It Takes a Village

Barbara Brunst, MA, MN, RN, NPD-BC, NE-BC

The last four months have been unprecedented as states and the country have been coping with the COVID-19 pandemic. Much recognition has been given to the healthcare heroes (RNs, LPNs, and physicians) taking care of these patients. This article will acknowledge other healthcare workers who have not been getting the same amount of media praise. These individuals provide daily support for the direct caregivers to do their job.

Tiles for individuals in these roles vary from institution to institution, and the list below is not a comprehensive list, but we want to acknowledge these wonderful support personnel. We also recognize that each of these groups does a lot more than the tasks that are referenced. If it wasn’t for these folks behind the scenes, the direct caregivers would not be able to do what they need to do to care for patients.

Direct Support Staff (listed in alphabetical order)

Behavioral Health Technicians – these individuals provide direct care to behavioral health patients, freeing up the nurses for other tasks.

Central Processing/Distribution staff – these individuals ensure that the patient care providers have the clean or sterile equipment they need to take care of patients.

Chaplains – patients and families dealing with COVID-19 are often not allowed to have contact with each other and have tremendous emotional and spiritual needs. Chaplains help those patients, as well as patients throughout the facility, deal with some of these issues. They also provide support to staff and families of patients.

Diagnostic testing areas – this includes many different testing areas, such as radiology, pulmonary function, stress lab, vascular, EKG, EEG etc. Patients continue to need a variety of tests to determine health function and the individuals in the testing areas are providing information for the physicians and nurses to take care of their patients.

Dietary workers – these individuals are providing much needed dietary support to both patients and staff. They may be preparing food, delivering trays, or picking up trays.

Emergency Medical Service (EMS) personnel – these individuals transport patients to a healthcare facility, often not knowing whether they have COVID-19 or not. If the patients need emergency medical services which these individuals provide on route to the hospital.

Emergency Room Technicians/paramedics – these individuals help with tasks and care for patients coming into the emergency room.

Housekeeping staff – with the focus on cleaning and disinfecting, these individuals help provide a clean, safe environment for both patients and staff.

Laboratory staff – in addition to the testing required to identify COVID-19 patients, they draw blood for lab tests to monitor patients’ condition and response to treatment.

Maintenance/construction staff – when there are problems with equipment or rooms, maintenance personnel are there to fix them. Construction workers have been called upon to create or reconfigure areas for personnel to safely take care of patients.

Music/art therapists – these individuals provide specialized therapeutic activities for patients to promote better health.

Nursing assistants – depending on the setting these helpers may not be working directly with COVID patients, but they are providing for the daily care needs of patients in our hospitals and other health care facilities, such as long-term care and home care, so that other health care providers can provide care to those patients and others.

Patient safety assistants/sitters – these individuals stay with patients to ensure their safety, so that nurses and other health care providers can provide care to those patients and others.

Pharmacists/pharmacy techs – almost all patients have ordered medications, and the pharmacists and pharmacy techs work to ensure that everyone has the ordered medications available for the nurses to administer.

Physical/Occupational/Speech therapists/therapy assistants – many patients have a need for physical, occupational, or speech therapy services, and these providers are there daily meeting patient needs for rehabilitative services.

Radiology technicians – these individuals are providing not only diagnostic services, but treatment for individuals having heart problems or strokes. Many COVID-19 patients experience complications during their course of treatment and have to have emergent treatment.

Registration personnel – these staff are typically the first point of contact for patients and families seeking care. They gather needed data on the patients so that caregivers can ensure they are providing services to the correct patient.

Respiratory therapists – with many COVID patients requiring ventilator and other respiratory support, these individuals provide care and treatments to help the patients breathe better and feel more comfortable.

Security/protective services personnel – these individuals help patient care providers deal with disruptive patients or family members and provide routine services to help keep everyone safe.

Social workers/case managers – these individuals play a pivotal role in providing transitions of care for everyone, including COVID-19 patients. The work they do working on patient placement in other facilities or to assist with discharge planning relieves the direct care providers from doing that and provides them with more time to care for patients.

Transporters – these individuals move patients (who may or may not have COVID-19) to their room, for testing and to other areas throughout the hospital or health care setting.

Unit clerks – these individuals transcribe physicians orders, answer the phone, and help with the workflow on the unit.

Volunteers – although volunteers do not typically provide direct care for patients, they help with transport, running errands, visiting with patients and providing diversionary activities. Although some of the volunteers in the at-risk groups were asked not to volunteer during the pandemic, others have continued with these important activities.

There are many other staff members who indirectly support the work of the health care team, and some of these areas are acknowledged below (also listed in alphabetical order):

- Accounts Payable
- Blood Bank
- Central Dispatch
- Employee/Occupational Health
- Everyone expressing thanks to front line workers
- Government officials
- Information Technology and Services (IT&S)
- Journalists

It Takes a Village continued on page 3
MESSAGE FROM THE CHAIR

Paying Homage

The Ohio Nurses Foundation (ONF) partnered with Columbus company Homage to honor nurses. I Googled the word “homage” and it means to show respect.

Homage created T-shirts with “Love a Nurse Today” on the front. Homage committed to contributing 20% of the T-shirt sales to ONF. As I write this, we have received $15,000 from Homage. We’ve also received a contribution of $10,000 from the Mid-Ohio District, $2,500 from the Steelworkers, and several generous contributions from individuals. A woman in Florida saw the interview Rick Lucas did about an OSUNO member who lost her home in a fire and sent a check for $1,000. All in all, we’ve contributed over $50,000 to help our colleagues who have contributed to the ONF Pandemic fund and have been quarantined at home.

The ONF board made an initial contribution of $10,000 to this fund from our treasury. Because of the success of the Homage campaign and the continued need to support our colleagues on the front line, the ONF board voted to contribute another $10,000 from our treasury.

I haven’t worked in direct patient care for years. It’s been heartbreaking to see and hear the stories of our colleagues who are working on the frontlines during this crisis. Yes, its nurses working in acute care. It’s also nurses working in long term care, home care and prisons, who may be the most vulnerable.

In closing, I want to say thank you once again to all the nurses working on the frontline during the COVID 19 crisis. I want to thank everyone who has contributed to the ONF Pandemic fund so we can reach out and help our colleagues in need. And finally, I want to thank Homage for their leadership and philanthropy. Together, we are making a difference.


Susan Stocker, RN
ONF Chair

ONF
Ohio Nurses Foundation
3760 Ridge Mill Drive
Hilliard, OH 43026
(614) 237-5414

web site: www.ohionursesfoundation.org

Articles appearing in the Ohio Nurse are presented for informational purposes only and are not intended as legal or medical advice and should not be used in lieu of such advice. For specific legal advice, readers should contact their legal counsel.

Hiring RNs, LPNs & STNAs.
Contact Heather Borelli at hborelli@elizajen.org or 216-904-6745 to apply.

WE ARE LOOKING FOR:
RNs, LPNs, and STNAs (all shifts)
• Get Paid Weekly
• Graduate Nurses are welcome to apply!
• Homage Weekend Warrior
• Offers classes to become STNAs

Please visit careers.saberhealth.com/ or call (937) 399-8311 for more information.

Springfield Nursing and Independent Living
404 E. McCreight Ave. Springfield, OH 45503

2020-2022 Ohio Nurses Foundation
Board of Directors

Chairperson: Susan Stocker
Vice President: Shelly Malberti
Treasurer: Annie Bowan
Secretary: Joyce Powell
Directors:
Pamela Anderson
Nancy McManus
Gina Severino
Barbara Welch
CEO/President: Lisa Ochs

The Ohio Nurse is published quarterly in January, April, July, and October.

Address Changes: The Ohio Nurse obtains its mailing list from the Ohio Board of Nursing. Send address changes to the Ohio Board of Nursing: 17 South High Street, Suite 400 Columbus, OH 43215 614-466-3947 www.nursing.ohio.gov

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613, (850) 626-4981, sales@aldpub.com. ONF and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement.

Acceptance of advertising does not imply endorsement or approval by the Ohio Nurses Foundation of products advertised, the advertisers, or the claims made. Rejection of an advertisement does not imply a product offered for advertising is without merit, or that the manufacturer lacks integrity, or that this Foundation disapproves of the product or its use. ONF and the Arthur L. Davis Publishing Agency, Inc. shall not be held liable for any consequences resulting from purchase or use of an advertiser’s product. Articles appearing in this publication express the opinions of the authors; they do not necessarily reflect views of the staff, board, or membership of ONF.

 choreography for your Next!

ONH CONNECT
Questions about Convention?
Want the latest updates?
Need a form?
Want to connect with other attendees?

Download the ONA Connect app and visit the ONA Convention community!

Kettering College
Receive Your Nursing Degree in 3 Years!

Chatham University
Degrees
- RN-to-BSN
- MSN
- DNP
Certificates
- Telehealth
- Nurse Educator
Dear Nurse Jesse, I feel conflicted as a nurse because Dr. Acton has done a wonderful job protecting Ohioans, but I also understand others’ concerns about the Director of ODH having too much power. Is there truly a lack of checks and balances?

This is a great question and this topic is one that has drawn quite a bit of controversy on ONA’s Facebook page over the last several weeks. From the beginning, ONA has applauded the proactive steps Governor DeWine and Dr.

Amy Acton have taken to fight the war against COVID-19 in the state of Ohio. The recent pandemic has placed additional pressure on the current healthcare system, causing nurse staffing issues and lack of equipment. ONA is confident that Ohio would not have had enough nurses and other healthcare professionals available to care for Ohioans if the administration and the extension of the executive branch, including Dr. Acton, had not intervened early. DeWine, Lieutenant Governor Husted, and Director Acton have been true leaders not only in Ohio, but across the nation. ONA acknowledges the economic impact COVID-19 has had on businesses across the state, including Ohio hospitals and ambulatory surgery centers. However, it is ONA’s position that an economy can only recover if it has a strong, healthy workforce in place.

Since its inception in 1886, the Department of Health has had the authority to issue orders to curb the spread of infectious disease. Per the Ohio Revised Code, the director must be a medical doctor or have substantial public health experience to fill this role. ONA has opposed recent legislation that would trade data-driven expert opinions and centuries-old authority for legislative control. This control would transfer the decision-making authority to extend 14-day orders from the Ohio Department of Health to 10 members of JCARR (Joint Committee on Agency Rule Review) - a committee of legislators currently tasked with reviewing agency rules.

Currently, the legislature has authority to override any executive orders with a supermajority vote or to pass legislation to curb what some may say is an overreach of power. The current Ohio system already has a checks and balances in place and the legislature can be called to convene at any time to review orders and/or pass new legislation. The people of Ohio elect members of the legislature as well as the Governor of this great state. One of the many authorities we the people give to the elected Governor is to appoint members of his or her Cabinet and to fill the state Director positions with whomever he or she deems appropriate. If power is shifted from the Director of the Ohio Department of Health, to a small 10-member committee of the legislature, healthcare decisions will not be made by healthcare experts (such as the Director of the Department of Health or by legislators serving on our Health Committees in the House and Senate). Current members of JCARR have no medical or public health experience and it is imperative that public health needs can be swiftly evaluated by experts to meet the needs of the 11.7 million Ohioans.

Have a question for Nurse Jesse?
Visit ohnurses.org/asknursejesse

Gallup Indian Medical Center

Now, more than ever, we appreciate and value your compassionate and loyal care to our community.

Thank you!

We are hiring Registered Nurses:
79 Bed, Baby Friendly, Trauma III designated hospital bordering the Navajo Nation in Gallup, NM.
Med/Surg, OB/L&D, ICU, Ambulatory Care, ER, Ped, Periop & other specialty positions available.

We offer:
- Competitive Salaries
- Relocation
- Recruitment/Retention Incentives
- Loan Repayment

Contact: Myra Francisco, RN – Nurse Recruiter
505.726.8549 | myra.francisco@ihs.gov

I.H.S. is required by law to give absolute preference to qualified Indian applicants. Equal Opportunity Employer.

NURSING EDUCATION IS OUR SOUL FOCUS

Excellence in nursing education is front and center of our fully accredited, single-discipline college. When you begin or advance your nursing career in our undergraduate and graduate programs, you’ll be prepared for your next step as a professional nurse in an environment that fits your schedule. Our programs include pre-licensure to online RN to BSN completion, as well as online master’s to Doctor of Nursing Practice. Visit mccn.edu to learn more today.

Mount Carmel
College of Nursing
Committee on May 19th. If passed, this bill would require the Ohio Department of Health to establish and provide to all health care facilities educational materials and guidelines regarding patient and resident hand hygiene for the patients and residents of those facilities. ONA’s policy team has been discussing this bill with Representative Brent and the Health Policy Council is offering input to the sponsor.

House Bill 667 & House Bill 668 – Both bills have been introduced by Representative Brian Baldridge (R-Winchester) and would amend the code section to make COVID-19 contracted by a corrections officer (HB 667) and peace officer, firefighter, or emergency medical worker (HB 668) an occupational disease under the Workers’ Compensation Law and to declare an emergency. Both HB 667 and 668 were introduced on May 20th, 2020 and are awaiting committee referral. ONA has reached out to Representative Baldridge requesting that nurses be added to the list of individuals that would be covered under the Workers’ Compensation Law. The sponsor shared that he would further discuss this with ONA and that the House Chamber will be looking at all COVID-19 Workers’ Compensation bills to determine the best vehicle to move language forward that is all-comprehensive.

House Bill 606 – This bill was introduced by Representative Diane Grendell (R-Chesterland) and would grant civil immunity to a person who provides services for essential businesses and operations for injury, death, or loss that was caused by the transmission of COVID-19 during the COVID-19 state of emergency. HB 606 was introduced April 10th, 2020 and was referred to the House Civil Justice Committee on May 5th, 2020. The bill received five hearings and ONA submitted written testimony as an interested party on May 19th. HB 606 was favorably reported out of committee on May 28th, 2020 and passed the House of Representatives on the same day by a vote of 84-9. The bill was referred to the Senate Judiciary Committee on June 3rd and received sponsor testimony on June 10th, 2020.

Senate Bill 308 – This bill was introduced by Senator Matt Huffman (R-Lima) and would amend the code sections to revise the law governing disease coverage, hand hygiene, civil immunity and price gouging, and COVID-19 testing and response. The following bills are not a comprehensive list of what ONA is monitoring, but provides insight as to what discussions are taking place at the Statehouse on behalf of the nursing profession and health care in Ohio. The following legislation is up-to-date as of June 16th, 2020.

House Bill 633 – This bill was introduced by Representative Kristin Boggs (D-Columbus) and would amend the Ohio Revised Code section to make COVID-19 contracted by specified types of employees an occupational disease under the Workers’ Compensation Law under certain circumstances and to declare an emergency. HB 633 was introduced on May 13th, 2020 and was referred to the House Insurance Committee on May 19th. The bill’s current language would cover claims from employees working in a nursing home facility, residential care facility and non-profit shelters. ONA’s policy team is working with Representative Boggs to add language that will include language specific to workers’ compensation, occupational disease coverage, hand hygiene, civil immunity and price gouging, and COVID-19 testing and response. The following bills are not a comprehensive list of what ONA is monitoring, but provides insight as to what discussions are taking place at the Statehouse on behalf of the nursing profession and health care in Ohio. The following legislation is up-to-date as of June 16th, 2020.

House Bill 628 – This bill was introduced by Representative Juanita Brent (D-Cleveland) and would enact a new code section with regards to hand hygiene education for patients and residents of health care facilities. HB 628 was introduced on May 12th, 2020 and was referred to the House Health Committee on May 19th. If passed, this bill would require the Ohio Department of Health to establish and provide to all health care facilities educational materials and guidelines regarding patient and resident hand hygiene for the patients and residents of those facilities. ONA’s policy team has been discussing this bill with Representative Brent and the Health Policy Council is offering input to the sponsor.

Senate Bill 308 – This bill was introduced by Senator Matt Huffman (R-Lima) and would amend the code sections to revise the law governing disease coverage, hand hygiene, civil immunity and price gouging, and COVID-19 testing and response. The following bills are not a comprehensive list of what ONA is monitoring, but provides insight as to what discussions are taking place at the Statehouse on behalf of the nursing profession and health care in Ohio. The following legislation is up-to-date as of June 16th, 2020.

House Bill 590 – This bill was introduced by Representatives Jeffrey Crossman (D-Parma) and John Rogers (D-Mentor-On-The-Lake) and would amend the code section to prohibit price gouging after a declaration of an emergency. HB 590 was introduced on March 24th, 2020 and was referred to the Senate Criminal Justice Committee on May 5th and is awaiting its first hearing.

Senate Bill 301 – This bill was introduced by Senators Nathan Manning (R-North Ridgeville) and Steve Wilson (R-Maineville) and would enact sections of the revised code to make changes to the Ohio Consumer Sales Practices Act to prohibit price gouging. SB 301 was introduced on April 8th, 2020 and was referred to the Senate Judiciary Committee on May 8th and has received two hearings.
Thank You, Dr. Amy Acton

Jessica Dzubak, MSN, RN

When life as we knew it came to a screeching halt, we looked to you.

Your calming presence and expertise has provided us guidance and information during a time where little was known about today and even less about what tomorrow has in store for us.

You used your time with us wisely on daily press conferences, providing reassurance and smiles along with clinical information and anecdotes on the state of our state’s public health.

You worked so hard to unify us, not only as health care professionals but as Ohioans.

You connected with us, sharing personal stories so we could get to know you better. You served us not just as a physician or the head of the Ohio Department of Health, but as Amy – the determined Ohioan from Youngstown who had a dream and overcame adversity to achieve it.

You led us with humility and grace, even under the immense pressure we know you have faced.

For this, we thank you.

It has not been an easy road, and we have witnessed the unfortunate challenges that have come your way as you did everything in your power to keep Ohioans safe. The decisions you have made were not easy nor did they make our lives easier. Ohioans lost work, money, and precious time with their families. But because of those difficult decisions, more Ohioans are safe and healthy today.

For this, we thank you.

We are inspired by your dedication to your community and to public health. Protecting and caring for an entire state is no simple task, but you have stepped up to the plate. In your efforts to navigate Ohio through this global pandemic, you didn’t ignore the facts – you called attention to them. Complex issues like social determinants of health and racial disparities were brought to light and acknowledged for the impact they have on our state’s public health. These issues are not only important to recognize as we get through this crisis, but as we look ahead to the future of Ohio’s public health – a message you never let us forget.

And for this, we thank you.

Thank you, Dr. Amy Acton – for your leadership, your expertise, and your unfailing dedication to care for all Ohioans.

Nurses Needed in ALASKA

Nome, Alaska | www.nortonsoundhealth.org

Contact Recruiter@nshcorp.org or 877-538-3142 for more information

Registered Nurse (ER,AC,OB,PCC)
Telephone Triage RN
Population Health RN

• Population Health - Pediatric Care Coordinator RN
• Med-Surg RN • Primary Care Clinic RN

Nurses Needed in ALASKA

There’s no place like Nome...

$5,000 Hiring Bonus

Could it be COPD?

More than 16 million people in the U.S. have been diagnosed with COPD, and millions more do not realize they may have it. If you have patients who are experiencing any of the following symptoms, consider a spirometry test:

— ongoing cough
— shortness of breath
— wheezing
— chest tightness
— excess mucus production

TALK TO YOUR PATIENTS ABOUT THEIR RISK FOR COPD.

Free provider and patient resources can be found at nhlbi.nih.gov/breathebetter
I am furthering my education in the field of nursing administration because I want the opportunity to impact not only patients, but also my coworkers with my leadership in nursing. I want to improve the workplace for my colleagues and be a strong nurse leader for them to follow. I plan to improve patient experience with innovative ideas that are backed by evidence-based practice. My bedside nursing experience has helped shaped me into the person I am today. By taking on a leadership role, I will be able to make changes that impact more people with more useful resources. This education will help me to have a more global knowledge in the field of nursing, and see things from an administrative point of view. The leader I envision becoming is someone I would want to work for. I want to not only be a transformational leader, but also an authentic one. My education will prepare me to be the leader I would want to follow. I also want to be the leader that isn’t afraid to jump in and help when things get busy. The leader that works alongside her followers is well respected. Lastly, I want to be a leader that values all of my followers and make sure they know it. Proper recognition can be a game changer for staff morale and the culture of the unit. I hope to be the manager that nurses want to work for.

Jeffrey Akotuah
Minority Scholarship

As a nurse, I would use the guide of my clients’ perspectives in how I would provide care for them. Nursing is about helping our clients respond to their illnesses in a healthy manner. I would advocate for them in their choice of care and help inform them of their rights and options. This would allow my clients to express themselves and be involved in their care. Establishing this professional relationship between my clients would help further establish nursing as a respected profession as well as improve the health outcomes of citizens of our community.

Jessica Marshall
RNs Majoring in Nursing and Hayward Memorial Scholarship

I plan to advance the profession of nursing through educational leadership. I have a passion for education and community health/well being. I plan to continue my volunteer work in my local community and assist nursing school districts in need for nurse educators. My passion is people and I plan to cultivate learning, health and civility in all communities.

I would like to be a Nurse Educator because I enjoy education and teaching others. I was a tutor for nursing school and I appreciate working with others to make better healthcare. It is important to me to cultivate relationships through caring, knowledge and civility. I intend on providing a stimulating learning environment that is nurturing and challenging. I would like to invest into the future of the nursing profession.

Current Positions Available:
Registered Nurse, Outpatient Clinic
Monday–Friday, 8AM–5:30PM
*Must be willing to provide community outreach as needed

Full Benefits including vacation, sick and personal time, paid holidays, company paid life/AD&D insurance and much more.

In addition, we are also looking for flexible RN’s and LPN’s for PRN positions covering both the unit (1st & 3rd) and possible outpatient medication clinics as needed.

Interested candidates should submit a resume to Nicole.Nickell@mhscc.org or visit our website at www.mhscc.org for more details.

Visit NursingALD.com today!
Search job listings in all 50 states, and filter by location and credentials.
Browse our online database of articles and content.
Find events for nursing professionals in your area.

Your always-on resource for nursing jobs, research, and events.

Amelia Welsh
Deborah Hague Memorial Scholarship

I plan on advancing the profession of nursing by caring for the patient as a whole by using compassion and being the patient’s advocate. I will help improve my patient’s lives and disease outcomes. Oncology is my passion and I would love to improve the Survivorship Program at my hospital because we currently do not have one in place. I would help to implement this program and improve the negative and traumatic experiences patients have to go through during and after cancer treatment. I would love for my ideas to benefit the lives of others and the healthcare profession.

My desire is to be the head of the Adult Oncology Survivorship Program at Summa Health System. My goal is to help create the program so all patients diagnosed with cancer understand what life can look like during and after treatment. When my husband was diagnosed with lymphoma, I witnessed what it was like to walk in his shoes and also be on the other end as a caregiver. As a Nurse Practitioner, I would explain to the patient that although they experienced a major life event, that there is hope for the future and educate them about post-traumatic growth. I want the patient and family to feel like they are not alone at the beginning, during, or end of treatment and that their story of having cancer matters and that they will be taken care of in every aspect of their life.

Colleen Eicher
Summit & Portage District Scholarship

Jeffrey Akotuah
Minority Scholarship

As a nurse, I would use the guide of my clients’ perspectives in how I would provide care for them. Nursing is about helping our clients respond to their illnesses in a healthy manner. I would advocate for them in their choice of care and help inform them of their rights and options. This would allow my clients to express themselves and be involved in their care. Establishing this professional relationship between my clients would help further establish nursing as a respected profession as well as improve the health outcomes of citizens of our community.

Jessica Marshall
RNs Majoring in Nursing and Hayward Memorial Scholarship

I plan to advance the profession of nursing through educational leadership. I have a passion for education and community health/well being. I plan to continue my volunteer work in my local community and assist nursing school districts in need for nurse educators. My passion is people and I plan to cultivate learning, health and civility in all communities.

I would like to be a Nurse Educator because I enjoy education and teaching others. I was a tutor through nursing school and I appreciate working with others to make better healthcare. It is important to me to cultivate relationships through caring, knowledge and civility. I intend on providing a stimulating learning environment that is nurturing and challenging. I would like to invest into the future of the nursing profession.

Current Positions Available:
Registered Nurse, Outpatient Clinic
Monday–Friday, 8AM–5:30PM
*Must be willing to provide community outreach as needed

Full Benefits including vacation, sick and personal time, paid holidays, company paid life/AD&D insurance and much more.

In addition, we are also looking for flexible RN’s and LPN’s for PRN positions covering both the unit (1st & 3rd) and possible outpatient medication clinics as needed.

Interested candidates should submit a resume to Nicole.Nickell@mhscc.org or visit our website at www.mhscc.org for more details.

Visit NursingALD.com today!
Search job listings in all 50 states, and filter by location and credentials.
Browse our online database of articles and content.
Find events for nursing professionals in your area.

Your always-on resource for nursing jobs, research, and events.

Amelia Welsh
Deborah Hague Memorial Scholarship

I plan on advancing the profession of nursing by caring for the patient as a whole by using compassion and being the patient’s advocate. I will help improve my patient’s lives and disease outcomes. Oncology is my passion and I would love to improve the Survivorship Program at my hospital because we currently do not have one in place. I would help to implement this program and improve the negative and traumatic experiences patients have to go through during and after cancer treatment. I would love for my ideas to benefit the lives of others and the healthcare profession.

My desire is to be the head of the Adult Oncology Survivorship Program at Summa Health System. My goal is to help create the program so all patients diagnosed with cancer understand what life can look like during and after treatment. When my husband was diagnosed with lymphoma, I witnessed what it was like to walk in his shoes and also be on the other end as a caregiver. As a Nurse Practitioner, I would explain to the patient that although they experienced a major life event, that there is hope for the future and educate them about post-traumatic growth. I want the patient and family to feel like they are not alone at the beginning, during, or end of treatment and that their story of having cancer matters and that they will be taken care of in every aspect of their life.

Colleen Eicher
Summit & Portage District Scholarship

Jeffrey Akotuah
Minority Scholarship

As a nurse, I would use the guide of my clients’ perspectives in how I would provide care for them. Nursing is about helping our clients respond to their illnesses in a healthy manner. I would advocate for them in their choice of care and help inform them of their rights and options. This would allow my clients to express themselves and be involved in their care. Establishing this professional relationship between my clients would help further establish nursing as a respected profession as well as improve the health outcomes of citizens of our community.

Jessica Marshall
RNs Majoring in Nursing and Hayward Memorial Scholarship

I plan to advance the profession of nursing through educational leadership. I have a passion for education and community health/well being. I plan to continue my volunteer work in my local community and assist nursing school districts in need for nurse educators. My passion is people and I plan to cultivate learning, health and civility in all communities.

I would like to be a Nurse Educator because I enjoy education and teaching others. I was a tutor through nursing school and I appreciate working with others to make better healthcare. It is important to me to cultivate relationships through caring, knowledge and civility. I intend on providing a stimulating learning environment that is nurturing and challenging. I would like to invest into the future of the nursing profession.

Current Positions Available:
Registered Nurse, Outpatient Clinic
Monday–Friday, 8AM–5:30PM
*Must be willing to provide community outreach as needed

Full Benefits including vacation, sick and personal time, paid holidays, company paid life/AD&D insurance and much more.

In addition, we are also looking for flexible RN’s and LPN’s for PRN positions covering both the unit (1st & 3rd) and possible outpatient medication clinics as needed.

Interested candidates should submit a resume to Nicole.Nickell@mhscc.org or visit our website at www.mhscc.org for more details.
Laura Beth Kalvas, MS, RN, PCCN
Research Grant
The Ohio State University

Sleep Disruption and Delirium in Critically Ill Children

Delirium is a serious complication of pediatric critical illness. Sleep disruption is frequently observed in children with delirium, and circadian rhythm dysregulation is one proposed pathway to delirium. Children in the pediatric intensive care unit (PICU) experience multiple environmental exposures with the potential to disrupt sleep, including excessive light and sound and frequent caregiving. The scientific premise of this study is that these modifiable PICU characteristics contribute to sleep disruption and thus have a neurophysiological effect that may lead to delirium. The purpose of this observational, repeated measures study is to develop a measurement framework that illustrates the relationship between modifiable PICU characteristics, sleep disruption, and delirium in a sample of 20 critically ill children 0 to 2 years of age. The specific aims are: (1) Describe the PICU environment, patterns of sleep disruption, and incidence and duration of delirium. (2) Examine the relationships among the PICU environment, sleep disruption, and delirium. (2a) Examine mediating effect of sleep disruption on the relationship between the PICU environment and delirium. Continuous measures of light, sound, caregiving, and sleep will be collected for five consecutive days. Light and sound exposure will be measured with bedside meters. Caregiving will be quantified through video recording. Sleep will be measured via actigraphy. Delirium screening will occur twice daily. This study will provide a measurement framework to inform the design and implementation of sleep promotion interventions. The validation of sleep promotion as an effective, nurse-driven intervention has the potential to prevent delirium and improve outcomes in survivors of pediatric critical illness.

Meredith Hausmann
Students Returning to School to Major in Nursing

As a future APRN, I will advance the profession of nursing in Ohio by educating myself on nursing issues at a policy level. I am currently registered to take courses in nursing leadership and policy at Ohio State University to achieve this goal. I will also advocate for nurses to practice to the full extent of their education and training. Finally, I will advance the profession of nursing by providing patient centered care to patients that focuses on the whole person and not just their symptoms.

Reed Miller
Traditional Nursing Student

I plan to attend Malone University to pursue a career in nursing. I feel called to join the field of nursing to have a positive effect on the lives of others in areas that they can not help themselves. I am gifted with levelheadedness in stressful situations, strong relational skills, and an intrinsic desire to help people. With my determined work ethic and mentality of placing others before myself, I believe that I can advance the profession of nursing in Ohio.

LIKE, SHARE, POST, COMMENT ON FACEBOOK

Like us on Facebook for even more nursing and ONA news
facebook.com/ohionursesassoc

St. Vincent Charity Medical Center is Looking For Outstanding Nurses to Join Our Team!

Currently Recruiting for Our Behavioral Health Unit

For more information, please contact:

Dimaris Ayala, MBA
Nurse Recruiter
216.241.5205
Dimaris.Ayala@stvincentcharity.com

St. Vincent Charity Medical Center
3223 Burnet Avenue, Cincinnati, OH • 513-873-6140

doctor.com
Sue Johnson, PhD, RN, NPD-BC, NE-BC, FAAN

In May 2020 Florence Nightingale will be 200 years old. In this Year of the Nurse and Midwife and the COVID-19 pandemic, we should ask how our nursing history can help us navigate the current troubled waters. Hospitals and healthcare providers have not experienced this in our known past, but let’s seek lessons we can use today.

In February 1853, Nightingale gained her mother’s permission to visit and study hospitals in Paris. This opportunity enabled her to develop statistical and analytical skills that would serve her, nursing, and healthcare well throughout her lifetime. Her emphasis on call bells, prophylaxis of typhus and cholera for the Lord Mayor of London, and the use of bell wires, and lifts to move supplies that evolved into dumbwaiters were far ahead of her era. In July she returned to England, and by August she was in charge of nursing at Number 1 Harley Street in London where she hired a dispenser (pharmacist) to reduce drug costs and facilitate discharges for patients no longer requiring hospitalization (Cook, 1913a).

In October 1854, England went to war with Russia in Crimean and Nightingale’s work was to organize and command a group of 38 nurses for Scutari under the direction of the Chief Medical Officer of the hospital there. Female nurses had never served with the British army or in war zones and some officers placed obstacles in their path. The hospital at Scutari was filthy and rat-infested nothing like today’s modern hospitals and healthcare systems. The hospital buildings were above open sewers, overcrowded with desperately ill and wounded soldiers, and without even basic supplies like sheets and bedding. Cholera, typhus, and dysentery were rampant. Nightingale and her nurses found men lying on matting on the floor for mattresses in lines 18 inches apart for four miles within the hospital! No basins, towels, soap, or brooms were available. According to Mr. Macdonald of the Times Fund in Scutari, “The first improvements took place after Miss Nightingale’s arrival—greater cleanliness and greater order. I recollect one of the first things she asked to supply was 200 hard scrubbers and sacking for washing the floors, for which no means existed at that time” (Cook, 1913a, p. 195). Canvas sheets were washed in cold water when they were washed at all. Finding such sheets filled with vermin after washing, Nightingale had soldiers’ wives wash bedding in hot water by supplying a house with boilers at her own expense so the men would have clean linen. Finding that cooking only occurred at one end of the long building and required three to four hours to serve every man a dinner, Nightingale opened two extra diet kitchens at other parts of the building by having extra boilers placed there to heat meals. Her attention to cleanliness and nutrition positively impacted the soldiers, but she discovered that these basics were not enough.

Medical and surgical supplies were nonexistent. When Nightingale’s nurses arrived, even screens were not available to put between patients when one was having a limb amputated! The British Army had a Purveyor who was supposed to provide essential supplies. However, supplies weren’t available to address soldiers’ needs. When Army leaders couldn’t or wouldn’t address these needs, Nightingale became the Purveyor-Auxiliary for the soldiers. In her own words “I am a kind of General Dealer in socks, shirts, knives and forks, wooden spoons, tin baths, tables and forms, cabbage and carrots, operating tables, towels and soap, small tooth combs, precipitate for destroying lice, scissors, bedpans and stump pillows” (Cook, 1913a, p. 200). Medical officers began to requisition supplies from her which she obtained from her own store, with the assistance of Mr. Macdonald of the Times Fund in purchasing additional supplies. She also monitored the stock in the Purveyor’s store because often supplies had arrived and were not filled without an additional requisition from the medical officers. No records were kept of supply requisitions that weren’t filled previously. The Purveyor also didn’t provide any clothing, and if soldiers didn’t have their supply kits, their clothing was not fit for use. At the same time, Lord Stratford, the Ambassador to Turkey, declared that the Army needed nothing and the Times Fund should focus on building an English church at Pera. Nightingale determined that clothes for the soldiers was more important than altar-cloths for the new church, so she went ahead and provided them (Cook, 1913a).

Nightingale also mustered the power of the press and her connections to powerful people in the British Empire, including Queen Victoria, who sent comfort items to the wounded soldiers for Florence to distribute. Mr. Macdonald of the Times Fund spoke glowingly of her and the soldiers sang her praises. The British people began contributing to a Nightingale Fund that eventually resulted in the first school for training nurses in England. Nightingale had the distinct advantage of being a member of the upper class in England whose dispatches were listened to and in many cases acted upon by leaders back home.

She strived to make the soldiers’ lives better within the limits of her time. However, death rates in The British Army for the period from 1854-1856 were 22.7%, most of which were due to preventable diseases. In the winter of 1854-1855, the French death rate was 11% and the British death rate was 23%. However, by the winter of 1855-1856, the...
French death rate was 20% while the British death rate fell to 2.5%. Credit for this drastic reduction was not solely the efforts of Nightingale’s nurses to provide humane and expert care and treatment for hospitalized soldiers. These factors were that the British Army was able to provide consistently to all soldiers with the same rules and regulations that limited her effectiveness in caring for patients in 1891. She began studying at the age of 30 and never returned to medical school. Soon, she found her passion in nursing soldiers on the battlefields with the following statement: “I may be compelled to face danger, but never fear it and while our soldiers can stand and fight, I will stand by them.”

Nightingale became famous and revered after her service in the Crimea, but her actual influence intensified across the globe in her nursing disciples who took Nightingale’s basic tools and precepts and advanced the profession and positive patient outcomes. One of these individuals was Clara Barton who came to nursing after working as a teacher, secretary, and Patent clerk. When the Civil War began, she found her passion in nursing soldiers on the battlefields with the following statement: “I may be compelled to face danger, but never fear it and while our soldiers can stand and fight, I will stand by them.”

Lillian Wald loved nursing, but was frustrated by rules and regulations that limited her effectiveness in caring for patients. In 1893, she began studying medicine in New York, but wasn’t satisfied with that role either. One day in 1892, she taught a nursing class and found her true calling. A young girl ran into the room asking for someone to help her sick mother. Wald followed the child to a tenement apartment and a crowded, dirty room where a baby was sick. She called a nurse to care for the child. The baby was bleeding after childbirth. She cared for the mother, cleaned her and the room, and never returned to medical school. Soon, she and another nurse named Mary Brewster met with a local philanthropist who contributed $60 a month for the two nurses to live in the neighborhood as well as provide funds for supplies, medicines, medical fees, and food for the sick (Williams, 1948). They focused on cleanliness while providing care and overcame suspicions of immigrants by living among them. They fought both nurses maintained detailed records of sickness and unsanitary conditions. Wald met with the President of the Board of Health to become the first licensed city Nurse. She also continued to document reports of sickness and unsanitary conditions. Among her numerous accomplishments were the first school nurses, speed up education classification processes, and establishment of a children’s bureau by the Federal government in 1912.

In 1913a & b). One of these Commissioners, Dr. Breckinridge, 1952 & b). One of these Commissioners, Dr. Breckinridge, 1952, appointed in February 1855 to examine the condition of the sick and wounded soldiers. She bought (or begged for) and delivered relief supplies to the troops that weren’t supplied by Army quartermasters. She cooked, cleaned, assisted with surgeries, and boosted the morale of sick and wounded soldiers (Brown-Pryor, 1987). Like Nightingale, Clara Barton’s major achievement was and never returned to medical school. Soon, she found her passion in nursing soldiers on the battlefields with the following statement: “I may be compelled to face danger, but never fear it and while our soldiers can stand and fight, I will stand by them.”

Lillian Wald loved nursing, but was frustrated by rules and regulations that limited her effectiveness in caring for patients. In 1893, she began studying medicine in New York, but wasn’t satisfied with that role either. One day in 1892, she taught a nursing class and found her true calling. A young girl ran into the room asking for someone to help her sick mother. Wald followed the child to a tenement apartment and a crowded, dirty room where a baby was sick. She called a nurse to care for the child. The baby was bleeding after childbirth. She cared for the mother, cleaned her and the room, and never returned to medical school. Soon, she and another nurse named Mary Brewster met with a local philanthropist who contributed $60 a month for the two nurses to live in the neighborhood as well as provide funds for supplies, medicines, medical fees, and food for the sick (Williams, 1948). They focused on cleanliness while providing care and overcame suspicions of immigrants by living among them. They fought both nurses maintained detailed records of sickness and unsanitary conditions. Wald met with the President of the Board of Health to become the first licensed city Nurse. She also continued to document reports of sickness and unsanitary conditions. Among her numerous accomplishments were the first school nurses, speed up education classification processes, and establishment of a children’s bureau by the Federal government in 1912. Her Henry Street Settlement provided much needed help and other public health causes for nearly 40 years (Block, 1969). Lillian Wald was truly the mother of community nursing and the skills she fostered will be needed now and in the future.

Mary Breckinridge was from a distinguished Kentucky family and her love of children encouraged her to pursue a nursing career. Volunteering in Europe after World War I, she focused her efforts on feeding children under six and pregnant and nursing mothers. Her goat fund encouraged influential friends and political leaders to supply funds to buy goats so these individuals could have milk (Breckinridge, 1952). Breckinridge became convinced that becoming a nurse midwife was the best way to meet the needs of children from birth to age six. She studied in London under Rosalind Paget, founder of the Midwives Institute and the first Queen’s Nurse. Paget had studied under Nightingale and helped Breckinridge develop her skills. Then, she went to the Highland and Islands Medical Service in Scotland for ideas about how to set up a successful nursing service in Kentucky. Finally, Breckinridge met with supporters in 1925 to review annual statistics that showed nearly 20,000 mothers and 200,000 infants died at birth or within one month of delivery. American death rate in childhood was the highest in the world and data showed that maternal death rates exceeded deaths in all wars fought by Americans until that time. Comprehensive data would be vital to determine the new service’s effectiveness, including annual audits, accurate records, free transportation for medical care, legal and professional status of nurse-midwives, provision for medical consultation, and location of services (Wilkie & Moseley, 1969; Breckinridge, 1952).

The Frontier Nursing Service brought nursing services to remote parts of Kentucky and Breckinridge kept detailed records as she trained nurse-midwives and public health nurses to see their clients via horseback. The Depression impacted the Frontier Nursing Service with staffing reduction, some nurses taking a one-third pay cut, and some volunteering who could afford to do that. Subscribers continued and the majority of nurses stayed because they loved their work (Brown-Pryor, 1987). Metropolitan Life Insurance Company helped by tabulating maternity cases and supporting a health insurance plan where services for hospital and nursing care were available at $1.00 per year with free services if patients couldn’t pay (Judd, Stutzman & Davis, 2010). The Carnegie Corporation set up the first statistical system for the Frontier Nursing Service and accumulated the largest source of Obstetric data on rural populations in the United States.
6. The power of the press and public is often
necessary and critical. Both of these nurse
leaders realized that accurate facts and data
are a vital piece to success. Nightingale’s use of
statistical analysis informed her advocacy for
sanitary reforms in the British Army, India, and
District Nursing in rural England to improve the
lives of at-risk populations. Wald’s reports and
data about the healthcare needs of immigrants
in New York tenements resulted in public
health and community nursing in the United
States, which has positively impacted multiple
decades since then. Mary Breckinridge’s devotion
to data and statistical analysis resulted in the
largest source of Obstetric data in the United
States and validated that the Frontier Nursing
Service saved maternal and infant lives.

7. Focusing on facts and data is a natural
progression to #6 above. Historic nurse
leaders realized that accurate facts and data
are vital to success. Nightingale’s use of
statistical analysis informed her advocacy for
sanitary reforms in the British Army, India, and
District Nursing in rural England to improve the
lives of at-risk populations. Wald’s reports and
data about the healthcare needs of immigrants
in New York tenements resulted in public
health and community nursing in the United
States, which has positively impacted multiple
decades since then. Mary Breckinridge’s devotion
to data and statistical analysis resulted in the
largest source of Obstetric data in the United
States and validated that the Frontier Nursing
Service saved maternal and infant lives.

8. Helping organizations should be recognized
for their importance in the current healthcare
environment. The American Red Cross
foundered by Clara Barton continues to provide
blood services across the country as well as
providing funds to address humanitarian
needs locally, regionally, and globally.
Community health nurses continue to serve
clients in homes and clinics as Lillian Wald
and her staff did at Henry Street. Frontier
Nursing Service continues to provide care
delivered underavez conditions as it did in the
time of Mary Breckinridge. These and other
organizations are there to support those in
need during this pandemic and afterward.

9. Philanthropy seems odd to include here, but it
is essential to confront health-related issues
both now and in the past. Lillian Wald began
her community work with the support of a
philanthropist in New York. The funding she
received made a positive difference in the lives
of immigrant families and their children over
40 years. Mary Breckinridge and the Frontier
Nursing Service relied on philanthropy to
weather the Great Depression and continued
to provide support to rural pregnant women
and their children.

10. Self-care is vital for everyone and some of
our historic nurse leaders neglected their
own self-care while promoting it to those they
served. This was true of Nightingale who
while striving to improve the health of wounded
soldiers. Clara Barton’s performance in the
Civil War was similar. Lillian Wald’s approach
was different. Although she worked hard on
multiple projects, Wald was a happy person
who relaxed and enjoyed her opportunities
to have robust discussion with her Henry Street
colleagues. When she met Albert Einstein in
1938, her parting words were “I want to thank
you for your smile.” (Block, 1946, p. 172).

Self-care is possible using the following
approaches:

• Focus on the facts and risks about COVID-19,
not rumors. Go to legitimate sources that
will also give you tips about how to care for
yourself and others.

• Social distancing is not social isolation. You
need to connect with others via phone, Skype
or other electronic means if you can’t meet
in person. You need to be able to share your
concerns and feelings without judgment.

• Give yourself permission to take breaks from
pandemic news and make time to do some
activities you enjoy.

• Take care of your body: look for humor
and laugh, try to eat healthy, well-
balanced meals, drink plenty of water to
stay hydrated, avoid alcohol and drugs
(except prescribed medications), exercise
regularly (walking is therapeutic), get
enough sleep (seven hours daily is a good
goal), take stretch breaks and meditate if
helpful, use respiratory hygiene-do periodic
coughing and deep breathing exercises,
get some fresh air, use hydrogen peroxide
mouthwash, read a book, or engage in
another activity you enjoy.

• Most of all, ask for help if you feel
overwhelmed and unable to cope. Your
healthcare provider, pastor, counselor, or
support person can listen and support you
(CDC, 2020).

These are just a few of the nurse leaders from
Nightingale’s time to the early 20th century who
have informed our practice as nursing has evolved
to meet today’s and tomorrow’s challenges. We will
weather this crisis as we have many others and our
history will give us the strength we need to move
forward. Thank you for all you do in these turbulent
times.

Visit www.CE4Nurses.org to register for the
course titled COVID-19: What Would
Florence & Her Colleagues Do? and
complete the evaluation to earn your contact
hours and obtain your certificate.

References available within the course in
CE4Nurses.
Ohio Nurses Association and Ohio Board of Nursing: What’s the Difference?

Jessica Dzubak, MSN, RN

One of the most common misconceptions we hear at the Ohio Nurses Association (ONA) is that we are synonymous with the Ohio Board of Nursing (OBN). While ONA works closely with the OBN on many matters, ONA is very different from the OBN in many ways such as mission, organizational structure and overall goals and activities.

Mission

A key difference, and perhaps one of the most important to understand, between the two organizations is their mission.

Ohio Nurses Association

The mission of the Ohio Nurses Association is to advance professional nursing in Ohio. ONA does this through evolving evidence-based practice, influencing legislators, promoting education, improving economic and general welfare and advocating for quality health care in a cost effective and economically stimulating manner.

Ohio Board of Nursing

The mission of the Ohio Board of Nursing is to protect the public. They do this through managing and issuing licenses (for nurses, medication aides, community health workers, and dialysis technicians), leading investigations and hearings, taking disciplinary action when warranted, and developing and revising rules for safe, competent practice.

According to the Ohio Board of Nursing (2019), “…the Board adopts rules, Chapters 4723-1 through 4723-27 of the Ohio Administrative Code, that establish regulations for licensure and certification, standards of practice, discipline, and pre-licensure nursing education.’

Organizational Structure

The Ohio Board of Nursing is a government, regulatory entity, while ONA is a non-profit, professional association. Nurses choose to be members of ONA, either through voluntary membership or by working in an ONA collective bargaining unit. Alternatively, every nurse licensed in Ohio must obtain a license through the Ohio Board of Nursing. Members of ONA pay membership dues, while every nurse who wants to be licensed in Ohio must pay licensure fees to the OBN. ONA does not have any influence over licensure status.

While both organizations have an elected Board, the OBN make-up and election processes are different. The Board members at the OBN are appointed by the Governor, but ONA does have the ability to provide recommendations for open Board seats. Like ONA, the OBN also employs staff such as an Executive Director, legislative staff and more. The ONA Board of Directors is elected solely by ONA members at the biennial Convention. OBN has several staff members, including a CEO.

ONA is a labor union under the American Federation of Teachers (AFT) and is a constituent state nursing organization of the American Nurses Association (ANA). Nurses do not need to be a part of the union to be a part of ONA. ONA supports the efforts of both of these organizations, including but not limited to attending Conventions, collaborating with stakeholders and advocating for grassroots efforts.

Groups

Both the Ohio Board of Nursing and the Ohio Nurses Association have several councils, committees and advisory groups that advise the organization’s leadership on current nursing issues and policies. In the past, ONA members have been active in serving as members of the OBN Board and Advisory Committees and more. Additionally, ONA staff advocate for nurses as an Interested Party during Board of Nursing meetings for nursing rule revisions and Interpretable Guideline reviews.


Activities

Ohio Nurses Association

ONA engages in many activities and efforts to support nurses (and future nurses) in Ohio.

Health Policy: ONA employs lobbyists to work at the Statehouse, advocating for (or against) legislation in the best interest of nurses and patients of Ohio.

Association vs. Board continued on page 12

Currently hiring faculty in Cincinnati for all specialty areas.

We change the life of one to care for the lives of many

Student Success, Institutional Excellence, Relationships, Stewardship

Galen College is currently hiring expert educators and committed professionals in all areas of expertise whose guidance and experience contribute to the success of thousands of students entering the nursing field every yr.

Must have MSN, DNP or PhD degree

galencollege.edu/careers
• Visit www.CE4Nurses.org to register for the course titled ‘Ohio Nurses Association vs. Ohio Board of Nursing: What’s the Difference?’ and take the post-test to earn your contact hours and obtain your certificate.

• References available within the course in CE4Nurses.

The new CE4Nurses launched on April 1st. It’s the same web address, www.CE4Nurses.org, with a totally new layout, more offerings, and additional benefits!

- The site features many easy to use navigational functions to make finding the right course for you easier than ever.
  - Sort courses by Traditional Study (written) or by Webinar format
  - Find courses that specifically relate to Ohio Law & Rule, APRN content, Nursing Practice, and others by using the menu buttons at the top of the page
  - Filter courses by cost: FREE courses can be found using the Free Icon on the home page
- Many courses on the site are now FREE to ONA Members! There are currently over 40 free courses for ONA Members to choose from
- There are also FREE courses for all nurses
- The site offers the ability to stop working on a course and pick up where you left off without lost work.
- Utilize the “My Dashboard” section to find all your courses and access your transcript where all the CE Certificates you have earned are automatically stored for easy access.

CE4Nurses.org by ONA is the premier site for quality continuing education you know you can trust.

The Ohio Nurses Association is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation (ANCC). 001191-01

Earn Your RN to BSN

100% Online  ·  Tuition only $9,800
Complete in as few as 12 months

2020: Celebrating the Year of the Nurse

YSU is a student-centered institution that prepares nurses to reach higher and accomplish more with an enhanced evidence-based practice and leadership skills.

LEARNING ONLINE and proud.

Call 877-513-0093 for more information
Apply at YSUNurses.com
Yevetta Hawley, RN, MSN is the director of nursing for the Dayton & Montgomery County Public Health District. She took time out of her busy schedule to talk to me about what life is like for public health nurses in the middle of the COVID-19 pandemic.

Alyssa: This is a stressful time in health care right now, so first I want to ask, how are you?

Yevetta: There’s a lot going on, both in public health and nationally as far as the community is concerned, but I’m doing fine.

A: What inspired you to become a nurse?

Y: I was diagnosed with cancer at 30, was given a year to live, and I got to see what it feels like to be the patient. It was a once in a lifetime experience, and I said to myself, “Lord if you allow me to make it through this, I will always treat my patients as I know what it’s like to be in that position. And families are entrusting us to care for those they love. I’m still here, so I feel like nursing is my purpose.

A: That’s an incredible story. What made you go into public health specifically?

Y: I’ve been in health care for 38 years, public health since 2013. You get to a point professionally where you feel like you’ve reached your goals, and you want to give back. I felt like public health nursing was the best way for me to bring my experiences and expertise from the clinical setting and use that as a way to help support and improve nursing as it relates to public health. I love nursing, I think it’s not a glamorous job in any way, but any aspect of nursing for me, where I can stretch myself professionally and personally. I love learning and I don’t think we ever stop learning. Nursing is all about patient advocacy, and anything we can do to improve their outcomes, because that’s the goal.

A: I think a lot of nurses share the same feeling, it’s more than a profession or a career. What have you noticed that’s different about your community specifically?

Y: You have to meet people where they are when tragedy strikes and sometimes you just have to be a good listener. I’m so proud of Dayton and Montgomery County, people really do come to the aid of others, and the best of people coming out during a tragedy. Everyone has been so generous, and people are so willing to share. During the tornado, a family came through and saw people who needed help, they didn’t know each other, but they helped each other. Everyone is trying hard to follow the guidelines as best and keep everyone safe. I’m a proud Ohioan, and I think we have a spirit of resiliency. The good hearts aren’t publicized, but we have a lot of caring people.

A: That’s great to hear. I think emergencies can either push us farther apart or bring us closer together and we hope for the latter. On the topic of emergencies, how is public health prepared for them? What does public health do in general?

Y: I am in awe at the knowledge and expertise that public health professionals have. You can’t find it in a book, because they live it every day. There’s a lot of collaboration on the community level and out breaks such as this is really where public health shines. They’re ready to jump in and it’s all very structured. We have tabletop exercises in our emergency preparedness department on how we can improve our response to things. We had a tabletop exercise in February on flu pandemic and the plan was based on getting ready for a pandemic as it relates to planning, operations, and recovery on a community level. The incident management system brings to bear so much expertise from different people that helps you understand your plan for mitigating, responding, and recovery, regardless of the size of the emergency. The National Incident Management System, or NIMS, is the national planning tool we use at all levels. All these stakeholders across the community share the same systems and processes and that allows us the capability to have continuity. Point of dispensing, or POD, is provided by nurses. For example, if they come up with a vaccine for COVID, we will set up large scale POD, like in an arena where you might have a sporting event normally, where nurses set up an ambulatory outpatient vaccine clinic and large numbers of people come in and get vaccinated in a quick, orderly fashion. Triage is included as well. It helps connect the dots clinically with what I have experienced in a hospital setting to what I have to do out in the community. Public health employees are kind of like MacGyver, we have to pull things together and get creative as a team. We had a hepatitis outbreak in the past year and the nurses put the rubber to the road, and it’s a challenge, but we always meet it. With it being publicly funded, it’s nice to know that what you’re doing is for the community in that respect. I lived in the same city all my life and I thought that the health department just dealt with STDs, but the health department does so much more. They’re a regulatory body for restaurants and tattoo parlors, preventing disease outbreaks, many things you wouldn’t think about. It helps you to see the big picture. The health department has so many epidemiologists and we are able to get such great data every day because of the work they do, and that helps us to increase the contact tracing. We can find who was exposed to people who were positive and get them tested, then educate them on how to be safe. There’s a lot of collaboration in the community, too, you work with schools, churches, other community groups.

A: It’s amazing to think about all the things public health does, most of them behind the scenes. As far as your regular day-to-day job, what has changed because of the pandemic?

Y: When you get hired into public health, no matter what position, they have a clause in the job description that says “duties as assigned.” Even though director of nursing has a lot of administrative functions, I work with our staff to investigate increases in positive cases and conduct contact tracing, and I’ve been doing more of the investigating than I normally would. Doing this, you get to see the human side of it, but you also get to see how the virus is changing, how different symptoms might present, and how the disease is affecting the community. It allows nurses an opportunity to teach and work directly with patients, which is what we do best. Gathering this information helps us better track how it’s changing as well as the pre-existing conditions that the public has that put them more at risk, which has also changed during the pandemic. All the nurses that normally work in other departments are helping us all work together as a team to help put together the pieces. You might talk to someone who works at one place, like a factory or business, then another nurse talks to someone else at the same place, and you find it’s a good time to educate the employer on how to prevent spread within their place of work, because a lot of the things we can do are simple, but people don’t think of it. And documenting, so that everything filters up to the Ohio Department of Health. It’s a balancing act as well. Right now we have to work remotely sometimes to stay safe, because the director wants our staff to be safe as well. I’ve never worked remotely until now, so this is new. But some things you can’t do from home.

A: Sounds like the response has been great and everyone is working together well. If there’s one lesson we could all learn from this, what would it be?

Y: In all my professional experience, the one thing that has ground me and made me proud to be a nurse is that we have always advocated for the patients, the less fortunate, the most vulnerable, and we are always inclusive. We know that the patient is connected to a family, that there’s a bigger circle beyond just them. Seeing a good outcome for that patient, there’s nothing that can touch that, because that’s what nursing is, to see the best that there is for patients and their families and to continue the good work. Nursing is the most honorable and selfless occupation, because you have the patient’s best needs in mind. It’s my honor to serve patients, and you take care of people when they’re most vulnerable, because you’re not yourself when you’re not well. Nurses get people back to wholeness.

Your life, job and routines are changing.

REIMAGINE THE POSSIBLE

The power is in your hands.

ONLINE NURSING DEGREE PROGRAMS
BACHELOR'S DEGREES >> MASTER'S DEGREES >> DOCTORAL DEGREES >> CERTIFICATES

Text WU to 80502 for more information. 866.498.4968
IWUNURSE.COM
I recently made a very deliberate decision to take a break from teaching and pursue full-time clinical practice on a busy inpatient unit. My decision to do so was largely rooted in my desire to revisit my clinical skills in preparation for a return to school for advanced studies in nursing. I wish I could report the transition has been easy, but it has not. Some shifts have been exhilarating, especially as I see the principles I teach in class come to life each day; initiating an effective nurse-patient relationship, utilizing therapeutic communication, and witnessing principles of shared governance in action. On the other hand, other shifts have been marred by toxic stress, and I now have deeper insight into the concept that teaching and “doing” are two entirely different things. The work has been physically demanding, as evidenced by the daily loud complaints from my ankles and knees. On several occasions, these physical challenges, coupled with mental stress and hypervigilance, were nearly overwhelming.

After two months and a steep learning curve behind me, I was beginning to feel somewhat comfortable. I honed my time management skills, passed medications using a bar-coded administration system, mastered the electronic medical record’s charting system, and proved myself as an effective member of the interdisciplinary team. All was going well—almost too well. The days continued to be physically demanding but I started to enjoy the freedom of working hard during my defined eight hour shifts and simply being able to leave work at work.

But as nurses well know, that sense of family comfort can change quickly. I was assigned to the role of charge nurse. One day I noted an innocuous-looking “CH” after my name on an upcoming schedule and realized that I was assigned to the role of charge nurse. I’m not sure why this surprised me, especially since every other registered nurse on the floor was rotated through this vital role. I had watched my colleagues be “in charge” and watched them deftly navigate the day’s many challenges. I was doing bedside nursing again, but I could never do that again. I was feeling a mixture of excitement and trepidation. How could I? Given my experience in nursing, I was truly amazed at the intensity required by the role. I began with a period of reflection to gain familiarity and comfort can change very quickly. I so much wanted everything to go well. I nervously-eyed the communication clipboard and knew I don’t like to work with her...why did you put me there?” Rather than engage in a power struggle, I asked them to file by and help make the needed changes and we all left smiling—well almost.

I was surprised how the unit looked so different from the charge nurse’s desk. I approached the role with reverence, as I knew from my previous days as a nurse manager starting the day off right was very important. I used to think of it as launching a play in three acts. Act I: morning report to mid-morning re lunches, and Act III: lunches to end of shift report. Hour by hour, I addressed the day’s challenges including patient requests and complaints, equipment needs, medical provider concerns, work orders, and of course staffing.

I was truly amazed at the intensity required by the role. I looked over at my colleagues busily charting and chatting with each other. They were focusing on providing patient care, pitching issues to the charge nurse desk only when needed. Each RN on the floor was supportive in their own unique way and offered me bits of helpful information during my first day’s baptism by fire. One RN was highly adept at navigating the politics on the floor and gave me much sage advice about how to effectively engage various members of the interdisciplinary team. Another RN had much expertise with making out the daily assignment and her insight made future assignments so much easier. Still yet another seasoned colleague gave me the “secret” phone extension in the medical center and was so great at helping me with communication.

And then there was Paul. Paul is one of those RN co-workers who is an outstanding role model for hard work, collegiality, and quality patient care. Working side-by-side with him on the floor, I grew to highly respect the quiet intensity with which he approached his work and his pursuit of one standard of high quality care for all patients. One day I informed him that I considered him to be a true role model and thanked him for teaching me so much. I told him I really looked up to him and considered him to be a mentor. He seemed pleased but a bit embarrassed by the compliment but I assured him it was offered with the utmost sincerity and respect.

During my first day as charge nurse I don’t know what I would have done without him. One small example: the “working” charge nurse model, meaning the daily charge nurse must assume some duties. I had assigned myself to do the hour of the interdisciplinary team. Another RN stood with the rounds board in hand a patient experienced a serious medical issue. As I began making phone calls to request emergency supplies, I heard a whisper, “Paul’s the rounds board and heard someone say “I’ll cover your rounds” and then there was Paul.

I walked Paul profusely and in his modest style he just waved me away saying it was “no big deal.” It was, however, a big deal to me and I feel like Paul and his immediate colleagues—and without being asked—Paul added an additional hour of duties to his assignment. It did take the entire hour to resolve the emergency and like magic the rounds board appeared back on the charge nurse desk completed and ready for the next shift member.

I asked Paul profusely and in his modest style he just waved me away saying it was “no big deal.” It was, however, a big deal to me and I feel like Paul and his immediate colleagues—and without being asked—Paul added an additional hour of duties to his assignment. It did take the entire hour to resolve the emergency and like magic the rounds board appeared back on the charge nurse desk completed and ready for the next shift member.

I asked Paul profusely and in his modest style he just waved me away saying it was “no big deal.” It was, however, a big deal to me and I feel like Paul and his immediate colleagues—and without being asked—Paul added an additional hour of duties to his assignment. It did take the entire hour to resolve the emergency and like magic the rounds board appeared back on the charge nurse desk completed and ready for the next shift member.

I asked Paul profusely and in his modest style he just waved me away saying it was “no big deal.” It was, however, a big deal to me and I feel like Paul and his immediate colleagues—and without being asked—Paul added an additional hour of duties to his assignment. It did take the entire hour to resolve the emergency and like magic the rounds board appeared back on the charge nurse desk completed and ready for the next shift member. The work has been physically demanding but I started to enjoy the freedom of working hard during my defined eight hour shifts and simply being able to leave work at work.

But as nurses well know, that sense of family comfort can change quickly. I was assigned to the role of charge nurse. One day I noted an innocuous-looking “CH” after my name on an upcoming schedule and realized that I was assigned to the role of charge nurse. I’m not sure why this surprised me, especially since every other registered nurse on the floor was rotated through this vital role. I had watched my colleagues be “in charge” and watched them deftly navigate the day’s many challenges. I was doing bedside nursing again, but I could never do that again. I was feeling a mixture of excitement and trepidation. How could I? Given my experience in nursing, I was truly amazed at the intensity required by the role. I began with a period of reflection to gain familiarity and comfort can change very quickly. I so much wanted everything to go well. I nervously-eyed the communication clipboard and knew I don’t like to work with her...why did you put me there?” Rather than engage in a power struggle, I asked them to file by and help make the needed changes and we all left smiling—well almost.

I was surprised how the unit looked so different from the charge nurse’s desk. I approached the role with reverence, as I knew from my previous days as a nurse manager starting the day off right was very important. I used to think of it as launching a play in three acts. Act I: morning report to mid-morning re lunches, and Act III: lunches to end of shift report. Hour by hour, I addressed the day’s challenges including patient requests and complaints, equipment needs, medical provider concerns, work orders, and of course staffing.

I was truly amazed at the intensity required by the role. I looked over at my colleagues busily charting and chatting with each other. They were focusing on providing patient care, pitching issues to the charge nurse desk only when needed. Each RN on the floor was supportive in their own unique way and offered me bits of helpful information during my first day’s baptism by fire. One RN was highly adept at navigating the politics on the floor and gave me much sage advice about how to effectively engage various members of the interdisciplinary team. Another RN had much expertise with making out the daily assignment and her insight made future assignments so much easier. Still yet another seasoned colleague gave me the “secret” phone extension in the medical center and was so great at helping me with communication.

And then there was Paul. Paul is one of those RN co-workers who is an outstanding role model for hard work, collegiality, and quality patient care. Working side-by-side with him on the floor, I grew to highly respect the quiet intensity with which he approached his work and his pursuit of one standard of high quality care for all patients. One day I informed him that I considered him to be a true role model and thanked him for teaching me so much. I told him I really looked up to him and considered him to be a mentor. He seemed pleased but a bit embarrassed by the compliment but I assured him it was offered with the utmost sincerity and respect.

During my first day as charge nurse I don’t know what I would have done without him. One small example: the “working” charge nurse model, meaning the daily charge nurse must assume some duties. I had assigned myself to do the hour of the interdisciplinary team. Another RN stood with the rounds board in hand a patient experienced a serious medical issue. As I began making phone calls to request emergency supplies, I heard a whisper, “Paul’s the rounds board and heard someone say “I’ll cover your rounds” and then there was Paul.

I walked Paul profusely and in his modest style he just waved me away saying it was “no big deal.” It was, however, a big deal to me and I feel like Paul and his immediate colleagues—and without being asked—Paul added an additional hour of duties to his assignment. It did take the entire hour to resolve the emergency and like magic the rounds board appeared back on the charge nurse desk completed and ready for the next shift member.

I asked Paul profusely and in his modest style he just waved me away saying it was “no big deal.” It was, however, a big deal to me and I feel like Paul and his immediate colleagues—and without being asked—Paul added an additional hour of duties to his assignment. It did take the entire hour to resolve the emergency and like magic the rounds board appeared back on the charge nurse desk completed and ready for the next shift member.

I asked Paul profusely and in his modest style he just waved me away saying it was “no big deal.” It was, however, a big deal to me and I feel like Paul and his immediate colleagues—and without being asked—Paul added an additional hour of duties to his assignment. It did take the entire hour to resolve the emergency and like magic the rounds board appeared back on the charge nurse desk completed and ready for the next shift member.

I asked Paul profusely and in his modest style he just waved me away saying it was “no big deal.” It was, however, a big deal to me and I feel like Paul and his immediate colleagues—and without being asked—Paul added an additional hour of duties to his assignment. It did take the entire hour to resolve the emergency and like magic the rounds board appeared back on the charge nurse desk completed and ready for the next shift member.
myself into the fray and learned to not only cope, but embrace each day ‘in charge.’

That sense of comfort changed, however, with the arrival of the COVID-19 pandemic. During the morning “management huddle,” a daily strategic planning group attended by the charge nurse, the medical director looked at me and said she wanted a number of changes made to the floor’s routine in order to accommodate more effective social distancing for both patients and staff. She gave very little direction other than to say “I’m sure you can do it” and then moved on to the next topic. I paged all staff members to the charge nurse desk and after everyone came to consensus, we rallied to make the needed changes. I must admit I was a bit surprised at how everyone was more than willing to assume the extra duties but in retrospect, I think my colleagues knew making the changes would not only benefit the patients, but staff as well. I was relieved to see Paul was on duty that day and recall how he threw himself into the fray and quickly formed an ad-hoc team with the nursing assistants. So much work—and so many needed changes—were accomplished that day thanks to their collective efforts.

A few days later I was in charge again. As I am sure many of you have experienced in your workplaces, we were notified one of our patients was going to be screened by the "COVID Team." I was informed someone would need to stay with the patient in his room. Each hour we asked him if he would like to be relieved and each time he declined. In the meantime, the patient was screened (thankfully negative) and Paul was ‘released’ in time to go home on time. The drive home that evening was rather somber. That day was so different than any other.

I knew many of the staff were highly concerned about their personal well-being as well as the safety of their families. I recognized at that moment that the charge nurse does serve in many capacities on the unit. In addition to insuring the mechanics of making the unit run smoothly, the charge nurse also fulfills another equally vital, though far more nebulous role: keeping the unit calm and in good order during periods of crisis. I spoke briefly with the staff present and asked for a volunteer to don a special negative pressure mask and stay with the patient in his room. As if on cue, at that precise moment Paul appeared carrying the device and quietly said he would do it. We had recently received training on the device and I helped him with the assembly and application. Without further comment, three of us formed an honor guard and silently escorted Paul to the patient’s room. Each hour we asked him if he would like to be relieved and each time he declined. In the meantime, the patient was screened (thankfully negative) and Paul was ‘released’ in time to go home on time. The drive home that evening was rather somber. That day was so different than any other.

I am sure many of you have experienced in your workplaces, we were notified one of our patients may have been exposed to COVID-19 and would need to be screened by the “COVID Team.” I notified the Medical Director and Nurse Manager and was informed someone would need to stay with the patient until the screening was completed and results were obtained. Very quickly a number of staff members appeared at the front desk, some of whom were shaken and nearly tearful. Working in a designated “low risk” area, we had been lulled into a false sense of security and...

We’re committed to student success! Our highly engaged faculty facilitate a learner-centered environment that allows students to develop personally and professionally.

• Affordable
• Flexible - Designed for the working professional

RN to BSN

• Guaranteed Clinical Placement throughout the integrated TriHealth system, community agencies and other healthcare facilities.
• Recognized Simulation Lab

For more information about how you can earn an AASN degree or your BSN at GSC, contact:
Admissions at 513-862-2743
Admissions@email.gscollege.edu

Accredited by the Higher Learning Commission and approved by Ohio Board of Nursing (OBIN) and Ohio Department of Higher Education. Specialty accreditation by the Accreditation Commission for Education in Nursing (ACEN).

Good Samaritan College of Nursing & Health Science
375 Dixmyth Avenue | Cincinnati OH 45220

When your skills grow, so does your career.

Advance your career with new skills and heightened expertise from Kent State’s online graduate healthcare programs.

Public Health or Clinical Epidemiology

Become an authority in public health advocacy, research, policy and practice.
Embrace the opportunity to earn your degree from one of Ohio’s only online MPH and clinical epidemiology programs.

Health Informatics

Use your expertise to create data collection systems that operate at peak efficiency and effectiveness.
Master’s degree and short-term certificate options are available.

kentmph.com/nurse
kenth.com/nurse

This is your moment to make an impact. Build on your healthcare career with Kent State.