

THE FUTURE OF NURSING IN MICHIGAN

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PRESIDENT'S MESSAGE

The Official Publication of the American Nurses Association Michigan

The **Future of Nursing in Michigan** will reach over 5,600 Michigan nurses and State Legislators through direct mail.



ANA-Michigan 2020 Conference

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Every September I always seem to ask, "Where did the summer go?" This year it seems to have flown by much more quickly than previous summers. It seems each summer is busier than the previous summer. In June, several of us from Michigan attended the National Nursing Workforce Conference. The theme was *The Changing Face of Nursing in the Decade Ahead*. Sessions were on building, healthy community, economics of healthcare, nursing workforce data, strategies for decreasing workplace violence and many other interesting topics. Recent data presented by Dr. Peter Buerhaus focused on the increasing numbers of nurses retiring from the workforce. How are organizations planning for these retirements? Suggested was asking some of the nurses to delay their retirement for a short while, while they work with the newer nurses to impart some of their knowledge. One of those statements presented by a health care economist that stays in your mind, is the three great features about nurses: nurses' costs are lower than physicians, nurses provide excellent quality care for less money, and nurses promote access to care. The figure was used that a physician costs \$6 per minute and a nurse costs \$1 per minute. Maybe we should be paid more.



Carole Stacy,
MSN, MA, RN

Just a few days later I was in Washington, D.C., at the ANA Membership Assembly. What a great experience to feel all the positive energy in the room. The first day was the ANA Hill Day. We began the morning with ANA President Grant having a conversation with the newly elected Representative Lauren Underwood, a nurse from Napierville, Illinois. She does have Michigan ties; she went through the nursing program at the University of Michigan. Her responses to President Grant's questions were so invigorating to listen to; she has that wonderful nursing perspective. Afterwards we headed to the "Hill" for visits with the offices of Senators Stabenow and Peters and Representatives Bergman, Moolenaar and Walberg. With each visit we were warmly received and listened to. The ANA issues we asked for their support on were: The Workplace Violence Prevention for Health Care and Social Services ACT (S. 851/H.R. 1309), The Title VIII Nursing Workforce Reauthorization Act (H.R. 728/ S.

1399), Safe Staffing Levels for Nurses and Patients and the Home Health Care Planning Improvement Act of 2019 (S.296/H.R. 2150). It was an amazing day. Our Michigan group felt we were advocating for issues that matter to nurses. Did I mention that it was the hottest day of the summer, almost 100 degrees with Washington humidity? We were quite wilted by 5:00 p.m. but invigorated by our time on the Hill.

Day 2 of the Membership Assembly began with reports from the committees and from ANA's subsidiaries: American Academy of Nursing, American Nurses Credentialing Center and the Nurses Foundation. Next we worked on the Bylaws Amendments, which is not my favorite thing to do but that is what makes an organization function. The afternoon was spent in the Dialogue Forums. Sixty-five dialogue applications were submitted and four were selected to be presented. There were four Forums. Removal of Outdated ANA Language to Increase Access to Vaccination Compliance was presented by a group of students from California. Nursing is in good hands with these smart, articulate students ready to enter the nursing workforce. DACA Recipients' Eligibility to take the NCLEX was also discussed. In many states after completing a nursing program, students are not permitted to take the NCLEX. In Michigan we have no such restrictions and they can take the NCLEX. The Forum on Human Trafficking: A Nursing Perspective on Solving a Public Health Crisis was one of the most informative and moving presentations on the subject I have ever listened to, presented by an APRN from Florida. Lastly, the Michigan Forum entry was on Visibility of Nurses in the Media. Dr. Diana Mason was to present the topic based on her recent replication (2018) of The Woodhull Study on Nursing in the Media (1997). Unfortunately, Dr. Mason was very ill and could not present. Fortunately, a colleague of Dr. Mason, Dr. Carol Meyers, was at the Membership Assembly and stepped in to do the presentation. Dr. Meyers is a Senior Fellow for Health Policy and Media Engagement at George Washington University. Our dialogue format was very different from the other three Forums. ANA helped us use a Hackathon format. The Hackathon utilized four rounds. Round one was brainstorming at our table to come up with a strategy to raise the visibility of nurses in the media. In the second round, two tables were paired and by using consensus building, they selected one idea to raise nurse's

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LEGISLATIVE UPDATE

Midwifery Profession Began Licensure in Michigan on August 1, 2019

Public Act 417, which defines and regulates the practice of midwifery, will require midwives to obtain licensure to practice in Michigan beginning on August 1, 2019, which is also the date the administrative rules go into effect.

PA 417 defines the practice of midwifery in the Public Health Code as providing maternity care that is consistent with a midwife's training, education, and experience, to women and neonates during the antepartum, intrapartum, and postpartum periods.

For more information on the midwifery profession, administrative rules, and the new law, please visit: https://www.michigan.gov/whitmer/0,9309,7-387-90501_90626-409686--,00.html.

House Committee Passes NLC Bill

On Thursday, June 6, 2019, ANA-MI president Carole Stacy testified in the House Health Policy Committee in support of the legislation that would join Michigan with 34 other states to be part of the enhanced nursing licensure compact.

Shortly after her testimony, the legislation was favorably passed out of committee on a party-line vote. The bill now heads to the House Ways and Means Committee for consideration before hopefully heading to the House floor. State Representative Mary Whiteford championed this, and we are so grateful for her dedication, as well as the support from the other representatives.

Currently, 34 states have enacted NLC legislation which means the state has already implemented the legislation or is in the process. To learn more about the NLC, see the map of states who have enacted the NLC, or to take action, visit their website at www.nursecompact.com.



What is the Enhanced Nurse Licensure Compact?

"The Nurse Licensure Compact (NLC) increases access to care, protects patient safety and reduces costs while supporting state-of-the-art health care delivery – for today and in the future. The NLC allows for registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) to have one multistate license, with the privilege to practice in their home state and other NLC states without obtaining additional licenses."



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Thought Focus

So how is your day going? What are you thinking about at the moment? Is the self-talk going through your mind right now about your work day moving you towards your goals or is it taking away your energy and passion?



Dean Prentice

A lot of questions to get you to this point. What you focus on and repeat to yourself about your situation is what you invest your energy in and ultimately what you accomplish. So, where is your job going today, or last week, or this past year? It may surprise you to know the focus you have in your daily work, the way you approach your job impacts your performance and leadership, negatively or positively. And the power is yours.

Leaders continuously struggle with their Thought Focus. We have become patterned into this constant talk to ourselves about our job, our boss, the work, the patients or subordinates, and we continually play the same old record. We focus on the negative. Like a self-fulfilling prophecy, what we think we get. And we justify our attitude and thought based off what we expect to see. So who's to blame?

As leaders, we need only to look in the mirror. I have seen great leaders spiral down into complete ineffectiveness due to their Thought Focus. For some, there is not even a speed bump between thinking a negative thought and then totally focusing on it. When that "thing" happens, and life becomes challenging, some leaders take the easy road to reinforce with themselves that this is life. That it's the way of this organization. They repeat and discuss with others the continuous negative and demeaning thoughts that this is how a leader is to experience life. Soon, and very soon, they've created the habit of a negative Thought Focus; and they believe it all to be true. Bupkis!

We now need to identify the focus of our thoughts...capture them and realign them properly. Leaders need to learn early, and revalidate with other leaders, their Thought Focus. You were hired as the leader to influence others and to help your organization meet a mission. If your influence and impact is to put every situation into a nose dive and to crash and burn, then you were truly not the right person for the job. Jobs get tough, bad things happen, and at times it seems all things are stacked against you.

True leaders then harness their Thought Focus and start to prepare themselves and their team for a positive turnaround. Their focus then becomes on what can be done and how to get there. They don't allow themselves the luxury of falling into the negative tail spin and sabotaging their staff and organization. They refocus their thinking, they have an accountability colleague who pushes them through the challenges, and then they keep their Thought Focus on their goals.

So today, where is your Thought Focus? It is never too late to pull back on that negative throttle and put a positive altitude under your wings. Your team deserves that...and so do you!

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Bonnie Clipper, DNP, RN, MA, MBA, CENP, FACHE
Chief Clinical Officer, Wambi

Dr. Clipper is a thought leader and sought-after speaker on nursing innovation. Dr. Clipper has spent her career focused on innovation in the nursing profession. Her most recent role as Vice President of Innovation at the American Nurses Association (ANA), mobilized nurses to think like innovators.

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visibility. In the third round, four tables came together to select a #1 idea to be reported out to the Membership assembly. We are waiting for ANA to compile all the strategies submitted and send us a report. Stay tuned.

Day 3 we discussed Policy Proposals from the Professional Policy Committee, election results, new business and then we headed for home, exhausted, but ready to do some heavy lifting around nursing issues in Michigan.

If you think you'd like to be more involved in ANA-Michigan and ANA and have some of these experiences, consider running for an ANA-Michigan elected office or Board position the next time these opportunities become available.

As President of ANA-Michigan I was able to provide testimony to the House Health Policy Committee before they voted on Michigan

becoming part of the Nurse Licensure Compact (NLC). We were fortunate when the vote was taken; it passed. The bill will now move onto the House Ways and Means Committee. We will contact ANA-Michigan members who live in the districts of representatives on that committee and ask them to contact their representative about voting to pass the bill. We used this strategy for the vote in the Health Policy Committee and were surprised how much misinformation some of the representatives had about the NLC. I think it was impressive to the 20 Committee members when I told them that 400 of ANA-Michigan's 3000 members live in their districts. Remember without data, you are just another person with an opinion.

This is how I spent my summer vacation. It was great!

To Err is Human..., But is it Criminal?

Recently we have seen news stories about healthcare professionals being criminally charged after making errors while carrying out their health care duties. One highlighted case comes from Vanderbilt University Medical Center where a registered nurse has been charged with reckless homicide and abuse of an impaired adult after she gave the wrong medication to a patient. The registered nurse admitted her mistake but pleaded not guilty to the charges.



Donna J. Craig,
RN, JD

The facts of the Vanderbilt case involved a 75-year-old woman who had been admitted for a brain hematoma, headache, and vision loss in both eyes. The patient was scheduled for a PET scan and was to be pre-medicated with Versed. The registered nurse was not able to find Versed in the hospital's automatic dispensing cabinet. Using the override feature, she typed in "VE" and chose the first drug that was shown, Vecuronium, which is a paralytic drug used during anesthesia. She administered Vecuronium to the patient, who became unresponsive within 45 minutes and died the following day.

In this case, the Tennessee Department Health, who is responsible for disciplining healthcare providers, conducted a nine-month investigation before deciding not to take any action against the registered nurse's license. In articulating the Department's decision, Antoinette Welch, the director of the Department of Health's Office of Investigations, stated in a letter to the registered nurse, "After a review by the board's consultant and a staff attorney for the Tennessee Department of Health, a decision was made that this matter did not merit further actions ... this is not a disciplinary action and no record of it will appear in your licensure file."

In a separate case, seven employees of a Columbus, Ohio, skilled nursing facility have been indicted on criminal charges of involuntary manslaughter and patient neglect after failing to provide interventions to prevent and treat bed sores that led to one patient's death and serious

injuries to another patient. The deceased patient died due to septic shock caused by untreated venous and arterial ulcers on both heels as well as a stage IV pressure ulcer on his coccyx. Those criminally charged included the assistant director of nursing, four-floor nurses, unit manager, and a nurse practitioner.

During the five days before the patient's death in the Ohio case, videotapes from the facility allegedly showed the patient received no wound care during any shifts despite strict orders detailing rotating the patient's position and frequent wound cleaning and dressing. The criminal investigation also determined that three members of the nursing staff falsified records to reflect that they were providing physician-ordered care to the patient. It should be noted that the nursing home had previously been investigated for similar issues of falsifying medical records a year prior to this incident, which no doubt played into the prosecutor's decision to initiate criminal charges.

While criminally charging health care providers is rare, cases have come to light when errors result in death or a significant injury to a patient and regulatory agencies responsible for safeguarding the public have not taken steps to sanction the healthcare provider's license. Unlike a negligent act that can be sanctioned by a licensure agency, when criminal charges are brought, the prosecutor has the burden of proving the healthcare provider acted with specific intent.

An initial reaction to these criminal cases may be of concern to healthcare providers. But a closer review of the facts in these two cases must be reviewed. In the Vanderbilt case, the registered nurse made many errors, which if corrected, could have resulted in a different outcome. Instead of overriding the automatic medication dispensing system, why did she not confer with a colleague? Why didn't the registered nurse acquaint herself with the actions and side effects of Vecuronium before administering the medication? If she had, she would have discovered Vecuronium was a paralytic medication and should not have been administered to the patient. Likewise in the Ohio nursing home case, several errors were made. This skilled nursing facility had a history of false charting, not following wound care treatments, and not implementing a good sterile technique, etc. These failures were not adequately addressed by the facility after the prior incident, resulting in an unnecessary death in the latest case.

Speaking of falsifying medical records, Michigan has a criminal statute that addresses the wrongful destruction or altering of medical records. Michigan law states that if:

- A healthcare provider, knowing that the information is misleading or inaccurate regarding the diagnosis, treatment, or cause of a patient's condition, and who intentionally or willfully places such misleading or inaccurate information in a patient's chart is guilty of a felony.
- A healthcare provider, knowing that the information is misleading or inaccurate regarding the diagnosis, treatment, or cause of a patient's condition, and who recklessly violates this law is guilty of a misdemeanor, punishable by imprisonment for not more than one year or a fine of not more than \$1,000, or both.
- A person other than a healthcare provider who intentionally or willfully violates this law is guilty of a misdemeanor, punishable by imprisonment for not more than one year or a fine of not more than \$1,000 or both.

- A person other than a healthcare provider who recklessly violates this law is guilty of a misdemeanor.

In addition to the above violations, Michigan law also makes it a criminal violation to alter or destroy a patient's medical record for the purpose of concealing responsibility for the patient's injury, sickness, or death.

- If a healthcare provider intentionally or willfully alters or destroys, or directs another person to alter or destroy a patient's medical record for the purpose of concealing his/her responsibility for the patient's injury, sickness, or death, the healthcare provider is guilty of a felony.
- If the medical record is destroyed or altered by a non-healthcare provider, that person is guilty of a misdemeanor punishable by imprisonment for not more than one year or a fine of not more than \$1,000 or both.

These criminal penalties do not apply to the destruction of a patient's original medical record or chart if all of the information contained in the medical record is otherwise retained by means of mechanical or electronic reproduction that accurately reproduces all of the information. Supplementing the medical record also is not prohibited, provided the manner of supplementation reasonably discloses the supplementation or correction and does not conceal or alter prior entries.

Practice the Basics – It is important to follow basic nursing practice to avoid licensure and criminal penalties. While we have all been taught these practices, they should never be disregarded no matter how busy or stressful the clinical situation. These precautions include:

- Know the actions, contraindications, and side effects of medications;
- Safeguards are in place on Pyxis machines and other equipment for a reason. If there is a need to override a system, determine the reason for the override and get a second opinion with a colleague before proceeding;
- When correcting a chart entry, draw a line through the incorrect information (do not obliterate the entry), date, time and initial next to the line and identify the additional information as a "supplement" along with the date and time of the new documentation, and then sign the new entry; and
- If your gut is telling you the facility or lack of management support does not lend itself to safe patient care, take steps to make your situation better.

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 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 law practice, representing health care providers and facilities in business, licensure and compliance matters. For her expertise and accomplishments, Detroit's DBusiness Magazine awarded Ms. Craig its Top Lawyer in Health Care Law award for three consecutive years. Ms. Craig also has the distinction of being a member of the bar of the Supreme Court of the United States of America. For more information about The Health Law Center, go to www.healthlawcenterplc.com.

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Nursing: Claiming its Place as a Knowledge Management Field

Something to remember as we embrace the newly licensed nurses entering our workplaces...

Nurses are phenomenal knowledge managers and embraced this role long before it was trendy. Historically, the general public has commonly understood nursing to be a technical field. Nursing education incorporated “skills” labs and clinical placement experiences focused on ensuring student nurses had the opportunity to engage in and master frequently performed tasks associated with nursing roles within the various areas of the healthcare system where nurses practice. As locations where a comprehensive range of tasks were undertaken by nurses, even as nursing educational programs themselves moved out of acute care settings and into institutions of higher education, both nursing clinical education and the NCLEX remained focused on acute care. While long incorporated into nursing training programs, there was less acknowledgement by the general public and sometimes even healthcare and policy leaders, of the vast base of scientific knowledge and critical thinking skills underpinning application of the nursing process in the performance of nursing care. However,



**Deborah Bach-Stante, RN, MPH,
Director**

over the past few decades, the focus on quality and safety in healthcare led to development of indicators of nursing care quality and efforts to improve the quality of nursing care and associated patient outcomes.

These quality efforts brought together leaders from nursing education and practice to develop more robust, objective data demonstrating the central role of critical thinking and knowledge management to ensuring optimal performance of nursing skills, as well as the need for better alignment of nursing education with evolving nursing practice. With this recognition, came the Quality and Safety Education for Nurses (QSEN) effort, and the NCLEX began its evolution to enhance the assessment of critical thinking skills. Driven to embrace the updated NCLEX, more robust quality metrics and the increasing pace of change in health care systems, and available evidence and technology application, nursing educational programs have shifted their focus to embrace the role of nurses as knowledge managers. With an emphasis on data-driven healthcare and a new acknowledgement of the need for innovation, nursing educators are harnessing opportunities to enhance critical thinking skills at the foundation of the nursing process and to articulate the universal need for nurses to engage in evidence-based practice and lifelong learning.

With advancements in technology and the need to provide increased opportunities for nurses to practice and hone their critical thinking skills, there are new opportunities for nursing education to occur in remote locations and simulated environments. This occurring concurrent to increasing challenges in fitting the structure of traditional clinical placements, developed for acute care settings, into the varied models of nursing applied in other healthcare settings, knowledge managers in academia are applying simulation technology in innovative nursing clinical education experiences. Beginning with the advent of low-fidelity mannequins, task trainers and standardized patients, simulation has evolved to include more sophisticated mannequins as well as virtual and augmented reality. Now, in its second decade in many nursing educational programs, harnessing the capabilities of the newer technologies, the focus of simulation is shifting from task training to an increasing emphasis on more sophisticated scenarios that better assess students' critical thinking skills and further hone them during evidence-based debriefing exercises. The past eighteen months have seen exponential growth in the volume of nursing educational literature devoted to debriefing simulation experiences and enhancing the learning experience for both the observers and those participating in hands-on activities. While primarily occurring

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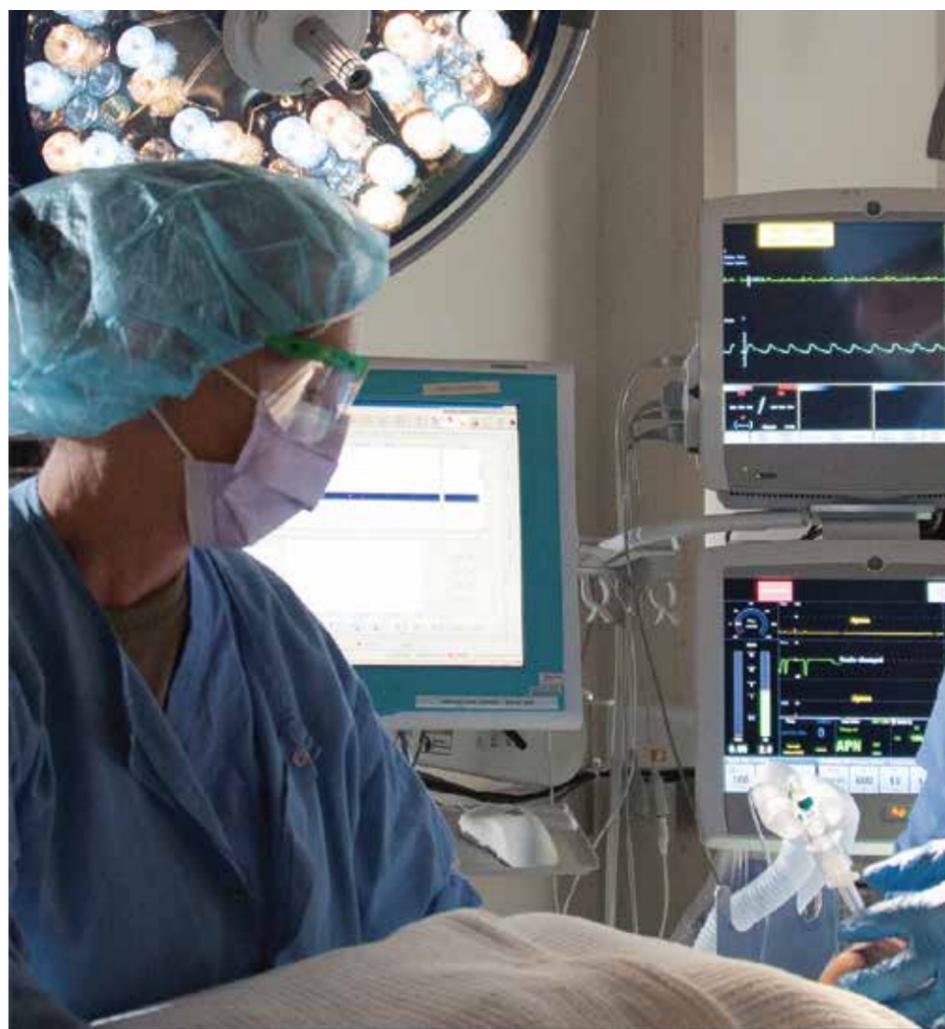
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in educational settings, there is also a growth in simulated learning opportunities occurring in nursing practice settings and available continuing education. As in nursing educational settings, it is important in nursing practice settings that the debriefing experience allows nurses learning new roles or skills to demonstrate and sharpen their knowledge management skills to gain both competence and confidence in their role as knowledge managers.

Thus, the importance of debriefing applies to both simulated learning experiences and when working with patients. It also applies both when the student or nurse is providing care or observing the care provided by another individual. This enhanced focus on simulated and observational learning experiences is only a small part of the current state and national dialogue on the future of nursing clinical education.

Over the past year, the Michigan Department of Health and Human Services, Office of Nursing Programs, has held two symposiums bringing together leaders of nursing academia and practice. The first symposium was entitled the Future of APRN Clinical Education, and the second, Symposium on Exploring New Models of Undergraduate Clinical Nursing Education. These efforts have begun a dialogue engaging academia and practice in a collaborative effort to determine how best to leverage available resources to clinically prepare nurses for practice. While many aspects of clinical education were different for the two groups, both expressed a high level of interest in expanding and sharing available simulation resources for use in formative nursing educational programs and opportunities for lifelong learning. Further regional efforts will provide opportunities for additional nurses to engage in these efforts at a more local level.

If you wish to learn more about these efforts, outcomes of the symposia may be found at the following links: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_66405-479941--,00.html, https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_66405-500505--,00.html

For additional information about debriefing, a quick overview of debriefing provided by the Agency for Healthcare Research and Quality with links to more detailed associated resources may be found at the following link: <https://psnet.ahrq.gov/primers/primer/36/learning-through-debriefing>.

5

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2019 ANA Membership Assembly



Pictured left to right: Staff Member, Linda Taft (ANA-Michigan Immediate Past President), Julia Stocker Schneider (ANA-Michigan President-Elect), Carole Stacy (ANA-Michigan President), Stacy Slater (ANA-Michigan Membership Assembly Representative), and Tobi Moore (ANA-Michigan Executive Director).

ANA's Membership Assembly was held Friday, June 20th and Saturday June 21st in Washington, D.C. About 360 nurses, observers and other leaders attended the two-day governance meeting in Washington, D.C. Included in those attendees were seven (7) from Michigan: **MaryLee Pakieser** (ANA Director at Large), **Carole Stacy** (ANA-Michigan President), **Julia Stocker Schneider** (ANA-Michigan President-Elect), **Stacy Slater** (ANA-Michigan Membership Assembly Representative), **Linda Taft** (ANA-Michigan Immediate Past President) **Tobi Moore** (ANA-Michigan Executive Director) and other staff members.

Assembly members participated in four dialogue forums where they gained in-depth information on the issues, as well as shared their experiences, knowledge and perspectives. They also addressed several proposals and governance-related changes.

Ultimately, Assembly representatives took the following actions:

ANA believes that to protect the health of the public, all individuals should be immunized against vaccine-preventable diseases, according to the best and most current evidence. Given the recent surge of measles cases and potentially uncontrollable outbreaks of other vaccine-preventable illnesses, the Assembly voted to strengthen ANA's position statement on vaccination compliance,

removing the religious exemption and requiring annual recertification for medical exemptions. They expressed strong support for this vital policy, which is crucial to protecting at-risk children and others who can't be vaccinated. Representatives also called for advocacy for increased funding for social marketing education campaigns, which in part, can help combat vaccine hesitancy and misinformation.

They approved the revised ANA position statement, *The Nurse's Role When a Patient Requests Aid in Dying*. According to the revised statement, ANA supports recommendations that nurses remain objective when discussing end-of-life options with patients who are exploring medical aid in dying; have an ethical duty to be knowledgeable about this evolving issue; and have the right to conscientiously object to being involved in the aid-in-dying process, among others.

They approved a recommendation aimed at allowing nursing students who are Deferred Action for Childhood Arrivals (DACA) recipients – often called DREAMers – to take the NCLEX in all states without facing barriers. (The DACA program provides deportation relief for eligible immigrant individuals who came to the U.S. when they were young children.) Only eight states allow DACA students to sit for this licensing exam. This action would also help increase diversity in the workforce and ease nursing shortages. A related recommendation also was approved.

To help solve the public health crisis of human trafficking, they called for ANA and its member organizations to educate nurses on the use of effective screening tools when an individual comes into a health care facility. Two other recommendations focused on promoting trauma-informed care using a collaborative approach when dealing with a human trafficking victim/survivor, as well as requesting ANA to convene a national task force on this issue.

To increase the visibility of nurses in the media, including as sources, Assembly representatives approved recommendations focused on improving nurses' and the media's understanding of each other, as well as positioning nurses as influencers. During an earlier held hackathon, Assembly participants generated strategic ideas, which included creating an Institute of Media Ambassadors that provides intensive media training and developing a database of nurse content experts who could quickly respond to media requests, under four key themes.

They also agreed to adopt the ANA Presidential Election Engagement Policy, rather than continuing to endorse a presidential candidate. The new policy includes reaching out to each declared candidate with information on ANA; educating ANA members and the public on presidential candidates' positions on ANA's policy agenda and priorities; and aggressive promotion of voter registration and voting among RNs, as well as other engagement efforts.

Representatives took action on several compelling and critical issues focused on patient care and public health.

- **Vaccinations Exemptions:** Given the recent surge of measles cases and potentially uncontrollable outbreaks of other vaccine-preventable illnesses, ANA no longer supports religious exemption as a reason to not



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get vaccinated. ANA believes that to protect the health of the public, all individuals should be immunized against vaccine-preventable diseases.

- **Medical Aid in Dying:** While nurses remain ethically prohibited from administering aid-in-dying medication, ANA recommends that nurses remain objective when patients are exploring this end-of-life option. Nurses have an ethical duty to be knowledgeable about this evolving issue and have the right to conscientiously object to being involved in the aid-in-dying process, among others.
- **Advocacy for DACA Nursing Students:** ANA recommends that nursing students who are Deferred Action for Childhood Arrivals (DACA) recipients – often called DREAMers – be allowed to take the National Council Licensure Examination (NCLEX) in all states without facing barriers. This action would also help increase diversity in the workforce and ease nursing shortages.
- **Human Trafficking:** To help solve the public health crisis of human trafficking, ANA believes that nurses must have increased education on the use of effective patient screening tools; advocate for human trafficking protocols in all 50 states and U.S. territories; promote Adverse Childhood Experiences (ACEs) education; provide trauma-informed care for victims and survivors; support awareness and prevention campaigns. Additionally, ANA’s Membership Assembly requests that the ANA Board of Directors create a national task force on the issue.



Pictured left to right: Stacy Slater (ANA-Michigan Membership Assembly Representative), Carole Stacy (ANA-Michigan President), and Linda Taft (ANA-Michigan Immediate Past President).



Pictured left to right: Julia Stocker Schneider (ANA-Michigan President-Elect) and Stacy Slater (ANA-Michigan Membership Assembly Representative).



Pictured: MaryLee Pakieser (ANA Director at Large)



Pictured left to right: MaryLee Pakieser (ANA Director at Large), Linda Taft (ANA-Michigan Immediate Past President), and Tobi Moore (ANA-Michigan Executive Director).



Pictured: Carole Stacy (ANA-Michigan President) speaking.



Pictured: MaryLee Pakieser (ANA Director at Large) speaking.



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The Power of Nursing Makes Itself Known on Capitol Hill

ANA Hill Day, Thursday, June 20, 2019



As part of ANA’s annual Hill Day, nurses, students and other leaders met with members of Congress and their staff to build support for federal legislation addressing workplace violence, funding for nurse workforce development programs, and APRNs’ ability to order home health care services.

Over 400 participants—with more expected – from 48 states are sharing their perspectives and expertise during hundreds of scheduled visits on Capitol Hill. And thousands from across the country are expected to urge federal policymakers to support ANA-backed legislation on workplace violence prevention as part of a Virtual Hill Day event.

First up, participants attended a breakfast briefing where they learned more about ANA-supported legislation and were welcomed by ANA President Ernest Grant, PhD, RN, FAAN.

“The broader public needs you to be advocating just as much as an individual patient needs their nurses advocating for them at the bedside,” said Grant, who will join participants in meeting with

federal lawmakers, including U.S. Sen. Richard Burr from his home state of North Carolina. “Rest assured, the people with whom you’re meeting are relying on nursing’s perspective, so they can better serve you and your patients.”

In a new event, Grant held ANA’s Hill Day version of a “fireside chat” with the newest nurse to join the 116th Congress, U.S. Rep. Lauren Underwood (D-IL).

“I’ve been a member of ANA for a long time, and it’s a thrill and honor to be here,” said Underwood, MSN, MPH, RN, who worked on implementing the Affordable Care Act while serving in the Obama administration. It was her concerns about several legislative attempts to repeal the ACA and take away protections for people with preexisting conditions that led her to run for Congress.

“Health care was the No. 1 issue in our elections, and health care is a human right,” said Underwood who continues to push for efforts to protect and ensure people’s access to affordable care.

She also addressed the “biggest challenge” – the Senate’s refusal to take up bills sent from the House for consideration. So, Underwood encouraged nurses to compel Senators – both Republican and Democrat – whom they are meeting with today to support the Title VIII Nursing Workforce Reauthorization Act.

“There’s nothing controversial about Title VIII and having more nurses in our country,” Underwood said.

She also urged participants to meet with their representatives in Congress in their home district offices.

“Make it your business to find out who your Congress member is and meet with them,” Underwood said. “Talk about what is important to you. Talk with confidence. You are the experts.”

She added that the most powerful thing nurses have is their patient stories, and all the factors that affect someone’s health.

The three key bills that Hill Day attendees are calling attention to are:

- The Workplace Violence Prevention for Health Care and Social Service Workers Act (R. 1309/S. 851)
- The Home Health Care Planning Improvement Act (R. 2150/ S. 296)
- The Title VIII Nursing Workforce Reauthorization Act of 2019 (R. 728/S. 1399)

Additionally, participants addressed the importance of nurse staffing as ANA continues to work with federal policymakers on this critical nurse and patient safety issue.

ANA-Michigan delegation was fortunate to be able to meet with the following Congress members and key healthcare staff members:

- Senator Peters
- Senator Stabenow
- Representative Bergman
- Representative Huizenga
- Representative Levin
- Representative Kildee
- Representative Moolenaar
- Representative Walberg
- Representative Stevens
- Representative Upton

Nursing is so much more than advocating for the patient at the bedside. Advocating for the patient and the health of the country through legislation is a duty and an honor. Those interested in becoming more involved with ANA-Michigan to one day join us on “the Hill.” It is an experience of a lifetime!

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Pictured from left to right: Staff Member, MaryLee Pakieser (ANA Director at Large), Julia Stocker Schneider (ANA-Michigan President-Elect), Adebisola Bakare (ANA-Michigan Member), Staff Member from the Office of Senator Gary Peters, Tobi Moore (ANA-Michigan Executive Director), Carole Stacy (ANA-Michigan President), and Stacy Slater (ANA-Michigan Membership Assembly Representative)



Pictured from left to right: Carole Stacy (ANA-Michigan President), Adebisola Bakare (ANA-Michigan Member), MaryLee Pakieser (ANA Director at Large), Amy Brown (Office of Debbie Stabenow), Tobi Moore (ANA-Michigan Executive Director), Julia Stocker Schneider (ANA-Michigan President-Elect), Staff Member, and Stacy Slater (ANA-Michigan Membership Assembly Representative).



Julia Stocker Schneider (ANA-Michigan President-Elect), Adebisola Bakare (ANA-Michigan Member), Tobi Moore (ANA-Michigan Executive Director), MaryLee Pakieser (ANA Director at Large), Stacy Slater (ANA-Michigan Membership Assembly Representative).



Pictured from left to right: Stacy Slater (ANA-Michigan Membership Assembly Representative), Julia Stocker Schneider (ANA-Michigan President-Elect), Representative Jack Bergman, MaryLee Pakieser (ANA Director at Large), Adebisola Bakare (ANA-Michigan Member), and Carole Stacy (ANA-Michigan President).



Pictured from left to right: Stacy Slater (ANA-Michigan Membership Assembly Representative), MaryLee Pakieser (ANA Director at Large), Representative John Moolenaar, and Carole Stacy (ANA-Michigan President).



Pictured from left to right: Adebisola Bakare (ANA-Michigan Member) and Carole Stacy (ANA-Michigan President).





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