Editorial

Meredith Roberts

When I was a girl, my mother and I viewed the Statue of Liberty, a gift from France to honor the resolve to preserve freedom and democracy in the United States. Her lifted torch lit a path to enlightenment and freedom. I think of Florence Nightingale’s lamp, advocating for the oppressed and wounded who could not help themselves. On the statue is written:

Give me your tired, your poor, Your huddled masses yearning to breathe free, The wretched refuse of your teeming shore. Send these, the homeless, tempest-tossed to me, I lift my lamp beside the golden door (Emma Lazarus, 1883).

France likely wants to take it back, thinking we have forgotten its meaning, but perhaps by leaving it here, she will inspire us to again preserve liberties and protections for the downtrodden.

Current U.S. law allows searches without showing probable cause, if you are 100 miles from a border. The Founding Fathers fought to protect our liberties and to keep the country safe from harm, protecting us from those that would divide us. That includes those that divide from the inside. George Washington encourages “Be Americans. Let there be no sectionalism, no North, South, East or West. You are all dependent on one another and should be one in union. In one word, be a nation.” Only the Native Americans were not from immigrants. Please legislators, defend democracy, which requires free speech, free press, and no discrimination regarding race, gender or religion. I hope someday healthcare will be allowed for all in America, regardless of income, for currently longer life in America is associated with higher income. The rich and the poor receive care, but many part-time nurses and faculty do not. Allow testimony, including for impeachment, for as John Stuart Mill said: “…the peculiar evil of silencing the expression of an opinion is, that it is robbing the human race; posterity as well as the existing generation; those who dissent from the opinion, still more than those who hold it. If the opinion is right, they are deprived of the opportunity of exchanging error for truth: if wrong, they lose, what is almost as great a benefit, the clearer perception and livelier impression of truth, produced by its collision with error.

Abraham Lincoln stated, “We the people are the rightful masters of both Congress and the courts, not to overthrow the Constitution but to overthrow the men who pervert the Constitution.” Relevant facts need revealing for a fair trial. Alexander Hamilton stated “When a government betrays the people by amassing too much power and becoming tyrannical, the people have no choice but to exercise their original right of self-defense…” I agree with the judge who reminds us that Presidents are not kings. I worry that we did not learn from history, and forget what our constitution, and men like my father fought for.
Nurses Maintain #1 Spot in Gallup’s 2019 Most Honest and Ethical Professions Poll

The American Nurses Association (ANA), which represents the interests of the nation’s four million registered nurses, congratulates nurses for maintaining the #1 spot in Gallup’s annual Most Honest and Ethical Professions Poll for the 18th consecutive year. The American public rated nurses the highest among a host of professionals, including medical doctors, dentists and pharmacists. Nurses taking the top spot in Gallup’s most recent poll comes as ANA celebrates the “Year of the Nurse” in 2020, which was designated by the World Health Organization (WHO) in honor of the 200th birth anniversary of Florence Nightingale.

“I am extremely proud that nurses everywhere have been bestowed this wonderful accolade by the people whose lives they touch every day. The fact that nurses have been consistently voted the most honest and ethical professionals is a testament to the public’s trust. We’ll work hard to keep their good faith throughout 2020 and beyond. I couldn’t think of a better way to enter into the Year of the Nurse,” said ANA President Ernest Grant, PhD, RN, FAAN.

According to the poll, 85% of Americans rated nurses’ honesty and ethical standards as “very high” or “high.” The second highest-rated professionals, engineers, were rated 19 percentage points behind nursing.

“Gallup announcing nurses as the most trusted profession is not only another reason to celebrate nurses during the “Year of the Nurse,” but also an opportunity to shine a light on this noble profession. This milestone celebration offers a platform to raise the visibility of nurses and increase the capacity of the nursing workforce. Nurses occupy many roles in our society and are on the front lines when it comes to immunizations, natural disaster preparedness, shaping health policy, and advocacy,” said Grant. “For this reason, nurses are critical in improving the landscape of health and health care because an effective health care system is one that values all nurses.” ANA will promote inclusivity and wide engagement of all nurses throughout “Year of the Nurse.” This includes expanding National Nurses Week to a month-long celebration to elevate and celebrate the profession with all nurses and the public. Here’s to the “Year of the Nurse.”

Are you interested in contributing an article to an upcoming issue of the Vermont Nurse Connection? If so, here is a list of submission deadlines for the next 2 issues:

Vol. 23 #3 – April 13, 2020
Vol. 23 #4 – July 13, 2020

Articles may be sent to the editors of the Vermont Nurse Connection at:

ANA-Vermont
Attn: VNC
4 Carmichael Street, Suite 111, #215
Essex, VT 05452

Please remember to include contact information, as letter authors may need to be contacted by the editors of the VNC for clarification. NOTE: Letters to the Editor reflect the opinions of the letter authors and should not be assumed to reflect the opinions of the ANA-Vermont. Please address it to:

ANA-Vermont
Vermont Nurse Connection
4 Carmichael Street, Suite 111, #215
Essex, VT 05452

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How Mindful are You?

1. Be present
2. Be aware
3. Be calm
4. Be focused
5. Be clear
6. Be equanimous
7. Be positive
8. Be compassionate
9. Be impeccable

Mindfulness is the basic human ability to be fully present, aware of where we are and what we are doing, and not overly reactive or overwhelmed by what is going on around you. The more you practice, the more you’ll get better at guiding your untrained mind, at finding a state-of-mind that best fits whatever circumstance you find yourself in.

When you get too caught up in the business of the day, you end up in a conversation with one another – and ourselves.

Jon Kabat-Zinn

The balance paradigm. More and more research is attentive and in the present. This is a psychology activity practice is a process of becoming detached and observing is a mental discipline based on Eastern thought. The within ourselves that we can rest in. According to Joan C. distractions and problems there is a still and calm place stressful situations, means staying focused while also maintaining mindfulness, and awareness so that throughout your day if you find yourself tired and want to stand up against the wall, and take a few deep breaths or two and center yourself. You might even be able to do at your computer, closing your eyes, to take a deep breath having “right now,” in this room with this patient, and yourself. The ability to pay attention to what is occurring in the present moment without judgment.

Mindfulness is a way of befriending ourselves and our experience. – Jon Kabai-Zinn

Jon Kabat-Zinn suggests that the most common obstacle to meditation practice is not wanting to. He elaborates that some part of you may think it is a good idea, but when the impulse to sit comes to you as a passing thought or feeling, other thoughts and feelings immediately crowd in; say things like “Not now” or “Who has time?” or “I'd rather read or get in touch with so and so” or “It’s time to eat right now, or,” I have too much work right now” or “I’ll do it later” or “I’ll start tomorrow” or “I’ll just be mindful doing what I’m doing.” The mind is always secreting thoughts that can divert or deflect the initial impulse.

In any case mindfulness practice improves your powers of concentration, fosters equanimity and calm in moments of stress, heightens self-awareness of inner psychic processes, relieves stress and refreshes the body and contributes to a more grounded and connected sense of self. As we practice mindfulness, a mindful consciousness grows in us. We slow down and pay attention. We take time to look into things rather than just at them. We let ourselves be absorbed in the experience of this moment.

Our life is shaped by our mind, for we become what we think. – Buddha

Ruth Baer, PhD, professor of clinical psychology at the University of Kentucky, where she conducts research on mindfulness and teaches mindfulness-based treatments, articulates mindfulness as a psychological process of paying attention toward the present moment without judgment.

Mindfulness practice improves your attention to experience occurring in the present moment without judgment.

Mindfulness is a significant concept for the discipline of nursing with practical applications for nurse well-being, the development and sustainability of therapeutic nursing qualities and holistic health promotion.

Sandra Bernstein MSN, RN, AFRN-CS, LMFT is a practicing psychologist who writes, “Mindfulness practice helps nurses to be more fully present with their patients and themselves. The ability to pay attention to what is happening “right now,” in this room with this patient, and not be distracted by other demands and concerns, creates space to use your wisdom and knowledge effectively and with care for the dignity of each patient. Being more present to your own experience and habitual responses increases your ability to manage stress and enhances decision-making, well-being and self-efficacy.” At the end of her article she wrote the following:

At the end of the day, as you walk to yet another patient’s room, take a moment to check in with yourself. What are you thinking about? What physical sensations and emotions are present? Drawing on mindfulness practice, now end accept whatever is present, and bring your attention to rest in your breathing, following the flow of several breaths and centering yourself. Perhaps then you can see the person in the room, not just the patient, and engage your compassionate response to their needs. Is this being present with another the heart of nursing practice?”

Priscilla Smith-Trudeau

How to get to work only to find chaos, you ended up overwhelmed, “like Us” on Facebook. Follow us on Twitter @TVNurses.

Questions regarding our social media and website?
E-Mail: membership@ana-vermont.org
Most of us have stories from Tropical Storm Irene. Many of us experienced loss and hardship because of Tropical Storm Irene. Most of us, thankfully, do not have loss and hardship; stories from Tropical Storm Irene. But what if things on the unit where you were working on the night of Sunday, August 28, 2011 did not go so well? Most of us checked our food supply; most of us made sure we had batteries for our flashlights; most of us made sure there would be extra staff available if things went sideways. But what if the lights went out, the phones went down, the computers went down, the Pyxis® machines went down, and the air conditioning went down? What if, looking out the rain-streaked window in the middle of the night, all you could see was the roof of your car… and water.

As a nurse, you’d go into ‘make-it-happen’ mode. Your team comes together. You make sure everyone is safe. Resources are assessed, and plans and strategies are made to face all challenges. Morning will come with a new light, and with it, hopefully, good things will too. Morning does come with a new light – and more patients. A few dozen hearty Vermonters looking like muddy rats wade to your doors and slog up to your unit to escape the fetid water. They are covered with muddy, bloody cuts and bumps and all smell like a grotesque mix of gas station and cow barn. Flood survivors drifting in report they haven’t seen any signs of rescue help anywhere: they’ve seen a few planes overhead and one helicopter going somewhere in a hurry, but that is it. After 16 hours when you and everyone else still have no cell service, you now feel the pit in your stomach.

There are no lights, computers, refrigeration or oxygen because the electrical generators are at ground level and are under water. With a unit full of patients and survivors needing care, normal healthcare operations are impossible. Drastic work changes are required, and, quite likely, some gut-wrenching decisions lie ahead. Patient needs vastly outweigh every ounce of your resources, and no help is on the way. You’re it. Huddling with your team, you see sweaty scrubs, bad hair and weary, worried faces. In their eyes, however, like yours, you still see that ‘make-it-happen’ attitude.

Nurses, patient advocates, ethicists, physicians, emergency medical service providers, emergency management planners, public health specialists and many others with the Vermont Department of Health recently developed the Vermont Crisis Standards of Care Plan, a framework that helps us provide health care workers a framework that helps us best care for our patients during catastrophic public health and medical emergencies - like the one we just missed in 2011, but can easily imagine. The plan provides ethical and flexible guidance for dire emergencies when there are simply not enough resources to go around.

Different emergencies produce different consequences which can impair health care system emergency response. While some emergencies progress slowly and allow for preparation, other emergencies are sudden and allow no preparation. The Vermont Crisis Standards of Care Plan assumes an extreme surge in patients, and a severe and prolonged lack of resources including staffing, material, or space needed to prevent injury, illness, or death. The plan clarifies conventional, contingency and crisis standards of care and provides triggers to help identify the conditions of each.

The Vermont Crisis Standards of Care Plan addresses how Vermonters can maximize self-triage and self-care using a variety of media and messages. Supporting those who can help themselves allows health care providers to focus their attention and resources on those who need help the most. Vermont’s plan provides guidance to fairly and consistently allocate resources and care so that the most patients receive care and that the greatest number survive. The plan also outlines the legal framework for developing triage decisions, utilizing nonstandard healthcare facilities and resources, and maximizing care during the most extreme health care emergencies.

Nurse representatives from the American Nurses Association Vermont actively participated in developing the Vermont Crisis Standards of Care Plan. Now that Vermont has a Crisis Standards of Care Plan, we need to be sure it meets our needs. To learn more about the Vermont Crisis Standards of Care Plan, go to: https://www.healthvermont.gov/emergency/prepare/preparedness-resources and click on ‘Crisis Standards of Care.’ Let us know if it meets your needs, and if not, what needs to be adjusted so that it does.
I learned so much in nursing school (Thank you, Meredith!). But, I didn’t learn everything I needed to know... and cannabis... is just that ... I needed to know!

In 2016 The ANA came out with a strong, supportive stance on cannabis in their position statement Therapeutic Use of Marijuana and Related Cannabinoids. “The purpose of this statement is to reiterate the American Nurses Association’s (ANA) support for the review and recategorization of marijuana’s status from a federal Schedule I controlled substances to facilitate urgently needed clinical research to inform patients and providers on the efficacy of marijuana and related cannabinoids.” Two years later, In July of 2018, the NCSBN published the National Nursing Guidelines for Medical Marijuana in the Journal of Nursing Regulation (JNR). “This body of work fills a gap in the literature on the nursing care of patients using medical marijuana and provides evidence based nursing guidelines.”

One thing I like to remind other nurses of, is regardless of our own education or opinions, for or against, we likely all see and work with patients who are using or have used cannabis. Some of that use may be by a designated medical marijuana card holder in the Vermont registry. Often times, cannabis use is recreational, or used for a medicinal purpose or need, just not within the confines of the state regulated system. Either way, having basic information on cannabis, is necessary to ensure patient safety.

If you are interested in learning more, here are some helpful links. My first suggestion is the Health Professionals Track at Radicle Health. The curriculum was developed by the president of the American Cannabis Nurses Association. The ACNA offers a basic online beginners course as well. I am on the ACNA membership committee, so how can I personally welcome and support you? UVM also has several cannabis programs. I completed the Cannabis Science and Medicine Professional Certificate course a few years ago, but it was not nursing specific, as are the other two.

I founded the Vermont Cannabis Nurses Association and would like to welcome you to join and be part of our effort in supporting and advocating for patients and patients safety. I regularly attend the Department of Public Safety, Marijuana for Symptom Relief Oversight Committee meetings, testify in Montpelier, and work with the Vermont Agency of Agriculture on hemp rules and regulations. I write weekly health tips for the cannabis industry, published on Heady Vermont and speak on the radio at Prohibition Talk Radio.

I am starting work on a Vermont state nursing position paper on cannabis. Please visit my website, NurseGrown Organics for more about me and cannabis nurse providers on the efficacy of marijuana and related cannabinoids.” Two years later, In July of 2018, the NCSBN published the National Nursing Guidelines for Medical Marijuana in the Journal of Nursing Regulation (JNR). “This body of work fills a gap in the literature on the nursing care of patients using medical marijuana and provides evidence based nursing guidelines.”

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Congratulations Nurses! As you know 2020 has been declared the Year of the Nurse and Midwife by the World Health Organization for the first time! We have also for the 18th consecutive year been named the most trusted profession by the 2020 Gallup poll. What does this mean for us or to you?

When I consider our role serving our populations locally, regionally, nationally and globally climate change comes immediately to mind.

We not only make up to 40% of the healthcare workforce, we also work at the front lines. Moving forward climate change related health impacts will be a larger part of our practice. Whether its increases in heat related illnesses, vector borne and tick disease, air pollution and asthma, or the health impacts of more severe storms, mold, access to healthcare, or the mental health crisis. The common denominator will increasingly be climate related.

Vermonters are facing challenges today that are a result of climate change. According to the Vermont Public Health Department the immediate impacts include an increase in severe storms leading to flooding and poor air quality. An increase in cyanobacteria blooms leading to poor water quality and illness in ourselves and our pets, a dramatic increase in tick borne disease, and an increase in heat related illness. Vermont is already experiencing the spring season starting on average two weeks earlier and summer lasting one week later. This has dramatic impacts on the length of allergy season and the proliferation of the tick population. The number of days with temperatures reaching over 87 degrees will increase about six per year currently to more than 20 per year. Tolerance for these increases in heat are especially difficult for patients with chronic illness, and the most vulnerable populations in Vermont including the elderly, children, and lower socioeconomic populations. Vermont is also experiencing more severe rain events. Annual precipitation in Vermont has increased to seven inches per year and days with over one inch of rain occur almost twice as often as they did 50 years ago. The impacts of this is increasing mold in homes leading to poor air quality and illness. Severe storms have also led to disruption in access to hospital and pharmacy services due to impassable roads and damage to infrastructure.

These are all climate related impacts on health that we will see in our practice.

We have an amazing opportunity to leverage our skills, commitment, and activism to educate the public and our legislators about these connections. We also need to learn more about how climate change is impacting our patients and prepare for the current and future challenges that climate change will mean to our practice.

As we consider our actions this year, I encourage all of us to educate ourselves and make our most trusted voice heard. The Vermont Public Health Department has extensive information on how climate change is impacting the health of Vermonters. Health Care Without Harm has resources to help in your practice and education. The Nurses Climate Challenge is another great way to get involved and see what nurses are doing across the country to bring more awareness to this issue. The Vermont Climate and Healthcare Alliance is working right here in our state and welcomes healthcare professionals to join our group. I know and have felt the ‘what can I do, I’m just one person’ feeling that many express when faced with the daunting issue of climate change but I also believe that together, all of us doing what we can do - is the way to make a difference. Healthcare professionals are seeing the effects of climate change now and we can help. It’s what we do. Let’s use this year of the nurse to focus on climate change and health. As Greta Thunberg says: “If not now, when? If not us, who? We need to act like our house is on fire, because it is. For more information and resources check out these organizations: https://www.vtcha.org/health-environment/ climate-health/climate-change https://www.climatechangesouth.org/ all-climate-heroes https://www.climatchallenge.org/

The Transportation and Climate Initiative
Tim Ashe, President of the Vermont State Senate

Vermont has made tremendous inroads in terms of addressing the GHG emissions from the generation and use of electricity, with 2015 levels more than 8% below 1990 levels. But while most climate change discussions in Montpelier and beyond the last twenty years centered on the electric sector, that is not where most of our emissions are occurring. As of 2015, the electric sector accounts for just 10% of Vermont’s GHG emissions.

So what is causing Vermont’s emissions to rise? Transportation and heating emissions are Vermont’s two most significant sources of GHG emissions, representing 43.3% and 27.8% respectively of Vermont’s total emissions. And more troubling, they account for 94.5% of the increase in Vermont’s emissions over 1990 levels!

Put simply - to fight climate change, the most important areas in which Vermont must act are transportation and heating. For the rest of this piece I’ll address the most promising development on the transportation front.

How will Vermont reduce transportation emissions? Many strategies will need to be deployed, but the most significant opportunity before us is the Transportation and Climate Initiative.

The Transportation and Climate Initiative (TCI) is a regional compact being designed by twelve states and the District of Columbia to create a “cap-and-invest” transportation emissions program. In the simplest terms, this regional compact would (1) set a cap on the amount of transportation emissions that will be allowed, (2) auction off the rights to sell the fuel that causes the allowed level of emissions, and then (3) distribute funds from the auction to each state to re-invest in a cleaner transportation system. The funds could be used to improve public transit options, build out electric vehicle charging infrastructure and incentivize EV purchases, develop pedestrian and bike corridors, and other uses that reduce GHG emissions.

Under TCI, each year the allowable emissions amount would decrease, effectively guaranteeing that transportation emissions will go down in Vermont and all the signatory states.

It would obviously be premature to say “let’s sign” until we see the final agreement that comes forward, but I am optimistic. I am optimistic because this is a systemic emissions reduction which exceeds any one individual’s ability to effect change. I am optimistic because TCI is modeled after the Regional Greenhouse Gas Initiative, entered into by Governor Douglas more than a decade ago, that has successfully reduced CO2 emissions from electric generation. And finally, I am optimistic because the TCI regional cap-and-invest model means that as Vermont adopts a tool to guarantee transportation emissions reductions, so also will work for the most populous states in America. In fact, instead of Vermont acting alone to reduce emissions, we’d be joining states who when grouped together would form the fifth largest economy in the world.

Tim Ashe is the president of the Vermont State Senate, and resides in Burlington.
ANA-Vermont initially had some concerns about the compact after hearing from Compact members of other states who reported they did not feel their input related to policy was heard at national meetings, and that the discipline of nurses at the state Board of Nursing (BON) level could be preempted by the Compact authority. Vermont’s Board of Nursing would be given jurisdiction over investigations started locally; however, investigations initiated in remote states where the nurse practiced on a Compact license can be different. A complaint can be investigated by the home state but it is usually the state where the nurse is practicing that leads the investigation for practical reasons, such as ease of attaining information. Both states can pursue the investigation at the same time.

The recent update was particularly important where it mentioned how a nurse can only hold one Compact license, issued by the nurse’s “home state” their primary state of residence. Once a nurse moves to a new home state, the nurse must apply for a new license in that (home) state, and the prior home state Compact license is deactivated. If the new home state is not a Compact state, the prior home state license converts to a single-state (standard) license.

Not renewing a nurse license is a criminal offense, and a nurse moving to a non-compact state such as New York likely would consider the license would stay active until the next cycle, despite their move. Some might try to work every other weekend or per diem during the transition to a new location, so it would be beneficial for the deactivation to wait a few months, or a lower cost switch to individual license.

Though many other states may require mandatory continuing education, the Compact did not require Vermont nurses to add mandatory education. Practice of telemedicine across borders should be easier, with less concern regarding the location of patient or practitioner (where the patient is, versus the nurse).

Nurses are concerned about increasing costs of licensure, noting the loss of revenue to the Office of Professional Regulation (OPR). Fees increased in 2019 to $190 for RN’s and $175 for LPN’s, but with the expected budget gap of nearly $1 million, and the compact participation fee of $6000 a year as well as IT needs, there is talk of fees as high as $270 for licensure. In 2021 the impact of the increased fees of 2019 will impact RNs due for re-licensure every two years. We should be cognizant that the states surrounding us all have lower licensure fees. Maine’s re-licensure is $75, New Hampshire is $120 (every two years) and New York is $143 every four years (2019 State-by-State guide).

Federal criminal background checks would be required with the Compact, and background checks can run from $10 to $200 (Richardson, 2020); however, the Vermont Crime Information Center mentioned the cost for a criminal conviction report was $30. Fingerprinting can be another $25. I notice that Maine’s Board of Nursing (2020) charges an additional $52 for their background check. Whether the background check fee is included in the licensure fee, or in addition to the added cost is a concern to nurses, particularly if the frequency is more than once initially, such as recurring with each licensure. Criminal background checks required in nursing schools are paid for by the student. It would be useful for students who had a background check done, to be able to use it again if within the same year for licensure, rather than paying for multiple checks, particularly for students under financial duress.

The Secretary of State OPR Report Multi-State Nursing Licensure Compact: The Costs and Benefits for Vermont (2019) shared that $2.8% of Vermont’s resident nurses support joining the NLC with a fee increase, but >90% are supportive if there is no fee increase. Please make sure the cost of relicensing stays low and competitive with neighboring states to avoid driving nurses away.

The nurses who are most strongly in support of the compact who spoke with me, are employers hoping to make onboarding to their organization easier, and new students who want flexibility, but most other nurses like the idea. Being part of a compact state would facilitate traveling nurses and new nurses from other states coming to fill vacancies more easily. Nurse leaders with staffing shortages hope that being part of the compact will facilitate on-boarding of new nurses from outside states; however, it also facilitates nurses being able to cross borders after receiving their license to collect sign-on bonuses in near states. Student nurses see this as a way to be able to practice in multiple states, not just Vermont. Maine and New Hampshire are part of the compact. For example, Dartmouth has sign-on bonuses, which could mean losing some graduates. Yet, this may facilitate salary competition, which has been an issue. Additionally, Vermont has a lower population than neighboring states, so by concentration alone, we should gain more nurses than we lose. Most nurses in Vermont support the compact. It is not a silver bullet to solve the workforce problem, but it will make it easier for nurses to cross borders to practice here, and Vermont is an attractive state. Hence, ANA-Vermont supports the compact.

References:

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Rutland Regional Medical Center
www.RRM.org | 160 Allen Street, Rutland, VT | 402.775.7111
Marilyn Rinker Memorial Scholarship

The Marilyn Rinker Memorial Scholarship Award was established by the Vermont Organization of Nurse Leaders in 2009 to honor Marilyn’s lifelong commitment and dedication to professional nursing practice, nursing education and leadership. Marilyn held many leadership positions during the course of her career such as Nursing Director for Medicine and Cardiology at Fletcher Allen Health Care (University of Vermont Medical Center); Oncology Clinical Coordinator at the Vermont Regional Cancer Center; Clinical Research Nurse and Educator in Vermont and Rhode Island; and, RNN Nursing Program Director at Norwich University. Marilyn also served as the Executive Director of the Vermont State Nurses’ Association and President of the Vermont Organization of Nurse Leaders.

This award provides scholarship support in the amount of $1000 for a qualified registered nurse to participate in an approved course of study leading to an advanced degree with an emphasis in nursing leadership.

Application Criteria for the Marilyn Rinker Memorial Award
1. Current member of ONL
2. Registered nurse or advanced practice registered nurse currently licensed in the state of VT*
3. Demonstrated commitment to nursing leadership as evidenced by participation in professional seminars, organizations, work accomplishments, project, recommendations of peers
4. Currently enrolled or accepted in an accredited program that will lead to an advanced degree in nursing
5. Willingness to commit to completing the program as indicated by realistic timeframe.
6. GPA of 3.0 or the equivalent
7. Two (2) supportive professional recommendations
8. A double-spaced, short essay (500 words or less) of the reasons this nominee should receive the award according to the criteria listed above
9. Nominee’s current Curriculum Vitae

Nominations must be submitted by March 25, 2020. Annual scholarship award announcement will be made at the member reception and awards gala at the ONL Annual Meeting.

*Vermont RNs will receive first priority. Applicants from other states will be considered if there are no applicants from Vermont or the scholarship criteria are not met by applicants from Vermont.

Student News

The Arthur L. Davis Publishing Agency, Inc.

2020 Scholarship

Vermont State Nurses Foundation, Inc.
4 Carmichael Street, Suite 111, #215
Essex, VT 05452
(802) 651-8886

Applications for the $1,000 scholarship are open to ANA-Vermont members who are currently enrolled in an undergraduate or graduate nursing program and who are active in a professional nursing organization.

Submit your application by August 1, 2020 by filling out the online form:
https://docs.google.com/forms/d/1HOXJkAdlsHv2JoeRV3fEsr16_rDxVh-2ec3ttST-HU/viewform?c=0&w=1

Application for the 2020 Pat & Frank Allen Scholarship

Vermont State Nurses Foundation, Inc.
4 Carmichael Street, Suite 111, #215
Essex, VT 05452
(802) 651-8886

The Pat & Frank Allen Scholarship is a $1500.00 award given to a registered nurse who is in a baccalaureate or higher degree accredited nursing program.

Applications must be submitted by August 1, 2020. You do not have to be a member of ANA-Vermont but priority will be given to ANA-Vermont members, please go online to fill out the form:
https://docs.google.com/forms/d/1HOXJkAdlsHv2JoeRV3fEsr16_rDxVh-2ec3ttST-HU/viewform?c=0&w=1

Application for the 2020 Judy Cohen Scholarship

Vermont State Nurses Foundation, Inc.
4 Carmichael Street, Suite 111, #215
Essex, VT 05452
(802) 651-8886

The Judy Cohen Scholarship is a $2,000 award given to a registered nurse who is in a baccalaureate or higher degree accredited nursing program.

Applications must be submitted by August 1, 2020. You do not have to be a member of ANA-Vermont but priority will be given to ANA-Vermont members.

To apply for the scholarship, please fill out this form:
https://docs.google.com/forms/d/1HOXJkAdlsHv2JoeRV3fEsr16_rDxVh-2ec3ttST-HU/viewform?c=0&w=1
ANA Enterprise Gears Up for Global 'Year of the Nurse' in 2020

Milestone year recognizes nurses' invaluable contributions to health care

SILVER SPRING, MD - The ANA Enterprise today announced its intent to elevate and celebrate the essential, robust contributions of nurses as the world recognizes 2020 as the “Year of the Nurse.” The ANA Enterprise is a family of organizations that is composed of the American Nurses Association (ANA), the American Nurses Credentialing Center (ANCC), and the American Nurses Foundation. ANA Enterprise will celebrate Year of the Nurse by engaging with nurses, thought leaders and consumers in a variety of ways that promote nursing excellence, infuse leadership and foster innovation.

If you have ideas for our Vermont fall conference about this topic, contact vtnurse@ana-vermont.org. We would love to have you join our fall conference team.

JOIN OUR TEAM!

Dartmouth-Hitchcock nurses are proud, compassionate and resilient. They advance the art and science of caring across and beyond the organization. As New Hampshire’s largest health care employer, Dartmouth-Hitchcock offers nurses rewarding career paths with growth opportunities in direct care, research, leadership, informatics, quality, education and more. Find out why so many nurses get more out of their career at Dartmouth-Hitchcock.

See our current openings at dhnursing.org
Governor Scott’s Budget Address included many positive additions for health and nursing. He wants to invest $1 million more in newborn home visiting programs, to cover approximately a quarter of all babies born each year, to give parents support to build a better foundation. This model improved the health of babies and moms, and hopes to reduce future costs of child protection, special ed, substance abuse and criminal justice services, to encourage economic self-sufficiency. After school programs were bolstered.

Governor Scott specifically mentioned the shortage of nurses, and how many providers must use traveling nurses, which adds to the cost of healthcare; then, he asked for support of a “$1 million incentive to keep graduates from our registered nurse and licensed practical nurse programs right here in our state, filling positions desperately needed by employers.” He received cheers when he vowed that as long as he is governor, immigrants will be welcome to relocate to Vermont. Let’s hope they train in healthcare and mental health services. This includes strengthening our Prevention Lifeline network and increased investments in programs such as the Zero Suicide initiative and others serving seniors and veterans.

Governor Scott is interested in piloting a new mental health Mobile Response Unit in Rutland, after seeing other states trial this idea, and reduce emergency room visits, hospital admissions, help foster children, and lower hours spent using law enforcement. He also discussed an initiative partnering social workers with troopers, in hopes of further reducing the volume of emergency calls, hospitalizations and court involvement.

Governor Scott promoted coordination of services, and preventative services in healthcare to improve the healthcare system and make it affordable by a transition to Accountable Care. He explained how The Accountable Care Organization (ACO) is a network of doctors, hospitals and health centers who agree to be paid based on the quality of the care they provide instead of the quantity, moving away from the fee for service method of the past that encouraged quantity rather than quality. Motivating providers to decrease hospital and emergency room visits, by managing patient care better, so patients stay healthier is the idea, and in 2018, the providers the state paid through the ACO reduced the amount of money spent on healthcare services by $77 million. In the same year, the providers who were not paid through the ACO spent $1.5 million more than expected, and preliminary results for 2019 show a similar pattern. Hence, Gov. Scott recommends Vermont continue to support ACO work by authorizing $5.7 million for delivery system reforms proposed in budget adjustment on the condition the ACO operate as a non-profit or meet those same transparency standards.

Reducing the cost of prescription drugs was another topic, and Governor Scott shared that Vermont is one of only four states moving forward with the design of a prescription importation program and pursuing federal authorization, which could save millions of dollars. The budget included the resources AHS needs for this effort. He celebrated results from Vermont’s Clean Water Act, and states it will work to build a clean energy economy and combat climate change. He remains committed to meeting our greenhouse gas emission goals with incentives and innovation, rather than penalties. He does not support a carbon tax. Funds are budgeted to complete the Lamoille Valley Rail Trail, and he mentioned money for electric vehicle investments, downtown revitalization, and innovation grants, and requested committing 25% of end-of-year budget surpluses to climate change, for initiatives that support weatherization or electrification.

Lt Governor David Zuckerman has announced that he is running for governor this year. He has 8:30-10AM weekly “Coffee with Constituents” where anyone can join, and invites different organizations to co-host these events.

Senate President Tim Ashe announced that he will run for Lt Governor if our current Lt Governor runs for governor, which it seems he has. He has been active this year. The minimum wage bill passed the House and Senate, but failed to override the veto by one vote. H.107 An act relating to paid family and medical leave has passed, but may be vetoed.

Senate President Ashe encourages Vermont to joint the Transportation and Climate Initiative of the Northeast and Mid-Atlantic States.

Nurse Compact
ANA-Vermont continues to follow discussion of the Nurse Compact bill, and the increased cost of licensure. Discussion has started and testimony is likely in the near future in the Senate Health and Welfare Committee. ANA-VT supports the bill but wants lower licensing fees. Licensing fees in surrounding states are considerably less.

Advanced Practice Registered Nurses (APRNs)
Last fall the U.S. Departments of HHS, Treasury, and Labor issued Reforming Americans Health Care System Through Choice and Competition, which identified the need to recognize APRNs to practice to the top of their license. The Medicare Payment Advisory Commission (MedPAC) issued a report to Congress on June 14, 2019 recommending that Congress eliminate incident to billing for APRNs and physician assistants, which would require all APRNs to bill Medicare directly for services rendered. In January of 2019, at the request of AMA. ANA actively reengaged as an organization that holds a seat on AMA’s Legislative News

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Senate President Ashe encourages Vermont to join the Transportation and Climate Initiative of the Northeast and Mid-Atlantic States.
Common Procedural Terminology (CPT) and RUC committees. These committees develop and value reimbursement codes for Medicare and private reimbursement.

- Developed legislative language for Medicare reimbursement of APRN services that are currently not recognized.
- Developing a legislative strategy for the introduction of this legislation in 2020.

Opioids

In Vermont Act 82 (S.146) An act relating to substance misuse prevention, became law in 2019. This act consolidated the work of several substance-specific committees and boards into the newly established Substance Misuse Oversight and Advisory Committee, which is tasked with improving the health outcomes of all Vermonters through a holistic approach to substance misuse prevention that addresses all categories of substances. The Council shall be staffed by the Manager of Substance Misuse Prevention, who shall also be responsible for developing an inventory of substance misuse prevention programs in the State. The act establishes the permanent position of Chief Prevention Officer within the Office of the Secretary of Administration. The Chief Prevention Officer shall coordinate across state government and in collaboration with community partners, programs, and budgets to support and improve the well-being of all Vermonters through prevention efforts. The act repeals the Tobacco Evaluation and Review Board and divides the responsibility of the Board between the Department of Health and the Substance Misuse Prevention Oversight and Advisory Council. It will be interesting to see this bill enacted and those appointed.

In the House Committee on Health Care testimony from the Department of Health Access who is working with NASHP to look at models and solutions, and noting drug price increases.

Blue Cross Blue Shield also testified that the average single source generic drug went up 361% from 2010 to 2017, and that when a new diagnosis is given, 87% of people receive a new drug prescription. Specialty drugs are a very small portion of what their covered drugs are, but are responsible for over 1/2 the drug costs. Examples were drugs like Orkambi costing 1.5 million for less than 10 people, and Embrel was 6.8 million for 195 patients, Humira was 16.8 million for less than 400 pts. Blue Cross Blue Shield will be partnering with Civica to provide lower cost generic drugs, but not many to begin with. See: https://www.bluecross-civicageneric-medicine-price/570966/

Representative Mari Cordes introduced a new bill H.822 An act relating to limiting out-of-pocket expenses for prescription insulin drugs, and discussed the impact of lacking insulin for diabetics, citizens viewing kidney issues, amputations. She wants to limit out of pocket expenses, as some Vermonters are paying $800 a month for insulin, which is unaffordable. Discussion of drug manufacturing and importing from Canada or other states such as California were discussed.

There was also testimony on S.54 An act relating to the regulation of cannabis (passed). Senator Leahy recently sponsored the CREATES Act of 2019 that targets delay tactics being used to block the development of more affordable, FDA-approved generic and biosimilar medicines. See: https://www.leahy.senate.gov/imo/media/doc/020519%20116th%20CREATES%20Fact%20Sheet.pdf

Another bill discussed was H.785, An act relating to Green Mountain Care Board authority over prescription drug costs presented by Representative Copeland Hanzas, who would like to set a limit on cost increases using the Green Mountain Care Board for oversight and enforcement. There is a parallel bill in the senate.

Bills in 2020 Related to Health and Nursing
The National Leadership Summit

The Leadership Summit encompasses the meeting of the Leadership Council and professional development for Presidents, IMD Chair and Chief Executive Staff. Presidents, Chief Officers, and top leadership from across the nation discussed interactively nurses in the media, unconscious bias, staffing, strategic planning, best practices, mentoring, choices for Membership Assembly forum topics and the Year of the Nurse, as well as the Value Pricing Project (VPP). Eight C/SNAs voted to adopt Value Pricing in 2020.

- Five existing centrally billed C/SNAs: ANA-NY, Oklahoma, Tennessee, North Dakota and West Virginia (launch date 3/1/2020)
- Hawaii-ANA will launch as a new C/SLA on 3/1/2020 with Value Pricing, and
- Two (2) non-centrally billed C/SNAs: Florida and Mississippi

Executive Director Meredith Roberts attended as well as our Northeast Multi-State leaders and representatives from around the nation. The day after was an open business meeting, with discussion of the strategic plan quarterly report reporting on 30 strategic initiatives, the majority of which have been completed, and the ANA Enterprise finances are in good order with a two million dollar expected increased revenue. The proposed budget was presented as well. We heard reporting from:

- President ANA Ernest Grant: Key goals, membership, voting
- Eileen Sullivan-Marx, President, American Academy of Nursing
- Patricia Messmer, Chair, ANA – PAC, legislative & ANA’s new Nurses Vote website
- Patricia Reid Ponte, President, American Nurses Credentialing Center
- Tim Porter-O’Grady, Chair, American Nurses Foundation
- Stephen Fox, Vice President of Membership and Constituent Services Value Pricing Dues
- Gregory Dyson, Chief Operating Officer – Innovation update
- Cheryl Peterson, VP of Nursing Programs & Joan Harwitz, VP of Communications – Year of the Nurse
- Gregory Dyson, Chief Operating Officer on Enterprise Cybersecurity

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- Message us on facebook.com/BarreGardens
- Bring this card to pre-scheduled interview for $5 Starbucks or Dunkin gift card*
- *Conditions Apply

378 Prospect St., Barre, Vermont • (802) 476-4166 | barregardens.com/#careers
ANA/Vermont has joined Success Pays. Success Pays includes certification by exam, certification renewal, and the retired certified nurse recognition program. Nurses are given two opportunities to achieve certification. ANA/Vermont members can now receive a unique code, which Meredith Roberts at vtnurse@ana-vermont.org will distribute to members. The winner of the Success Pays video will receive an additional attempt to pass the exam.

Eligible for Success Pays*  

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* Individual nurses use the code in place of traditional payment methods to apply for one of 18 ANCC nursing certifications (see below) or use link https://www.nursingworld.org/our-certifications/.

The nurse will be able to receive resources and study materials prior to taking any certification and the member price is generally at least $100 less, and the member receives added resources and an additional attempt to pass the exam.

The nurse takes the test or completes renewal requirements. If a nurse fails the first time, one retest or resubmission is available at no additional cost. When a nurse passes, a unique code, which Meredith Roberts at vtnurse@ana-vermont.org will distribute to members, the nurse receives added resources and an additional attempt to pass the exam. The winner of the Success Pays video award is here: https://youtu.be/EKfsYOzRKEs

Some other bills of Interest:

- H.R. 2700 Lowering Prescription Drug Costs and Extending Community Health Centers and Other Public Health Priorities
- H.R. 1499 Protecting Consumer Access to Generic Drugs Act of 2019
- H.R. 987 Strengthening Health Care and Lowering Prescription Drug Costs Act
- H.R. 1499 Protecting Consumer Access to Generic Drugs Act of 2019
- H.R. 2781 Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness for Health Act of 2019 Status: Passed House (Senate next)

Is your nursing organization planning an education program? Consider applying for contact hour approval.

For more information call the ANA-Vermont office @ (802) 651-8886
As the first man to be elected president of the American Nurses Association, I work to elevate the nursing profession and increase the diversity of nursing across ethnicities and genders. The statistics on demographics in the nursing workforce vary, but they do reveal that the profession is lacking balanced representation across genders.

Previously, decades of legal barriers kept men out of the field, and nursing schools often refused to admit men, a practice deemed unconstitutional by the U.S. Supreme Court. Women currently make up 90 percent of the nursing workforce, while about nine percent of nurses in the U.S. are men. That share has grown steadily since 1960 when men accounted for just two percent of the nursing workforce. When looking at nursing roles, the highest representation was in nurse anesthetists, with men occupying 41 percent of those positions.

### Health literacy

It's important that the nursing profession better reflect society and our patients. Often, nurses are the first line of defense in providing lifesaving care and treatment in underserved communities and to under-represented populations that are disproportionately affected by health and health care disparities. A nursing workforce with strong diversity ensures that all patients and populations receive optimal, empathic care that improves health literacy. Nearly half of all American adults – 90 million people – have difficulty understanding and using health information. Nurses play an active role in fostering health literacy so patients can make informed health decisions.

### Role models

It's time to be deliberate in recruiting more men into the nursing profession to further dispel many stereotypes of nurses. Efforts should begin early, starting at the grade school level by letting boys see men who are nurses. “Here’s somebody whom I can identify with,” they will think. This should be reemphasized at the high school level by guidance counselors or health occupation programs. In those programs, boys and young men can obtain more exposure to nursing or apply for admission into a baccalaureate program. In 2016, 12 percent of baccalaureate and graduate nursing students were men. I encourage men in nursing to visit K-12 public and private schools and take every opportunity to be thought of or seen as model nurses within their communities such as neighborhood gatherings, houses of worship, and local civic organizations.

There were many stereotypes about men in nursing and fortunately, you don’t hear them as much anymore. People know that men can provide quality, safe patient care, and that you can be masculine and still care.

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- Maternal Child Health
- Office RN

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We have high expectations of you as one of our nurses. We need you to:

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- Provide high quality care to clinical standards
- Give critical feedback and insights to help North Country Hospital constantly improve

Our compensation, benefits, and education and training opportunities are excellent. If you are passionate about nursing and want to work with others who are like minded, please contact us today.

For additional information contact: Tabitha Cole, Recruitment Coordinator

Human Resources | North Country Hospital | 189 Proudy Drive, Newport, VT 05855
802-334-3210 Ext. 405 | Email: tcole@nchsi.org

Interested candidates may apply online at:

[www.northcountryhospital.org/careers](http://www.northcountryhospital.org/careers)

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**ANA-Vermont Foundation — Honor a Nurse Campaign**

Nursing continues to be the most trusted profession as indicated in annual surveys. This attests to the collective contributions nurses make as they care for patients, families and communities. Efforts of individual nurses however deserve special recognition by colleagues, employers, patients, families and friends. There are many reasons to Honor a Nurse such as: to thank a mentor, to acknowledge excellent care given by a nurse to a patient, to celebrate a milestone such as a birthday or retirement, or to recognize a promotion. Just think for a moment, you will know a nurse to honor. Celebration: The honored nurses and the persons nominating them will be recognized at the ANA-Vermont Convention in 2020. The honored nurses each will receive a certificate identifying the person recognizing her/him as well as the reason for the honor. Submit nominations by: September 1, 2020. All contributions are tax deductible to the full extent allowed by law. ANA-VT Foundation is a 501(c)3 organization. Nominations this year are online.

Please go here to nominate someone: [http://goo.gl/b094F](http://goo.gl/b094F)
Rutland Regional Medical Center has started planning for the Second Annual Rutland Community Nursing Symposium on Friday May 8, 2020 at the Killington Grand Resort Hotel. The theme of this year’s event is Diversity and Inclusion: eliminating stigma through awareness, advocacy, and education. The full-day event will focus on care of the LGBTQ patient, the neurobiology of addiction, and suicide prevention in the inpatient, outpatient, primary care, long term care and community setting.

Last year’s event attracted more than 150 registered nurses, clinical educators, and nurse leaders from agencies throughout the state! It is a wonderful way for the nurses in our community to gather for networking, education, and professional development.

If you are interested in presenting, sponsorship opportunities, or would like the registration link you may contact Amy Martone at (802) 345-1854 or aamartone@rrmc.org.
Where Nursing Matters

UVMHealth.org/CVMC/Nursing

University of Vermont Health Network
Central Vermont Medical Center

(802) 371-4191

The heart and science of medicine.

Join our growing team of nurses

At Brattleboro Memorial Hospital, we value our nurses and are committed to providing a safe, supportive work environment with opportunities for ongoing learning and professional development.

We recently updated our nurses’ pay scale, offering very generous base pay and above-market differentials.

If you are looking for new opportunities as a nurse, we would love to hear from you!

View open positions and apply today!
www.bmhvt.org/careers

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We are looking for compassionate, caring, and dedicated nurses. Be part of an award-winning nursing community where you can grow, learn, and excel in a variety of specialities.

FOR A FULL LISTING of available positions, visit Employment Opportunities at www.nvrh.org An equal opportunity employer

- Welcoming new graduates
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The Med/Surg Unit of NVRH is the proud recipient of the AMSN PRISM Award for exceptional Medical/Surgical Nursing Care and Patient Outcomes