Gratitude and Call for Leaders

As we work, we see families in grief struggling to say goodbye when visitation is not allowed, and others taking their last breaths. It affects our hearts and minds. ANA-Vermont has Nurse Huddles to attend for free to debrief with other nurses and a trained facilitator. We have joined with neighbor states so attendance could remain free and have upcoming sessions Thursday, May 28, 3-4 PM, and Tuesday, June 2, 6-7 PM. Information is on the website https://anavermont.nursingnetwork.com/ or you can contact Dan Quinlan from Lumunos Wellbeing at dan@lumunos.org.

This year, ANA-Vermont is holding elections for the positions of President, Treasurer, and one Director. We also need assistance on the Bylaws Committee, Government Affairs Committee, Membership and Publicity Committee, Program Committee and Nominations and Elections Committee. Please help support us by volunteering and being a member so we can continue to support you and help your voices be heard. Email vt nurse@an Vermont.org to let me know your interest.

The COVID 19 Timeline

The number in Vermont continues to climb, but our state government takes action. When it was still winter the Secretary of the Department of Health and Human Services (HHS) Alex Azar declared a public health emergency (PHE) in the U.S. for the 2019 Novel Coronavirus under the authority of section 319 of the Public Health Service Act. A PHE declaration does not waive or preempt state licensing requirements. States determine whether and under what circumstances a non-federal healthcare provider is authorized to provide services in the state without state licensure, with each state’s Board of Nursing operating in conjunction with the Governor’s Executive orders.

March 4 a long-term care advisory was issued, and a health alert was issued preparing for community transmission of COVID 19. On March 5 Nurse leaders from ANA-Vermont and the Organization of Nurse Leaders offered to be on the taskforce but were not contacted. Vermont lab testing began by March 7, and by March 10 there was a legislative joint briefing of nurses and to share the need for a sufficient supply of appropriate personal protective equipment (PPE) for nurses and to share the need for creative staffing strategies to sustain the nursing workforce so they can continue to provide care during this pandemic.

March 11 the World Health Organization (WHO) officially declared that the global coronavirus crisis was now a pandemic. At this point, ANA at the national level asked the CDC to:

- Investigate and communicate on the transmission mode for coronavirus so that decisions about appropriate PPE would be based on the best information available.
- Identify metrics for when the interim guidance will be rescinded to ensure that clinical providers and health care facilities can prepare to continue caring for their patients and communities.

The importance of nurses being able to trust decisions made at all levels are focused on their protection was stressed as needful for nurses to safely continue providing ongoing patient care in all health care settings.

March 13th Governor Scott declared a state of emergency https://www.sevendaysvt.com/OffMessage/archives/2020/03/19/governor-scott-declares-state-of-emergency-in-vermont. This declaration allowed the Vermont Crisis Standards of Care Plan to be in effect and provides our state with more resources (the plan has a section on scarce resources that starts on p.41): https://www.healthvermont.gov/emergency/prepare/preparedness-hospitals-health-care-professionals

The Health Alert on PPE went into effect:

Personal Protective Equipment (PPE) Conservation Measures Contingency Operations

The situation continued to develop, with school closures and the need for child care for essential personnel: Governor Phil Scott Orders Implementation Of Child Care System For Personnel Essential To Covid-19 Response - Childcare Centers Closed: Urged to Provide Care for Children of Vermonters Responding to Crisis

ANA Vermont began to collaborate with local nurse groups such as school nurses, as well as advanced practice nurses discussing concerns related to nurse deployment in new areas without collaborating with many nurse stakeholders.

March 18th ANA Chief Nursing Officer Debbie Hatmaker, Ph.D., RN, FAAN, met with President Donald J. Trump to urge the administration to provide a sufficient supply of appropriate personal protective equipment (PPE) for nurses and to share the need for creative staffing strategies to sustain the nursing workforce so they can continue to provide care during this pandemic.
New Nurse Coalition Formed

At the beginning of the Covid 19 outbreak, nurses did not have a voice at the table, but that has changed. When the first task force formed, ANA-Vermont was not included despite offering to serve. When I was collaborating to facilitate communicating with nursing deans about sending ventilators used for teaching into hospitals, I began to hear of nurses redeployed, such as school nurses being considered in other roles after school closure. Nurses across the state needed accurate, consistent, evidence-based information and it was not a time to be left in silos, but to have a line of communication where we could respond rapidly, strategically, and appropriately. We formed a group that encompassed The Vermont School State Nurses’ Association, Vermont Nurse Practitioners Association, The Organization of Nurse Leaders MA-RH-CT-NH-VT and also invited emergency nurses, visiting nurses and more to be a part. We met weekly, inviting OPR, and public health, and created a joint statement as a press release, which we shared with state leadership. ANA-Vermont created a survey assessing nurse needs and shared information. We shared nurse needs and comments with the Vermont Commission on Women. Senate President pro tempore Tim Ashe met with the leaders who helped formulate our joint statement and ANA-Vermont leaders met with Michael Schirling, Commissioner, Department of Public Safety. President of ANA-Vermont Eileen Girling was designated as spokesperson and now shares a seat at Health Operations and stays informed by Emergency Operations. She represents the newly formed Coalition of Vermont Nurse and Nurse Practitioner Leaders. Together we advocate and share collaboratively. Updates coming soon...

Voices of Vermont Nurses
premiered at VSNA Convention 2000 and is available from the ANA-Vermont Office at:
ANA - Vermont
4 Carmichael Street, Suite 111, #215
Essex, VT 05452
Price: $20 each book
(plus $3.95 for postage and handling)
Make check or money order payable to:
Vermont State Nurses Foundation
Name:
Address:
City:
State: Zip:

Letters to the Editor
If you wish to submit a “Letters to the Editor,” please address it to:
ANA-Vermont
Attn: Vermont Nurse Connection
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.
Jean Graham, Editor

www.ANA-Vermont.org
Published by: Arthur L. Davis Publishing Agency, Inc.

Are you interested in contributing to an article on an upcoming issue of the Vermont Nurse Connection? If so, here is a list of submission deadlines for the next 2 issues:
Vol. 23 #4 – July 13, 2020
Vol. 24 #1 – October 12, 2020
Articles may be sent to the editors of the Vermont Nurse Connection at:
ANA-Vermont
Attention: VNC
4 Carmichael Street, Suite 111, #215
Essex, VT 05452
Articles may also be submitted electronically to vtnurse@ana-vermont.org.

Rejected letters are not returned. Please do not send copies of letters to the Vermont Nurse Connection.

Are you a new graduate or experienced nurse struggling with: Time management · Workplace bullying/conflict
care · Stress · Patient safety? Reach out to an experienced RN who can help! Sessions available In-person · Online · By telephone

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For more information, please contact 1LT Connor LaClair.
LaClair.VTARNGAMEDD.MSR Manager, at 802.338.3450 or connor.laclair.mil@mail.mil
Hope is Not Simply an Emotion

Casey Gwinn and Chan Hellman (2019) in their book Hope Rising say that “Hope is an important psychological strength with at least three components. First, hope can buffer the effects of adversity and stress and serves as an important coping resource for both children and adults. Next, hope predicts adaptive thoughts and behavior. Put simply, hopeful people have better outcomes connected to the way they think and behave. Finally, and most important to all of us, hope can be learned. Intentional strategies or interventions can move the needle on hope. In every published study of hope, every single one, hope is the single best predictor of well-being compared to any other measures of trauma recovery. This finding is consistently corroborated with other published studies from top universities showing that hope is the best predictor for a life well-lived.”

May your choices reflect your hopes, not your fears. ~ Nelson Mandela

An individual’s hope for the future is extremely powerful, as an essential aspect in healthcare practice because it is linked to a patient’s experience and recovery. Hope is complex, multidimensional, and a potentially powerful factor in healing, adaptive coping, and achieving quality of life during times of illness and loss (Sullivan, 2008). Burkhardt and Nagai-Jacobson (2015), suggest that nurses listen for and elicit the patient’s story; the particular story embodied in the person who shares this time with you. Learn something about who the person is, for example: What is important to the person? What gives meaning to their life? What gives them strength and hope? What are their fears and concerns?” Blaszkow-Helming, M., & Jackson, C. (2009), offer that it is recognized that hope can change one’s perception of problems and experiences can be highly therapeutic. It is common to feel a sense of relief in sharing personal experiences and thoughts with others. This is a very significant part of the help that nurses can provide to the patient. The goal is to use these techniques to help nurses understand how patients perceive and experience hope. It is extremely important to listen to what the patient says in order to understand their hopes and concerns.

As a rehabilitation nurse, I spend a significant amount of time with patients and family members who are struggling with hope. It is my goal, and I will do everything I can to ensure you go home. As a rehabilitation nurse, I spend a significant amount of time with patients and family members who are struggling with hope. It is my goal, and I will do everything I can to ensure you go home. My reward comes in helping them explore hope as a way back home. – Sonia Pacheco, MSW, LSW, LCSW

The presence of the nurse is perhaps the highest expression of caring that the patient can experience. The nurse is the one who witnesses the alienation and isolation of suffering and confirms joyful celebrations of human experience. A central feature of nurse presence is telling the truth and offering a realistic picture of the patient’s medical situation. Presence, along with telling the truth, enables the establishment of realistic hopes by providing a supportive and realistic context for patient coping. Key nursing actions that support nursing presence include self-reflection, telling the truth, building trust, and nurse-patient collaboration (Cooper, 2001).

E-Mail: membership@ana-vermont.org
March 19 - First COVID-19 death in Vermont

March 20th Vermont small business owners suffering economic injury due to the COVID-19 pandemic could apply for Small Business Administration (SBA) disaster loans, following a statewide disaster declaration, and members of Governor Scott's administration outlined the implementation of initiatives and actions to help provide relief for individuals, families and businesses stemming from the COVID-19 response.

ANA-VT held its First Official meeting of four nurse organizations with public health, OPR and nurse-related stakeholders. We began to meet every Friday.

On March 21st gatherings were limited to 10 people: Governor Phil Scott Announces New COVID-19 Community Mitigation Measures - Directs the Closure of Close-Contact Businesses and Further Restricts the Size of Mass Gatherings to 10 or Less

March 23rd Vermont Department of Public Service released an interactive Public Wi-Fi Hot Spot Map to help Vermonters connect to publicly available internet service during the COVID-19 pandemic. In consultation with the Department of Health, Governor Scott directed all businesses and not-for-profit entities - to the maximum extent possible - to put into place telecommuting or work-from-home procedures (Governor Phil Scott Orders Businesses and Non-Profits to Implement Work from Home Procedures)

March 24 Gov. Phil Scott ordered Vermonters Tuesday to "stay home" and "stay safe" to slow the outbreak of the coronavirus in Vermont. This order directed Vermonters to stay at home, leaving only for essential reasons, critical to health and safety.

On March 25 5:00 p.m., businesses and not-for-profit entities not expressly exempted in the order were required to suspend all in-person business operations until April 15. Operations that could be conducted online, by phone, sales facilitated with curbside pickup or delivery only, could continue.

March 26 There was an update in Diagnostic Testing in Vermont and tracking procedures for confirmed COVID 19 cases. Governor Phil Scott Dismissed Schools for In-Person Instruction for Remainder of 2019-2020 School Year directing schools to remain dismissed through the end of the 2019-2020 school year. Districts will close schools for in-person instruction and be required to implement continuity of learning plans for remote learning.

ANA-Vermont began its Nursing Need survey: Reports of rationing began to emerge.

March 27 Governor Phil Scott and members of his administration provided an update on the Governor's directive to dismiss schools for in-person instruction for the remainder of 2019-2020 school year.

March 30 Governor Phil Scott Issues Order on Travel and Lodging Restrictions to Ensure Compliance with "Stay Home, Stay Safe" Order and New CDC Guidance ordering additional restrictions on travelers arriving in Vermont. Guidance for the lodging industry to enhance compliance with his Stay Home, Stay Safe order was shared.

American Nurses Foundation Launches Coronavirus Response Fund for Nurses: ANA Establishes a COVID-19 fund to assist nurses affected by the virus.

Governor Scott clarified the Stay at home order to ensure all comply.

Gov. Scott and the Agency of Education announced a partnership with PBS to provide educational content to supplement remote learning for students and districts during the outbreak.

April 7 Gov. Scott requested federal disaster funds to assist the state of Vermont for COVID-19.

April 8 Governor Scott’s request for federal disaster funds to assist the state of Vermont in its response to the COVID-19 pandemic was approved by President Donald Trump.

April 10 ANA-Vermont releases the nurse survey results and we are on the front cover of The Free Press voicing our concerns regarding scarcity of PPE and more: https://www.burlingtonfreepress.com/story/news/2020/04/10/vermont-coronavirus-nurses-healthcare-workers-covid-19-risking-safety/1109990921

Gov. Phil Scott extended Vermont's State of Emergency through May 15, which extends the expiration date of all corresponding orders and directives. Additionally, the Department of Motor Vehicles announced a new online system for license renewals.

April 13 ANA Vermont. The Vermont State School Nurses’ Association, Vermont Nurse Practitioners Association, the Organization of Nurse Leaders MA-RI-CT-NH-VT, and the Northeast Multi-State Division (NY, NH, VT). This was published in the Rutland Herald as well as additional media outlets.

April 31 The Vermont Department of Health called on licensed and certified health care professionals to sign up with the state’s Medical Reserve Corps as part of the state’s efforts to support the health care providers responding to the COVID-19 pandemic. Vermont Health Care Professionals Asked to be On Call for Vermont to Support COVID-19 Medical Efforts.

April 2 ANA-Vermont issued a press release with The Vermont State School Nurses’ Association, Vermont Nurse Practitioners Association, the Organization of Nurse Leaders MA-RI-CT-NH-VT, and the Northeast Multi-State Division (NY, NH, VT). It was published in the Rutland Herald as well as additional media outlets.

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American Nurses Foundation Launches Coronavirus Response Fund for Nurses: ANA Establishes a COVID-19 fund to assist nurses affected by the virus.
Collaboration Across Healthcare, Public and Private Sectors is Essential for COVID-19 Response

The American Nurses Association (ANA) of Vermont and partners including The Vermont School Nurses’ Association, Vermont Nurse Practitioners Association, the Organization of Nurse Leaders MA-RI-CT-NH-VT support ongoing efforts to respond to COVID-19 and the concerted effort to respond to and prevent the spread of the coronavirus.

We stand ready to assist our members, nurses, other members of the health care team, decision-makers, and the public to effectively respond to the COVID-19 pandemic.

Background and Context

The COVID-19 pandemic has presented unprecedented challenges. Nurses are reliable leaders and responders in our daily practice - providing safe, quality, compassionate and nondiscriminatory care to their patients, families and the communities in which we serve, including during infectious disease emergencies. As health care organizations and professional associations representing healthcare providers (HCP), our priority is the safety of nurses, patients and the public.

The Framework for 21st Century School Nursing Practice aligns with many other areas of nursing practice such as public and community health. Case management, care coordination, advocacy, policy development, disease prevention, risk reduction, and population-based care are vital to nursing innovation around COVID-19 solutions both in acute care and outpatient settings.

Request to Engage Nurses at all Levels of State Planning and Response

Given nurses practice in nearly every setting in which health care services are provided and nurse leaders are deeply involved in resource management preparedness, it is essential for key nursing stakeholders in the state to be identified and included in all levels of the COVID-19 response.

• Nurses will add value to discussions regarding scope of practice, care team composition, triage and patient placement decisions, surge planning, capacity planning, and PPE and supply chain conversations and related policies and procedures for maximizing staff safety over time.
• Nurses will be able to inform decisions regarding nursing protections including resource advocacy, training, operating protocols, benefits and safety net services for nurses and their families.

As a group of nursing organizations, we stand ready to identify nurses who will bring value to important conversations in planning Vermont’s state response to COVID-19. We will draw on expertise within national nursing organizations, such as lessons learned from other states, practices that we can share across the professional specialties, and across disciplines. To that end, we ask that nurses be added to state and local strategic planning, leadership and response teams. Nursing representation will improve the availability of much-needed clinical and system capacity requirements, ensuring Vermont is able to meet the needs of state residents throughout the duration of the pandemic response.

Please follow-up with Sophia Hall, MEd, BSN, RN, NCNS, Vermont State School Nurses’ Association President (president@vsnsa.org); Michelle Wade, MSN/Ed, APRN, A-GNP-C, ACNPC-AG, Vermont Nurse Practitioners Association President (mwadent@gmail.com); Carol Conroy, DNP, RN, CENP, FAAN, President-Elect Organization of Nurse Leaders MA RI CT NH VT (carconroy@sol.com), Kathleen Hale, ED Northeast Multi-State Division (NEMSVD) VT, NH, NY (divisionexecutive@ne-mdsv.org) to expediently identify nurses able to join strategic planning and response teams.

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 nurse 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:
https://www.nursingworld.org/foundation/donate/honor-a-nurse/
Nurses Voice Concerns

I just want to share the voices of heroes who are putting themselves at risk. They are so brave. I want people to know how amazing nurses are! What follow are a series of quotes from different individual nurses:

"Surgical masks have just about run out, fabric masks are not enough to protect us or our families from this virus. I’m afraid to go home after my shift because I am afraid to pass something to them even if I’m being extremely careful.”

"There is tension at the hospital during this pandemic and having to decide not to see my kids in the meantime. I have not seen them for three weeks. Everything feels unbalanced.”

"Here at the hospital I’m wearing a medical mask today - the same one all day. Not an N95. We don’t have confirmed covid or suspected covid patients on my unit. However, we haven’t received any direction on if we should wear medical masks here. Some people are, some aren’t. We aren’t being told to do it or not to do it. It’s really inconsistent and I don’t know why there’s a lack of guidance going on.”

"There is no one to raise my child if I die, no family. No support.”

"Communication is coming from too many sources. Daily changes make it difficult to keep up, so communication tends to be lateral.”

"I need reliable dispersal of information; am having to reuse N95 masks and face shields. Parents are in the room with kids.”

"Need more staff. PPE. Equipment. Leadership. Stop changing the ‘rules.’”

"Ensuring the safety of nurses in direct care of covid patients wondering how safe reusing n-95 masks is when continually dealing with covid positive patients.”

"We are reusing PPE that is hung on a wall near covid rooms.”

"We should be advocating for single payer/Medicare for All, as billing and payments during the pandemic are adding to the confusion and stress.”

"I think we need to remove the president from office and have an early election.”

"We are running out of PPE in the health center I work in.”

"I need more access to PPE! If I was nursing in NYC right now I would NOT go unless I was given adequate PPE.”

"Quicker test results and more widespread testing is needed.”

"We need PPE, but the message from hospital leadership is that this is bankrupting us and we are losing our benefits, hours, and even jobs due right as we are gearing up to face a pandemic.”

"I work as a school nurse and a nursing home. At the home we are having to use masks for seven days at a time. Before school was let out we tried to obtain masks/N95 masks for the school and were unable.”

"Challenging time, I think the state is doing as best it can.”

"What role will nurse practitioners have in the deployment of medical providers in the UVMMC network. So far we have only heard about physicians being redeployed to critical areas.”

"Ratoining everything. We are being asked to use single use masks for the entire day. One N95 mask issued per nurse.”

"We have one gown, N95 and goggles to use for days at a time. I work in an acute/ emergency care setting. This is totally inadequate and inappropriate use of PPE. Unsafe.”

"We are restricted to use of N95 only when a patient is being intubated or receiving nebulizer treatment.”

"I am a recently retired NP (March 1). I am fearful of returning to work or volunteering my services due to reported lack of PPE in local hospitals.”

"N95s - one per person, there is no replacement for the one I’ve been using for two weeks.”

"Visiting nurses are sharing N95 masks with other nurses visiting the same home with a COVID positive patient, covering them with a surgical mask and storing them in Tupperware between uses.”

"Adequate resources for nurses to be protected and adequate and accurate testing for those who may have been exposed or who are sick.”

"Please - Enough masks to make them single use only!!”

"I feel SO incredibly fortunate to work at a small facility where we are family, a community, and we are sincerely cared about and looked after by our administration. This is widely NOT the case in many facilities across the US.”

"Thank you for having such a proactive, thoughtful and thorough plan, enough PPE, and the resources to keep us and our patients as safe as possible.”

"We have completely run out of disposable gowns. We are using one washable gown per nurse per patient, cohorting nurses and patients in “hot” and “cold” hallways. When we had disposable, we were conserving them, but they went very quickly. We were asked if we should reuse PPE. No way. I had to ride on transport (ambulance) with a COVID Positive patient on a ventilator. When I arrived at the facility I could not take off my dirty PPE for fear of losing the gown. I’ve had the same N-95 for 2 weeks. Please make me as anonymous as possible. I’d like to keep my job.”

"I worry that the PPE I have available at work is inadequate. I fear that I will expose patients in my care to CoV-19, or that I will bring it home to my children or immunocompromised family member. I know I am not using PPE as it was meant to be used in order to conserve what I have.”

"I am a grandmother of two, with a daughter raising them alone. When they call in the retired nurses, I hope the state leaders remember that 90% of us are women, and they are calling the grandmothers, who have families. We are not the military, and should not be considered expendable and left unprotected.”

"We have no options. In my case I have an elderly parent that is immune compromised. The thought of bringing it home to them broke me down because I only had one choice, to leave, which has given me guilt, and loss of the team I loved to work with, loss of income, loss of health insurance. It is hard to see people cheering health care workers on, while they sit comfortably in their homes, with loved ones. How did it come to this?”

"I’m a triage nurse in an adult primary care practice. The sheer volume of information and practice change that I deal with on an hourly basis is overwhelming. Patient calls have increased dramatically and are more intense, and it’s critical that I remain up-to-date with as much evidence-based information and practice as I can. The CDC, Vermont DOH, VSNA/ANA, Vermont BON, and University of Vermont websites have become critical reference tools in my kit. I’m alsoterrified and shocked by the lack of PPE, reuse of single-use PPE, and inconsistent policy regarding PPE that I witness every day in my facility. I believe a strong, nurse led approach will be critical in driving solutions. We also need to listen to the voices in front of the front line: housekeeping, clerical and support staff, primary care, and others who see patients in the community before they ever set foot in a hospital or ER.”

"Currently I have a spouse at home so I am covered for my child. We have adequate protective equipment and I am as careful as possible if I am in contact.”

"Nurse colleagues who have had the virus and recovered are being redeployed assuming they are now immune, but testing to determine antibodies is not readily available, so they worry they may not be.”

"It would be good to know where to buy the cloth masks that the government is suggesting we wear...”

I hope you are as proud of these nurses as I am.

Half of Vermont nurses have been afraid to go to work. The majority feel properly trained and knowledgeable; however, 35% when asked if they felt adequately protected in their workplace disagreed or strongly disagreed, and another 20% neither agreed or disagreed. When asked if their workplace is equipped to handle COVID 19 cases, only 30% agreed, while 44% disagreed that their facility is equipped, with 25% unsure. Ratoining of PPE continues. Some had to use the same N95 mask for a week, while others used the same mask all day and stored it in a bag for lunch. Disinfection procedures are innovative, but the evidence on their efficacy is still coming out. Retired nurses, who are a high risk population are requested to serve, and comments reflect their fear of inadequate protection.

When the survey occurred 79% of nurses were still rationing. There was much fear and anxiety; hence why ANA Vermont has support group services available as well as advocating for more PPE. Nurses were stunned there was inadequate protection and they could not practice as they had been trained, to keep themselves safe. We need to be aware that even after the physical manifestations have passed, the mental trauma may remain, and it is time to prepare for that wave. The ANA Nurse foundation has launched a Coronavirus Response Fund for Nurses https://www.nursingworld.org/news/news-releases/2020/american-nurses-foundation-launches-coronavirus-response-fund-for-nurses I am hopeful that the worst may be past and that supplies are replenishing. Let’s make sure that nurses are emotionally replenished as well.
Coalition of Vermont Nurse and Nurse Practitioner Leaders Responds to the ANA-VT Survey on COVID-19:
Themes and Recommendations

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On March 20, 2020 the American Nurses Association began a survey of nurses nationwide about their access to PPE and other work environment concerns. According to findings from more than 20,000 respondents released with a message from Ernest J. Grant, Ph.D., RN, FAAN, President, American Nurses Association:

• 76% reported being extremely concerned about PPE.
• 66% reported being out or short of N95 respirators,
• 62% were out or short of full-face shields, and 61 percent were out or short of surgical masks.
• 69% reported concerns about working short-staffed.
• 85% also worry about keeping their families safe from becoming infected.

Between March 26 and April 10, 2020, ANA-VT conducted an on-line survey of VT ANA members and non-members (about 600 nurses). The survey was also shared by multiple leaders, and was pinned on the ANA-VT website, so response rates are unknown. Data was received from 135 respondents. The survey was a 10 question survey with the last two questions having text responses. Question 9 asked What are the most urgent needs, challenges, or concerns for information, resources or other that would help you in this environment, while question 10 asked about rationed PPE.

VERMONT DATA

• 72% reported feeling poorly trained and prepared in PPE use
• 66% reported being knowledgeable and prepared to work with COVID-19 patients
• 71% indicated employer support in protecting themselves and others
• 47% of respondents feel protected in their workplace
• 32% indicated the workplace is equipped to handle COVID-19
• 49% feel concerned or afraid to go to work due to COVID-19

A second one sentence survey open 4/6 to 4/9 inquired: “Nurse parents have told me they are afraid their children will be left alone, parents are afraid to go home to families. Some have inadequate protective equipment. Tell me your story or sentence to share, so others will know what you are experiencing. You are not alone.”

Vermont Nurse/Nurse Practitioner Coalition members Hendrika Maltby PhD, RN, FACN, Professor at UVM Department of Nursing, and Carol Conroy DNP, RN, CENP, FAAN, president-elect of ONL MA-R/CT-NH-VT conducted a qualitative analysis of the ANA-VT qualitative survey and shared the following themes. The themes are similar to those identified in the national survey.

Themes:

1. Infection control: mostly lack of PPE supplies and having to use single-use equipment for longer time periods
2. Impact on families and patients: inability to keep their own families and patients safe
3. Communication: changing messages ALL the time
4. Morale support: need/want more of this

The first theme showed that nurses were extremely concerned about infection control. Many of the comments revolved around reusing N95 masks, face shields, and gowns. Statements here included “N95 masks being sold to keep “indefinitely” if not visibly soiled which has changed from 5 hours, to 8 hours, to end of shift to now indefinitely...Masks and surgical gloves are dwindling too;” “wondering how safe reusing n-95 masks is when continually dealing with covid positive patients;” and “We are reusing PPE that is hung on a wall near covid rooms.”

The next theme also showed that nurses were extremely concerned about keeping their own families and patients safe. Nurses stated “I’m afraid to go home after my shift because I am afraid to pass something to them even if I’m being extremely careful.” “There is no one to raise my child if I die, no family”, “in having to decide not to see my kids in the meantime. I have not seen them for three weeks. Everything feels unbalanced.” They were also worried about the impact of COVID-19 on cancer patients as well as staffing needs in the ICU. “I worry that the PPE I have available at work is inadequate. I fear that we are expose patients in my care to COVID-19, or that I will bring it home to my children or immunocompromised family member.”

Communication was seen as an important theme, however, comments ranged from “Communication continues to have more gaps than too many sources,” to “noodle more communication but wanting to be reassured that the information they did get was reliable and evidence-based.” “The sheer volume of information and practice change that I deal with on an hourly basis is overwhelming;” “communication coming from too many sources. Daily changes make it difficult to keep up;” and “while I know things are evolving rapidly and more is known each day. Regardless it seems that sound sources. Daily changes make it difficult to keep up;” and “we need more moral support.”

Recommendations

In collaboration with other VT Nurse Coalition members, Drs. Malby and Conroy developed the following nursing leadership recommendations to address the concerns expressed by VT nurse survey respondents.

• Identify the most recent and reliable information related to PPE to keep your front-line workforce informed.
  o In times of crisis management, difficult decisions are made under stress, and standard operating procedures and guidelines may have to be altered, as is the case in the Crisis Standards for PPE.
  o It is important to conduct a daily crisis command center huddle and communicate clearly and effectively with frontline clinicians and other healthcare workers about important issues such as availability of PPE and the conservation strategies that may have to be in place.

• Keep informed of the evidence-based practices to follow at work and at home.
  o CDC Guidelines for Preventing Getting Sick can help in making decisions about returning home to families after work. In addition as far as going home with work clothes, it’s back to nursing 101, have designated shoes for work, change clothes prior to going home, or once home remove, placed in laundry and wash hands (you may feel better with a shower too). No special precautions for lavender or food, it’s all about contact, hand washing, and social distancing.
  o AMA’s Dr Mark Rupp, professor and chair of the infectious diseases division at the University of Nebraska Medical Center (UNMC) in Omaha, recommends safe practices in the workplace, handwashing and removal of work attire upon arrival at home, and judicious social distancing at home.

• Keep informed of the most reliable resources for information.
  o The American Organization of Nurse Leaders https://www.aonl.org
  o In collaboration with the American Hospital Association, AONL maintains a comprehensive resource for updates and continues to monitor COVID-19.
  o The Vermont Department of Health is an interactive and updated trusted resource. https://www.healthvermont.gov/response/coronavirus-covid-19
  o The American Association of Nurse Executives shared science-based information with the public and are speaking out for outbreak response funding and support. https://aane.org/topics-and-issues/communicable-disease/coronavirus/2019-ncov/
  o The International Council of Nurses provides a COVID 19 portal which includes links to important COVID-19-related resources and is continually updated. The portal also provides an opportunity for nurses to share their learning, experiences and stories during the pandemic. https://www.2020wecareforthenurse.org/story/icn-covid-19-update-17-april-2020

• Seek out resources for stress reduction and self-care.
  o ANA Vermont is hosting a series of on-line “nurse drop-in huddles” focused on providing an opportunity to explore the impact of the stress of the pandemic with a skilled facilitator
  o Thursday, May 28, 3-4 PM
  o Tuesday, June 2, 6-7 PM
  o To Participate: Zoom: https://us02web.zoom.us/j/84943557740, or call-in: 646.558.8656 ID: 84943557740
  o Contact your organization’s EAP for specific programs they are offering
  o Ask if your organization has a peer support group, or start one with your colleagues.
  o Write down a list of what kinds of things help relieve stress for you. Share them with others and see who else does the same.

• Consider contacting elected officials with comments, questions and concerns.
  o Vermont’s government website enable one to find a legislator and send an email from the site. https://www.vermont.gov/

As one survey respondent stated: “I believe a strong, nurse led approach will be critical in driving solutions. We also need to listen to the voices in front of the front line: housekeeping, clerical and support staff, primary care, and others who see patients in the community before they ever set foot in a hospital or ER.” Now is the time to stay Nurse Strong!
Suicide prevention day was Feb. 13 in Vermont. Experts such as Sarah Squirrell, the Commissioner of Mental Health, Alison Krompf, Senior Policy Advisor of the Department of Mental Health and multiple directors from all over the state of Vermont, as well as nurses testified in the House Committee on Health Care, and the press conference Representative Anne Donahue also spoke. At 1 PM when legislators entered the House chamber they were handed flowers in remembrance of Vermonters lost to suicide.

ANA started a national suicide committee, called Strength in Resiliency, and president elect Cynthia Peterson represents Vermont. Nurses are at higher risk of suicide; hence they have already created a list of mental health resources and a blog is up with resources for members to access: https://engage.healthynursehealthynation.org/blogs/8/3645.
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, BSN 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, 2021. 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.

https://survey.zohopublic.com/zs/6AbihO

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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://form.jotform.com/62006060892147

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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://form.jotform.com/62006060892147

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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://form.jotform.com/62006060892147
In Vermont H. 742 was passed and became Act 91 on 3-30-2020

This bill allows temporary licenses to be issued for 90 days, and allows former health care professionals who retired within the past 10 years with their license, certificate, or registration to return to the health care workforce if they wish to return to helping Vermonters during the COVID-19 pandemic. The bill also allows for the creation of a special emergency center to enhance and coordinate support. The Senate Committee on Health and Welfare and the House Committee on Healthcare were represented.

Senator Bernie Sanders

On March 10 he introduced S. 3548, Coronavirus Aid, Relief, and Economic Security (CARES) Act on March 25, 2020, the third emergency funding bill to be signed into law in response to the COVID-19 pandemic. The $2 trillion bill provides up to five million N95 face masks to healthcare personnel and the Defense Production Act to increase domestic production of personal protective equipment (PPE). The CARES Act (H.R. 6074) and the Families First Coronavirus Response Act (H.R. 6201), both passed March 18, 2020, provided $16 billion in additional funding to combat the pandemic.

Present and assisting with the briefing were:

• Monica Caserta Hutt, Commissioner, Department of Disabilities, Aging and Independent Living
• Michael E. Schifting, Commissioner, Department of Public Safety
• Additionally, legislative members from the Senate Committee on Health and Welfare and the House Committee on Healthcare were represented
• Secretary Smith led the discussion, which began with Commissioner Levine providing an overview of how the coronavirus jumped from animals to people; hence, people do not have immunity. He noted that symptoms include cold symptoms plus fever, cough, respiratory congestion, with a potential for shortness of breath, particularly those with chronic conditions. Vermonters are asked to remain home, to keep the hospital system free and available.

H 681 (Act 92) An act relating to government operations in response to the COVID-19 outbreak passed the same day allowing for temporary election provisions.

On March 10 a Joint Briefing was held on COVID-19 Caused by Coronavirus Present and assisting with the briefing were:

Michael K. Smith, Secretary, Agency of Human Services
Mark Levine, Commissioner, Vermont Department of Health
Erica Bornemann, Director, Vermont Emergency Management & Homeland Security

The initiation of drive thru testing was discussed. Contact tracing, tracking and testing was needed to help Vermonters who have been exposed to the virus.

People do not need to be hospitalized in Vermont to qualify for testing, which is provided for free. Just have the key symptoms and you need a clinician order. People age 59+ more frequently than the young. People do not need to be hospitalized in Vermont to qualify for testing, which is provided for free. The incubation period was discussed as a five day incubation period, but as with all disease, the variation is great.

Vermont fell into step with Center for Disease Control (CDC) guidelines. Commissioner Schirling, Department of Public Safety announced March 11 a special emergency center would be opening to enhance and coordinate support. Vermont ramped up statewide and communication strategies, with phased response preparation.

Erica Bornemann, Director, Vermont Emergency Management & Homeland Security mentioned the importance of having an emergency strategy plan. “If I was to make a comparison, it’s like a hurricane; you need emergency pathways open.” A number of agencies are assisting, from the Department of Health, Health and Human Services, State Police, the National Guard and more. The new task force for the first time led the COVID response plan development and to provide planning guidance to state agencies. School guidance was planned to go out to district superintendents.

Daniel French, Secretary-Agency of Education, discussed containment and mitigation strategies and three types of closures: selective, reactive (when many sick), and preemptive, where you close a school to prevent spread. He advised abundance of caution.

Please refer to Timeline article for chronologic sequence that followed.

Representative Peter Welch recently reached out to ANA-Vermont President Eileen Gitting to discuss the pandemic crisis.

He voted for and supported the relief bills passed by Congress and signed into law, the Coronavirus Preparedness and Response Supplemental Appropriations Act (H.R. 6074) and the Families First Coronavirus Response Act (H.R. 6201), which provided initial resources to front-line providers to combat COVID-19. He supported the Administration’s decision to provide up to five million N95 face masks to healthcare personnel and invoke the Defense Production Act to increase domestic production of personal protective equipment (PPE). Additionally, he sent a letter to the United States Trade Representative (USTR) and the Department of Defense requesting they prioritize access to critical PPE, which resulted in the March 21st USTR announcement that they will make medical supplies a trade priority.

Furthermore, he supported H.R. 6139, the COVID-19 Health Care Worker Protection Act, which would require employers to develop an emergency standard for individuals at risk of occupational exposure to COVID-19.

Many provisions in the CARES Act will provide relief to Vermonters and help our country’s economy, despite one quarter of the funding going to large corporations.

• Expanded unemployment insurance (UI) for workers, including a $600 per week increase in benefits for up to four months. The federal government will fund an additional 13 weeks of UI benefits through December 31, 2020 once workers have run out of state unemployment benefits.

• The CARES Act included important first steps to increase access to medical supplies. The bill included $16 billion to replenish the Strategic National Stockpile of personal protective equipment, pharmaceuticals, and other medical supplies as well as $1 billion to increase manufacturing of medical supplies through the Defense Production Act. Manufacturers can play a critical role in getting urgently needed supplies, like masks and ventilators, for our front line health care workers and patients.

The bill provided funding for state and local police departments, prisons, first responders, the VA, and local governments to purchase personal protective equipment.

• $10 billion in Emergency Economic Injury Grants. These grants provide small businesses and nonprofits applying for SBA’s EIDL program with an advance of $10,000. The money is provided within three days of applying for the loan. Businesses will not be able to repay the grant.

• $17 billion to help businesses with existing SBA loans. The SBA will pay all principal, interest, and fees on all current SBA loans for six months.

• Exclusion for employer payment of student loans. The Act incentivizes businesses to help their workers pay off their student debt by excluding up to $5,250 in student loan repayment made by an employer from income.

• Employee Retention Credits. Refundable payroll tax credits for 50% of wages paid by employers during the COVID-19 crisis to offset the first $10,000 of compensation, including health benefits, paid to an employee. For employers with more than 100 full-time employees, qualified wages are wages paid to employees when they are not providing COVID-19-related services. For employers with 100 or fewer full-time employees, all employee wages qualify.

• $350 billion for the Paycheck Protection Program. Administered by the Small Business Administration and US Department of Treasury, these loans are meant to help small businesses with fewer than 500 employees with payroll support, employee salaries, mortgage payments, rent, utilities, and any other debt obligations incurred between February 15 and June 30. Loans are available up to $10 million per business and may be forgiven, provided employers keep their workers on at current salary levels through June.

To access electronic copies of the Vermont Nurse Connection, please visit http://www.nursingald.com/publications
The VT-ANA Award was given to Hailee Holt for Demonstrating Compassion in Care Giving, A Sound Academic Record and Exemplary Clinical Performance.

Professor Sarah Manacek, MSN, RN recalled: Hailee has consistently stood out as a leader amongst her peers. She is driven, a strong communicator, and a natural team player. Hailee has made the Dean's list each semester since her freshman year in 2016 and is clearly committed to academic excellence. She is the type of student who will stay a moment after class to chat with her professors and will go the extra mile to provide mentorship to other students. In addition to providing mentorship to students at Norwich University, Hailee provides mentorship for people in her community by helping to coach her younger brother’s basketball team. Hailee continues to prove that she innately possesses the qualities of leadership, dedication, and caring that will greatly contribute to the profession of nursing. She will make Norwich proud in her future endeavors!

Cynthia Peterson from the VT-ANA presented this award with congratulatory remarks stressing the important work of the ANA and the many benefits to members. She welcomed Hailee and invited other graduates to join the VT-ANA.

The Student will receive a Certificate and ANA Membership for one year.

Other awards at the virtual ceremony included:

1. Academic Achievement Award, given to a graduating senior nursing student for demonstrating outstanding academic achievement as evidenced by having the highest cumulative GPA in the graduating class. This year the award is given to two graduating seniors with tied GPAs:
   - Hanna Lovelette (3.93)
   - Caleb Valcin (3.93)

Each will receive a Stethoscope and Certificate of Achievement.

2. Rose Caprio Clinical Excellence Award, awarded to a graduating senior for serving as A Role Model For Nursing by Demonstrating Compassion In Caregiving, and Excellence In Academic and Clinical Achievements. This year’s award was given to Soon-Hi Dempsher.

Dr. KATE Healy remarked: Soon-Hi Dempsher embodies all aspects of the Rose Caprio Clinical Excellence Award. I have had the privilege of being Soon-Hi’s advisor since her arrival at the Norwich University School of Nursing in Fall 2016. She has been an exemplary student, makes the Dean’s List every semester, since her arrival at NUSON. She strives to take classroom knowledge and apply it to clinical situations. Her eagerness to learn and openness to feedback are exceptional. Soon-Hi is open to new experiences, she traveled to Costa Rica for her Community Clinical caring for Nicaraguan refugees, and was among the first to volunteer for our inaugural semester away in Washington, DC. While there, she showed exceptional clinical skills and compassion for her patients. Soon-Hi takes time to get to know her patients and ensure she sees them as individuals beyond their illness. Soon-Hi is an exceptional student and will be an exceptional nurse. Her desire to connect with patients and provide thoughtful, evidence based care is exemplary. Congratulations, Soon-Hi, you make NUSON proud and we wish you the best of luck in the future.

Soon-Hi, will receive a certificate and Florence Nightingale’s Book: Notes on Nursing.

3. The Nightingale Award was awarded to a graduating senior for exhibiting the most personal and professional growth over the duration of the nursing program and has demonstrated compassion and a commitment to excellence in patient care. During the past two semesters, as his clinical faculty, I have had the opportunity to observe Michael’s growth and commitment to learning in the clinical environment. He is the student who is most likely to be answering a call light, attending to a patient who is not his own or assisting another nurse with their patients. Michael has become more outgoing, confident in his nursing skills, and an advocate for his patients. The Nightingale Award is well-deserved congratulations!

Michael will receive a certificate and Florence Nightingale’s Book: Notes on Nursing.

4. The Nurse Leadership Award, awarded to a graduating senior for demonstrating outstanding leadership through exemplary communication, initiative, collaboration, and enthusiasm, and for exemplifying the school’s mission for globally-minded nurse leaders and scholars. This year’s award was given to Pabitra Bhattarai.

Other awards at the virtual ceremony included:

- Academic Achievement Award
- Rose Caprio Clinical Excellence Award
- Nightingale Award
- Nurse Leadership Award
- Community Clinical Excellence Award
- Global Nursing Award
- Inpatient Medical Surgical Unit
- Maternal Child Health
- Emergency Room
- PACU
- ICU
- Office RN

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Amidst Coronavirus, Social Distancing and Online Education, Norwich University Honors Graduating Nursing Students with Senior Awards
**Understanding Palliative Care: A Nursing Perspective**

Barry Neville MSN, NP-C
Ann Laramee MS ANP-BC ACNS-BC CHFN
AHCNP FHNSA

Palliative care is essentially an interdisciplinary endeavor involving a team of physicians, nurses, social workers, and countless others in order to effectively care for patients with serious illnesses. In fact, Dame Cicely Saunders, who pioneered the concept of hospice care, was herself a sort of interdisciplinary team, having trained as not only a nurse, but also a social worker and a psychologist. The idea of hospice care evolved from Palliative Medicine (AACPIM) describes palliative care as “patient- and family-centered care that optimizes quality of life by preventing and relieving suffering,” which feels very closely aligned both with nursing’s traditional focus on holistic, person-centered care, and with the American Nurses Association’s philosophy of nursing (ANA website, 2015), which emphasizes the relief of suffering and the care of both the patient and their families in distress.

When Dame Saunders started the first modern hospice in 1967, her goal was to provide patients nearing the end of their lives with compassionate care that addressed both their physical suffering and their existential distress. Palliative care only became a defined medical philosophy of caring for the dying that emphasizes the relief of suffering and the care of both patients and families. We have always been struck by the stark juxtaposition of how what palliative care is, and what it’s not. Palliative care, whereas hospice of relief of suffering, whereas palliative care may have helped care for patients and families at the end of life; most of you have likely cared for patients with serious or terminal illness (from the time of diagnosis onward), and can be created to address these needs. Up until that time, medicine concerned itself with curing or preventing disease, and there was no room for a methodological, evidence-based approach to care that wasn’t driven by a treatment focus for the patient’s disease, and to eventually die in the hospital.

Given the alignment between nursing and palliative care philosophy, it’s not surprising that RNs and LNAs are central to palliative care. Some of you may have helped care for patients and families at the end of life; even today, it’s not uncommon for families in distress, or the courage to advocate for patients or the care of the dying. Even today, it’s not uncommon for patients at the end of life to continue receiving aggressive treatments for their diseases, but not for their suffering. Take the muscle pain you may experience a day after some strenuous exercise; it’s not uncommon to hear the phrase “举报, a second-hand form of medical care. You may want to consider increasing pain mediation; but because the pain from illness is very likely to be interpreted as a sign of decline and even death, it typically leads to what we would describe as suffering. So summarize, pain is often an unnamed phenomenon, while suffering is what that pain means to us.

Treating suffering, therefore, means first understanding the meaning of suffering, which is a matter of understanding the significance of what they are going through, and organizing our treatment around their experience. This might sound mysterious, but it’s usually straightforward: for example, pain medication for a patient who is writhing and grimacing. Medical management of symptoms is a significant part of palliative care, but there are also critical components of suffering for patients, but dyspnea, nausea and vomiting, constipation, depression, and anxiety can also be relieved with appropriate treatment. For example, life is filled with familiar medications such as opioids and NSAIDs, laxatives, anticonvulsants, SSRIs, and benzodiazepines, but we sometimes use them in unfamiliar ways (using them, for example, to treat symptoms). As we treat the symptoms we do often manage to treat the suffering (for example, a patient may be suffering from the fear that their condition is worsening). If we are able to relieve their pain, we also relieve this fear). But sometimes merely treating symptoms is not enough to also relieve suffering. This is why much of palliative care takes place in the form of conversations with the patient and their family, in which we try to explore with the patient and/or family how things are for them, and the ways in which they’re suffering as a result of their illness.

In addition to more broadly therapeutic conversations, where you may simply be offering a comforting presence as a patient talks about their experience of their illness (the specifics of each patient’s lived experience) and in these moments is creating a space that allows the exploration of hopes and priorities that can then be used as guideposts when creating a actionable plan of care. As part of a complete “goals of care conversation” we also want to signal a willingness to uncover fears and worries, such as the fear of dying, fear of the unknown, of having uncontrolled symptoms at the end of life or being a burden on families. Knowledge of these fears help us stay one step ahead of their suffering and further informs the plan going forward. There is a growing body of evidence we’ve worked with patients to identify these particular patient wants in terms of their treatment outcomes (e.g., “I want to be pain-free,” or “I want to live all at once.” One of the most comfortable and to be home, the most appropriate treatment would be a comfort-directed plan of care focused on symptom management, and discharge home to be cared for by her family as well as the community hospice team.

We call these conversations “goals of care conversations,” because we’re not just identifying what a particular patient wants in terms of their treatment outcomes, but in this case, there is a conversation about manifestations of suffering and what would make sense for them as they consider their future. For example, with death still somewhat remote, the provider may feel safe engaging in a conversation about the nature of their illness and, with that in mind, support them as they decide how they want to be cared for. Essentially, this means working with the patient to help them create a plan of care, as well as often taking the patient to the point where they are with relation to the illness trajectory (for example, gently helping someone understand that their cancer will cause their life to end at some point, at which point the means that is likely still a few years away and they may not even be able to get sicker, or about who should speak for them if they can’t speak for themselves (e.g., designating a health proxy). These values and preferences change, and a more intense version of this conversation often takes place when the patient’s disease is more advanced and they are nearing the end of their life. In this case, the conversation is about identifying the patient as they grapple with the fact that their time is short, and then helping them identify what’s most important to them at that point. Do you think that at this point in time you would want to be comfortable and be at home with your family (as opposed to being in the hospital and continuing to receive treatment directed at controlling the underlying disease). In this case, we want to ask the patient what would be most comfortable and to be home, the most appropriate treatment would be a comfort-directed plan of care focused on symptom management, and discharge home to be cared for by her family as well as the community hospice team. In this case, the conversation is about manifestations of suffering and what would make sense for them as they consider their future. For example, with death still somewhat remote, the provider may feel safe engaging in a conversation about the nature of their illness and, with that in mind, support them as they decide how they want to be cared for. Essentially, this means working with the patient to help them create a plan of care, as well as often taking the patient to the point where they are with relation to the illness trajectory (for example, gently helping someone understand that their cancer will cause their life to end at some point, at which point the means that is likely still a few years away and they may not even be able to get sicker, or about who should speak for them if they can’t speak for themselves (e.g., designating a health proxy). These values and preferences change, and a more intense version of this conversation
and offering care based on their values (instead of the system’s, especially when those values mean something other than intensive hospital-based care, inevitably results in lower costs. But one of the more unexpected benefits of palliative care turns out to be longer life: which has been found in a few studies in both the cancer and heart failure populations.

We hope that the two case studies presented below will illustrate a few palliative care interventions as well as highlight the role that RNs and LNAs can have in treating suffering. We hope this article has given you a better sense of what palliative care has to offer, and also how RNs and LNAs, because of their scope of practice, are in a unique and privileged place to provide this care.

Charlie calls the heart failure clinic with a question about a patient and his symptoms. As the clinic nurse you have seen Charlie get all the best possible treatment over the past three years, including a biventricular pacemaker with a defibrillator. You are worried now because despite everyone’s best efforts he is beginning to have more shortness of breath. You talk to his cardiologist to determine next steps, and then phone Charlie back with instructions to increase his torsemide and monitor his symptoms over the next few days. He shares that he’s worried: “does this mean that his heart failure is getting worse?” You want to do what you would do when you have a patient who is noted to “fix his feelings,” and instead say, “I am worried too, we are going to do our best to help support you and try to improve your symptoms.”

Charlie calls back two days later to say how much better he feels. This is good news, but you decide to deepen the conversation, saying, “I would really like to learn more about you so that we have a better sense of how to care for you going forward. Could I ask you a few questions?” Charlie welcomes the chance to talk, so you continue: “At this time in your life, what things are most important to you? When you think about your future, what are you hoping for? And what are you most worried about?” Charlie gives you a wealth of information, and you document your conversation in the chart.

The next week Charlie comes in for his routine clinic appointment. He lets you know that the conversation you had with him was very helpful, and relieved some of his stress and worry. He asks if there are other things he should be thinking about? You steer the conversation to what’s known as “advance planning”: “Have you completed an advance directive?” If you were so sick that you couldn’t make your own medical decisions who would be there to make them for you? Finally, you offer to help him complete his advance directive (this is a document identifying a health care agent as well as what forms of treatments you would or would not choose to maintain your life).

Alison is being admitted to the cancer floor with abdominal pain related to stage IV ovarian cancer. Sarah is her nurse for the evening shift. Alison’s pain requires regular use of her PRN dose just to keep it under control. She also shares that she is not sure that she wants to continue chemotherapy. Sarah calls the attending and recommends a palliative care consult. “Alison is using frequent PRN doses and I feel her symptoms could be better controlled. She is struggling with what her care should look like going forward.” The attending physician is convinced, and orders a palliative care consultation.

Later that evening Alison’s LNA, Beth, finds her sitting up in the chair crying. Alison shares that she just got off the phone with her teenage son, and she is worried about him. Beth asks Alison if it would be OK if she just sat with her. Alison agrees and they sat in silence for a while until Alison starts sharing about how hard this has been. Beth offers a supportive statement, “I cannot imagine how hard this must be for you.” Beth listens as Alison describes how wonderful her son is and how he has been caring for her. Beth says, “You must be very proud of him… How do you hope he’ll remember you?”

Over the course of Alison’s hospitalization she is started on scheduled doses of long-acting morphine, and her pain decreases. She rarely requires PRN doses. However, then at a family meeting her oncologist shares his decision that there are no more cancer treatments available. Alison asks Sarah’s opinion about whether or not she should go home on hospice. Sarah observes Alison’s understanding, asking her what she knows about hospice. Alison answers that she is not sure, but that her doctors said since there are no more cancer treatments she should “consider hospice.” Sarah describes hospice as an extra layer of support to help people make the most of the time they have left, and when they are closer to dying, to ensure they have a peaceful death. Alison starts to tear up and asks, “Does this mean I am dying now?”
High Proportion of Healthcare Workers with COVID-19 in Italy is a Stark Warning to the World: Protecting Nurses and Their Colleagues Must be the Number One Priority

Amidst Coronavirus, Social Distancing...continued from page 11

Lyndsey Gate, MSN, RN remarked: Here at the Norwich University School of Nursing, our mission is to prepare our students to be globally minded nurse leaders and scholars through innovative and diverse experiential education and research. The Nurse Leadership Award is given to a student who has demonstrated outstanding leadership through exemplary communication, initiative, collaboration, and enthusiasm, and for a exemplary the school’s mission for globally-minded nurse leaders and scholars.

The recipient of this award is the tour de force for our mission and has illustrated the enthusiastic, collaborative, and communicative spirit for which this award was intended. Originating from Nepal, Pabitra has demonstrated her path for social justice not only in her courses, but also through her recent travel to Costa Rica in March with a group from the School of Nursing to help provide supplies and medical care to refugees from Nicaragua.

Pabitra worked as an LNA extern on the cardiovascular unit at UVM Medical Center where she was able to refine her skills while demonstrating holistic, compassionate care to her patients.

Pabitra is a force to be reckoned with and it is our absolute pleasure to present her with the Nurse Leadership Award. Congratulations, Pabitra!

Pabitra, will receive a certificate and Florence Nightingale’s Book: Notes on Nursing

April 8, 2020

Donald J. Trump
President of the United States
White House
Washington, DC 20500

Dear President Trump,

The American Nurses Association appreciates your steps, on March 28th, to invoke the Defense Production Act (DPA) to expedite the production and delivery of critical personal protective equipment (PPE) to health workers battling on the front lines of this pandemic.

As part of ANA’s ongoing efforts to update your Administration on developments around this pressing need, we wish to convey the increasing level of urgency on this vital matter from nurses across the country. With each passing day, we are hearing more reports of nurses and other health care workers on the frontlines in desperate need of this life-saving equipment. While equipment has been deployed in large numbers, it is easy to underestimate the enormous quantity needed with the surge in patients being hospitalized. Even with the increased delivery of PPE such as N95 respirators, masks, gloves and gowns, hospitals are being conservative in its use in order to prepare for a surge in their own communities. Across the country, hospital leaders are observing what is happening in New York and attempting to prepare if COVID-19 hits their community in a similar way. The unprecedented reuse of masks/respirators indicates that we are not giving our frontline providers what they need to practice safe infection control. We urge your Administration to utilize the full authority of the DPA to mobilize production of ventilators, masks, and other emergency medical supplies.

Collectively, we must do everything in our power, as a nation, to arm our frontline workforce with the resources and equipment necessary to do their jobs safely and effectively. Passage of the Coronavirus Aid, Relief, and Economic Security (CARES) Act provides critical funds for PPE and for ensuring the Strategic National Stockpile (SNS) is maintained with medical supplies. We urge the Administration to leverage those funds as quickly as possible to aid in the production and delivery of PPE.

ANA also appreciates your Administration’s efforts to establish the Supply Chain Stabilization Task Force, through the federal Emergency Management Administration (FEMA) and the Department of Health and Human Services’ (HHS). We believe strongly that the sourcing and distribution of ventilators and PPE can be most efficiently coordinated at the federal level, at this moment. As the Task Force ramps up its work, please know ANA stands as a ready ally and resource in the pandemic response effort.

In addition to the availability of protective equipment, nurses are confronting a range of other challenges. Increasingly, ANA is hearing from nurses facing retaliation from employers when raising concerns about incidence of unnecessary risks to themselves or their patients. Nurses and other frontline providers have an obligation to point out problems and help solve them, rather than ignore them. We urge your Administration to put employees protections in place. We must empower health care providers to safe and effective care without fear of retribution.
Hope is Not Simply an Emotion continued from page 3

empowering patients and their caregivers.

References

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For more information, contact
Patricia.Oscone@vermont.gov
or pursue the following websites:
Vermont Veterans’ Home website: https://vvh.vermont.gov/
State of Vermont careers website: https://humanresources.vermont.gov/careers

The State of Vermont offers an excellent total compensation package. For questions related to your application, please contact the Department of Human Resources Recruitment Services at 802-657-4300 or jobopenings@state.vt.us.
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