



**This issue
is dedicated
to our fallen
nurses.**



The Official Publication of the Georgia Nurses Foundation (GNF).
Quarterly publication distributed to approximately 58,000 RNs in Georgia.

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Georgia Nursing

GNA PRESIDENT'S MESSAGE

Richard Lamphier, RN



2020 Year of the Nurse and Midwife. Even though the World Health Organization recognizing 2020 as our year, I did not expect to have such a bright spotlight focused on nurses.

In our last issue of *Georgia Nursing*, COVID-19 was discussed. But as the Pandemic spread globally, we quickly realized nurses were going to be thrust into the frontlines of this deadly pandemic requiring us to act quickly and nimbly meet the changing healthcare environment.

Meeting this need, the Georgia Nurses Association convened the COVID-19 Rapid Response Team. We invited Nursing leaders from around the state to a weekly call to discuss the ever-evolving crisis. Our guest speakers have included Governor Brian P. Kemp, Lt. Governor Geoff Duncan, Congresswoman Lucy McBath, Congressman Doug Collins, and ANA CNO Dr. Debbie Hatmaker.

The first thing to come out of our call was a public service announcement (PSA) with messaging on social distancing, hand hygiene and checking on our most vulnerable population. You can view the PSA at <https://www.youtube.com/watch?v=6KnUEdXaqQQ>.

As the meetings continued, we quickly addressed the shortage of personal protective equipment (PPE). Hearing from our frontline nurses about it was paramount so we launched the GNA COVID-19 Healthcare Facility Preparedness Survey, later improved, and renamed the GNA COVID-19 Front Line Nurses Experience Survey. Our goal was to provide a safe place

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GNF PRESIDENT'S MESSAGE

Wanda Jones, BSN, RN, MSN, FNP-BC



As you can see from the brevity of my article, I have given my space to the GNA President, Richard Lamphier, so he can tell everyone the great work that GNA COVID-19 Rapid Response Team has done.

I just wanted to tell you a little bit of what GNF has been and will be doing. GNF along with GNA produced an awesome Public Service Announcement (PSA) that has gone across the state. It has been on multiple channels and at different times. I am so humbly honored to have been a part of this PSA.

Our annual GNF golf tournament has been postponed due to COVID-19 until the Fall. Further details will follow as to the date and time. I am very pleased to announce that GNF is having a virtual 5k on August 8th. Please go to our website or Facebook and register to run. The cost is \$35.00 which includes a t-shirt.

Hopefully by the time this article is published our world will be back to some sort of normalcy and all our healthcare workers have less stress in their lives. Take care of yourself and love yourself and others.



CEO CORNER

Matt Caseman



Dear GNA Member,

With complete sincerity, thank you for your continued support in these challenging times. For the frontline nurses, words cannot describe our deep gratitude for what you are accomplishing during this unprecedented crisis. We feel your anxiety, exhaustion, and fear while working to save the lives of COVID-19 patients. Like sending soldiers into battle without a helmet or firearm, the lack of PPE necessary for your safety and peace of mind has been an atrocity. Rest assured, GNA, in partnership with ANA, is working every day to improve the protective supplies you need. Your sacrifices will be remembered by many generations to come for saving lives and helping our country recover.

To deal with the mental toll this pandemic is having, GNA created a support group for our members that meets weekly. Moderated by psychologist and therapist Dr. Betsy Gard, PhD, the virtual self-care sessions allow all nurses to share the day to day experience of fighting this battle. We also have free resiliency sessions for nurses June 23, 24 and 25 that teach techniques to reset the natural balance of the nervous system helping better cope with stress and trauma. Go to <https://georgianurses.nursingnetwork.com/nursing-events/132427-community-resiliency-model-an-introductory-session#!info> to learn more and register.

In an effort to better serve you, we created the GNA COVID-19 Rapid Response Team. Comprised of leaders from other Georgia nursing specialty organizations,

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for frontline nurses to be able to share honestly and openly about what was going on at their workplace. If you haven't completed the survey yet, please do so now. Your input is needed!

With the overwhelming response, we needed to continue a safe place for nurses to share their concerns and how they are coping with challenging emotions. Tapping into the expertise of Dr. Betsy Gard, we started the weekly GNA COVID-19 Virtual Support Group. Dr. Gard leads our weekly discussions and shares some resiliency ideas along with self-care exercises for the group. She then opens it up for participants to share their thoughts and feelings. Workplace concerns, home life, helping our children, and managing our strong emotions to social events are some of the areas of discussion.

Another need was helping new nurses entering the workforce during this pandemic. The Governor's first Emergency Order allowed for new graduate nurses to begin working before passing their N-CLEX exam. As a result, the Rapid Response Team convened and established the New Graduate Workgroup, which was comprised of nursing deans and directors, chief nursing officers, and GNA staff. They have conducted several productive regional meetings and are developing solutions that help our new nurses. We also hear updates every week from the Board of Nursing on the progress of the temporary permits and the status of N-CLEX testing sites.

Additionally, one of our biggest concerns was the mental health of our communities and our nurses. In response, the Mental Health Support Workgroup of the Rapid Response Team was established with broad goals of community mental health, we focused on our nurses. The workgroup consists of some of the leading experts in resiliency and GNA will be offering Community Resiliency Model (CRM) virtual training sessions on June 23rd, 24th and 25th.

As we continued our COVID-19 Rapid Response calls, an unprecedented situation started to develop: Nurses being furloughed. In my 30 plus years of practicing nursing, I have never seen furloughs in nursing. In response, we started the Furlough and

Shared Staffing Workgroup with the focus of, how do we get nurses deployed to hot-spots while making sure they were vetted for the healthcare system in need. We included our partner Matchwell in the conversation because they provide a direct cost-effective way to connect healthcare workers and healthcare organizations for on-demand, contract, or full-time work. The workgroup developed skills' check list, validation of certifications and are working on a standard drug screen and background check to be approved by Georgia's healthcare systems. We feel this is a tool for our workforce to be deployed in any emergency, in any part of our state.

The concerns over PPE availability moved us to develop our PPE Workgroup. Our focus is to explore PPE supply chain, minimum requirements and to write a position statement based on evidence. As of this writing, we are in the process of reaching out to the Georgia Hospital Association and the Medical Association of Georgia because it will take ALL of us to remedy a situation we never want to be in again.

As the Pandemic continued to unfold, we sadly found ourselves in the middle of social unrest and blatant injustices. The Georgia Nurses Association will not set idly by as our fellow citizens are hurting from these injustices. We have taken an oath to care for ALL citizens and it is time for Nurses to lead the social change. I've heard from so many of you and the message was clear; we are tired of caring for patients as the result of senseless violence. Our African American colleagues are tired and mad about sending their sons and daughters out, only to worry if they will make it home safely.

We are the most trusted profession. Nurses need a seat on all community advisory committees and review boards.

The world trusted us to get them through the pandemic, trust us to make social change.

2020 Year of the Nurse and Midwife. A year we will never forget. Please be safe and kind to each other.

In Service,

Richard Lamphier, RN
President
Georgia Nurses Association



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hospitals, nursing schools, and front-line nurses, we have been holding Zoom meetings every Monday at 7:00 pm. Under the leadership of GNA President Richard Lamphier, these meetings have not only been very productive, but also have brought nurses from all professional areas together to speak and act with one voice. Workgroups are meeting and formulating action plans addressing issues around PPE, furloughs, new graduates and temporary licenses, retaining nurses, and mental health emotional support.

As a result, here are some of the actions that have been taken so far.

Multiple GNA Frontline Nurse Experience Surveys generating media coverage to help make the voice of Georgia's nurses heard.

- March 30, 2020- Georgia Health News "Georgia nurses' survey reveals fear, a sense of helplessness, a lack of safety gear"
- April 7, 2020 11Alive "Medical workers on challenges during pandemic: We've been going through supplies like never before"
- April 28, 2020 Georgia Health News "New survey of nurses finds lingering supply problems and stress"
- April 28, 2020 The Atlanta Journal Constitution "OSHA investigating death of Piedmont Henry nurse"

A GNA/GNF Trust a Nurse Public Service Announcement that ran on television state-wide <https://www.youtube.com/watch?v=6KnUEdXaqOQ&feature=youtu.be>.

A teleconference with Georgia Governor Brian P. Kemp for GNA members. Watch the recording at <https://georgianurses.nursingnetwork.com/page/94377-gna-covid-19-rapid-response-team-videoconference-with-governor-kemp-april-22-2020>.

A teleconference with Georgia Lt. Governor Geoff Duncan for GNA members. Watch the recording at <https://www.dropbox.com/s/edivgwc7lnoqk06/Videconference%20with%20Lt.%20Governor%20Duncan%205.20.20.mp4?dl=0>.

A formal request for Frontline Worker Hazard Pay to the Governor generating media coverage to help make the voice of Georgia Nurses heard. Click https://s3.amazonaws.com/nursing-network/production/files/93812/original/Nursing_Incentives_Final_281_29.pdf?1588265707 to read the letter. Rep. Greene also sent a letter in support of the proposed incentives. You may read it here https://s3.amazonaws.com/nursing-network/production/files/93813/original/Greene_Nursing_Association_Letter.pdf?1588266284

- April 9, 2020 The Atlanta Journal Constitution "Group fears nurses jetting to NYC could leave Georgia in lurch"
- April 16, 2020 WABE 90.1FM/PBA "A 'Bidding War' For People: Georgia Nurses Recruited To New York"
- April 18, 2020 Atlanta Journal Constitution "Low pay and supply shortages have frontline nurses begging for relief"

To see the complete list of news articles where GNA has made the voice of Georgia's nurses heard go to our GNA in the News section of our website.

We have also created a COVID-19 Resource Center where the most up to date information on the virus and the recommendations of the CDC are available. There are several new members benefits that are in negotiations as well that range from hotel discounts to self-care products.

Again, thank you for your continued support.

In service to you,

Matt Caseman
CEO Georgia Nurses Association/
Georgia Nurses Foundation



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"Nurses: Frontline to Finish Line" Virtual 5K Race! August 8, 2020

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Registration

Registration is \$35 and includes a Frontline to Finishline 5k Virtual Race t-shirt that will be mailed to you.

Time Track

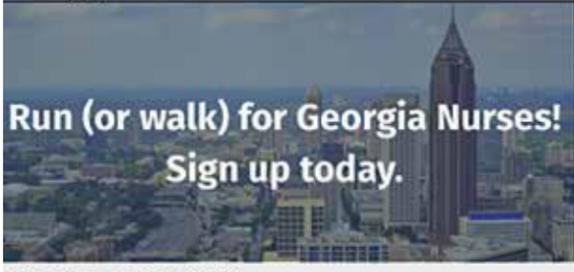
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- Recognition on the September edition of our monthly e-newsletter, along with a link to a landing page of your choice (over 6,000 recipients and counting).

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- Organization's name and logo showcased on the race t-shirt.
- You'll receive recognition in our quarterly newsletter Georgia Nursing, which has over 130,000 readers.
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Call to Arms: The Frontline Nurse Experience Amidst the Coronavirus 2019 Pandemic

Paula Tucker, DNP, FNP-BC, ENP-C, FAANP
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Paula Tucker



Debra A. Mann



Joy King

As the state's largest professional nursing association, Georgia Nurses Association (GNA) is the voice for Georgia's 130,000 Registered Nurses (RNs). Today we face a critical time to strategically assemble a clear and strong voice for nursing. To facilitate this, GNA's COVID-19 Rapid Response Team formed the COVID-19 Survey Task Force to better understand the experiences and needs of nurses treating COVID-19 patients. The first survey was deployed on March 11 with 233 responses, and the second survey was deployed April 10 with 211 responses. Both surveys highlighted concerns ranging from lack of Personal Protective Equipment (PPE) in the workplace to fear and anxiety associated with working during this pandemic. The initial results were distributed to the media, the Governor and members of the General Assembly generating several news stories highlighting the challenges experienced by nurses, and providing officials with a snapshot of nurses' experiences on the frontlines.

Highlighted COVID-19 Survey Results

Seventy percent of the nurses surveyed worked within hospital settings. More than 80% reported working in facilities that had a COVID-19 preparedness plan, with 48% of nurses rating the plan as "poor" in the initial survey, and 62% of nurses rating the plan as "good" in the subsequent survey. Furthermore, 69% of nurses reported not feeling safe or adequately equipped to perform their duties due to lack and re-use of PPE. More than half (58%) reported living with older adults or children.

The American Nurses Association (ANA) also conducted a COVID-19 survey between March 20 through April 10 of 32,000 nurses throughout the United States to gain perspectives on issues faced by frontline nurses. Analysis of GNA and ANA COVID-19 survey results found many similarities. For example, 78% of ANA responders indicated working in facilities with COVID-19 preparedness plans. Additionally, 64% of ANA responders reported being extremely concerned about the safety of their friends and family.

GNA respondents were also provided the opportunity to comment on how they have been impacted by the COVID-19 crisis. This information provided a firsthand glimpse into the experiences of nurses and their day-to-day stress. Of the 184 optional responses, 85 of those responses shared a common theme of physical and emotional stress resulting from anxiety, depression, insomnia, and fear.

One nurse commented, "Crying every day for families that cannot be with their loved ones in the last days. It has taken a toll on me just thinking about that." Another nurse stated, "The stress of it makes me question if I want to continue to be a nurse after this. I find myself questioning everything now."

A nurse administrator pointed out, "As a nurse supervisor it has been difficult to support staff and feel good about the COVID policies I have to enforce." A new graduate nurse described her experience as "a trial by fire." Nurses also voiced concerns of spreading or contracting the virus, one nurse who commented on the "fear of bringing home to my husband who is compromised. Fear of dying or family dying."

The Message Behind the Data

The GNA COVID-19 survey responses demonstrate that the well-being and workplace safety of nurses has been adversely impacted during this pandemic, placing nurses at risk for moral injury (Greenberg et al., 2020), burn-out, and at risk of leaving the profession. Furthermore, these survey responses from nurses in Georgia provide a clear message about the importance of fostering nurse well-being during and after this pandemic. In 2007, The Institute for Healthcare Improvement developed the Triple Aim Initiative, with the goal to enhance health system performance (www.ihl.org). In 2014, a fourth component, the Quadruple Aim was introduced to improve the clinician and staff experience. The rationale of adding the Quadruple Aim was that without satisfied clinicians, the other components of the Triple Aim will not be achieved. If nurses aren't happy, if they do not experience joy in the workplace, feel safe, valued, or most importantly cared for, then patients and the health of the population will be impacted.

Healthcare systems and leaders are urged to implement strategies that will address and promote nurse well-being. Active listening is the first step in providing emotional support, and identifying issues of importance to nurses. Implementing strategies such as peer support groups, mentorship or buddy systems for nurses being deployed to unfamiliar units, daily huddles, and creating opportunities for nurses to engage in self-care activities and share concerns and experiences can help to create a supportive working environment. On-going training and transparency instead of false assurance surrounding PPE within the workplace is also critical in promoting trust and fostering communication. Providing nurses with opportunities for COVID-19 testing and strategies for protecting their family and friends before returning home can also improve workplace and community safety. Finally, engaging with families to promote the patient experience can foster improved patient outcomes and nurse job satisfaction.

GNA has included resources on its website under the COVID-19 Resource Center in addition to offering a COVID-19 virtual support group and resiliency sessions for front-line nurses. As the most trusted profession, nurses have proven their commitment to providing high-quality, safe, and effective care. Clothed in "battle gear," nurses must "fight the good fight" in order to save the lives of many. Therefore, it is critical that nurses are supported at this time to sustain the profession during this pandemic. Supporting nurse safety and well-being is more critical now than ever before. This pandemic is not a sprint but a marathon, and nurses must be cared for throughout this race and thereafter. From the healthcare community, to family and friends; we are all in this together.

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COVID-19 Pandemic Planning: Addressing Staffing and Psychological Needs of Nurses

During the COVID-19 pandemic, nurse leaders across Emory Healthcare strategized ways to optimize staffing to accommodate surge capacity to meet the demands of critically ill patients. Operating under the philosophy “safe nurses equal safe patients,” we aimed to improve the lives of our people and patients. Disaster preparedness experts suggest focusing on staffing and staff preparation as critical components of planning to improve patient care outcomes (Einav et al., 2014). With evidence suggesting the coronavirus was virulent and highly transmissible, we developed plans to mitigate absenteeism. Compounding concerns about the effect of absenteeism was uncertainty about the duration of the pandemic. Subsequently, we drove plans to support resilience and manage fatigue. This article briefly describes a multi-pronged approach used to address the needs of nurses during COVID-19 pandemic planning.

Nurse Staffing

We responded to the concerns of nurses by aiming to meet their personal and professional needs. For example, assistance with childcare and temporary housing helped address their concerns and mitigate the impact of absenteeism. On the professional side, we formed coalitions to maximize use of regional staffing resources. This meant that nurses with critical care experience from local children’s hospitals and neighboring states could supplement staffing at different hospital sites. To further strengthen staffing measures, a task force representative of nurses across the system designed a scalable, surge care delivery model based on the staffing strategy framework recommended by the Society of Critical Care Medicine (SCCM, 2020). The model was based on the premise that during pandemic-related surge capacity, nurses would be redeployed from other areas to intensive care units. Thus, the model delineated the critical care nurse as team leader, delegating to redeployed nurses and support staff. Additionally, team leaders would collaborate with advanced practice providers and interdisciplinary health professionals to care for an influx of patients. Among many benefits, the model functions to improve patient care outcomes by decreasing variation in the way critical care is delivered by nurses across Emory during surge capacity.

Preparing and Supporting Nurses

We endeavored to prepare nurses for the COVID-19 marathon by keeping them informed and developing measures to address their psychological needs and to manage fatigue. To keep staff informed about the impact of the pandemic, we provided daily situational awareness reports. Such reports promoted transparency about the demands of patient care across the health system. Specifically, reports indicated the number of patients with confirmed diagnoses of COVID-19, as well as symptomatic patients without confirmed diagnoses. The report included cumulative data describing the number of patients discharged to home. Finally, the inclusion of survival rates recognized and celebrated the quality of care provided to patients.



**Stephanie Bennett,
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As the number of COVID-19 cases increased, staff wellbeing became of paramount concern. We established rapid response programs such as a wellbeing website, serving as a landing page for staff to access various types of psychosocial support. Further, a working group, comprised of nurses and physicians with various modalities of wellness and psychotherapy training, was formed to coordinate and offer a mixture of in-person and virtual group support sessions. The new support offerings complemented existing programs. Overall, these initiatives have become part of our long term strategy, recognizing that our caregivers have experienced and are experiencing primary and secondary trauma. Unfortunately, the causes of trauma extend beyond the COVID-19 pandemic to an unstable economy, and most acutely, racism-related issues sparking protests and unrest across Georgia and the United States.

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Communication Shift During Covid-19 Pandemic – Eye Contact and Nonverbal Communication Explodes

Do the Eyes Tell the Story?

**Dr. Sheryl Durr,
DNP, RN, CRRN, CWCN, COCN, NE-BC**

Eye Contact – Communication Shift

The new normal as we know it today as a result of COVID-19 has an enormous global impact on the lives of billions of human beings world-wide. The style and means of communication have also impacted communication especially for those who have relied on



the lips, facial expressions, and unmuffled enunciation of words as a means to obtain and gather closed-loop communication. Metaphorically, the eyes are the window to the soul, is analogous to the metaphor, devil is in the details. Social distancing in reality created distancing with a broader concept of socialization and communication as we wear the veil, masks, camouflage face covering to protect us from the deadly Covid-19 Virus.

Nervous System's role in communication

Cranial nerve II's role in communication is dynamic in that the function of the 2nd cranial nerve is to handover visual information from the retina to the visual centers of the brain through electrical

impulses. Eye contact is essential beginning from birth, when infants bond through direct gazes of their mother's faces. Moreover, the importance of making eye contact impacts social relationships in many countries and cultures globally. The eyes as a means of communication supports engagement, interpersonal relationships, and a means of physical and mental health issues. The eyes divulge significant evidence about the other person's attention, intentions, and psychological state. Eye contact and communication are consequently meticulously linked.

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Three Risk Areas Nurses Face in the Time of COVID-19

**Georgia Reiner, MS, Senior Risk Specialist,
Nurses Service Organization (NSO)**

The spread of the coronavirus (COVID-19) reinforces the dedication and selflessness of nursing professionals. This is a scary and uncertain time for everyone, especially nurses on the frontlines working tirelessly to help curb the spread of the COVID-19 and balance an influx in patients.



As nursing professionals tirelessly work to provide the best care possible to their patients during a difficult time, they need to know the steps to take to mitigate the risks that can impact their license, career, and reputation.

Three risk areas nurses need to have on their radar include:

Using social media best practices

Nurses are held to a higher standard than others because of their role as caretakers and because they have intimate access to patients' private information. Their social media presence should reflect this heightened responsibility, especially in this uncertain time. They must consider patients' right to privacy and act professionally before posting.

As the media and social media are consumed by COVID-19 news, nurses may want to join in and share their thoughts or may be tempted to air their grievances. Online comments or comments to members of the media by a nurse regarding employers or co-workers, even if posted from home during nonwork hours, may violate their employer's social media or media relations policies. Violations of employer policies may lead to employment consequences for the nurse, including termination. Nurses may want to think twice before posting or otherwise giving the appearance they are speaking on behalf of their employer unless authorized to do so, and must follow all applicable employer policies.

Preventing medication errors

Nurses must continue to work to catch their own potential medication errors, as well as the errors of other healthcare providers in the medication administration chain. Research has found that the majority of medication errors result from human factors, including inadequate communication, biased reasoning, reduced memory, and insufficient training and inexperience.¹⁻⁵ Nurses also identify distractions and fatigue as contributing to medication errors—which are factors that the COVID-19 crisis can exacerbate.²

Since the beginning of April 2020, the Institute for Safe Medication Practices (ISMP) has received reports of COVID-19-related medication errors.⁶ One error involved a redeployed OR nurse who administered the wrong type of inhaler after failing to engage unfamiliar barcode medication administration technology.⁶ Other missed dose errors have been reported due to communication failures between nurses and respiratory therapists.⁶

To prevent medication errors and other adverse outcomes, nurses pulled to an unfamiliar unit should be oriented to the patient population, technologies, processes, and medications typically used on the newly assigned unit.⁶ Nurses should also employ communication techniques such as a double-check/"check back" to verify they understand all verbal orders and instructions.⁷

Preparing to accept unfamiliar assignments

Nurses are at the forefront of this public health crisis—treating, educating, and preventing the spread of COVID-19. As the pandemic continues to evolve, nurses may be given patient assignments outside of their accustomed practice areas and locations. No circumstances change nurses' obligation practice ethically, but nurses should be aware of their employers' protocols for protecting nurses operating in extreme conditions and scarcities, and to ensure that the public receives the most adequate treatment and care possible in the situation.

With so much still unknown about the coronavirus, it's also important for nurses to be aware of the steps they can take if they do not feel equipped to handle an assignment. When the assignment is within a nurse's scope of practice but not within their realm

of experience or training, saying "no" could lead to dismissal. In these scenarios, nurses need to share their concerns with their supervisor. Nurses should describe the task or assignment they don't feel equipped to handle, the reason for their feelings, and the training they would need to be more confident and better prepared. Speaking up can lead to positive outcomes for nurses and patients.

These are trying times for healthcare workers. Being aware of potential risks helps nurses take steps to protect themselves as they care for others.

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The New Normal: Moving Forward in Light of COVID-19 Technical Innovation

Denise N. Josephs DNP, MSN, RN
Emory Healthcare

Acknowledgement: Special thanks to Mary M. Gullatte, PhD, RN, ANP-BC, FAAN for mentoring and editorial support.

Healthcare organizations often acclimatize by implementing new technology and enhancing practice, which has allowed them to grow while navigating change. In the wake of the COVID-19 pandemic, hospitals have seen how mobilizing and shifting resources and evaluating current practice had occurred overnight, and how this action had led to changes in protocols and implementation of new workflows and efficiencies in practice. Providers and nurses had seen how the COVID 19 pandemic have influenced the change in the way organizations have to forgo business as usual in hopes of prioritizing the care of COVID-19 patients and ensuring the safety of employees located in hospitals and clinics.



Throughout the COVID-19 Pandemic, healthcare organizations responded to the call of ascertaining ways to triage patients effectively, care for patients at risk for poor outcomes while keeping their providers and staff safe. One factor in that success was achieved by enhancing documentation in the Electronic Medical Record (EMR) by intentionally designing tools and applications to streamline the screening of patients based on criteria using algorithm-based logic, put in place to decrease face to face assessments. The COVID-19 pandemic effects on the EHR catapulted the

design and implementation of healthcare screening tools, which allowed providers and clinical staff to access and document disease-related issues in a centralized area of the patient medical record.

Along with creating algorithms for screening, the demand for the providers and staff throughout the nation to find ways to communicate with the quarantined patient from a distance led to the integration of telehealth in practices that generally would not have utilized this form of communication. Constructing a new model for providing care intended to facilitate remote communication involved partnering with the state governing bodies, who approved the technology that had limitations with practice guidelines and providers, now approved for use to communicate and interact with the patient at a distance.

Introducing familiar technology such as an iPad or computer for the patient to communicate and connect with members of the care team created a sense of familiarity and reduced potential anxiety. Individual perception about an electronic device can affect a person's attitudes toward greater use of that technology, its perceived usefulness and ease of use can predict the intention in which the technology correlates with its intended use (Turner, M., Kitchenham, B., Brereton, P., Charters, S., & Budgen, 2010; Venkatesh, Speier, & Morris, 2002; Morris, & Venkatesh, 2000). Cellular phones and iPads that were once used to communicate with family and friends had now become a lifeline for patients isolated and unable to receive visitors. For the providers, nurses, and care team, these everyday electronic devices were leveraged to connect patients in isolation when personal protective equipment (PPE) became scarce.

As organizations begin to recover from the COVID-19 pandemic, and are faced with moving forward with the "New Norm," will healthcare push

to keep moving in the direction of remote technology usage? Whether it involves staff telecommuting or providers assessing and treating their patients virtually; many health care providers have fully embraced telehealth.

As organizations move on to the post COVID-19 pandemic state, the technology that was implemented during this time will continue to be a reliable platform for the future state of healthcare, as it has created a resource for organizations to magnify and include as potential stream of new income. Continued use of telehealth and other technology has increased access to providers for patients who are not able to travel long distances, including those that live in rural areas with little or no access to a provider or clinician. As access to technology has grown, healthcare is on the cusp of understanding how to integrate patient health tracking devices remotely into the EHR securely, capturing the needed data to enhance care, increase the accurate recording of vitals, and deliver treatment remotely and improve patient outcomes.

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Three Common Nursing Mistakes and How to Avoid Them

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Mistakes are an inevitable part of learning in nursing. If you are a nurse, you will make a mistake. The goal is to learn from your mistakes and, if you are brave, share your mistakes so others can learn from them as well. I have been a nurse for over 11 years and know first hand the gut-punch of realizing I messed up. The only thing worse than making a mistake is not embracing the error and welcoming the learning experience it brings. For many years as a nurse I participated in peer reviews for medical errors, and identified three bad practices that lead to mistakes. Avoiding these bad practices is not a guarantee against mistakes, but chances are you will make fewer. Here are three common mistakes I have identified and tips on how to avoid them.

Rushed Assessments

We all do it, even though we say we never will. We try to convince ourselves that we can listen to breath sounds and heart sounds simultaneously. When you feel that urge to omit portions of your assessment due to your superhuman abilities, ignore it! In the

end, your patient will suffer. Take the time every shift to perform a thorough assessment. Look at your patient's feet, note their urine output, check all pulses. And please review vital signs. These simple steps take seconds and can literally save your patient's life.

Trusting without verifying

It has happened to all of us. The off-going nurse tells you a medication was administered or labs during the previous shift were all normal. Then hours into your shift, the rounding physician approaches you because he or she was not called regarding that elevated serum lactate, or they ask why the last dose of vancomycin was missed. You explain the previous nurse assured you all those things were covered. You frantically review the chart, and then BOOM! There it is. The red font in the EMR indicating a medication is overdue or that a lab value is outside of the normal range. The previous nurse made a mistake during the report leading to you making a mistake in practice. While we should trust our co-workers, you always have to go back to the source of truth: the patient's record and verify what they are telling you. Do not rely on your memory when giving report, and do not rely on your co-worker's memory when receiving report. Best practice is to always verify.

Not using SBAR.

Calling providers is no one's favorite activity. In the early days of my nursing career, most of the calls were humiliating and usually ended with me wanting to cry in the clean utility closet. Then, I realized my mistake. I wasn't preparing my SBAR. When I embraced the

simplicity of SBAR, I became more confident when calling providers.

Take a few minutes before you call the doctor; get your thoughts in order. Summarize why you're calling in 8-10 seconds (this is the "Situation"). Have all the necessary background information in front of you: lab results, vital signs, output, etc (this is the "Background"). Then quickly summarize your assessment findings and tell the doctor what you need ("Assessment" and "Recommendations"). Another thing I noticed when I started using SBAR is my patients received better care. A systematic review published in 2018 found improved patient outcomes when SBAR was used, specifically in nurse-to-physician communication (Muller M, Jurgens J, Redaelli M, et al, 2018). The doctors trusted my assessments and agreed with my recommendations and in the end, my patients received better care.

Remember nurses, we all make mistakes. You can graduate at the top of your class and procure decades of experience, but you are still going to be tempted to cut corners. You probably will not make a mistake the first 10 times you do this which gives a false assurance that the corners you are cutting were not necessary in the first place. But eventually you will make a mistake, and hopefully it is not one that will haunt you the rest of your life.

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The Atlanta VA Celebrates National Nurses Week (Month) and the 'Year of the Nurse'!

Esohe Osaghae, RN
GNA Chair- Atlanta VA Chapter

This year, in honor of Florence Nightingale's 200th birthday, National Nurses Week is also part of the World Health Organization's "Year of the Nurse and Midwife," recognizing the hard work of the world's nurses. The American Nurses Association expanded National Nurses "Week" (May 6- 12) to the entire month of May! Each week during the month of May will have a specific focus: Self-Care, Recognition, Professional Development, and Community Engagement.

Nurses at the Atlanta VA celebrated by creating either a video or a photo collage of each area or unit, showcasing nurses who work tirelessly every day to serve our nation's Veterans — and have continued to demonstrate their commitment and dedication throughout this historic global situation.

"VA nurses are fiercely dedicated to our mission of providing excellent care to America's heroes, which is especially vital during this time," said Shawanda Poree, program manager of nurse recruitment and resources at VA. "We couldn't care for the nine million Veterans enrolled in VA care without them."

Nurses throughout the Atlanta VA celebrated by wearing specially designed shirts by GNA Chairperson



Atlanta VA Chapter Chair- Esohe Osaghae, RN

for the Atlanta VA, Esohe Osaghae, RN, with the words '2020 year of the nurse...serving those who served' (see attached photo). You may watch the video at <https://youtu.be/xgauAWtzFF0>.

Celebrations included a dance challenge from various departments and featured here is Mr. Kevin Miller, chief nurse of mental health at the Atlanta VA who joined his staff to celebrate Nurses MONTH!

"I've been taking care of veterans for the past 16 years right here at the Atlanta VA and it is one of the best decisions I've ever made!" - Esohe Osaghae, RN

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You Want Change? Serve on Policy Boards

Lisa Wright Eichelberger Ph.D., RN
Co-Lead, Georgia Nursing Leadership Coalition
State Contact, Nurses on Boards Coalition
Dean, College of Health, Clayton State University

As we are reeling from the blatant and overt examples of racism seen recently in our own state as well as those around the country, I believe many of us are asking, "How can I make a difference?" "What can I do as a nurse to effect positive change in my community, in my state and in America?"



There are many things we can do. First of all, we can register and vote. The judges, district attorneys, mayors, representatives and senators are elected officials and are accountable to us. If you don't like the policies they are implementing or the manner in which they are handling crises, go to the polls.

Secondly, one of the most significant missed opportunities to improve the health and policies within our communities is the lack of nurses serving on governing boards/commissions and task forces. Historically, nurses have been woefully underrepresented on all types of boards, not just health-related boards, even when one includes community, civic and corporate boards. There are many reasons for the lack of participation from nurses on boards but our voice is too important to be absent!

In 2011, the then National Institute of Medicine (IOM) published a report on the Future of Nursing that highlighted the costs to our health care system because of nursing's lack of participation in crucial leadership and policy discussions. The IOM Future's Report, recommended that nurses should assume more places of leadership throughout the health care system. The call for nurses in places of leadership such as health related boards was viewed as critical. The reason for that is because it is at the governing level of organizations where policy and procedural decisions are made and where accountability is vested. It is essential to have nursing's voice present in governance to exert influence throughout the health care system.

To actualize this recommendation, in 2014, twenty-one founding organizations established the national Nurses on Boards Coalition (NOBC). The NOBC's mission is to improve the health of communities and the nation through the service of nurses on boards and other health-related bodies. A fundamental strategy of the NOBC is to increase nurses' presence and influence by assisting with the placement of nurses' on corporate, health-related, and other boards, panels, and commissions.

A goal of having 10,000 nurses serving on health-related boards by 2020 was created, and each of the fifty states was given a target goal based on their population. In 2017, NOBC chapters were established in each state, and **Georgia's was given a goal of having 276 nurses serving on health-related boards by 2020.** A Nurses on Boards Coalition web site was established at <https://www.nursesonboardscoalition.org/>. The NOBC website is where you go to list your board service and sign up if you want to be notified of potential board openings and training.

Most of us are familiar with elected board positions, such as seen with membership organizations like the Georgia Nurses Association. Some boards are appointed as is the case with the Georgia Board of Nursing, whose members are appointed by the governor. The Georgia Board of Health membership is appointed as well, and one member of each of the 159 county boards of health is to be "a person interested in promoting public health who is a consumer or a nurse." The mayor of the largest town in the county appoints the board of health members. That is 159 opportunities for nurses to be appointed to boards of health every term! Imagine the impact of having nurses serving on every GA county board of health.

In some counties, it is the county Hospital Authority that controls the funding of local hospitals and other health initiatives. Preference is given to physicians and registered nurses when appointing the members of the hospital authority.

Those seats come open annually and are four-year terms. Information about those positions is advertised in local newspapers and at county offices.

As a result of the recent focus on inequality and treatment of Blacks by local police forces, there are discussions in every community about the need for community oversight and review. What better place for a nurse with courage and a strong sense of social justice to serve! How do you make that happen? Contact your mayor and local officials and demand it happen and tell them why they need you on that commission or review board. Talk about a nurses' VALUE PROPOSITION, what a nurse brings to the table when appointed.

Nursing needs you and our communities need your service. Please go to the NOBC website and list your current service or indicate you want to serve. Don't worry whether your board or committee service counts or not. Just list it at the NOBC website, and let NOBC determine what counts and what doesn't. Please register all your service on all health and community boards. If you serve on two boards, that counts as two toward our target goal.

If you are not personally serving on a health-related board but know of someone who is, please share this information with them and ask them to register their important board service. You can also email me at lisa.eichelberger@clayton.edu with their pertinent information such as person's full name, email address/or phone number, and the board on which they are serving. We can now register folks' board service on the NOBC website for them.

The Georgia Nursing Leadership Coalition (GNLC) conducts board training and development. If you indicate that you are interested in upcoming training and other board-related opportunities at the NOBC website, you will be notified about such offerings.

Our progress toward our goal of 273 Georgia nurses serving on boards is provided quarterly. As of March 2020, Georgia has:

- **Total Board Service: 273**
- Board Service & Want to Serve: 132
- Want to Serve: 348
- **Counting Board Service: 174**



With 174 nurses serving on boards out of 276 needed, Georgia is at 63% of its 100 percent goal. This is up from 59% in November 2019.

We are almost to our goal! With over 160,000 nurses in Georgia, I am sure we have already achieved the number required to meet the target. The problem is that many Georgia nurses have not registered their service on the website!

So please go to www.nursesonboardscoalition.org, register, and serve. Let's be one of the states that reaches 100! We can do it, Georgia. Thank you for all you do and will do for Georgia!

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CHRONIC KIDNEY DISEASE: INCREASING AWARENESS

Rowena W. Elliott, Ph.D., RN, CNN, AGNP-C, GS-C, CNE, LNC, FAAN
Associate Professor of Nursing at the Nell Hodgson Woodruff School of Nursing at Emory University in Atlanta, Georgia



Although there is much to be learned about Coronavirus 2019 (COVID-19), the healthcare community has gained a great deal of knowledge regarding transmission, testing, treatment, and risk factors. According to the Centers for Disease Control and Prevention (2019a), there is an increased risk for severe illness with COVID-19 if an individual has chronic diseases, such as serious heart conditions, diabetes mellitus, chronic lung disease, and chronic kidney disease (CKD). What is interesting about this list is that they comprise four (4) of the six (6) leading chronic diseases in America. Currently, there are six in ten adults who have

one chronic disease, and four in ten adults have two or more (CDC, 2019b). While the prevalence of chronic diseases is alarmingly high, when compared with the other three, the awareness of chronic kidney disease is considerably lower. While individuals receive a great deal of information in the media about diabetes, cardiovascular disease, and even lung disorders, the availability and accessibility of information about chronic kidney disease are not as prevalent. Inevitably it leads to decreased awareness and an increased risk of developing CKD.

It is imperative to address the challenge of decreased availability and accessibility to information regarding CKD, especially since diabetes mellitus and hypertension are the leading causes of chronic kidney disease. When people have a diagnosis of diabetes mellitus, there is usually a discussion about the long term complications, which include retinopathy, neuropathy, and cardiovascular disease. The same applies to individuals who have hypertension. Potential complications that occur with consistently elevated blood pressure levels, such as myocardial infarction and cerebrovascular accident (CVA), are discussed. Conversely, there are those with diabetes and

hypertension, but they are unaware of the increased risk of developing a progressive, irreversible, and debilitating complication: chronic kidney disease. According to the 2016 National Health and Nutrition Examination Survey, 13-15% of the U.S. population had a diagnosis of CKD (all stages), and only half were aware that they had the disease (CDC, 2016).

So, what should we, as nursing professionals, do with this information? These alarming facts should be an impetus to take action in many ways:

- First, we should make efforts to know how diabetes and hypertension can increase the risk of CKD. If someone is at risk for CKD, we should (a) assess for the clinical manifestations of CKD (anemia, elevated BUN & creatinine, edema, etc.), (b) monitor for microalbuminuria (an indicator of kidney damage), and (c) monitor the estimated glomerular filtration rate/eGFR (an indicator of kidney function).
- Secondly, we should actively provide learning tools and opportunities for our patients/clients to increase their awareness of CKD (e.g., causes, risk factors, prevention, management, & treatment).

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- Third, we should change our mindset from primarily treating CKD to prevention through awareness, education, chronic disease management, and control.
 - a. Lastly, the nursing profession, in collaboration with other health care professionals and organizations, should focus more efforts on increasing the public's awareness of chronic kidney disease. In the past, many strategies have focused on the treatment of chronic diseases, especially diabetes and hypertension. However, the healthcare community should start placing a stronger emphasis on risk factors for chronic kidney disease, keeping blood glucose and blood pressure levels normalized, and keeping the public informed.

As we move toward setting these actions in motion, let us also realize that awareness is two-fold. Patients and professionals should be aware of the various aspects of chronic diseases. Most importantly, patients should know if they have a chronic illness so they can obtain information to make educated and informed decisions about their health.

If you would like more information about chronic kidney disease, there is a wealth of information on the American Nephrology Nurses Association (ANNA) website at www.annanurse.org.

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Are You Listening?

Phyllis P. Wright, AGPCNP, DNP, MPH
GNA Director of Leadership Development

Every kingdom divided against itself will be ruined and every city or household divided against itself will not stand. Words uttered thousands of years ago, used mightily in our own nation hundreds of years ago and certainly words that are applicable to today. Examine this text, and think of how much we have been headed toward the divide, not the celebration of diversity but the creation of a divide—blue or red states; democrat or republican; black or white; citizen or illegal immigrant; rich or poor. Through the protests over the past few weeks, we are finding that coming together for a common cause can be a strong unifying tenet. Unity in diversity is not a foreign concept. Putting it into action is more deliberative. This article is an attempt to suggest first steps.

There are three intertwined areas that individually we must conquer and collectively we must address. The real work begins with an open, honest, and thorough examination of ourselves. This is not judgement but examination. This is critical and requires the classroom of silence and solitude in which to learn. We are shaped by the stories we have told ourselves and those stories we have listened to. What are your stories? What are my stories? We must have courage to face that a truth or a story held by those who may have been influential in our lives long ago, doesn't have to hold true today. We have the individual power to change ourselves first, and we must start within before we expect those outside of us to be the ones who change.

Secondly, use communication wisely. As we have seen in our current media, whether in public or social media, the art of communicating has been lost. We have grown accustomed to monologues, soliloquys, and talking head to espouse an "expert" opinion, with no desire or interest to hear another point of view. Intelligently discussing and listening to learn not to just think of the rebuttal or what other salient point we can make is a first step. Our social media with its constant asynchronous posting certainly doesn't help this situation. "Seek first to understand, then to be understood."¹ I cannot walk in your shoes but I can listen to your journey and see how we can forge a path together.

Third, create safe spaces for each of us to thrive, not only physically but emotionally, intellectually, and spiritually safe. The book *Crucial Conversations*² elaborates that emotionally charged, opposing opinion and high stakes conversations hijack measured helpful actions and return us to our primary instinct of fight or flight. We often act our worst when the stakes are the highest. We must consciously fight the forces that make us want to run when our clothes are on fire and "stop, drop and roll." In these times and in those highly charged situations, refuse the divisive fool's choice—results vs relationship, winning versus losing—and look for the "and" where "we" can achieve both our goals and aspirations.

These three steps can start us on the journey of leading our nation through our circles of influence, leveraging our profession with collective courage, and developing the paradigm of abundance in the most important things of life—love, trust, relationships—that can be shared without limits.

Our decisions to become nurses, the training we undergo, the places we work and the people we serve at this time in which we serve is putting a long awaited spotlight on our profession. Doing what we do best every day each day—serving others through compassion, courageously treading into the front lines of uncertainty, and working within teams for restoration—can be a model for our divided house that can put us back together again.

¹ Covey, Steven R. (1990). *Seven habits of effective people* (p.236-239). Fireside..

² Patterson, K, Grenny, J, McMillan, R, Switzler, A. (2010). *Crucial Conversations*, (p. 1-18). McGraw Hill.

GNA Nursing Professional Development Approver and Provider Units

Lynn Rhyne, MN, RNC-MNN
Georgia Nurses Association, Nursing Professional Development Approver Unit
ce@georgianurses.org

The purpose of the Nursing Professional Development Approver and Provider Units is to provide a uniform system for approving and providing quality nursing continuing professional development activities. Those individuals who make up the committees of each unit are still focusing on this purpose despite the challenges brought by the current pandemic.

We encourage you to continue practice social distancing and wearing masks when outside your homes. This pandemic is far from over and common sense or critical thinking is still vital. Utilize the basic knowledge you learned in your nursing programs regarding personal protective equipment and the spread of infections/viruses. We, as nurses, were never educated on the type of virus we are encountering!

I circulated a Learning Needs Assessment a couple of months ago. The return rate, obviously, was not great, but it is understandable as right now nurses have a focus on just surviving and living as normally as possible. It is important for the Provider Unit to collect data to assist us in meeting your professional development needs when this pandemic ends. If you do not receive a survey, contact me at ce@georgianurses.org. The data I collect will let me know what you consider your development needs are, as well as the best days and times and platforms for presentation you need. I know not everyone lives in the Atlanta metropolitan area, I don't. So, we want to find locations you would prefer. Do you like web-based learning (webinars, Zoom presentations)? I foresee a trend of more web-based instruction being utilized.

Since we are approaching summer and my favorite holiday (next to Christmas), July 4th, I feel in this tumultuous time we need to reflect on the foresight and brilliance of those men who wrote the Declaration of Independence and remember "Liberty and justice for all!" I am not trying to be political or create animosity by saying this. It is our heritage, as dismal as it seems at times.

I have not developed any newsletters for the last few months. Again, you have so much on your minds that professional development takes a minor role. I will begin to do more newsletters when things have returned to a near normal state.

I am focusing right now on assisting GNA to provide opportunities for development activities that are pertinent to our lives currently. Please check GNA's website frequently to determine if something reaches out to you as important.

Within the next two months, I will be developing a presentation focusing on Suicide in Nurses. The presenter is a content expert in mental health issues. I am excited to provide this.

Please stay safe, use commonsense and love one another!

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Executive/Leadership Coaching Tips

Patricia Hinton Walker, PhD, RN, FAAN, MCC, NBC-HWC

Increasingly organizations/leaders look for a 'coach-consultant hybrid' for support and to assist with solutions in challenging times. (Fleming 2010). In Forbes' description of this VUCA world (Volatility, Uncertainty, Complexity and Ambiguity) leaders are challenged to make significant change (Kraaijenbrink, 2018). Executive coaches assist leaders with these challenges by increasing awareness, drawing out ideas/options, generally staying 'behind the scenes' while providing new research, models and solutions, serving as a go-to-person for trust and support (Blanchard & Miller, 2010). Additionally, health/wellness coaching expertise provides valuable assets to improved executive functioning.

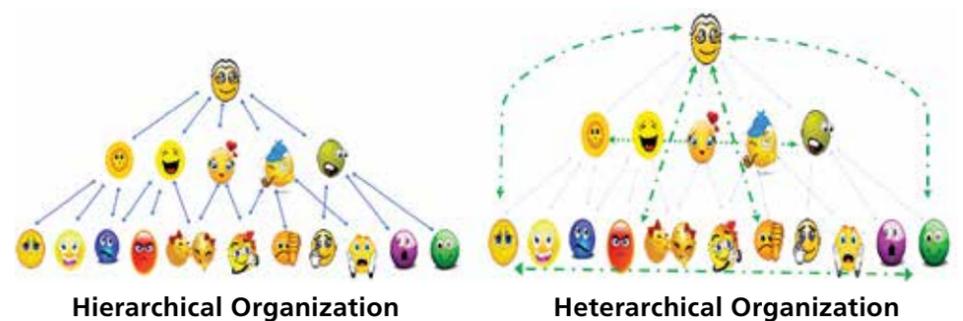


Tip-#1: TAKE CARE OF SELF! 'Manage Your Energy, Not Your Time' by focusing on awareness/assessment of physical, emotional, mental, and spiritual energy (Schwartz and McCarthy, 2007). In the 'crisis of the day/moment,' leaders think about time . . . not their energy! Despite knowing about health, unhealthy habits develop without even noticing. Content in my 'ANA Healthy Nurse-Healthy Nation' presentation provides neuroscience perspectives and knowledge of circadian and ultradian rhythms relevant to leaders/executives. Is the leader an owl or lark? What are their most productive times? (Smolensky & Lamberg, 2001). One key is to plan email/voicemail timing on the calendar to avoid constant interruption and increase productivity. Then, integrate these along with time(s) for ultradian rhythm break(s) every 90-120 minutes into the daily calendar. Schedule the recommended social, physical and/or spiritual (ultradian) breaks including: connecting with teams and frontline workers with compassion/vulnerability to enhance their resilience, take a 'desk-exercise or mindfulness break', and/or create 'sweet spots' of positive emotions by expressing appreciation to others. Finally, strategize for better sleep, using expressive writing to write down concerns/stories (Pennebaker & Evans, 2014) for personal resilience. Neuroscience indicates that our brain(s) and spirit(s) do not turn off at night and/or during breaks (when in default mode) but frequently come up with creative and/or spiritual solutions which are more effective than overworking a brain in constant 'task-mode'! (Betz, 2016)

Tip-#2: TEAM RELATIONSHIPS: Begin with TRUST using authenticity, self-awareness, recognizing that 'limiting mindsets' create challenges, negatively impacting trust, (Frei & Morriss, 2020) When leaders become self-aware and address these, it helps to move teams/organizations forward in times of difficulty/crisis. Other than recognized 'fixed and growth mindsets' (Dweck, 2017), other 'mindsets' in the literature include: Promotion/Prevention, Open/Closed, Abundance/Scarce, (Gottfredson, 2018) and abundance/scarcity, break-the-roles/risk-averse, and long-term/short-term goals. (Scudamore, 2017). Self-assess for self-awareness, then seek feedback from trusted colleagues to help identify the presence of 'limiting mindsets.' Be purposeful in self-management by: 1) challenging the 'limiting belief/mindset' within, 2) identifying when it surfaces and why, 3) listening for key words/phrases habitually spoken related to the 'limited mindset', and 4) exploring new 'belief(s)' with new 'habit' words consistent with a purposeful shift to improve team/organizational resilience (McGuire, 2018).

Tip-#3: ORGANIZATIONAL RESILIENCE: Organizational resilience goes beyond managing mindset(s) to future organizational change. Reliance on traditional hierarchical structure(s) and data-driven outcomes for success based

on past performance presents VUCA challenges. Wagner (2018) advocates shifting from Hierarchical to Heterarchical organizations, posing the question 'Is Heterarchy, the Answer to Crisis of Hierarchy?' (See Graphic below). Heterarchical structures present opportunities for front-line people to honestly pose possible solutions that would be helpful versus 'how we have traditionally done it' and allows the leader to show true empathy/compassion. Leaders need to recognize that, "Innovation Never Suffers from Lack of Ideas" (Burkus, 2013) and be aware that previous 'limiting mindsets' may have prevented new ideas from being considered/implemented. Leaders must show concern, recognizing that oversharing their own fears that may cause lack of subordinates' confidence (Fosslein & Duffy, 2019) while again, openly seek subordinates' criticism (Meeker, 2020). Also, the heterarchical structure allows leaders to demonstrate the 'power of vulnerability' (Brown, 2012). Contribute to resilience that Carol Pemberton (2015) calls a 'bank account that has a balance figure that can be drawn upon when needed' by creating meaningful interaction with frontline workers, openly seeking subordinates' concerns and 'on-the-spot' problem solving and new ideas. To foster organizational resilience, using the heterarchical model with the courage of 'personal presence' by leaders can truly make a difference AND open the door for better organizational functioning setting the model for different approaches for future crises/pandemics!



Adapted from: Berntson, Gary; Norman, Greg; Cacioppo, John T.: **Laterality and Evaluative Bivalence: A Neuroevolutionary Perspective – Scientific Figure on ResearchGate. Available from: https://www.researchgate.net/Hierarchical-and-heterarchical-organizations-A-heterarchy-differs-from-a-hierarchy-in fig2_254089716 [accessed 25 Nov, 2018] Copyright belongs to Patricia Hinton Walker, PhD, RN, FAAN, MCC. At: www.coachingsteppingstones.com (2020).**

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Correspondence regarding this article should be addressed to Patricia Horton, 1494 Wynnefield Ct. Marietta, GA 30062, Email: patriciahorton55@gmail.com



The nursing workforce across Georgia has been on the frontlines fighting COVID-19 since it started. Fearful yet courageous, exhausted yet resilient, challenged yet persistent, and uncertain but determined. Nurses have been part of the collective effort in developing creative solutions in response to COVID-19. Nurses have served as beacons of hope and inspiration for patients, families and colleagues who have felt despair. Nurses are an integral part of healthcare and for eighteen years nursing has been ranked as the most trusted profession by the American public. Nurses have earned public trust by advocating for patients, speaking up about health equity and pursuing access to care. Nurses throughout history have stood up for all types of oppression and sought for improving respect for human dignity, just as they are today in the midst of the health and humanity crisis that is occurring across our country.

Florence Nightingale, over 150 years ago, worked in the most difficult times and brought about major change that promoted an educated and trained workforce to care for the sick. Since then the nursing workforce has continued to evolve, respond, and reinvent itself to advance healthcare and the nursing profession. Over the last 20 years, there have been many factors that have influenced the nursing workforce.

- The Johnson and Johnson Campaign for Nursing Future – raised public awareness about the nursing shortage and the transformative role nurses have in healthcare
- The Great Recession – devastating impact on the economy and jobs while RN employment steadily increased
- IOM report: The Future of Nursing Leading Change – evidence-based recommendations to advance the profession of nursing
- Patient Protection and Affordable Care Act – recognized nurses as major stakeholders who lead innovation and transform healthcare

Prior to COVID-19, healthcare had other forces in play that were impacting the nursing workforce such as downward cost pressure, the transition to value-based programs, consumerism, increasing regulations, the experience-skills gap, mergers and acquisitions, and demographic changes. The big question is how will these forces impact healthcare now and what will the future of healthcare look like after the impact of COVID-19?

COVID-19 has caused its own impact with increased telehealth, the reduction in systemic volume, the loss of revenue, regulatory barriers, the health professional shortage, the impact on mental well-being, the availability of supplies, disruptive technologies and tremendous uncertainty. The past events have helped to shape nursing today and the unique role that nurses have in redesigning healthcare, both as individuals and as a collective whole. The current and emerging disruptions and challenges will impact the nursing workforce and with this comes opportunities for nurses to lead transformative change to achieve a better future for nursing and healthcare.

Nurses have the opportunity and the responsibility to take an active role in creating solutions that will advance nursing and healthcare. Nurses are empowered to accomplish positive outcomes by being a role model, being a positive change agent and being open-minded. It is also important that nurses, like all other healthcare professionals, continuously expand their knowledge base and listen to other perspectives. Then nurses as trusted professionals can positively and substantially influence a healthcare system that values and addresses the health of all people. This is a time to recognize and appreciate the leadership role that nurses have in effecting change that leads to improving the health and humanity of all people. Now is the time for the nursing profession to focus on what really matters and unite toward common goals that lead to creating a culture of health, reducing health disparities, and improving the health and well-being of all.

College Countdown: 13 Ways to Pay Tuition Bills

Submitted by Valerie Edwards, Mutual of Omaha
Valerie.Edwards@mutualofomaha.com
678-672-0301

Your child is entering the final stretch before beginning his or her college journey. Consider your options as you prepare to pay those upcoming tuition bills. Here are 13 ways to help pay for your child's education.

Tax-Advantaged Savings

1. 529 college savings plans. When you're ready to tap your account, make sure your expenses are "qualified withdrawals." These include tuition and fees, books, computers, technology, internet access and some room and board if your child lives off-campus.

2. Prepaid tuition plans. Generally, these plans share many of the same rules as the 529. Qualified withdrawals under prepaid programs cover tuition however, most, do not cover other expenses, such as room and board.

3. Coverdell Education Savings Accounts. Coverdell contributions are not tax deductible, but amounts deposited in the accounts grow tax-free until withdrawn. Coverdell can be used only to pay for qualified education expenses.

4. Roth IRAs. A Roth IRA allows you to withdraw any earnings penalty-free if you use the funds to pay qualified education expenses, although you will still owe tax on the withdrawals if you are under 59 ½ at the time.

5. U.S. Savings Bonds. Series EE and I savings bonds let you exclude from your gross income some or all the earnings on any amount you redeem that covers tuition and fees at a qualified post-secondary institution.

6. Custodial accounts. Also known as UGMAs or UTMA's, after the Uniform Gifts to Minors Act and the Uniform Transfers to Minors Act. Things to keep in mind: All gifts to custodial accounts are irrevocable. Once your child reaches the "age of majority" (as defined by your state law, typically 18 or 21), the account terminates and the child can use the assets for college or anything else.

7. Life insurance. Within certain policies, such as whole life or indexed universal life (IUL), any accrued cash value can generally be accessed through policy loans or withdrawals to help supplement college funding (assuming the policy remains in force). With IULs, in particular, you can access the cash value at any age, at any time and for any reason.

*Policy loans and withdrawals will reduce cash value and death benefit. Policy loans are subject to interest charges.

Tax Credits

8. American Opportunity Credit. This credit applies to qualified education expenses incurred by eligible students attending at least half-time during their first four years of undergraduate education. Check with your tax advisor for current details.

9. Lifetime Learning. With this credit, you can 20% of your out-of-pocket costs for tuition, fees, and books, up to a maximum of \$2,000 a year per family. Unlike the American Opportunity Credit, however, the credit is not limited to

undergraduate educational expenses, nor does the credit apply only to students attending at least half time. Income limits, however, do apply.

10. Education deduction. After having been reinstated and extended multiple times in recent years, this tax break is scheduled to expire. Check with your tax advisor.

Financial Aid Sources

11. Scholarships. This type of free money, awarded to students based on academic or other achievements, is universally coveted. (Sallie Mae estimates there are five million sources of college scholarships). Scholarships generally don't have to be repaid, so they're often called "gift aid."

12. Grants. Grants are often based on financial need. Like scholarships, they don't need to be repaid (unless, for example, you withdraw from school and owe a refund). The U.S. Department of Education offers a variety of federal grants to students attending four-year colleges. Go to www.ed.gov.

13. Student loans. Student loans can come from the federal government or from private sources such as a bank or financial institution. Federal student loans usually offer borrowers lower interest rates and have more flexible repayment options than loans from banks or other private sources. To apply for a federal loan, you must complete a Free Application for Federal Student Aid (FAFSA).



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About GN-PAC:

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Georgia Nurses Association Peer Assistance Program highlighted on the International Nurses Society on Addictions

The Georgia Nurses Association Peer Assistance Program (GNA-PAP) was invited to write an article on the GNA-PAP for publication on the International Nurses Society on Addictions (IntNSA).

Two-terms, GNA past Director of Nursing Practice & Advocacy Edward Adams, MSN, RN, had the honor to write the piece titled "Over 30 Years of Nurses Helping Nurses in Georgia," where he covered snippets of the history of the program, successes throughout the years, current challenges and its vision. To read the article please click [here.](https://s3.amazonaws.com/nursing-network/production/files/95017/original/Over_30_Years_of_Nurses_Helping_Nurses_in_Georgia_10__282_29.pdf?1593010777)



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I Want to Get Involved: Joining and Creating a GNA Chapter

Are you interested in Palliative Care? Nurse Navigation? Informatics?

Whatever your nursing passion may be, Georgia Nurses Association (GNA) can help you connect with your peers locally and across the state. Becoming involved in your professional association is the first step towards creating your personal career satisfaction and connecting with your peers. Now, GNA has made it easy for you to become involved according to your own preferences.

Through GNA's new member-driven chapter structure, you can join multiple chapters and also create your own chapter based on shared interests where you can reap the benefits of **energizing experiences, empowering insight and essential resources.**

Visit http://www.georgianurses.org/?page=Chapter_Chairs to view a list of current GNA Chapters and Chapters Chair contact information. Connect with

Chapter Chairs to find out when they will hold their next Chapter meeting!

The steps you should follow to create a NEW GNA chapter are below. If you have any questions, contact the membership development committee or GNA headquarters; specific contact information and more details may be found at www.georgianurses.org.

1. Obtain a copy of GNA bylaws, policies and procedures from www.georgianurses.org.
2. Gather together a minimum of 10 GNA members who share similar interests.
3. Select a chapter chair.
4. Chapter chair forms a roster to verify roster as current GNA members. This is done by contacting headquarters at (404) 325-5536.
5. Identify and agree upon chapter purpose.
6. Decide on chapter name.

7. Submit information for application to become a chapter to GNA Headquarters. Information to be submitted includes the following:

Chapter chair name and chapter contact information including an email,

Chapter name, Chapter purpose, and Chapter roster.

8. The application will then go to the Membership Development Committee who will forward it to the Board of Directors. The Board will approve or decline the application and notify the applicant of its decision.



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