS Hospital. She completed a surgery rotation in a post graduate residency at NY Polyclinic Medical School Hospital in 1916. For nearly two years in she worked as

a private duty nurse at Dee Hospital in Ogden, earning \$5 for each 8-hour shift.

She then volunteered for military service with the Army and served in WWI at Rouen, France at two different hospitals. The first was a dysentery hospital where she served until she came down with dysentery. After four months of recovery she worked in Base

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FROM THE EDITOR

Claire L. Schupbach, BSN, RN, CPC

What a joy it is to celebrate all of us! We are all one of the #4Million Reasons to Celebrate! We are all one of the 39,000 reasons to celebrate in Utah! I particularly love that this year the ANA's theme for Nurses' Week, is a self-care theme. We have had advocacy and patient safety and other great initiatives; however, in my opinion, it is time for a break, an inhale, an exhale. This is our year to be, acknowledge and own the gift of service we bring to our worlds.

As we stand on the shoulders of those who have gone before, we honor a charter member of the UNA, who was awarded the **Veteran Foreign Wars Maltese Cross**. The UNA foundation of nurses who serve in the military continues in the organization today. Take a moment to read **A Day in the Life, of our own Jason Martinez, BSN, RN, UNA Director-at-Large**, who served in the military and now works in the V.A.

We are proud to introduce the UNA 2019 Board of Directors and Committee members you elected to serve. As you read their ballot statements celebrate the passion, heart and service they are bringing to our community.

Typically, we include a *Nurses on the National Front* focus. Utah is a small state; however, our nursing community and leaders continue to have impact on a national level. We are proud to celebrate our own **Audrey**

M. Stevenson, PhD, MPH, MSN, FNP-BC and her nationally published article on leadership.

Not only do we stand on the shoulders of those who have gone before us, but we are stronger because of collaboration outside the nursing community. Nurses' Day at the State Legislature was a resounding success. Aligning with the ANA's theme, we celebrate the tremendous partnership of Utah's State Representatives and Senators. **THANK you to all the Representatives and Senators** that work year around with the UNA and other nursing organizations: annually taking the time to come speak to us on Nurses' Day at the State Legislature. Your willingness to discuss, research, explore, debate, listen and hear are gifts noted and appreciated.

Serendipitously, Luisa Echeverria MSN, BSN, RN, in taking a moment to celebrate herself and her achievements found herself on an unexpected journey: celebrating the impact of nurses, globally and for generations beyond their lifetimes'. Generously, she has shared her journey with us.

Celebrate...Breathe...Be...Love...Inspire...



Become a Nurse Peer Reviewer

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

Become a Nurse Peer Reviewer – Supporting Quality Continuing Education

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

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

Are you:

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

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

PUBLICATION

The *Utah Nurse* Publication Schedule for 2019

Issue Material Due to UNA Office

May, June, July 2019 - June 7, 2019

Guidelines for Article Development

The UNA welcomes articles for publication. There is no payment for articles published in the *Utah Nurse*.

1. Articles should be Microsoft Word using a 12 point font.
2. Article length should not exceed five (5) pages 8 x 11
3. All references should be cited at the end of the article.
4. Articles (if possible) should be submitted electronically.

Submissions should be sent to: editor@utnurse.org
or

Attn: Editorial Committee | Utah Nurses Association
4505 S. Wasatch Blvd., Suite 330B
Salt Lake City, UT 84124 | Phone: 801-272-4510

To submit a Letter to the Editor, include your name and contact information. (*Due to sensitive issues the UNA can elect to publish anonymously.*)

Health Facility Surveyors



The State of Utah, Department of Health, Division of Family Health Preparedness, Bureau of Health Facility Licensing and Certification is recruiting for Registered Nurses to work as Health Facility Surveyors in the Long Term Care Survey Section.

Working four, ten hour days, with weekends and holidays off, you will be part of a team of quality conscious health professionals conducting unannounced surveys of Medicare and Medicaid certified nursing homes. As you travel the beautiful State of Utah, you will use your clinical experience and education to ensure nursing homes comply with federal regulations. You will have an opportunity to make a positive influence to the lives of individuals residing in Utah's nursing homes. To be considered, you must possess a current Utah license as a Registered Nurse, without restrictions.

For questions regarding the Health Facility Surveyor positions or duties, you may contact Greg Bateman by email at gbateman@utah.gov.

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Articles and letters for publication are welcomed by the editorial committee. UNA Editorial Committee reserves the right to accept or reject articles, advertisements, editorials, and letters for the *Utah Nurse*. The editorial committee reserves the right to edit articles, editorials, and letters.

Address editorial comments and inquiries to the following address:

Utah Nurses Association, Attn: Editorial Committee
4505 S. Wasatch Blvd., Suite 330B
Salt Lake City, UT 84124
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PRESIDENT'S MESSAGE

Sharon K. Dingman, DNP, MS, RN

We have had a busy few months with orientation of new Utah Nurses Association (UNA) Board members and settling into our positions beginning January 2019. We held a successful full board retreat and planning meeting, completed our local new Board member position specific orientation phone calls, participated in electronic meetings with information from the American Nurses Association (ANA) specific to our roles on the UNA Board. Thanks to work of our Executive Director and board members, we completed our yearly calendar, explored changes in our website, reviewed our social media platforms, reviewed membership benefits, spent time at the Capitol, and began preparations for the calendared UNA events of 2019.

I would be remiss if I did not extend appreciation of Board Members for their dedication and willingness to serve the nurses in Utah. They are: Stacey Shelley, Claire Schupbach, Heather Lowe, Linda Hoffman, Jason Martinez, Angela Kaplar, Blaine Winters, Aimee McLean, Janelle McIntosh, Kathleen Kaufman, Diane Foster-Burk, CJ Ewell, Peggy Anderson, Army Mayfield, Samantha Derfler, Marianne Craven, and Liz Close. **Thank You!**

The Government Relations Committee (GRC) along with other board members started meeting at the legislature in January, attending House and Senate Committee Meetings and discussions, supported numerous bills, hosted Nurses Day at the Legislature on February 22 and finished March 15 with a comprehensive report for our members. The GRC opened a **Bill Tracker** with online information for ease of following progress of House and Senate Bills for members responding to legislators in their districts. Thanks to the GRC for their reports and work. **Please read the GRC Report in this edition on page 11.**

The Nurses Day at the Legislature was a success with nearly 200 participants including many students and faculty, UNA members, invited legislatures and guests. Our Legislative guests included: Representatives Raymond, Ward, Jennifer Dailey-Provost, Angela Romero, Marie Poulson, Brian King, and Senators Allen Christensen, Jani Iwamoto, Gene Davis, and Kathleen Riebe. **Thank you each for informative**

legislative information, for support as nurses and the role we have in health care of our communities. Thanks faculty and students. I enjoyed the opportunity to talk briefly with many of you. Refer to the GRC Report on page 11 and pictures on page 10.

Thanks to our nurse speakers: Lee Moss, Stacy Stanford and Liz Close; the GRC members Kathleen Kaufman, Angie Kaplar, and Diane Foster-Burk for the two break-out sessions for attendees on bills being followed and advocacy strategies using email, letter, testifying and Phone2Action. A tour of the Capitol and Communicating with Legislatures was facilitated by Donna R. Murphy. **Thanks, everyone for your timely and logistical assistance during this busy morning. It truly takes a village.**

We extend our appreciation for sponsorship of breakfast by Ivory Homes for all participants of Nurses Day at the Legislature. Your generosity was appreciated. The UNA is supportive of the Ivory Homes initiative as well as the Utah Workforce Housing Priority to help first responders, police officers, construction and trade workers, veterans and members of the military, nurses, and school teachers an option for priority purchase of affordable homes who serve our communities. **Please refer to article on the Ivory Homes initiative on page 15.**

Please take time to go the UNA Website and learn more about the organization and how to join and become part of the Utah Nurses Association/American Nurses Association. **Refer to the Utah Nurse Membership Article for more information and process to join with us on page 4.**

Best wishes for your Nurses Day Week Celebration from May 6-12, 2019. You each are the heart and soul of patient care and you do make a difference that is measurable every day in the stories of our patients and us. May we cherish the patient and family relationships in our practice and remember why we chose nursing as health professionals. **Please see the Nurses Day Celebration article below.**



Happy National Nurses Week! continued from page 1

known for her work and caring among the soldiers as she labored to improve the unsanitary conditions and saving lives. Known as "the Lady with the Lamp" she made rounds, ministered to patient after patient as she comforted and shared her compassion. Called "the Angel of the Crimea" her work reduced the death rate by two-thirds, instituted appropriate food for dietary requirements and established a laundry to supply clean linens. There were many other achievements during the 18 months she served before returning home. Please refer to this site for further insights into her contributions, achievements, and awards from the British government; funding of St. Thomas' Hospital and a Training School for nurses that inspired many young women from all classes started to enroll.

Her work in the Crimean War and her publications on matters affecting Health, Efficiency and Hospital Administration of the British Army was used to improve and propose reform through the establishment of a Royal Commission for the Health of the Army in 1857. She was a statistician and included pie charts on patient mortality that influenced the direction of medial epidemiology.



By the age of 38 she was homebound and routinely bedridden and where she continued to advocate for health, proper sanitation, and properly run hospitals. She received the Order of Merit from King Edward and was the first woman to receive the Freedom of the City of London and a message from King George on May 16, 1910 on her 90th birthday.

Florence Nightingale fell ill in August 1910 and died unexpectedly on August 13, 1910 at the age of 90 at her home in London.

Thank you for your contributions as nurses in Utah; for the multiple places you work; for your care of the human population of Utah; for the difference you make in behalf of others health and well-being every day; and for your families and friends that care for you. May we all celebrate the week of May 6-12 in reflection and celebration as nurses who serve vital roles in the health care of Utah's population. Take good care!

Reference

Florence Nightingale Biography (Nurse 1820-1910). Retrieved from <https://www.biography.com/people/florence-nightingale-9423539>



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FROM THE MEMBERSHIP COMMITTEE

Welcome to our new members and renewing members. Please encourage your colleagues to join UNA this year (nursing students can join for free!).

The 2019 goals for the Membership Committee include the following:

1. Clarify and promote the value of UNA membership;
2. Maintain communication with members regarding benefits;
3. Grow membership;
4. Promote monthly auto-pay vs. annual one-time dues payment;
5. Maintain membership services; and,
6. Support the value of conference participation.



**Peggy H. Anderson,
DNP, MS, RN**

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

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

We are seeking four (4) registered nurse members from different geographical areas in the state to join the UNA Membership Committee from inpatient/outpatient clinical care, education, and management. For questions about joining the Membership Committee, please contact:

- Dr. Peggy Anderson, or Dr. Anmy Mayfield, UNA Membership Committee Co-Chairs, at membership@utnurse.org
- Dr. Liz Close, UNA Executive Director at execdirector@utnurse.org
- Contact the UNA Office at (801) 272-4510.

Membership Benefit Information Online

Being a member of ANA/UNA makes a powerful statement about you and your commitment to nursing.



**Anmy T. Mayfield,
DNP, APRN, FNP-C**

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

As a member, you have access to up-to-date journals and publications such as The American Nurse Journal; The Online Journal of Issues in Nursing (OJIN) by using a member log-in; E-News Letters: ANA SmartBrief, ANA Nurse CareerBrief, Nursing Insider, and Member News. You can also network and connect through social media with your state and national associations by visiting the UNA Website <http://www.utnurse.org>.

Please take a few minutes to review the current benefits of

ANA/UNA Membership Information online.

Join or access through your MyANA account at <https://www.nursingworld.org>

Visit Utah Nurses Association at: <https://una.site-ym.com> or <https://www.nursingworld.org/membership/findmy-state/>

IMPORTANT LINKS/CONTACTS AT-A-GLANCE

- ANA Membership Services: 1-800-923-7709, FAX: 1-301-628-5355, Mail: American Nurses Association, 8515 Georgia Avenue, Suite 400, Silver Spring, MD 20910
 - o Update your Profile: <https://ebiz.nursingworld.org/Login/>
 - o ANA E-mail Address: Membership: memberinfo@ana.org
- ANA-PAC: <https://ana.aristotle.com/SitePages/pac.aspx>
- Ethics Issues: <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/>
- Lobbying – Federal and State: <https://www.nursingworld.org/practice-policy/advocacy/federal/>
- Meetings and Conferences: meetings@ana.org
- Professional Development and Networking Resources Online:
 - o ANA Careers Center: <https://www.nursingworld.org/education-events/career-center/>
- Navigate Nursing: <https://offers.wherenurseslearn.org/anamembers/>
- American Nurses Credentialing Center: 1-800-284-CERT (2378)

For additional local information contact UNA at una@xmission.com or send correspondence to Utah Nurse Association, 4505 S. Wasatch Blvd. Suite 330B, Salt Lake City, UT 84124.

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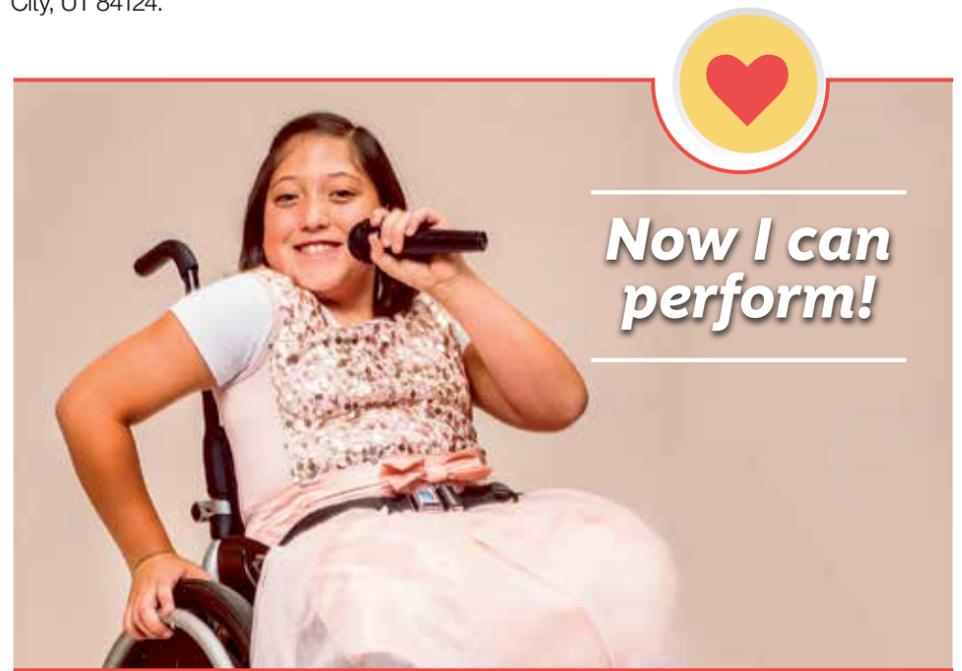
The Utah Department of Health awards **SCHOLARSHIPS** and technical assistance to healthcare professionals interested in becoming a Diabetes Self-Management Education (DSME) provider in Utah. The scholarships **cover initial accreditation costs** with AADE or ADA.

Diabetes Self-Management Education (DSME) is an evidence-based program that has been proven to help individuals with diabetes lower A1C, reduce risk for complications, make positive behavior changes, and improve quality of life. DSME is a billable and reimbursable service among all payers in the state of Utah.

Please email Brittany Ly (bly@utah.gov) if you are interested in getting involved in DSME or learning more about offering the program.



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INTRODUCING YOUR NEWEST UNA BOARD MEMBERS

Claire L. Schupbach, BSN, RN, CPC, CHP

We are blessed to have several colleagues offer their time and expertise to serve us all. Elections were held at the end of 2018; we are proud to announce the results.

Part of the application process requires a "ballot statement" or passion statement, as I call it. There are no words I could say here that would introduce their hearts and heartfelt passion more clearly than their own words.

Sharon Dingman, DNP, MS, BSN, RN - President

I believe I can contribute a broad perspective of the many roles of nurses in Utah. I have always worked to serve in the best interest of the patients, families, nurses and other professionals who provide care from numerous and diverse perspectives, concerns, and beliefs. My experience as a patient, a nurse, a consultant, board member, and a leader have given me the diversity of background and experience to successfully function with and serve the nurses in Utah as the President of UNA.

Stacey Shelley, RN, MSN, MBA-HCM, NE-BC - 1st Vice President

As a nurse in Utah, I am dedicated to the education and advocacy of our current, past, and future nurses. I have a clear vision of the future for nurses. I am a member of the Utah Action Coalition for Healthcare and I advocate for the work involved in the prevention of burnout. I have worked at the bedside as well as in managerial positions and as a clinical instructor and educator. This experience has given me the ground level experience to be able to advocate for nurses in all positions.

Linda Hofmann PhD, RN, NEA-BC, NE-BC - Treasurer

As Treasurer, I would represent the interests of the UNA membership with regard to fiscal responsibility. In this role, I would safeguard the financial stability of the UNA. I would ensure that all financial records are in order and ensure compliance with the goals and objectives of the UNA and carry our responsibilities as directed by the Board.

I have been a member and supporter of UNA since 1986. I have a strong knowledge base with regard

to budgeting and financial issues as well as the skills necessary to analyze financial statements, develop strategic plans and utilize software and technology for financial and budgeting purposes.

I have had extensive formal academic and informal training in budgeting and finance as well as many years in the healthcare arena managing and overseeing budget and finance processes. It would be an honor to serve in this role at the UNA.

Blaine Winters, DNP, ACNP-BC - Director - At - Large

I am running for the office of Director at Large for the Utah Nurses Association. One of the responsibilities of this officer is to work with rejuvenating one of the standard UNA committees. Throughout my career, I have served on and chaired multiple committees in practice, academia, community settings. I have a good understanding of what makes a committee successful as well as how to include all members of the committee in the process.

The Director at Large is also to represent an area of nursing that is not currently well represented on UNA committees. I have a working knowledge of many types of nursing including gerontology, medical/surgical nursing, critical care, administration, academia, and advanced practice nursing. I have also spent time working with undergraduate nursing students in the Navajo Nation in Arizona. Through this experience I learned a great deal regarding caring for Native Americans as well as other high risk populations.

The third responsibility of the Director at Large is to learn about the responsibilities of UNA and its boards. Having served on numerous committees throughout my career, I believe this position will prepare me to continue to serve UNA in many capacities in the future. I look forward to gaining a deeper understanding of UNA and its purposes. I believe that I can share what I have learned with others, with the purpose of strengthening UNA as a whole and supporting nurses throughout the State of Utah.

Angela Kaplar York, RN, BSN, C-AL - Director - At - Large

Nursing encompasses the entire lifespan and traditionally has focused on the nursing application

in acute care settings. As an Assisted Living nurse, I feel I can provide representation for the crucial, challenging part of life that comes toward the end of life. Long-term care is growing in acuity with an increase in multiple chronic co-morbidities being treated and managed in a community-setting. Nursing's influence is critical to meeting this challenge and I would be honored to assist in providing a voice to the nurses who are caring for these geriatric patients in their various setting within UNA.

Janelle Macintosh, PhD, RN - Nominating Committee

I am excited by the prospect of working with the nurse leaders in our state to promote nursing and public health. Working with the nomination committee I can help bring attention to the roles and leadership opportunities for nurses in our state.

Aimee McLean, BSN, RN, CCHP - ANA Representative

I have served on the UNA board since 2013. During my tenure on the board, I have served as a Director at Large, 2nd Vice President, and President. Having served more than half of my predecessor's presidential term, I am not eligible to run for re-election as president at this juncture. I however feel strongly that at the national level it is important to have some consistency and if elected to serve as the ANA delegate, I can both continue to advocate for Utah at the national level as well as acclimate the next president to his/her role on the national scene. At UNA, we have a new Executive Director and we did not have a President Elect last year. I will continue to serve on the Board of Directors in an ex-officio role as immediate past president and will be able to mentor new board members here in Utah as such. Serving as ANA delegate will allow me to continue to strengthen our relationship with other states as well as in Washington DC while our new Executive Director and new President become acclimated to their roles. I have been involved in national meetings at least three times a year for the last three years and my representation of Utah nurses on the national front has led to requests to speak on three occasions, including an upcoming keynote address in Washington State next May. I would be honored to serve as Utah's Delegate to the national Membership Assembly.

Meet your 2019 Board, Executive Director & Committee Members



Sharon Dingman, DNP, MS, BSN, RN



Blaine Winters, DNP, ACNP-BC



Aimee McLean, BSN, RN, CCHP



Kathleen Kaufman, MS, RN



Anny T. Mayfield, DNP, APRN, FNP-C



Stacey Shelley, RN, MSN, MBA-HCM, NE-BC



Claire L. Schupbach, BSN, RN, CPC



Marianne Craven, PhD, RN



Linda Hofmann PhD, RN, NEA-BC, NE-BC



Peggy H. Anderson, DNP, MS, RN



Heather Lowe, BSN, BS, RN



Diane Forster-Burke, MS, RN



Liz Close, PhD, RN

Are You at Risk for a Fall?

Diane Forster-Burke, MS, RN

Diane Forster-Burke MS, RN is a parish (faith community) nurse at her church and she, together with parish nurse colleagues, write health education tips in the monthly church newsletter. The following piece on Falls Prevention is an example of how a nurse can educate to promote health.

Falls are the most common cause of accidental injury and death in older people. (American Nurse Today, Sept 2018, pg. 8) Falls can occur anywhere, to anyone, and are especially worrisome to parish nurses. There are three types of fall categories: accidental falls (the typical "oops, I tripped"), anticipated physiological falls (caused by a medical condition or symptoms i.e. osteoporosis, hypotension), and unanticipated physiological falls (caused by a previously undiagnosed medical condition i.e. unknown osteoporosis). In the latter category, the hip may fracture and then down you go.

Risk factors for falls at home are usually a combination of factors and can include:

- Older age
- Previous fall
- Lower body weakness, gait instability
- Vitamin D deficiency
- Difficulties with walking and balance
- Use of medicines, such as tranquilizers, sedatives, or antidepressants. Even some over-the-counter medicines can affect balance and how steady you are on your feet.
- Vision problems
- Foot pain or poor footwear
- Osteoporosis
- Frequency with urination (the "gotta go now" message)
- Home hazards or dangers such as
 - o broken or uneven steps, and
 - o throw rugs or clutter that can be tripped over.
 - o bathtubs
 - o too little light. (CDC, 2008).

There are a variety of screening tools that can be done to assess the risk for a fall. There is the TUG (Timed Up and Go) test. <https://www.youtube.com/watch?v=grrYoBucNPE>. This has the person seated in a chair and it times the person who stands and walks three meters, turns around and goes back to sit down without using arm rests to boost yourself. Taking more than 15 seconds to do this activity may indicate a higher risk for falls. In this case, the quicker to rise, the better. There is also the Berg Balance Test. This has 14 different measures starting with standing from a seated position without using your hands. <https://www.youtube.com/watch?v=HBKXu9fHnuo>.



What do you do if you are at risk for falls? Exercising is key, whether it is the Stepping On Program offered at most Senior Citizen Centers, or Tai Chi, or the Living Well Program from the Council on Aging. Or become a mall walker with others or go to your local recreation center and walk there. Do think about slowing down your pace when not purposefully exercising. Watch where you step and if you are going out into the cold and snow. Get some Yak Trax (best thing ever) to attach to the soles of your shoes. This helps you keep from slipping.

If your risk is due to low vision, turn on lights, install night lights, have your vision checked, and remove clutter on the floor. This should include not only your own clutter, but pet's toys and the pet itself. Install handrails on your stairways. Install grab bars by toilets, and inside/outside of your tub.

If your risk is due to hypotension or medications, talk with your primary care provider. If you have issues with gait instability, get nonskid footwear (including those sock slippers with the gripper additions on the sole) or be sure to use walking assist devices. High heeled shoes are a risk. Ask your healthcare provider for a referral for physical therapy (PT). These services are available at PT offices or they can come to your home. PT is a covered benefit of Medicare Part B; working with PT can help with strength as well as balance. Medicare Part B also covers ambulance transportation (post fall), durable medical equipment (DME), and emergency room care (80% of cost).

Talk to your primary care provider about your Vitamin D level and see if you need to take a supplement, and/or drink more milk.

There has been a Falls Prevention Task Force in Utah with representation from different health care providers. They have produced a brochure with information <https://utahfallsprevention.org/>. One of the interesting barriers to falls prevention discovered during these meetings is that sometimes, when a person falls at home and 911 is called, the ambulance personnel may be able to stabilize the individual at home without needing transportation to the Emergency Room. This is beneficial to reducing admissions and healthcare costs, but because of patient privacy laws (HIPAA), the ambulance cannot notify the patient's primary care provider that a fall has occurred. If a fall occurs, **you** need to notify your provider. Additionally, many health insurance plans (Select Health, UU Health) have great case managers on staff who can "plug" you into much needed resources to reduce risk for falls.

Bottom line... know your risks and exercise. Be safe out there.

A Voice for Nursing

UNA leaders represent your interests in a wide variety of meetings, coalitions, conferences and work groups throughout the year, anticipating and responding to the issues the membership has identified as priorities. *In addition to many meetings with legislators, regulators, policy makers and leaders of other health care and nursing organizations, the following is a partial list of the many places and meetings where you were represented during the past three months....*

- UNA Annual Board of Directors Retreat
- UNA Executive Committee Meeting
- Nurses' Day at the State Legislature
- House Session, Nurses' Day at the State Legislature
- UNA New President Orientation Meeting
- Health and Human Services Committee of Utah State Legislature Meetings
- Utah State Board of Nursing
- WEX Leadership Meeting
- Utah Health Policy Project Roundtables
- ANA Leadership Summit
- Sigma Theta Tau Nu Nu Chapter Board Meeting
- Sigma Theta Tau Nu Nu Induction Meeting
- Utah State Nursing Student Association Annual Conference
- ANA National Quarterly President's Policy Call
- UACH (Utah Action Coalition for Health)
- University of Utah Nursing Consortium Recognition Luncheon
- UNA Membership Committee Meeting
- Sigma Theta Tau Iota Iota Chapter Board Meeting
- Republican's Womens' Luncheon
- ANA Value Pricing Plan Call
- Sigma Theta Tau Iota Iota Induction Ceremony
- Utah Legislature, Governor Herbert, Utah Workforce & Ivory Homes' Priority Press Release
- Interview, Studio5, February 28th Utah Workforce & Ivory Homes' Workforce Priority Initiative
- Department of Professional Licensing Meeting
- ANA Leadership Summit in Washington, D.C.
- December 20, 2018 Salt Lake City Vigil for Homeless Community members who passed in 2018.
- Vigil for Lauren McCluskey, October 26th, 2018
- Utah Nurse Practitioner Day at the State Legislature
- ANA and Constituent and State Nurses Associations VPP Collaboration Meeting
- ANA Policy and Government Affairs with Constituent and State Nurses Associations Conference Call
- Executive Enterprise Meeting for Chief Staff Officers of WEX
- Utah Partnership for Value Spring Meeting
- ANA and Constituent and State Nurses Associations Executive Leadership Conference Call
- Opening Session of the New Future of Nursing Study for 2020-2030, National Academy of Medicine
- HEAL Press Conference ~ con HB220
- Utah House Business & Labor Appropriations
- Utah House Public Education Appropriations

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A Day in the Life... of a VA nurse

**Jason Martinez BSN, RN
ENT/Plastic Care Coordinator
SLC VA Medical Center**

Two years ago, I embarked on a journey at the Veteran's Affairs Medical Center. My learning curve was high, and at times, I felt alone, but the corridors of the hospital graciously comforted me like a warm blanket. Around one corner, two employees share about their time in the service. While around another, the friendly treatment of a fragile veteran matches the same etiquette from their military days. This commonality is less about customs and courtesies, rather familiarity that is inviting. As a VA nurse, and a veteran, we unite under a set of core values to serve those who have served their country. ICARE (Integrity, Commitment, Advocacy, Respect, and Excellence) represents every aspect in the way we serve. If you ask me, the VA is a hidden treasure for anyone looking to experience a fulfilling career and a chance to be a part of an unwritten history.

A day in the life of a VA nurse is certainly not without its challenges. Often, nurses utilize a vast network of colleagues and peers to coordinate care of a single veteran. Although this seems trivial for some nurses, organizing and implementing all the degrees of care is solely for the strong suited. Sometimes veterans travel from far away for just a routine check-up, which quickly leads them to specialists, radiology scans, biopsies and maybe surgery, all during their visit. In addition, factor in the countless medical staff rotating through the different specialties, thus increasing the complexity of healthcare. This kind of whirlwind treatment is not routinely implemented but speaks volumes about the world class service offered to all veterans at the Veteran Affairs Medical Center.

Fortunately, VA nurses don't have to look far for assistance. PACT Teams are specifically designed to

manage the veteran's cares through a dedicated group of providers and nurses that provide continuity to the veteran's healthcare. These teams consist of a Doctor, a Nurse Practitioner, a Nurse (LPN or RN or both) and a health tech, which seamlessly organize and manage primary care. Through their combined efforts a mutual trust is shared amongst the veteran and other specialized teams involved in the veteran's healthcare. I'm talking about the specialty clinics that manage and treat individual health problems.

Welcome to my day. I work as a Nurse Care Coordinator for the ENT and Plastic specialty clinics. My providers visit with veterans who need specialized care, possibly surgery, to treat their medical problems. Our population of veterans extend from northern Montana to Moab, UT, and from Elko, NV to Grand Junction, CO. Myself, plus a few clinic nurses help to manage patient flow so they are all seen timely. However, on my own, I coordinate all the follow up visits, surgical planning, post-op cares, and more simply, act as a liaison for our patient population because many times they have questions about their plan of care. My sole responsibility is to create and manage their plan of care to ensure compliance and continuity of care. A day in my life is fulfilling because I work with other nurses who have served in the military like me and we share in the duties to care for fellow veterans. So, I can deeply say that my career is rewarding on many levels.

A Day in the Life of a VA nurse is less about routine rather, a compilation of wonderful outcomes. When I first started working here I found this quote next to my computer:

"Problems are not stop signs, they are guidelines."
- Robert Schuller

And every day I use it as a tool to be the best VA nurse for the veterans.

The Shoulders We Stand On continued from page 1

Hospital No. 21 as the OR charge nurse. The patients were mostly victims of mustard gas. Despite attentive nursing, few survived due to a high infection rate in less than clean conditions. (There were no antibiotics in WWI and supplies of medications that did exist were insufficient.) *At this base hospital, the nurses pooled their ration coupons and made divinity at Christmas for all their patients including prisoners: French, American, German, and British.*

Nurses and doctors worked incredibly hard in these conditions. Nurse Hansen passed the anesthesia by dripping ether into cloth cones over the patients' faces. She spent 14 to 18 hours every day standing in the miserable cold on dirt floors – developing severe varicose veins. Later she would submit 13 applications for disability. She finally was granted 10% disability and she was a lifelong member of Disabled American Veterans.

Ruth Hansen returned from the rigors of war to earn her BS in nursing from University of Southern California at Berkley in 1922. Nurse Hansen cared for children as a school nurse for Granite School District. When her daughter was born in 1926 she retired from nursing, only to return to private duty nursing after her husband was killed in a car accident in 1942. After her retirement Ruth continued to serve as the neighborhood nurse with her kit of glass syringes, morphine and suture materials. She stitched up many kids in her kitchen.

Nurse Hansen was a meticulous record keeper. She stored her records in an ammo can! Her family has her

WWI helmet with her name on it, her white nurses cap and pin, and a grey uniform as well as her diploma and her orders and discharge papers from the Army. In 1979, Ruth Hansen Bruerton was awarded the Veteran of Foreign Wars Maltese Cross, just six months before she died at age 87.

What is especially memorable for the Utah Nurses Association is the fact that Ruth Hansen valued her profession so much that she became a proud charter member of the new Utah Nurses Association. She signed the original charter in 1914.

Years after her death, Ruth Hansen's granddaughter, Kris Hood, left her lab job at Hercules to act on the inspiration of her grandmother. Kris earned her LPN in 1994 and her RN in 1995. She worked as an RN for 20 years and is dedicated to preserving her grandmother's history.



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

The NOBC represents nursing and other organizations working to build healthier communities in America by increasing nurses' presence on corporate, health-related, and other boards, panels, and commissions. The coalition's goal is to help ensure that at least 10,000 nurses are on boards by 2020, as well as raise awareness that all boards would benefit from the unique perspective of nurses to achieve the goals of improved health in the United States.

We encourage each and every one of you, over three million strong, to visit www.nursesonboardscoalition.org, sign up to be counted if you are on a board and read more about the efforts being made to help build the future of our profession.



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"MUSINGS OF CARING" SELF-REFLECTIVE MOMENTS OF NURSES

Sharon K. Dingman, DNP, MS, RN

We invite you to send a nurse caring story during 2019 to be published in an edition of *UTAH NURSE*.

Thanks to those who have contributed in the past and to those who desire to do so now. Your stories have included how families see the caring connections of nurses in care of a loved one and personal experiences as a nurse with a patient who was actually the one who was caring to them. Not only do we deal with hope and despair, we are privileged to be a part of one-on-one celebrations of both life and death. Nurses do enhance patients' moments of intentional care through their individual and collective interactions with one patient, one family and with each other as professionals. Stories are part of our history both individually and collectively. **Please share your stories with us and your colleagues.**

Musings Defined – What is a Musing?

A musing is formed through self-reflection and personal introspection of thoughtful actions of yourself and others. Sharing moments of self-reflections is an opportunity to support our own well-being as part of your nurse identity.

Connection Defined – Respectful Caring, Engagement, Well-being, and Patient Satisfaction.

Connection is part of our collective awareness as nurses working with other care givers resulting in a coordinated, collaborative and engaged spirit with one another and our patients and their significant others during a length of stay or perhaps on one shift by all in the organization (Dingman, 2012). Our well-being influences our presence in the moment of care delivery.

Patients and families know we have the knowledge and we care about them.

Sharing our caring experiences with colleagues is an integral part of our practice. We each have an opportunity for celebration in the moments of connection and respect in the care of patients, others, and for one another. We look forward to your "Caring Remembered" stories. Thank You!

Caring Experience #1: Caring Presence With Patient – Gayle Sturgis, DNP, MBA, BSN, CCRN-K, NE-B, CCMC

As a Nurse Executive, my favorite thing to do is round on staff and patients. You learn so much during those informal interactions. It was an early morning patient rounding opportunity that helped me reconnect with the "why" of my purpose as a nurse. After checking with the nurses on duty, I began my usual rounding, but today for some reason the rounding seemed more purposeful. Instead of the usual questions and pleasantries, I grabbed the lotion off the counter and sat at the patient's bedside.

Today, I told the patient, I am giving out hand massages, can I rub some lotion on your hands? The patient politely declined, but I insisted. After squirting lotion in my hand, which really committed me to the patient, she reluctantly gave me her hand to massage.

I noticed the wrinkles, but especially noticed the worry in her eyes. This was something I would have missed, if I had not taken the time to sit down and really focus on this patient. While I rubbed her dry hands, and tried to do it like they do in the nail salon, something magical happened. She began to open up to me and tell me about her worries. She was due to be transferred that day, scheduled for valve replacement surgery and she was worried about the unknown. We talked for no more than 10 minutes; I shared my critical care nurse experience of caring for valve replacement patients and hoped that I had alleviated some of her fears. We parted ways not knowing if I would ever see her again.

About two months later, while walking in the halls of the hospital a visitor stopped me; she was dressed beautifully and she was so energetic, I could not remember her, she asked, "do you remember me?" Of course, as a nurse, I often want to say, maybe, could you mess up your hair and put on this lovely hospital gown and then maybe I might remember you... but I did not, I simply answered honestly, No, she said, "You helped me during a time when I was so scared, you visited and rubbed my hands and talked with me, you alleviated my fears." She told me more, "my surgery went well, and I feel great, thank you for being there when I needed you."

Isn't that what being a nurse is all about, being there caring for someone when they really need us. I am so grateful for the opportunity to be a nurse, to be available when someone really needs me. I am also grateful for those around me who everyday are there caring when I need it.

Caring Experience #2: Reclaiming Caring – CJ Ewell MS, APRN, FNP-BC

Nursing is widely defined as one of the caring professions. Within the context of nursing, it seems that

caring has a singular definition: to provide the physical, emotional, social, and spiritual care and education required by those unable to care for themselves, especially the sick and elderly.

Other definitions of caring also seem to apply to nursing, perhaps without design. These include (Dictionary.com, 2019):

1. A state of mind in which one is troubled; worry, anxiety, or concern: *He was never free from care.*
2. A cause of worry, anxiety, concern, etc.: *Their son has always been a great care to them.*
3. To wish; desire; like: *Would you care to dance?*

Dear reader, which definition of caring is your reality?

To reclaim the kind of caring that motivated each of us to become nurses, we must reclaim our rightful authority within our profession (and myriad disciplines) by advocating for ourselves as well as for our patients, by building community with one another, and by understanding our awesome power and even greater potential to benefit society. We must understand and embrace our ability to speak with authority on national issues that impact us as nurses, as well as those that impact our patients. In the end, if we don't support our profession, we will suffer along with our patients as our profession absorbs harm after harm imposed by policy makers who don't understand caring at all.

Conclusions

Nurses create relationships with patients, families and others. Nurses influence patient care outcomes, satisfaction, and build lasting memories of care delivered and received by themselves, their family member, or their friend. Heath and Heath (2017) ask a provocative question, "What if every patient was asked what matters to you?" Upon admission and/or at the beginning of each day of care experience we do write on the "white boards in patient rooms" reminders... for Whom?

Musing of Caring are nurse reflections of their practice long remembered and perhaps the most defining moments of our nursing practice. We can also say the same for patients and families. Their musings of caring may well be the most defining moments of their care experience (Dingman, 2019).

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SAVE THE DATE

UNA Membership Assembly (Annual Membership Meeting)

Saturday, August 10, 2019, 2:00 – 4:00 pm
Location to be announced and broadcast statewide

UNA Board of Directors Quarterly Meetings

Saturday, August 10, 2019, 9:00 AM- 1:00 PM
Saturday, October 5, 2019, 9:00 AM – 1:00 PM



UTAH NURSES FOUNDATION

Nursing Grant-in-Aid Scholarship Guidelines

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

SCHOLARSHIP INFORMATION:

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

GENERAL SCHOLARSHIP CRITERIA:

The applicant must:

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

AGREEMENT

In the event of a scholarship award:

- The nursing student agrees to work for a Utah Health Care Facility or Utah Educational Institution as a full-time employee for a period of one year, or part-time for a period of two years.
- Student recipient agrees to join the Utah Nurses Association within 6 months of graduation at the advertised reduced rate.
- If asked by UNF, provide personal pictures and narratives to be published in **The Utah Nurse** indicating that UNF scholarship funds were received.
- If for any reason the educational program and/or work in Utah is not completed, the scholarship monies will be reimbursed to the Utah Nurses Foundation by the nursing student.

To download application, visit www.utnurse.org.

Nursing Research Grant Proposal

This form is to be used to request research funding assistance from Utah Nurses Foundation (UNF). Completed forms should be submitted electronically to UNF in care of the Utah Nurses Association at UNA@xmission.com. Requests will be evaluated based on need, support for nursing and the nursing profession, and available UNF funds.

Those receiving funds may be asked by UNF to provide personal pictures and narratives to be published in **The Utah Nurse** indicating that UNF funds were provided for this project.

Title of project: _____

Applicant's Name and credentials: _____

Professional Association/Affiliations (if any): _____

Are you currently a nursing student? Yes No

If a student, what nursing school? _____

Pursuing what degree? _____

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

- 1) Describe the proposed work, paying particular attention to the evaluation criteria listed in the proposal writing guidelines (one page maximum).

Project Overview:

Research Process and Desired Outcomes:

Benefits to Patient Care and Education, Nursing Education, and/or Nursing Profession:

- 2) Describe the proposed budget for this project and how you would use the funds provided (1 page maximum):
- 3) Provide contact information for you as well as someone who can attest to this project
 - a) Personal contact information:
 - b) Contact Information for individual at the School or Facility where research will be conducted:

Each proposal will be evaluated according to the following criteria. Please address these criteria in your description of both the proposed work and the budget.

- 1) The proposed activity benefits patient care, advances nursing education or research.
- 2) The proposed activity demonstrates merit with regarding to enhancing the discipline of nursing.
- 3) The proposed activity clearly describes the desired results or outcomes.
- 4) The proposal delineates the efficient use of resources, utilizing a complete and understandable budget narrative.
- 5) The proposed work offers students and nurses involved a quality, meaningful research opportunity that will merit submission for publications in a professional journal.

Utah Nurse Foundation use only

Committee discussion of proposal:

Committee decision: Award _____ Do not award _____

Amount Awarded \$ _____

Is applicant eligible to apply for funds again? Yes _____ No _____

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Nurses Day at the Legislature 2019

Kathleen Kaufman, MS, RN

On February 22nd, we held our annual Nurses' Day at the Legislature in the Governors' Hall below the Rotunda. Approximately 180 people attended; most of whom were nursing students. Breakfast was served by Brown Brothers Catering and paid for by Ivory Homes. Ivory Homes representatives introduced a new initiative they are sponsoring: Utah Workforce Housing Priority in which certain neighborhoods of Ivory Homes are being held at an affordable cost for service professionals such as nurses, police, and firefighters. Information was available for those interested.

Several legislators came to speak about their key bills; Sen. Allen Christensen, Rep. Marie Poulson, Rep. Carol Spackman Moss, and Rep. Suzanne Harrison. Sen. Kathleen Riebe, Rep. Mark Wheatley, and Sen. Todd Weiler arrived just as we were dispersing to our workshop rooms. Later we did catch up with Rep. Wheatley and discussed his HB 344 Student Asthma Relief Amendments.

Two workshops were held after the general session: one focused on how to communicate with legislators via email, phone2action, and testifying. The other workshop reviewed the bills UNA was monitoring. Finally, Donna Murphy gave a tour of the Capitol with a visit to each

gallery above the House and Senate floors. Each body of the Legislature acknowledged the nurse visitors in the gallery. It was impressive.

These following bills and issues were discussed during the two hours of the general meeting.

- SB96 S4 Medicaid Expansion Adjustments
- HB 252 E Cigarette and Other Nicotine Products Amendments
- House Revenue and Tax Commission
- HB 336 Nurse Practice Act Amendments
- HB 13 S1 Distracted Driver Amendments
- HB 274 Retail Tobacco Business Amendments
- What IS socialism? Presented by Sen. Gene Davis
- SB 134 Campus Safety Amendments
- School Safety and the Need for More School Nurses
- HB 71 Health Education Amendments
- HB 223 Unlawful Instillation of a Tracking Device
- Funding for School Nurses
- HCR 11 Concurrent Resolution Encouraging the Purchase of Tier 3 Gasoline



**L. Close, PhD, RN,
UNA Executive
Director**



**S. Dingman, DNP, MS,
BSN, RN,
Rep. Dr. S. Harrison (D)**

Join us in 2020 for our next Nurses Day at the Legislature. We have already arranged larger breakout rooms! Date is February 28, 2020.



**Rep. Poulson (D), D. Forster-Burke, MS, RN,
D. Murphy RN, MSN, CPN**



**K. Kaufman, MS, RN, D. Murphy RN, MSN, CPN,
S. Dingman, DNP, MS, BSN, RN, Sen. Todd
Weiler (R), D. Forster-Burke, MS, RN, L. Moss,
MS, APRN, ANP-C, FNP-BC, CWS, FAANP**



**K. Kaufmann, MS, RN, D. Murphy RN, MSN, CPN,
Sen A. Christensen (R), S. Dingman,
DNP, MS, BSN, RN**



**S. Dingman DNP, MS, BSN, RN, D. Murphy, RN,
MSN, CPN, Sen, K. Riebe (D),
D. Forster-Burke, MS, RN**



Sen. J. Iwamoto (D)

Utah Nurse Practitioner's Day at the State Capitol



**S. Dingman, DNP, MS, RN, President UNA,
M. Vreeland President UNP, DNP, APRN,
ACNP-BC, L. Close, PhD, RN**

Medicaid Rally at the State Capitol



Citizens and Nurses demonstrated at the Utah State Capitol on Monday, January 28th the first day of the 2019 Utah Legislative Session to persuade the legislators to adhere to their constituents' decision on Medicaid Expansion.



GRC REPORT

Kathleen Kaufman, MS, RN, GRC Co-Chair
Diane Forster-Burke, MS, RN, GRC Co-Chair

The Board of Directors approved our priorities of supporting the changes to the Nurse Practice Act for APRNs, efforts to add school nurse positions, bills addressing clean air, and opposing bills to limit Medicaid Expansion. By determining priorities prior to the session, we saved time in discussing bills we were supporting based on our board's position.

There are 16 members on the Government Relations Committee (GRC). The consensus of opinions by GRC members determines whether UNA supports, opposes, or watches each bill. After several GRC members discuss the bill, we may take a position. We also list several bills on our bill tracker which we think would be of interest to nurses in various work areas. We post bills to inform you of what may pertain to your work, career, or community. Kathleen and Diane have attended many committee meetings for both the House and the Senate (Business & Labor, Health & Human Services, Judiciary, Education, Appropriations) to take notes, listen to discussions, and testify on bills. We have easily each written over 150 emails to legislators.

We choose the bills with highest priority or of greatest concern to alert interested people who have signed up for phone2action (p2a). This year we conducted four p2a campaigns. The first one in January was a largely informative notice about the public comment period for health curriculum changes in the K-12 public schools. This curriculum had many strong innovations and needed knowledgeable input into those standards. The public comment period ended near the beginning of the legislative session and we hope that many of you did enter your thoughts into that comment. Due to the nature of this mailing, we cannot determine how many responded, but education of all interested participants is an important role for us.

The other p2a campaigns included one in favor of HH 336S1 Nurse Practice Amendments, and two in opposition to HB220 and SB96. In the end, all three bills did pass. However, the final p2a campaign was to ask Governor Herbert to VETO HB 220 which swiftly passed through the legislature with far too few citizens aware of it. At this writing his decision is not yet known.

Our Great Success:

HB336S1 Nurse Practice Amendments. (Sponsored by Rep. Dunnigan and Sen. Bramble) UNA SUPPORTS this bill which changes the requirement for APRNs to have 2000 hours supervised by an MD in their 1st two years of prescribing Schedule II drugs. This requirement has been deleted for APRNs working in group practices. The new law requires only 1000 hours of supervision/consultation for a brand-new NP who is in their 1st year of independent practice following graduation. This supervision can now be done by another experienced APRN. This bill brings Utah closer to full practice which remains elusive due to the continued 2000 hours of MD consultation/supervision required for NPs employed in or owning pain clinics. HB 336S1 passed both the House and the Senate without opposition.

Our Ongoing Challenge:

HB220 Radioactive Waste Amendments. (Sponsored by Rep. Albrecht and Sen. Sandell) UNA opposed this bill which allows a wide variety of highly radioactive waste from all over the country (800,000 Tons) and some from foreign countries including Japan to be dumped at the Clive facility in the West Desert of Utah. Energy Solutions owns the Clive facility and has been very persuasive with this bill passing rapidly through both bodies of the Legislature. **Opponents of the bill cited ambiguous and permissive language which will allow one person alone to approve the acceptance of any radioactive materials, including depleted uranium which grows more radioactive over time. This bill is passed prior to completion of the key assessment of the Clive site as to its suitability for materials more radioactive than Class A which is all that is currently allowed in Utah. (The 15-year ban for more highly radioactive materials expires this year.)** At this writing, opponents are seeking a veto from Governor Herbert. Only two legislators who did receive campaign donations from Energy Solutions did not vote for this bill and these two legislators were Rep. Jim Dunnigan and Rep. Jon Hawkins.

We periodically review all bills we are following and update their status which is then posted on UNA's website under the Bill Tracker Tab. Currently we have a total of 75 bills listed in the bill tracker. While we watched many of these bills, we acted only on those that seemed most crucial. Liz Close has been wonderful to post the latest update on the website in a very timely way. Our layout for the bill tracker has been changed this year and we welcome comments as to its effectiveness.

Along with Donna Murphy and Liz Close, we planned and hosted the Nurses' Day at the Legislature Feb 22 and have set the date for next year as Feb 28, 2020.

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HEPATITIS A OUTBREAK: THE PUBLIC HEALTH RESPONSE

Audrey M. Stevenson
PhD, MPH, MSN, FNP-BC

In May 2017, an individual presented at a local hospital for routine follow-up. Staff caring for the patient noted that the individual was jaundiced and decided to test the patient's liver function and for hepatitis. The patient was found to be suffering the effects of hepatitis A. Over the next two years, multiple states would experience hepatitis A (HAV) outbreaks. During this time, Utah would experience the largest HAV outbreak in the state's history, resulting in 281 confirmed cases and two deaths.

Hepatitis A

Since January 1, 2017, Utah public health has identified 295 confirmed cases of HAV, of which 281 are linked to the widespread outbreak affecting multiple states. Many of the cases have been among persons who are homeless and/or using illicit drugs. Several cases have been linked by investigation and/or viral sequencing to a national outbreak of HAV involving cases in California and Arizona. In response to the outbreak, public health officials worked over a two-year period to identify cases and contacts, provide education, and ensure opportunities for vaccination of close contacts to cases and vulnerable populations.

Hepatitis A is usually spread through oral contact with items contaminated with the hepatitis A virus. There are many cases of HAV related to food handling by individuals infected with HAV. Many infected individuals are asymptomatic. If symptoms occur, they usually appear two to six weeks after exposure. Symptoms usually develop over a period of several days and may include jaundice, abdominal pain, nausea, or diarrhea.

Proper handwashing is essential to reducing the spread of HAV. However, vaccination continues to be the most effective means of preventing HAV transmission. Although the hepatitis A vaccine has been available since 1995, it didn't become

a school entry requirement in Utah until 2002. The vaccine has been credited for a 95% decline in the number of cases of HAV since 2006, with increases in cases due to two HAV outbreaks in 2015 and 2016 related to contaminated foods. Despite the widespread availability of the vaccine, many individuals of all ages have not received this important vaccine.

Source of the Outbreak

Prior to the outbreak, Utah averaged approximately three cases of HAV per year. Most cases identified in Utah were the result of contaminated food. Previous local health department outbreak response plans for HAV were food related.

Early in the outbreak a pattern emerged in Utah, as well as other states experiencing the outbreak. In 2017, CDC received 1,521 reports of acute hepatitis A infections from California, Kentucky, Michigan, and Utah. Most of the infections were among persons reporting injection or noninjection drug use or homelessness. Surveillance investigations determined that direct person-to-person transmission of HAV infections was occurring. This differs from previous outbreaks that were attributed to the consumption of contaminated food products and required new and novel approaches to controlling the outbreak.

The Public Health Response

Early in the outbreak, it was determined that a concerted public health response would be necessary to control the outbreak. Local public health coordinated with the Utah Department of Health and CDC for ongoing guidance and support. Local public health officials worked with community partners in determining effective strategies for reaching at-risk populations with education and vaccines. Many nurses from the Medical Reserve Corps and volunteers from several service agencies working with the homeless were instrumental in providing the education and vaccine services needed to control the outbreak.

To reach homeless individuals required foot clinics and other novel approaches to the provision of needed vaccines. Nurses took vaccines into homeless camps and set up clinics in jails, emergency departments, syringe exchange programs, drug treatment facilities, and homeless shelters. In Salt Lake County alone, over 11,000 HAV vaccines were administered at more than 450 clinics.

It took almost two years for the outbreak to end. Ongoing efforts have continued to provide vaccines to MSM and persons who use drugs or report homelessness.

Conclusion

Recent outbreaks of measles, pertussis, and hepatitis A are stark reminders that vaccine-preventable diseases still pose a significant risk to us all. It is important as nurses that we ensure that we are adequately vaccinated against these diseases and that we provide vaccine education to our patients. We must also adapt to the needs of specific populations affected during outbreak situations and be willing to develop and embrace novel approaches to providing care to resistant populations.

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A. Jacox



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FOR SOME NURSES, their work stands the test of time. Such is the case with seven nurse leaders who received the American Academy of Nursing's highly acclaimed designation of Living Legend in 2018. Exceptionally accomplished in nursing and healthcare over the course of their careers, these pioneers received the Academy's highest honor at a special ceremony during its November policy conference in Washington, DC.

The Academy recognizes a small number of fellows as Living Legends each year. To be eligible, the Living Legend must have been an Academy Fellow for at least 15 years and have demonstrated extraordinary, sustained contributions to nursing and healthcare. The following nurses were honored as 2018 Living Legends in recognition of the multiple contributions they have made to nursing that continue to reverberate throughout the health services field today:

- **Jacquelyn C. Campbell, PhD, RN, FAAN**, is a leader in research and advocacy in the field of violence against women and health outcomes. Her investigations into intimate partner homicide and other violence against women, as well

as policy initiatives to improve the justice and healthcare system response, have paved the way for a growing body of interdisciplinary knowledge. She is a member of the Maryland Nurses Association.

- **Marilyn P. Chow, PhD, RN, FAAN**, is renowned for her innovations in nurses' work and learning as well as their leadership in health systems, policy, and practice. Throughout her career she's been at the forefront of national issues such as workforce, community health, quality, credentialing, and technology.
- **Joanne M. Disch, PhD, RN, FAAN**, has served as the senior leader in almost every type of healthcare organization. As a founding leader of the Quality and Safety Education for Nurses (QSEN) initiative, she and her colleagues launched an international movement to make healthcare safer. She championed fair and just cultures in nursing schools and advanced the concept of person- and family-centered care.

- **Ada K. Jacox, PhD, RN, FAAN**, is well-known as a pain researcher and fierce advocate for nursing and women's rights. In the 1970s, she lobbied Congress and the National Institutes of Health on the importance of nursing research and succeeded in establishing the National Institute of Nursing Research.
- **Beatrice J. Kalisch, PhD, RN, FAAN**, is an internationally known nursing scholar who has made numerous contributions, particularly in the areas of the image of the nurse and patient safety. As a principal at Ernst and Young, she focused on improving nurses' workplace environment and made landmark discoveries concerning what she called "missed nursing care," defined as standard required care not completed.
- **Sally L. Lusk, PhD, MPH, RN, FAOHN, FAAN**, is a pioneer in the area of occupational health nursing, advancing graduate education, promoting utilization of research, and conducting clinical trials of predictor-based interventions. She identified behavioral predictors for the use of personal protective equipment and conducted the country's first large-scale, randomized clinical trials of interventions to promote the use of hearing protection.
- **Ruth McCorkle, PhD, RN, FAPOS, FAAN**, is a leader in oncology nursing, symptom science, and hospice and palliative care. She cofounded the Hospice of Seattle and Northwest Regional Oncology Society. McCorkle developed the Symptom Distress Scale, the first self-reported scale Living Legends make their mark on nursing January 2019 Vol. 14 No. 1 Author(s): (/newsletter-american-nurse-today/) Helping patients navigate end-of-life issues (<https://www.americannursetoday.com/helping-patients-navigate-end-of-life-issues/>) to measure the presence of a symptom and the associated distress.

Read more about the 2018 Academy Living Legends at bit.ly/2FSGeVI (<https://www.americannursetoday.com/goto/http://bit.ly/2FSGeVI>).

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LEADING THE WAY



STRATEGIES FOR NURSE LEADERS

AUDREY M. STEVENSON, PhD, MPH, MSN, FNPBC, has spent much of her 30-year career in nursing and public health focused on finding ways to provide the community with the highest quality public health services. She's currently division director of family health services for the Salt Lake County Health Department in Salt Lake City, Utah, where she manages five public health centers and a variety of initiatives, including the immunization program; the women, infants, and children nutrition program; clinical



Audrey M. Stevenson

collaborations; cancer screening programs; public health nursing; and the nurse-family partnership.

An active American Nurses Association (ANA) and Utah Nurses Association member, Stevenson recently led an ANA webinar for nurse leaders on strategic vision, and she moderates the ANA Nursing Leaders Online Community. She received the ANA Immunity Award in 2010 for promoting the tetanusdiphtheria-pertussis vaccine at public health clinics. ANA asked Stevenson about these efforts.

What can nurse leaders do to challenge their strategic thinking?

To improve our thought processes and become more strategic leaders and thinkers, we need to constantly challenge our assumptions. One of the first steps in fostering strategic thinking is to disrupt and get beyond groupthink. A change in mindset can be achieved by observing and seeking trends and determining key information that may be missing. Set aside time to improve strategic thinking. Connecting with peers in your organization and professional communities, such as ANA's Nursing Leaders Community, can help you identify the issues affecting the workplace and provide different perspectives and strategies. Strategic thinking also involves asking the tough questions to help identify different possibilities, approaches, and potential outcomes.

What role does leadership play in innovation?

One of the differences between a leader and a manager is the ability see a macro view. Leaders need to communicate a vision that will serve as a road map for staff. They can foster innovation by sharing information with others. Individuals cannot innovate when they are kept in the dark. Leaders need to create opportunities for raising and testing ideas. Provide time, training, and other

opportunities for individuals to be innovative so that ideas may flourish.

How can nurses be advocates for immunization?

Nurses excel in promoting preventive measures. As nurses, we have a responsibility to protect ourselves and others by stopping the spread of disease. We do this through good handwashing, avoiding direct patient care when we are ill, and ensuring that we don't spread vaccine-preventable diseases by first being vaccinated ourselves, and then advocating for others to be vaccinated.

How can a leader successfully motivate nurses of different generations?

Leaders cannot assume that all employees within the same generation will be motivated in the same way. I have found that having conversations as part of the performance evaluation provides a fantastic opportunity to learn how the individual likes to be recognized and rewarded and what professional opportunities he or she is seeking.

Do you have a personal leadership lesson to share?

Leadership is an honor. We have a responsibility to create and communicate a vision that improves the quality of life of all those with whom we work and serve. Many great leaders in nursing, such as Florence Nightingale and past ANA presidents Karen A. Daley and Pamela F. Cipriano, among others, have demonstrated a true commitment to both people and our profession and provided a clear vision that resonated with others. Personally, I feel a responsibility to use the opportunities that my position provides to make a difference in the lives of those with whom I work and those whose lives are touched by our work. We should always strive to give back in any way that we can.

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IVORY HOMES INITIATIVE

Affordable Housing Opportunities for Workforce Who Help Make Our Communities Great in Utah

Sharon K. Dingman, DNP, MS, RN
President, Utah Nurses Association

As the President of UNA I had the opportunity to participate in two presentations in support of the Ivory Homes Utah Workforce Housing Priority Initiative for affordable housing by first responders, police officers, construction and trade workers, veterans and members of the military, nurses and school teachers who cannot afford to live in the communities they serve. Many come from long family ties within the state and cannot find suitable housing. Nurses as well as other service providers in the Utah Workforce cannot find qualify housing in the communities they serve.

With the assistance of Clark Ruttinger, Director of Utah Nursing Workforce Information Center, using the 2015 Workforce Information with the Utah 2018 Nursing License Data it was possible to determine by county a median number of registered nurses in Utah working in direct patient care and an average salary for those in less than 10 years' experience and greater than 10 years' experience. On average as determined by the median salary for nurses in these categories working full-time may qualify for this initiative. Ivory Homes is giving priority to first time home buyers and to households earning less than \$70,000 per year. These members of the workforce are at the heart of the safety, service, and stability of our communities.

Governor Herbert and Clark Ivory from Ivory Homes introduced the initiative to help address the state's pressing housing affordability issue and the value of this initiative at the press conference held at the Capitol on Wednesday, February 6, 2019. I was requested as a nurse leader to join a school teacher, and a retired military veteran to speak to the value of this initiative for Utah citizens in these job categories.

Ivory Homes has set aside for this initiative a number of homes in their subdivisions in numerous locations throughout Utah under construction for this initiative. As many as 30,898 RNs in the state could be eligible and benefit from this incredible housing initiative. Ivory Homes has reserved more than 140 lots in areas across the Wasatch Front and will become available to purchase this year. See Utah Housing Gap Coalition (2019).

The second opportunity to share this initiative came by invitation to speak on Studio5 KSL on Thursday, February 28, 2019 about the housing shortage and value of the Ivory Homes Initiative for Affordable Housing for nurses. For a link to this segment see below.

With the median home value in Utah at \$336,900, there are nurses and others service providers that may qualify. The average cost for Ivory Homes affordable pricing starts at \$260,000 with additional benefits for sprinklers, sod, trees, and appliance options. Ivory Homes as the number one house builder in Utah is providing affordable housing in our communities and assistance to these buyers.

On a personal note, besides being a nurse, there are police officers, construction workers, and others serving in the military within our extended family and friends. I certainly relate to the value and necessity of this initiative. Our granddaughter, who is a nurse, shared the following: "As a newly married couple we looked for a home to purchase in our price range of \$260,000. We looked for over six months and could not find any new or older homes in our price range. Many were older and not in good repair; homes in our price range were gone in less than a day. We finally found a 10-year-old house that needed minor repairs and was close to work for both of us. It would have been so amazing to get the price range and quality Ivory Homes is offering for brand new homes with all the amenities. Our whole experience was overwhelming. I so wish this initiative had come out sooner and we had this opportunity to buy!"

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SafeUT app

Diane Forster-Burke, MS, RN

Utah has one of the highest teen suicide rates in the nation. Utah's teen suicide rate in 2018 was 5th highest with 21 adolescent suicides per 100,000. A measure to help combat this suicide rate is the SafeUT app.

Did you know about the SafeUT app? SafeUT@hsc.utah.edu. It is a phone app established by the Legislature in 2015 to provide a statewide phone crisis service for school safety and a crisis line for students in K-12 grades. In 2018, additional funding was authorized to provide phone resources for any student who is suicidal, threatening violence, or is the victim of bullying. This funding also expanded to colleges or universities in Utah in 2018. All 41 school districts and eight state sponsored institutions of higher education are included in SafeUT. Private and charter schools (K-12) also are enrolled in this app. The crisis calls are handled by licensed crisis workers from the University Neuropsychiatric Unit (UNI), 24/7.



Users can submit: a **tip** of concerns of violence or self-harm, or a drug overdose. These tips are sent immediately to the SafeUT staff as well as to the school personnel of the individual who called in the tip. Users can also access a **chat** (texting in real time) with a licensed mental health clinical crisis worker, and also initiate a **call** for a therapeutic dialog with a licensed crisis worker. There is a geo locator function on the app that can be used to track the phone if the caller is suicidal.



In a year from Jan 2018 to Jan 2019, SafeUT app recorded: 21,680 chats, 12,008 tips, 513,050 chat and tip threads, and 334 potential school threat tips. The top five topics for the chats or calls were suicide, bullying, depression, drugs, and cutting. 207 suicide calls have been handled through SafeUT during January 2019. (SafeUT app presentation to Public Education Appropriations 2/7/19).

The app download is free. It is a great resource for a student who is in trouble or has witnessed a violent situation.

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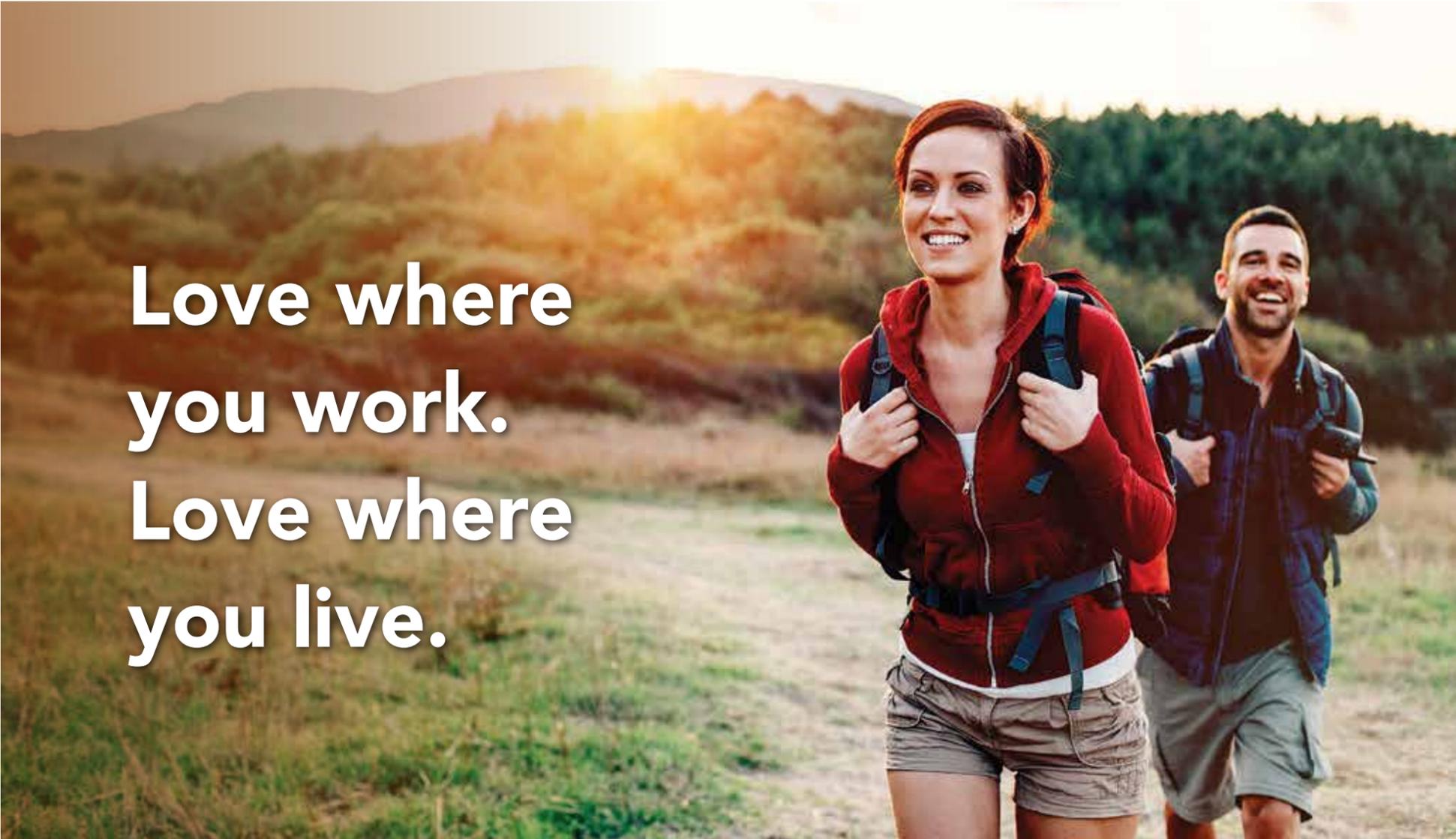
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