

The Nursing Voice

The Official Publication of the Illinois Nurses Foundation
Quarterly publication direct mailed to approximately 4,500 RNs and electronically via email to 90,000+ RNs in Illinois.

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Renew your license – RN and APRN September 30 deadline

The Illinois Department of Financial and Professional Regulation (IDFPR) granted an automatic extension to complete continuing education requirements and to complete license renewal for all Illinois RN and APRNs during the initial states of the COVID-19 pandemic. The license renewal deadline extension ends September 30, 2020.

To renew your Illinois RN and APRN license use the license renewal icon on the IDFPR home page <https://idfpr.com/>. The icon is located on the far right under the blue section.

After paying the renewal fee, please click the link and complete a 26-question survey. It only takes five minutes to complete.

Continuing education requirement FAQs for LPN, RN and APRNs are available on the Illinois Nursing Workforce Center (INWC) website <http://nursing.illinois.gov/NursingCE.asp>.

There are new CE requirements for Illinois LPNs, RNs and APRNs beginning January 1, 2020:

- 1) All LPNs, RNs and APRNs shall complete a one-hour CE course in sexual harassment prevention training from a pre-approved provider.
 - a) This one hour of sexual harassment prevention training CE course is intended to fit into the licensee's regular CE requirements. For LPNs and RNs, one of the 20 hours of required CE must be a sexual harassment prevention training course. For APRNs, one of the 80 hours of required CE must be a sexual harassment prevention training course.
 - b) Additional information regarding this new requirement for license renewal in 2020 is available http://nursing.illinois.gov/PDF/2019-11_IDFPR_SexHarassPreventTraining_final.pdf.
- 2) Safe opioid prescribing practices continuing education (CE) requirement is in effect for all prescribers renewing in 2020. Prescribers with Controlled Substances Registrations are

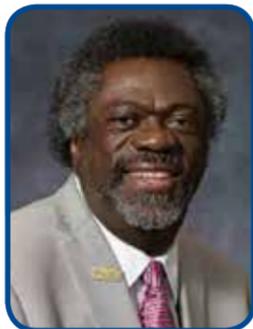
required to complete three hours of CE to renew their controlled Substances Registration. This requirement can be included in the total number of hours required to renew a professional license. <https://www.idfpr.com/FAQ/DPR/Safe%20Opioid%20RX%20CE%20FAQ.pdf>

Address update: Please note that all IDFPR correspondence are now delivered electronically, including renewal reminders (in lieu of the paper postcard sent by U.S. Mail). Licensees are strongly encouraged to visit IDFPR's online address change webpage to provide a current email address and ensure contact information is up-to-date and accurate. <https://www.idfpr.com/applications/LicenseReprint/>.

If you have questions, assistance is available Monday through Friday by contacting the IDFPR call center at 1-800-560-6420, or by email at FPR.PRFGROUP09@illinois.gov

ANA's Membership Assembly Re-Elects Ernest Grant as National President

Ernest J. Grant, PhD, RN, FAAN, has been re-elected to a second term as the American Nurses Association's (ANA) national President. The voting representatives of ANA's Membership Assembly also elected four members to the 9-member board of directors. Terms of service will begin January 1, 2021.



Ernest Grant

"It is with great pride, duty and purpose that I serve nurses, represent nurses, and advocate on behalf of nurses nationwide," said Dr. Grant. "Throughout history, nurses have responded to every public health crisis, marched for civil rights and provided patients and communities optimal care. As our nation grapples with the COVID-19 pandemic, racism and health inequities, nurses are

once again demonstrating the resolve, compassion and undisputed skill that defines our distinguished profession. Undoubtedly, the "Year of the Nurse" looks much different than we had expected. We have experienced tremendous loss, but we are resilient, and we will emerge even stronger. I am forever proud to be a nurse and to serve our profession in the company of other great leaders."

These ANA members were elected to serve on the board of directors: Director-At-Large Brienne Sandow, MSN, RN, NEA-BC, of the Idaho Nurses Association; Director-At-Large, Staff Nurse Amanda Buechel, BSN, RN, CCRN, of ANA-Illinois.

The following ANA board members were re-elected: Secretary Stephanie Pierce, PhD, MN, RN, CNE, of the Louisiana State Nurses Association; Director-At-Large Jennifer Gil, BSN, RN, of the New Jersey State Nurses Association.

Those continuing their terms on the ANA board in 2021 are: Vice President Susan Y. Swart, EdD, MS, RN, CAE of ANA-Illinois; Treasurer Jennifer Mensik Kennedy, PhD, MBA, RN, NEA-BC, FAAN of the Oregon Nurses Association; Director-at-Large Jeff Watson, DNP, RN, NEA-BC, of the Texas Nurses Association; Director-at-Large, Recent Graduate Marcus Henderson, MSN, BSN, RN of the of the Pennsylvania State Nurses Association.



Amanda Buechel
BSN, RN, CCRN

Elected to serve on the Nominations and Elections Committee are: Amanda Foster, BSN, RN, of the Arizona Nurses Association; Tonisha Melvin, DNP, CRRN, NP-C, of the Georgia Nurses Association; Marylee Pakieser, MSN, RN.FNP-BC, of ANA-Michigan.

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Index

INF President's Message	2	The Nurse Navigator - Guiding Patients to Wellness	12
ANA-IL President's Message	3	Our Voice: Molly Moran on the Value of Health and Personal Wellness Among Nurses	13
2020 Scholarship Awards	4	Meet Alan "Tony" Amberg APRN, PHMNP.	15
CMSA Illinois	5	IBHE and Nursing Workforce Center Recognize 2020 Nurse Educator Fellows	16
ANA-Illinois Candidates Announced	6	INF Donor Form	19
Nursing Home Nurses Lack Time and Resources for Complete Care	8		
Nurses on Boards Coalition	9		
Healthy Nurse, Healthy Nation	11		
IONL	11		

INF PRESIDENT'S MESSAGE

A Tribute to Nurses!

Cheryl Anema PhD, RN



**Cheryl Anema
PhD, RN**

Fall 2020 – It has arrived and we continue to live with COVID and the “NEW NORMAL.” We also are dealing with the stresses of changes in our communities and work environments. I don’t think I ever thought I would see the day when in the middle of a nursing shortage, nurses would be laid off. It is true. Even though there is a nursing shortage, a shortage of experienced nurses, a shortage of nursing faculty.... experienced bedside nurses and nursing faculty are being or have been laid off due to the changes of demand in areas of health care and education affected by COVID.

2020 is the Year of the Nurse! No doubt about it. Not only did the World Health Organization decide this long before 2020, but this virus has proven the importance and commitment of nurses. We have seen nurses work long extended hours, be placed in working conditions that jeopardized their own health and health of their families. We have seen nurses who contracted COVID and survived only to return to care for their COVID patients, and nurses who succumbed to the virus – giving up their lives doing what they loved – “Being a Nurse.”

The IL Nurses Foundation continues to salute and thank nurses – all nurses – for their decision to be a nurse and give back. As per our tradition, the INF recognizes a Nurse of the Year. There is a call out to individuals and institutions to nominate a nurse worthy of the title of Nurse of the Year! There are many, but they need your nomination to be considered for this great celebration. Usually the Nurse of the Year is announced at the annual INF Holiday Gala and Fundraising event in December. A decision was made to cancel the Gala in December 2020 due to social distancing standards. We will still celebrate a Nurse of the Year, but the announcement will be made in a different format TBA.

We will be continuing with our 40 Under 40 Program as well this fall, but it will be Virtual for the same reasons as stated above. We may be experiencing the need for change, but celebrating nurses and the nursing profession does not need to change. Nursing is still one of the best professions and is represented by some of the best men and women in the world.

As you consider your end of year donations this year, please think of the work of the INF. If you have a few dollars to donate to help celebrate Nurses, Nursing Education, and Healthcare promotion, consider giving to the INF. This is the year of the nurse; this is the year to Support Nursing; this is the year you want to be able to say “I Support Nursing!” Honor a Nurse and GIVE TODAY - www.illinoisnurses.foundation

ANA’s Membership Assembly Adopts Resolution on Racial Justice for Communities of Color

Racial Justice for Communities of Color – June 2020

The American Nurses Association (ANA) 2020 Membership Assembly condemns the brutal death of George Floyd and the many other Black, Indigenous, and People of Color who have been unjustly killed by individuals within law enforcement. Such cruelty and abject racism must not go unchallenged.

Racism is a public health crisis that impacts the mental, spiritual, and physical health of all people. *The Code of Ethics for Nurses with Interpretive Statements*

obligates nurses to be allies and to advocate and speak up against racism, discrimination, and injustice. Consistent with this obligation, ANA has taken positions against racism, discrimination and health care disparities and advocating for human rights.

ANA, along with nurses everywhere, are again called to action. Collectively, we must emerge from silence and speak with one strong voice as leaders and role models of compassion and empathy for our patients, families, communities and most importantly, towards one another. Our voice is our commitment to making a difference in all that we do for those we serve.

ANA, along with the Constituent/State Nurses Associations and the ANA Individual Member Division, pledges to:

- Oppose and address all forms of racism and discrimination.
- Condemn brutality by law enforcement and all acts of violence.
- Champion the Code of Ethics for Nurses which calls on us to recognize human dignity regardless of race, culture, creed, sexual orientation, ethnicity, gender, age, experience, or any aspect of identity.
- In partnership with nurses everywhere educate, advocate, and collaborate to end systemic racism, particularly within nursing.
- Advance institutional and legislative policies that promote diversity, equity, inclusion, and social justice for all.
- Advocate for the ending of health inequities within communities and health care systems that stem from systemic racism.
- Promote deliberate and respectful dialogue, effective listening and commitment to change as a means to improve the health of all individuals and the communities where they live and work.



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The Nursing Voice

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- Subject to editing by the INF Executive Director & Editorial Committee
- Electronic submissions ONLY as an attachment (word document preferred)
- Email: kristy@sysconsultingsolutions.com
- Subject Line: *Nursing Voice* Submission: Name of the article
- Must include the name of the author and a title.
- INF reserves the right to pull or edit any article / news submission for space and availability and/or deadlines
- If requested, notification will be given to authors once the final draft of the *Nursing Voice* has been submitted.
- INF does not accept monetary payment for articles.

Article submissions, deadline information and all other inquiries regarding the *Nursing Voice* please email: kristy@sysconsultingsolutions.com

Article Submission Dates (submissions by end of the business day)
January 15th, April 15th, July 15th, October 15th

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ANA-ILLINOIS PRESIDENT'S MESSAGE

Elizabeth Aquino, PhD, RN



Liz Aquino, PhD, RN

2020 continues to be an eventful year that has been challenging but has also created opportunities for great change. As nurses continue to show up every day to fight COVID-19, the ANA has been collecting a series of PPE survey data from thousands of nurses across the nation, to identify topline concerns, make recommendations, and advocate for the prioritization of safety measures that protect nurses working on the frontline. The survey data has exposed serious safety concerns that include continuous PPE shortages, reuse of PPE for several days, and feeling unsafe. ANA-President Dr. Grant has testified in front of Congress to advocate for more production and access to appropriate PPE, mental health resources, hazard pay for frontline workers, prioritizing testing and treatment for nurses, and provide recommendations for sustainable solutions to protect frontline nurses.

ANA-Illinois continues to support ANA COVID-19 focused initiatives in addition to our own. We have hosted open forums to listen to nurses concerns, and issues related to COVID-19 featured frontline heroes on social media platforms to acknowledge the important work that nurses on the frontlines are doing every day, and were featured on various media outlets to discuss the nursing perspective on issues related to the COVID-19 pandemic. Our Nurses4Nurses Networking calls are held on the 4th Wednesdays of the month at 7 pm; the zoom link can be found on the ANA-Illinois website and newsletter. Health Nurse Healthy Nation (HNHN)-ANA-IL has been working hard to engage and support members in maintaining wellness during the pandemic. HNHN-ANA-IL state lead, Molly Moran, and regional leads have a Facebook group where over 400 members share their goals, accomplishments, and help motivate each other. Nurses joined the Great Race Across Illinois Virtual Relay & Solo Challenge (210 or 390 miles!) to help raise money for the Illinois Nurses Foundation. Look out for more ways

to get involved and show your journey to mental and physical wellness!

On June 13th, ANA-Illinois released a statement, "Enough is Enough. Take Action: Protect Black Lives" to show solidarity in standing against the racism and racial injustices that exist for Black communities while also reminding nurses of their personal responsibility to stop systemic racism and help protect Black lives. Subsequently, ANA-Illinois created its inaugural Diversity, Equity, and Inclusion Expert Panel that includes seven steering committee members and 15 advisory group members. Each member comes with a wealth of experience and knowledge that will help develop recommendations that can guide ANA-Illinois policy work and initiatives that address diversity, equity, and inclusion in all facets of nursing.

We know that when Nurses Vote, Change Happens! 2020 has taught us that leadership matters, so make sure your vote is counted this November for the national, state, and local elections! Visit the ANA-Illinois Advocacy Portal and click on the Nurses4Nurses link to learn more about nurses seeking office and how to support them. And ANA-Illinois Board of Directors elections is September 17-October 2. We look forward to the installation of the new Board of Directors at the Virtual Professional Issues Conference on Saturday, November 7th.

Although it may be some time before we can safely all come together again, we can still celebrate and support one another. Congratulations to all of the phenomenal 40 under 40 emerging nurse leaders who we will celebrate on September 17th in a virtual ceremony. And congratulations to ANA-Illinois for exceeding 5,000 members! We welcome all new and renewed members.

There is still a lot of work to be done this year, and years to come, so we look forward to your involvement!

Wishing you wellness and peace,
Sincerely,

Elizabeth Aquino, PhD, RN
President, ANA-Illinois

2020 Nurses Month Honoree

Mrs. Pamela R. Hutcherson MSN, MBA-HC, RN



CAAN Academy of Nursing Honors Our Faculty Member Professor Pamela Hutcherson, for Her Unwavering Dedication to The True Spirit of Nursing; Caring, Compassion and Integrity.

Over the past four (4) years it has been an honor having Professor Hutcherson on our TEAM. We are delighted to say that she has made many outstanding contributions in the advancement and placement of our newly educated nurses. These nurses are gratefully taking their places daily within our Healthcare Community. Professor Hutcherson Leads by Example with a Strong Caring Positive Attitude, upholding the vision and mission here at CAAN Academy of Nursing.

Professor Hutcherson truly defines the meaning of the Professional Registered Nurse. She is Spiritually Motivated, Ambitious, and Driven to accomplish Perfection both Personally and Professionally. She continues to provide direct healthcare in delivering IV Therapy in Home Health, Professional Nursing education to students along with tutoring and mentoring. Her commitment to our professional organizations such as the American Nurses Association (ANA) and especially the Illinois South Suburban National Black Nurses Association (ISSNBNA) is genuine. ISSNBNA is honored to have her as a dedicated member fulfilling the vision and mission of our chapter, through her ongoing community service.

In respect to 2020 being "The Year of Perfect Vision," We find Professor Hutcherson's testimony to be true to her Spiritual conviction and motivation.

"My Motivation is Internal and External. Internally, God created me for this Purpose. I ask God to get the Glory out of Everything I do, and I am Motivated Knowing He is Pleased. Externally, knowing He is pleased gives me gratification and the gratification gives me wholistic strength, insight and the desire to make a significant Difference for the Betterment in the Lives of Others. Therefore, entering in on the COVID-19 Front-Line of Healthcare within my Community during this Pandemic was my appointment. Taking Nursing students with me to Roseland Community Hospital (RCH) to test for COVID-19 was my responsibility to teach and reach our students with the truth in this season of our lives. And as to delivering direct healthcare to COVID-19 patients at Ingalls Hospital this is my calling."

~ Professor Hutcherson ~

Professor Hutcherson, Thank You for Being A Vital Member of Our Team!!

You Truly uphold CAAN Academy of Nursing Vision;

"To Inspire, Motivate, Cultivate and Educate Nurses woven in the Moral Fibers of Caring Compassion"

God Bless You, Love Your CAAN Family,
Dr. Carol Alexander DNP, APRN, ACNS/NP-BC
President CAO

NURSES VOTE 2020 PRIORITIES

The American Nurses Association encourages all nurse-advocates to learn more about the presidential candidates and where they stand on the issues most important to the nursing profession.

Learn more at nursesvote.org

<p>Health Care Reform</p> <p>Any attempt to transform American health care must ensure universal access, optimize preventive services, encourage cost-effective care, and ensure a sufficient supply of a skilled workforce.</p>	<p>Workplace Violence</p> <p>One in four nurses has been abused in the workplace. More health care employers need to develop and implement suitable plans to prevent workplace violence, which puts nurses and others at risk daily.</p>	<p>Safe Staffing</p> <p>Achieving the right staffing levels requires nurses and management working together. Increasing the number of Registered Nurses per patient improves clinical and economic outcomes.</p>
<p>Opioid Epidemic</p> <p>Nurses play a primary role in comprehensive treatment plans and care coordination, and will continue to be integral in treating the most vulnerable populations throughout the country.</p>	<p>Workforce Development</p> <p>Title VIII provides the largest source of federal funding for nurse education. These programs are invaluable to institutions that educate RNs, particularly in underserved communities.</p>	<p>Home Health</p> <p>Current Medicare policy prevents Advanced Practice Registered Nurses (APRNs) from providing appropriate, timely care for home health patients in areas where access to physicians is limited.</p>



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ANA Statement On Replenishing the Public Health Infrastructure and Public Health Nursing Workforce

SILVER SPRING, MD – The American Nurses Association (ANA) supports significant reinvestment in our nation's public health infrastructure and workforce, which have been chronically underfunded for decades. The nation is better equipped with preparedness and response measures with a robust public health infrastructure and workforce not only during times of crisis, but to address the overall health and well-being of populations. As a nation, we must correct course immediately and commit to a steady and sufficient reinvestment in public health.

ANA calls on all levels of government to support public health in a manner that extends far beyond disaster preparedness and emergency response. We cannot continue to shortchange a system that is dedicated to meeting the challenges of COVID-19, the worst pandemic in a century, while at the same time addressing other public health demands. These include, but are not limited to, accessing immunizations, preventing chronic illness and substance use disorders, and building equitable prevention programs to close health disparity gaps.

While all areas of the public health workforce are critical to protect the health of our population, our public health nursing workforce touches every aspect of health care and community wellbeing. Possessing a select set of knowledge and skills, public health nurses are the most nimble of the public health workforce –ready to assume a range of roles that span providing direct clinical services to collaborating with community members across sectors to integrate and coordinate care and leadership in a variety of public health arenas, such as health departments or community-based clinics, etc. With their interdisciplinary colleagues, our well-educated and licensed public health nurses play an integral role in narrowing disparities, improving health outcomes, and reducing disproportionately high morbidity and mortality rates among vulnerable populations due to preventable illness.

Hurricanes, floods, the opioid crisis, and pandemics are not new. Trends indicate these threats are intensifying over time. Now is the time, as the United States begins to recover from the devastating effects of the COVID-19 pandemic, to look to the future and begin to rebuild our formerly strong public health infrastructure and workforce, where public health nurses serve as the first line of prevention in mitigating threats to the health of the U.S. population.

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www.northpark.edu/ANA

Questions?

Call or text 872-772-9103
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ANA-Illinois is Pleased to Announce the Selections for the Diversity, Equity, & Inclusion Expert Panel

The ANA-Illinois Board of Directors has chosen the following people to serve as the steering committee.

Carol Alexander DNP, APRN, ACNS/NP-BC - CAAN Academy of Nursing
Gloria Barrera MSN, RN, PEL-CSN - District 99
Tamera Bland EdD, MSN, RN - Dominican University
Simendea Clark DNP, RN - Chamberlain University - Chicago Campus
Christina Lattner DNP Ed., APRN, AGNP-C, ANP-BC - Chicago Family Health Center, DePaul University School of Nursing
Deena Nardi Ph.D., MA, MS, PMHCNS-BC, FAAN - Cathedral Counseling Center
Monique Reed Ph.D., RN - Rush University Medical Center College of Nursing

Additionally, 15 other individuals have been appointed to serve on the advisory group. The advisory group will help with workgroups, provide feedback on processes, and give input on the recommendations developed by the steering committee. The advisory group members include -

Berenice Arellano BSN, RNC-NIC - Advocate Aurora Illinois Masonic Medical Center
Danielle Babbington MSN, MPH, APRN, FNP-BC - Minute Clinic
Bettianne Casper MSN, RN, CNE - St. John's College of Nursing
Janet Davis Ph.D., MSN, MBA, RN, CNE - Purdue University Northwest College of Nursing
Holly Farley EdD, RN - Eastern Illinois University
Angela Henderson Ph.D., MSN, MBA, RN - AMH Healthcare & Higher Education Consulting Group, LLC
Venus Howard BSN, RN - Ann and Robert H. Lurie Children's Hospital
Diann Lee Martin Ph.D., RN - Northwestern College of Nursing
Richard Nwaorgu MSN, APRN, FNP-BC - John H Stroger Hospital of Cook County
Marcella Rosenberg MJ in Health Law & Policy, MSN, APRN, FNP - Total Nurses Network
Teresa Torres DNP, RN - Rush University Medical Center
Karen Walker MSN, RN - HCA
Nicole Williams MSN, RN - Emergency Nurses Association
Laurie Zack APRN, FNP-BC, LPC, CNE - Dominican University

As nurses, we have a professional responsibility to stand up to the racism and racial inequities woven throughout our society. The ANA-Illinois Board acknowledges that nurses must be agents for positive change that promotes a dignified quality of life for everyone. The Board of Directors understands the ongoing issues around diversity, equity, and inclusion require thoughtful well-informed action. The first step in this process included the ANA-Illinois Listening Session hosted on August 13th at 6 pm.

This expert panel will explore issues and make recommendations to the Board on how ANA-Illinois can proactively address diversity, equity, and inclusion issues experienced by our patients and members of the nursing profession. We received numerous applications which were reviewed based on the criteria in the original call for applications. The expert panel will do a critical analysis of the topic and will be free to survey or involve other stakeholders to provide additional information, feedback, and advice to ANA-Illinois.

The work of this panel is scheduled to begin in September 2020. Thank you to everyone who promoted this application opportunity. The successful outcome and caliber of the applicants is a testament to your efforts. We will certainly keep the nursing community apprised as this work moves forward.

2020 Scholarship Awards

One of the primary functions of the Illinois Nurses Foundation is to provide scholarships to students that have decided to major in nursing or to nurses who are looking to continue their education.

2020 Scholarship Awards

Scholarship	Name	Last	School/College
Centennial	Choa	Sung	University of Illinois at Chicago
Arthur L. Davis	Tina	Dorau	Illinois State University
D2	Anja	Huettemann	University of St. Francis
D21	Sungwon	Park	University of Illinois at Chicago
North Suburban	Haileyesus	Adeye	Oakton Community College
South Suburban	Gabriel	Holtman	Saint Xavier University
Wendy Burgess Memorial	Min Jung	Kim	University of Illinois at Chicago
Wendy Burgess Memorial	Rebeca	Meyer	Loyola University
ISAPN APRN	Stephanie	Nye	Southern Illinois University Edwardsville

CMSA Illinois

This opening session of the Annual Case Management Society of America National Annual Conference features the Annual Chapter Excellence and Innovation Awards (CEIA), recognizing individual chapters' efforts to live the mission of CMSA locally. I am pleased to announce that CMSA Chicago was the recipient of not one but 2 (two) CEIA awards this year.

The first was **Conference Planning** for our 2019 "Case Management: It's Not Luck, It's Skill" annual conference. What a blast that was to plan and hold! Record breaking numbers of attendees and exhibitors and national level speakers made for a rich environment of education and collaboration.

The second award was **Printing and Promotion**, received in consideration of the inaugural volume of our self-published "tales from the front," also named "Case Management: It's Not Luck, It's Skill." This is a book unlike any other, telling of the experiences of case managers, in their own words. We also donated 50 copies to the CMSA Foundation in 2019 as a fundraiser. Many thanks to all the contributors to the 2019 Volume 1! (available on Amazon!!) Your voices ring out into the world and tell the story of what we do, how we do it and why we do it.

Volume 2 (also available on Amazon) was released in coordination with our 2020 CMSA Chicago Conference held in March of this year, prior to the onslaught of COVID 19. More stories, new authors... the voice of Case Management continues to grow. And this volume made Anne Llewellyn's summer reading list! (<https://nursesadvocates.com/blog/>) In this case, it was LUCK that we were able to hold our annual event. We were indeed blessed with another incredible event and treasure the camaraderie from that day. Also introduced at our conference was the CMSA Chicago **member-only LEARN** network benefit; curated live recorded educational sessions RN, SW and CCM accredited (including Ethics content and the IL mandatory Sexual Harassment training).

In April, we pivoted to virtual meetings, webinars and education with our 1st virtual meeting on

Healthcare Policy and the Case Manager's Role and our May meeting on "Optimizing Self Care for Healthcare Professionals." Then an idea was born to help keep the connection with our membership throughout the summer through virtual sessions...hence the "Summer Series."

Weekly education sessions by CMSA members, for CMSA members. The series runs through 8/28/20. See the website for upcoming sessions! (www.cmsa-chicago.org)

Education is not the only thing going on at CMSA Chicago. Public Policy is on everyone's minds these days and CMSA Chicago is right there, continuing the fight for Nurse Licensure Compact in Illinois. We are also watching other Illinois legislation with healthcare impact. Watch your email for calls to action.

The benefits of membership go far beyond CEs... the connections, collaboration and support cannot be matched. Just this week, I have connected a community Patient Advocate with Case Managers at the patient's insurance carrier; a representative from an infusion provider who was concerned about the contracted status and the ongoing services for her high risk population to the payer and patient/family member to a community case manager for assistance in navigating the healthcare maze. Visit <https://www.cmsa.org/membership/join-now/> and join CMSA Chicago! You'll be in excellent company!

Colleen Morley DNP RN CCM CMAC CMCN ACM-RN
President 2019-21/ CMSA Chicago
Director 2019-22/ CMSA National Board of Directors
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2020 ANA-ILLINOIS CANDIDATES ANNOUNCED

The election for the ANA-Illinois Officers and Directors will be held online **September 17th thru October 2nd**. The election will be conducted electronically. Watch your email and the ANA-Illinois website www.ana-illinois.org for the additional details. Candidates are listed in alphabetical order according to position.

A Candidate's Forum will occur on **September 9th** at 6:30p via Zoom. Watch for additional details and registration information.

All terms are for two years.

CANDIDATES FOR VICE PRESIDENT



Maria Fatima Martinez DNP, RN
Rasmussen College, Associate Dean



Monique Reed PhD, MS, RN
Rush University, Associate Professor

CANDIDATES FOR TREASURER



Yolanda A. Coleman PhD, MS, RN, MT (ASCP), ACHE,
NEA-BC, Sinai Health System, Executive Director of Care Transformation, Care Continuum, and Clinical Excellence



Jeannine Haberman DNP, MBA, CNE, Resurrection University, Assistant Dean, Undergraduate Programs

CANDIDATES FOR DIRECTOR (3 to be elected)



Holly Farley EdD, MS, RN
Eastern Illinois University, Chair School of Nursing/
Director Traditional BSN



Gretchen LaCivita DNP, MPH, RN, CEN, CPN
Resurrection University, Associate Professor



Dorothy A. Kane MS, RN
First Step Women's Center, Nurse Manager



Zeh Wellington, DNP(c), MSN, RN, NE-BC
Ann & Robert H. Lurie Children's Hospital of Chicago,
Director of Procedural Care - Surgical Services

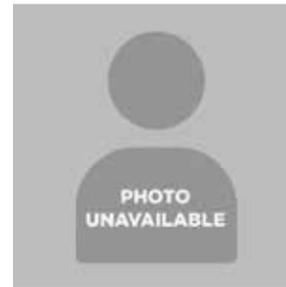


Stephanie Yohannan DNP, MBA, RN, NE-BC
Rush University Medical Center, Interim Associate Vice
President of Nursing Operations

CANDIDATES FOR NOMINATING COMMITTEE (3 to be elected)

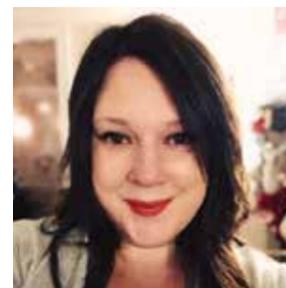


Ann Altgilbers MSN, APRN
Sparta Community Hospital, Nurse Practitioner



Lisa Conley MSN, RN, CCM
United Health Group/Optum, NICU Case Manager

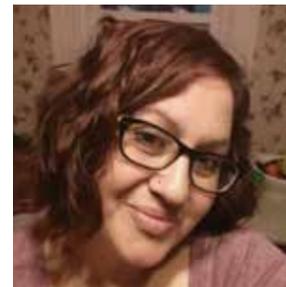
CANDIDATES FOR ANA REPRESENTATIVE (2 to be elected)



Anne Kowalczyk, MS, RN-BC, CPN
DePaul University, Clinical Assistant Professor



Ann M. O'Sullivan MSN, RN, CNE, NE-BC, ANEF
Illinois College, Adjunct Professor



Tracy Viers MSN, RN
Blessing Hospital, Registered Nurse



Zeh Wellington, DNP(c), MSN, RN, NE-BC
Ann & Robert H. Lurie Children's Hospital of Chicago,
Director of Procedural Care - Surgical Services

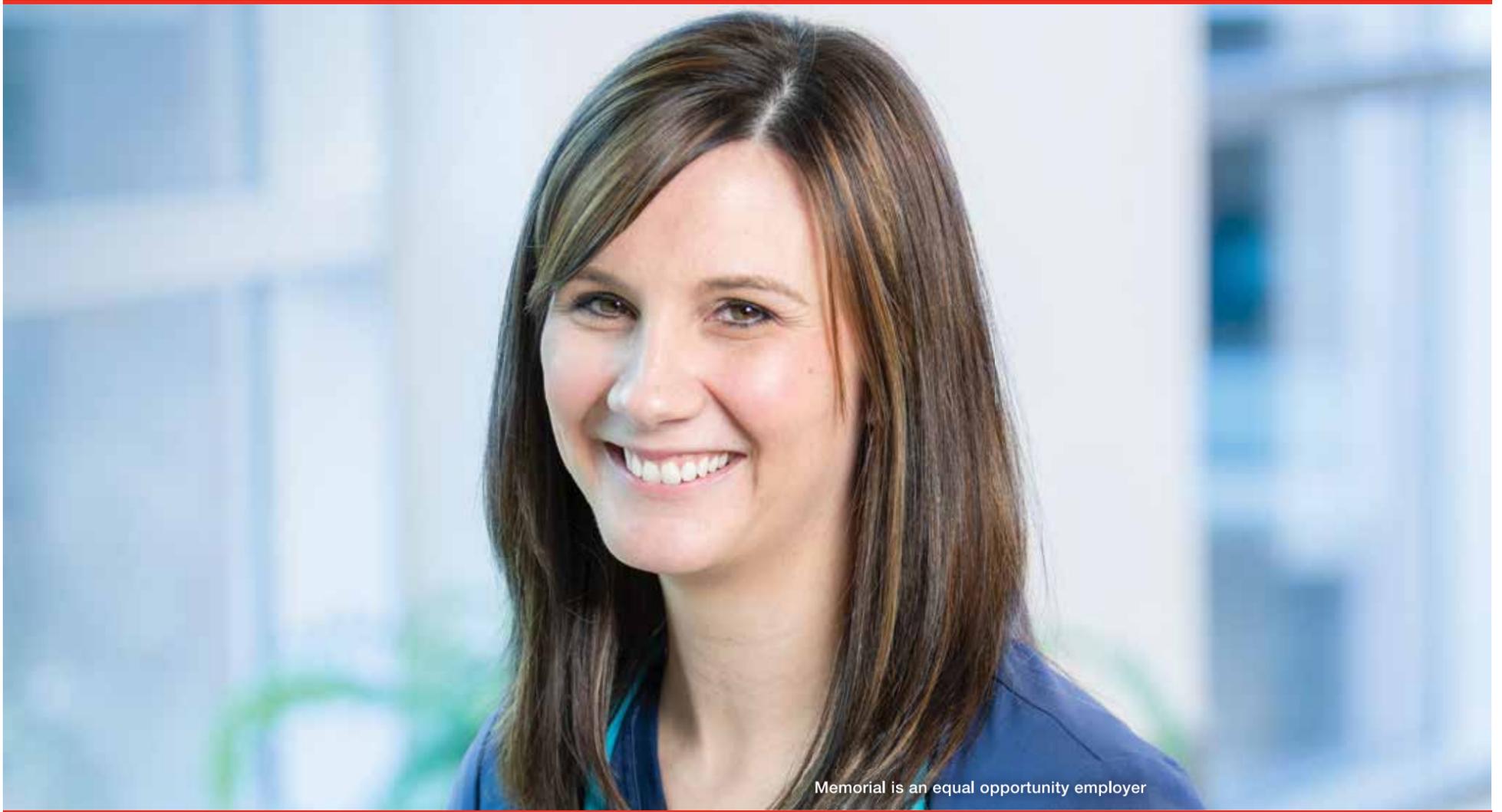
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Nursing Home Nurses Lack Time and Resources for Complete Care

Reprinted with permission from ANA on the Frontline, as seen in American Nurse Today.

For years, extensive evidence from hospitals has shown that nurses are more likely to leave necessary patient care unfinished when employed in settings with insufficient staff and resources. This “missed care” has been linked to poor care quality, increased adverse events, and decreased satisfaction with the health system. New research—from Penn Nursing’s Center for Health Outcomes and Policy Research (CHOPR)—finds similar evidence in nursing homes specifically, and identifies the strong relationship between missed care, nurse burnout, and job dissatisfaction.

The CHOPR team used data from 540 nursing homes in California, Florida, New Jersey, and Pennsylvania to examine the relationship between job burnout, dissatisfaction and incidence of missed care reported by registered nurses (RNs). The results are published in the *Journal of the American Geriatrics Society (JAGS)*.

In the study, led by Elizabeth White, PhD, Linda Aiken, PhD, RN, FAAN, FRCN, and Matthew McHugh, PhD, JD, MPH, RN, CRNP, FAAN, (Aiken and McHugh are Pennsylvania State Nurses Association members), researchers found that 72% of RNs reported missing one or more necessary care tasks on their last shift due to lack of time or resources. One in five RNs reported frequently being unable to complete necessary patient care. The activity most often skipped: comforting patients, talking with them, and performing adequate patient surveillance, teaching patients and families, and developing care plans.

Missed care was significantly more common among nursing home RNs who were dissatisfied with their jobs or experiencing burnout. Across all RNs, 31 percent were dissatisfied, and 30 percent exhibited burnout. Nurses with burnout were five times more likely than their colleagues to miss needed care, whereas RNs who were dissatisfied were 2.6 times more likely to miss care than RNs who were satisfied with their jobs.

The team discussed how organizational factors contribute to missed care and clinician well-being. They note that “work environments that provide adequate staff and resources, involve RNs in quality improvement processes, and support RNs through career pathways and leadership opportunities could help to promote employee engagement, reduce missed care, and improve patient safety in nursing homes.” Additionally, the researchers emphasize that creating a culture emphasizing the need to find a root-cause for systemic problems, rather than punishing staff for individual mistakes, can help identify organizational inefficiencies that result in missed care.

Nursing Home Nurses Lack Time...continued on page 14

Tackling Social Injustices: Nurses Ending Racism

Reprinted with permission by the Texas Nurses Association

By Serena Bumpus, DNP, RN, NEA-BC

Racism is one of the greatest threats to our country. We live in a society that marginalizes people of color through systemic injustice, yet we consistently avoid the topic of racism despite the fact it is in our face every day. As nurses, we are in a unique position to tackle these injustices and lead the way toward acknowledging, addressing and ending racism in America once and for all. In order to care for the lives of all Texans, we must take steps to directly dismantle the structures that prevent some Texans from getting the health care they need.

Racism is real and is more than the sum of individual prejudice or stereotypes. Many people believe that just by treating everyone equal, they are doing enough. But racism is a conscious or unconscious act that combines prejudice with power. Pretending that race does not exist means perpetuating the existing racist system while also ignoring the identities of those marginalized by that system. Furthermore, when those who profess to be “colorblind” deny any role in perpetuating systemic racism, they also abdicate responsibility to help dismantle it.

Being Anti-Racist

Nurses must have a goal of not just being non-racist, but actively being anti-racist. We need to create social policies and institutional practices that challenge a system that historically has dominated and exploited people of color. We must be able to identify the subtle and overt forms of racism in our organizations and communities.

The Nursing Code of Ethics directs nurses to “respect the inherent dignity, worth, unique attributes, and human rights of all individuals.” Already, nurses play a critical role in addressing the prevalence of adverse outcomes experienced by people of color. However, the ways in which we address racism and how it contributes to health inequities need to be challenged. If systemic injustice remains unaddressed, we will continue to have a public health crisis on our hands that will fester like an infected wound.

Recent events have highlighted the need for nurses to pay attention and discover ways to talk about racism and tackle it. Cultural sensitivity and unconscious bias training are no longer enough. Goodwill and good intentions are not enough either. We need to learn how to see prejudice and speak up against it, even if we are speaking up against our family members, our peers or our administrators. This requires embracing our own vulnerability and building up our courage to make foundational change.

Tackling Social Injustices: Nurses...continued on page 14



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2019 At-A-Glance

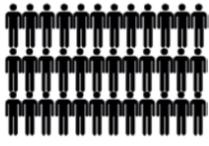


Mission: TO IMPROVE THE HEALTH OF COMMUNITIES AND THE NATION THROUGH THE SERVICE OF NURSES ON BOARDS AND OTHER BODIES

IMPACTS AND HIGHLIGHTS

<https://www.nursesonboardscoalition.org/>

7,018
board seats held by nurses



\$1,470,832

Funding from inception
(Grant, member dues, partnerships and donations)
*Includes \$66,215 in personal contributions

FIVE
Amazing Years

42,153,001
National Member Organization Reach

The Nurses on Boards Coalition (NOBC) represents national nursing and other organizations working to build healthier communities in America by increasing nurses' presence on corporate, health-related, and other boards, panels, and commissions. The coalition's goal is to help ensure that nurses are at the table filling at least 10,000 board seats by 2020, as well as raise awareness that all boards would benefit from the unique perspective of nurses to achieve the goals of improved health, and efficient and effective health care systems at the local, state, and national levels.

The Nurses on Boards Coalition first convened in 2014, and later that year publicly announced its partnership and goal to help ensure that at least 10,000 board seats are filled by nurses in 2020. NOBC was created in response to the landmark 2010 Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*, which recommended increasing the number of nurse leaders in pivotal decision-making roles on boards and commissions that work to improve the health of everyone in America.

As a nurse, you can make a unique contribution to achieving the goals of improved health and efficient and effective health care systems at the local, state and national levels. Our goal is to build healthier communities in America by increasing nurses' presence on corporate, health-related, and other boards, panels, and commissions.

The following is a summary of where are in the journey to 10,000 board seats by 2020.

To summarize Coalition-wide progress as of April 9, 2020:

- 17,664 individuals registered
- 7,308 counting boards
- 11,639 nurses want to serve
- 3,650 nurses already on boards who are interested in serving on an additional board

To summarize the state of Illinois progress as of March 2020:

- Total Board Service: 474
- Board Service & Want to Serve: 218
- Want to Serve: 424
- Counting Board Service: 317

The original goal for Illinois is 409, so with 317 boards counted, Illinois has reached 76% of its 409 nurses on boards goal, 92 more nurses in board seats are needed to reach the goal. In the November 2019 report, Illinois was at 72% with 296 counting boards.

NOBC DATABASE REGISTRATIONS



16,942

individuals registered



7,018

board seats held by nurses



3,499

on a board and want to serve on additional



11,137

want to serve

- 29 MEMBER ORGANIZATIONS
- 17 STRATEGIC PARTNERS/SPONSORS
- 23 HEALTHCARE LEADERSHIP ORGANIZATION STRATEGIC PARTNERS
- 7 MEMBER AFFILIATES

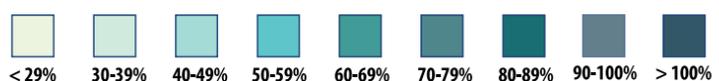
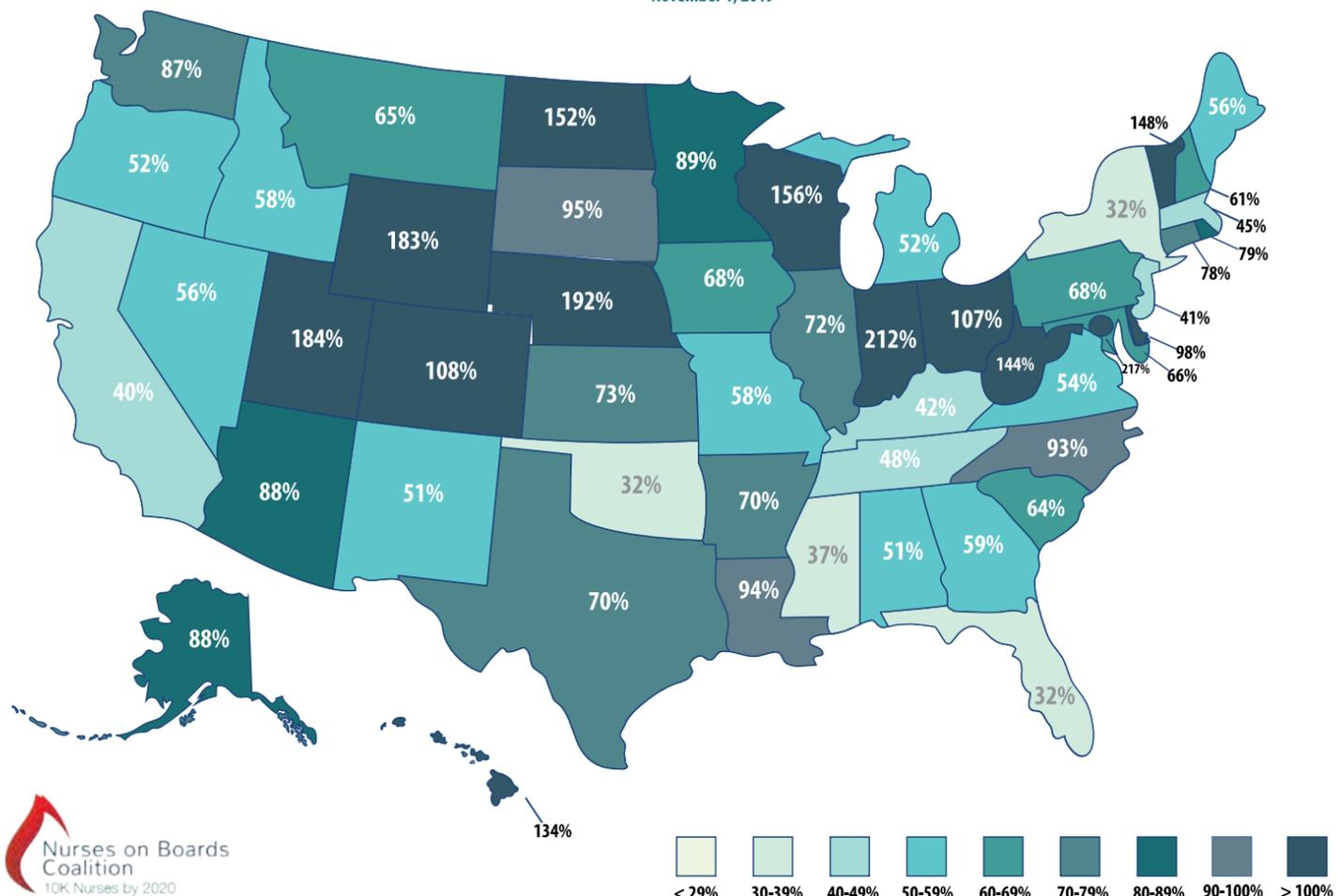
MONTHLY NEWSLETTER
10,847 recipients

WEBSITE AUDIENCE
2,263 new visitors per month

NATIONAL BOARD OPPORTUNITIES
53 Searches
34 PLACEMENTS
December 31, 2019

Nurses on Boards Coalition

Mission: To improve the health of communities and the nation through the service of nurses on boards and other bodies
November 1, 2019





ANA, AHA, AMA Issue Open Letter followed by Release of Public Service Announcement as Part of Campaign Urging the Public to Wear a Mask to Help Stop the Spread of COVID-19

July 6th

An open letter to the American public,

Since the beginning of the COVID-19 pandemic, we have urged the American people to protect themselves, their neighbors and their loved ones amidst the worst global health crisis in generations. After months of physical distancing and staying at home, infections and deaths began to decline.

But in the weeks since states began reopening, some of the steps that were critical to the progress we made were too quickly abandoned. And we are now watching in real-time as a dramatic uptick in COVID-19 cases is erasing our hard-won gains. Hospitals in some states are at or nearing their ICU capacity. Shortages of personal protective equipment and testing supplies continue to pose a dire threat to health care workers and patients alike. And last week, Dr. Anthony Fauci told Congress that the U.S could see 100,000 new coronavirus cases each day if we do not take more precautions.

This is why as physicians, nurses, hospital and health system leaders, researchers and public health experts, we are urging the American public to take the simple steps we know will help stop the spread of the virus: wearing a face mask, maintaining physical distancing, and washing hands. We are not powerless in this public health crisis, and we can defeat it in the same way we defeated previous threats to public health—by allowing science and evidence to shape our decisions and inform our actions.

The toll of this pandemic is already staggering, and it will take many more months, perhaps years, to truly understand its impact on our country and our way of life. But what is certain – and what the science and evidence are telling us – is that COVID-19 is not behind us and we must resist confusing re-opening with returning to normalcy. Doing so will escalate this crisis and result in more suffering and death.

To those of you who are doing your part in helping turn the tide of this pandemic – thank you. Your actions are critical to stopping the spread of COVID-19. Moving forward, we must all remain vigilant and continue taking steps to mitigate the spread of the virus to protect each other and our loved ones. There is only one way we will get through this – together.

July 31st 2020

Together, the American Hospital Association (AHA), the American Medical Association (AMA), and American Nurses Association (ANA) released a public service announcement (PSA) today urging the American public to take three simple steps to help stop the spread of COVID-19: wear a mask, practice physical distancing and wash hands frequently. The PSA is the first element of a comprehensive campaign to increase public acceptance of these essential actions and builds on the groups' open letter to the public released last month.

Physicians, nurses and hospital and health systems leaders have been joined by researchers and public health experts in this important call to action. The science and evidence is clear, following these guidelines is essential to helping to stop the spread of the virus.

Following months of practicing physical distancing and staying home, both COVID-19 infections and deaths began to decline. As states began reopening, people started to abandon the essential steps needed to stop the spread. This led to a significant increase of new cases, worsening the shortage of personal protective equipment (PPE), tests and testing supplies and further stretching hospitals' intensive care unit (ICU) capacity in certain states. It also exacerbated the mental and physical toll on health care teams and clinicians providing patient care. In response, the AHA, AMA and ANA have launched the #WearAMask campaign as a way to continue urging the

American public to wear a face mask, maintain physical distancing and wash hands. By taking these three simple steps, everyone can contribute to stopping the spread of the virus and keeping themselves, their families and their communities safe. "For months hospitals and health systems and caregivers have heroically battled COVID-19. Following the science, evidence and the advice of our clinical partners when it comes to wearing masks, practicing good hand hygiene and social distancing has proven effective in stopping the spread and now is not the time to go backwards," said AHA President and CEO Rick Pollack. "Everyone has a critical role to play and working together we can ease the surge of patients that need to be cared for and to ensure our brave front-line caregivers can win the fight against this virus."

"COVID-19 respects no geographic, demographic or ideological boundaries, and unfortunately it shows no signs of going away any time soon," said AMA President Susan R. Bailey, M.D. "But there are simple steps we can all take to protect ourselves, our loved ones, and our communities. The AMA is proud to stand with nurses and health system leaders to urge everyone to #WearAMask and #MaskUp. Make masks part of your daily wardrobe and regular routine. By wearing a cloth mask, practicing physical distancing, and regularly washing our hands, we can all prevent the spread of COVID-19."

"When we wear a mask and practice physical distancing and diligent hand-washing," explained ANA President Ernest J. Grant, PhD, RN, FAAN, "we are protecting ourselves, our family, our friends, health care workers, and others in our community that we may come into contact with. These steps are critical and effective. If we all do our part, and trust the evidence and science, we can slow the spread of COVID-19 and help our nation recover.

To Dilute or Not to Dilute Adult Intravenous Push Medications...That is the Question?

**Candy Cross RN; Denise Dion RN; and
Monica Hulseley RN**

*Reprinted with permission from
Arizona Nurse August 2020 issue*

This article is a follow-up to an article published last July titled "Evidence Based Guidelines for Intravenous (IV) Push Medications." Our team has been hard at work to bring the Institute for Safe Medication Practices (ISMP) safe practice guidelines to nurses and nurse educators across Arizona.

Our initial survey to clinical faculty educators (n40) revealed 98% of nurse faculty teach IV push medication administration in nursing skill lab. The bad news is that 50% are teaching further dilution of IV push medications by drawing up ready-to-administer (RTA) sterile medication and transferring into a prefilled syringe of 0.9% normal saline. As nurse educators, it is important to understand that these prefilled syringes of 0.9% normal saline are approved by the Federal Drug Administration (FDA) as flush devices only. They are not intended for the dilution or reconstitution of medication and using them in this manner is considered "off label" use. This type of syringe-to-syringe transfer is most concerning for the possibility of unlabeled or mislabeled syringes as well as the potential for contamination.

Stucki et al (2009) conducted a study to assess the possibility of microbial contamination of prefilled syringes. The study was conducted in three different hospital environments. They used four different high risks manipulations with the filling of syringes: "simple filling, 3-second contact with ungloved fingers on the hub of the syringe, 3-second contact between a nonsterile object and the hub of the syringe, and exposure of the filled syringe to ambient air for 10 minutes." The study

concluded manipulation of syringes in an unsterile environment outside of the sterile pharmacy had a higher risk of contamination (Degnan, Bullard, & Davis, 2020).

According to our frontline nurse survey (n393) 40% report diluting IV push medication by withdrawing the medication from a sterile RTA syringe and transferring into a prefilled syringe of 0.9% normal saline. Our survey results demonstrate a variety of reasons why nurses further dilute adult IV push medication and none of them are done with the intention to inflict harm. In fact, nurses primarily dilute medications with the intent to protect the patient from adverse outcomes and harm. There is a misconception that dilution will make the IV push injection less painful for the patient and reduce the risk of extravasation. Nurses also believe this practice provides for greater control of the rate of administration of the drug. Fifty-one percent of respondents chose dilution as the primary reason. Forty-two percent state that they were taught this practice in nursing school and only 11% replied that they do not dilute IV push medications. Seventy-one percent of frontline nurse respondents report further diluting opioid IV push medication. This is most concerning given the fact that most opioids are dispensed in RTA cartridges. Our survey also reveals nurses are unnecessarily further diluting a wide range of IV push medications such as cardiac medications, heparin, and even insulin.

In addition, our team has discovered that many of the nursing drug reference guides nursing programs and students are expected to use have conflicting and outdated information related to the dilution of IV push drugs. The two most prominent organizations who have done extensive work around best practice for the preparation and administration of IV push medications are the Institute for Safe Medications Practice (ISMP) and the Infusion Nurse Society (INS). To effect change we encourage frontline nurses and nurse educators to visit

their websites: <https://www.ismp.org/> and <https://www.ins1.org/about-us/n s1.org>

At this time, the Arizona Safe Medication Collaborative Team once again requests nurse faculty and frontline nurses to assist us in our follow-up surveys regarding the preparation and administration of adult IV push medications. Please click the appropriate link below or scan the QR code with your smartphone to complete our brief survey. Thank you.

Faculty survey link and QR Code: <https://www.surveymonkey.com/r/Q22J5ND>

Frontline nursing survey link and QR Code: <https://www.surveymonkey.com/r/28G7QBB>

Candy Cross MSN, RN, Denise Dion MSN, RN, CNE, PCCN, and Monica Hulseley MSN, RN, CCRN

For questions or concerns please email CandyCross@cox.net or Denise.Dion@centralaz.edu.

References:

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- Stucki C, Sautter AM, Favet J, et al Microbial contamination of syringes during preparation: the direct influence of environmental cleanliness and risk manipulations on end-product quality. A direct influence of environmental cleanliness and risk manipulations on end-product quality. *Am J Health Syst Pharm*. 2009;66(22):2032–2036.

Healthy Nurse, Healthy Nation

IONL

On May 1, 2017, the American Nurses' Association (ANA) launched the Healthy Nurse, Healthy Nation (HNHN) Grand Challenge, an ongoing national movement designed to transform the health of the nation by improving the health of the nation's four million registered nurses. The reasons for launching this Grand Challenge were clear. For nearly every indicator, the health of America's nurses is worse than that of the average American. Nurses are more likely to be overweight, have higher levels of stress and get less than the recommended hours of sleep each night. Shift work only exacerbates these problems.

ANA-Illinois' initial involvement with HNHN started in 2017. Their past activities have included 5K races and the Chicago Summerdance. In January 2020, ANA-Illinois had a call for volunteers. The board was looking specifically to form a dedicated HNHN committee to further the program. In March, amid the COVID-19 pandemic, the committee came together with a representative from each of the six regions in Illinois plus a program lead. Each representative has their reason for participating in HNHN-IL, and the group tries to capitalize on the strengths of each member. Still, they all share one overarching goal: encourage nurses to adopt healthy habits that lead to lifelong improvements in their health and wellness.

To achieve this, the committee has set the following goals for calendar year 2020:

- Increase participation in HNHN ANA-Illinois' Facebook group by 35%.
- Increase awareness of the national Healthy Nurse, Healthy Nation initiative through:
 - o Utilization of the components of the HNHN Toolkit.
 - o Monthly advertisement or article in the ANA-Illinois Member Newsletter.
 - o Creation of an HNHN ANA-Illinois newsletter.
- Customize the HNHN-ANA monthly challenges for Illinois members.

During May of 2020, HNHN-IL concentrated on increasing members' physical activity. In concert with national HNHN's May Work (Out) From Home challenge, powered by support from Humana, the committee launched their own challenge and offered 31 days of small ways to get more active. Molly Moran, state-wide lead for HNHN – ANA Illinois says, "We realize that not everyone is a runner or has a structured fitness routine. Trying to find a place to start can be overwhelming, and so we wanted to give our members ideas on how to incorporate more physical activity in their daily life." Some of the daily challenges included lunging for the duration of your favorite song, engaging in a small mountain climber challenge, trying a new yoga pose,

and getting 2,000 steps more than the previous day. The committee did not just provide a daily challenge but incorporated education to inform members about proper technique, benefits to health, and the history behind some workouts.

An essential partner in the physical activity domain is "All Community Events." With HNHN-IL, they promoted The Great Run Across Illinois Virtual Relay & Solo Challenge. They had a goal of raising \$10,000.00 for the Illinois Nurses Foundation. The race allowed participants to run, walk or bike for 210 miles from the state's east to west borders or 390 miles from the state's north and south borders, individually or on a team. This event ran from May through July 2020.

HNHN ANA – Illinois is not only interested in planning activities to increase engagement and empower Illinois' nurses to take steps to improve their overall health and wellness but they are interested in what politicians are doing to help improve the health of our country and support healthcare workers. In July, Molly Moran had the opportunity to sit down for an interview with Congresswoman Lauren Underwood, Representative of the 14th District of Illinois to discuss current legislation and initiatives taking place on Capitol Hill. Congresswoman Underwood, herself a Registered Nurse, shared legislation she has put forward with an aim of increasing access to care while decreasing the total cost of annual premiums. She also was able to share information and advancements on limiting the influence of food lobbyists by demanding transparency. Equally as exciting was hearing about how Congresswoman Underwood takes control of her own health and well-being. Bonus – she is an active participant in HNHN!

As HNHN-IL looks to the future, literally and figuratively, they can't wait for September. In conjunction with HNHN-USA's initiative to include student nurses, they plan to host a town hall meeting focusing on student nurse health and wellness. And with the positive feedback they received, Molly assures us another month-long challenge is in the works. As ANA-Illinois continues to gain momentum, ANA-Illinois executive director, Susan Y. Swart, EdD, MS, RN, CAE, is excited to see what comes next. Swart says, "ANA-Illinois recently hit a milestone of 5000 members, and we know that members are looking for a meaningful way to engage in our work. The HNHN-Illinois program offers members an opportunity to become involved in activities that will improve their wellbeing and positively impact their patients."

Julie Smith, RN MSN, IONL member

Here is an invite to join the **Illinois Organization of Nurse Leaders!** Through IONL's professional development opportunities, ranging from free lunchtime webinars to immersive fellowship training programs, you can learn and refine the leadership skills you need to advance in today's nursing profession.

While COVID-19 may stop the in-person excellent meetings we are known for, we do have other ways to increase your value by becoming familiar with IONL through other events.

Two of the programs to highlight from IONL are the Regional events and the Nursing Leader Fellowship. The IONL **Regional events** are presentations, right in your own backyard, on hot topics such as "Violence in Healthcare." In the Spring 2019 we had five of our seven regions - that cover the whole state, hold informational meetings (and offer CEU's!!) on "Violence in Healthcare." Each area collaborated with local and state law enforcement at these meetings to present the current state of this workplace hazard.

These Regional events are put on thru the Regional liaison's, who are voted in by the IONL Membership. We had planned on doing those regional meetings again this Spring 2020 on "Shared Governance in Nursing Units – How to!" COVID 19 is preventing us from doing them in person but we are trying to get these back on a session calendar. Life-long learning doesn't stop in COVID!

The second program to highlight is the **Nursing Leader Fellowship**. This is a unique and valuable opportunity for new nurse leaders, from all over the State, to get years' worth of experience in just a few value-loaded sessions. Finance, Nurse-leader attributes, Project Management and completion and professionalism are presented to these Fellowship attendees. As well, the Fellowship participants have the invaluable networking with other nursing leaders who are fresh and energetic in their roles at their home base. The faculty for the Nursing Leader Fellowship are second to none. All IONL members, they have a wealth of nursing and professional knowledge, across the continuum, to share with the Fellows. Past Nurse Leader Fellows have stated that their experience in the Fellowship can't be put into words but definitely a work life career changer!

These Nursing Leader Fellows go on to do great things in their careers! They have become better nursing leaders, have been promoted, feel confident, and become nurses on Boards of Directors for organizations they are interested in, become politically minded and are able to project a professional stance on any topic. They gain an impressive vision for who they can become with just a nudge from other Nurse Leader professionals. They WIN!

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The Nurse Navigator - Guiding Patients to Wellness

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Tracey Long PhD, RN, APRN, MS, MNS, CDE

The role of nurses continues to expand and evolve in the 21st century. The new role of the nurse navigator has emerged as an effective player in the success of many patients in hospitals, surgical centers, home care and those dealing with chronic disease management. In the hospital, the nurse navigator role is often used the most in oncology where they help patients move through the complicated process of chronic disease management. Nurse navigators can translate the often-confusing medical jargon of diagnostic tests and treatments. Patients often have multiple Physicians making medical decisions and it can be overwhelming for patients to understand their options and treatment plan. A nurse navigator plays many roles from mental health counselor to liaison, health coach and problem solver. Just as anyone going on a new journey may need a navigator who knows the way, nurse navigators help patients navigate through the difficult road of a serious diagnosis a patient never wanted to go on.

Patients receive individualized attention to help them navigate the long process of testing, treatment and recovery. Pat Simmers, RN, MSN works as a Nurse Navigator at Mountain View Hospital in Las Vegas, Nevada. Nurse navigators care for cancer patients by ensuring compliance to the treatment plan through removal of barriers to care. Nurse navigation enhances patient outcomes and the healthcare experience by guiding the patient through a very difficult time in their life. Hearing the diagnosis of cancer can be devastating and make the patient feel very alone. Crippled by fear and lack of knowledge of the treatment process, the nurse navigator is the link between them and the physicians who order treatment and often seem to speak a different language. Pat explains "We function as a nurse, counselor, and case manager, in easing a patient's worry and suffering as they go through diagnosis and treatment." She explains an example of the positive impact a nurse navigator can have; "I had a newly diagnosed leukemia patient who was having difficulty getting an oral agent approved. I helped connect him with resources through the drug company and he was able to get his drug at a discount.

I have had other patients who had transportation issues and I was able to arrange transportation through a grant that provides Lyft or Uber rides for cancer patients to and from their medical appointments."

A leader in the nurse navigator role is the Sarah Cannon Cancer Institute of the Hospital Corporation of America (HCA). They offer cancer services in communities

across the United States, including Nevada. They employ over 200 oncology trained nurse navigators to help patients who are dealing with cancer treatment from diagnosis to recovery. They focus on patient education, assistance with transportation and drug assistance, and emotional support as they help patients navigate the difficult road they must travel.

When asked what she would like nurses to know about the nurse navigator role, Pat explained "The role is important for those with a diagnosis of cancer because the nurse navigator can provide education on the prescribed treatment plan and patients know they can call me if they have questions as they are going through their treatment. It is important for someone working in this role to have a background in oncology in either the hospital or outpatient setting." What she loves the most about her job as a nurse navigator is the autonomy of the role and the ability to use her past job experiences in oncology to help patients deal with cancer.

There are many resources available to cancer patients and some are specific to their type of cancer. Helpful resources for any cancer are the American Cancer Society and the Cancer Support Community.

A variation of the nurse navigator role is the nurse concierge. There is a new movement of concierge medicine for primary care Physicians, who decrease their patient census from the usual 2500 to only 500. They limit the patient base in order to deliver more individualized and attentive care. Their patients have 24/7 access to their physician and even their cell phone number but pay a monthly premium for the individualized care. With emphasis on customer satisfaction in all areas of business, healthcare has begun to shift their approach from patient to customer. A nurse concierge may also enter this space but cannot prescribe medications without an Advance Practice license. Their role may include postsurgical recovery, illness and injury support, helping at a doctor visit, travel nursing care, medical assistance to ensure safety with medication administration and even blood draw services. Some private-duty nurses in this role may accompany their patients on vacations and help manage their health issues and medications. The private nurse concierge role may have a case load of less than 10 patients. The outpatient nurse concierge role is estimated to make \$55,000-\$100,000/year depending on location and clientele.

Whatever role you play in the nursing spectrum, an inherent nursing skill is being a patient advocate and educating patients about their health, body and ability to heal. Knowing more about the nurse navigator role can help you be aware they may be available to help you in your role.



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Our Voice: Molly Moran on the Value of Health and Personal Wellness Among Nurses



Healthy Nurse, Healthy Nation of Illinois (HNHN-IL) state lead, Molly Moran, MSN, RN, CCRN, has been passionate about healthy and holistic living for the better part of ten years. But major life changes, professional and personal, have often required she adapt her approach. She finds, "Like everybody else, it has been a journey. And that has looked different for me sometimes year to year, sometimes month to month."

An avid meal prepper and lover of all things nutrition, Moran has managed to sustain an incredibly healthy, active lifestyle for years. Six weeks before finding out she was pregnant with her firstborn, a daughter, she ran a half marathon. Determined to find a way to still safely work out, she fell in love with group fitness classes.

It wasn't until being faced with an exceptionally difficult struggle that she fully appreciated the benefits of holistic living. "Following the birth of my son, I had really terrible postpartum depression. I didn't realize until then how important mental health is to all aspects of health: your physical health, your emotional well-being, your ability to engage in things that you really do love."

Moran is grateful to have had a great support system at the time, crediting one nursing colleague in particular with having the courage to say, "Molly, I know you. Something just *doesn't seem right*."

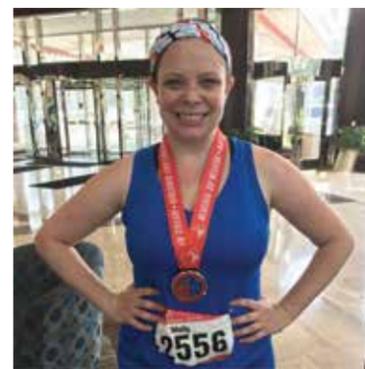
An opportunity to pay it forward

As a firm believer in paying it forward, Moran jumped at the opportunity to be a part of HNHN-IL, seeing it as her chance to do just that. She hopes by sharing her experience she can help others see, "Sometimes health and wellness isn't going to a fitness class or going for a run. Sometimes, it's recognizing that you need help, and that's okay too." She finds one of the truly unique things about Healthy Nurse, Healthy Nation (HNHN)



is that it gives nurses the opportunity to garner support from others who have had similar struggles and experiences. While family and friends are often willing to lend a listening ear and try to understand, "There's really something about being a fellow nurse and –without explaining things– you just kind of understand."

Earlier this month, Moran interviewed Congresswoman Lauren Underwood, who is both a registered nurse and sitting member of Congress. They discussed key issues like healthcare legislation, public health funding, and the #EndNurseAbuse campaign, but Moran was especially excited that the Congresswoman also got personal. "She talked about what she does to keep herself healthy, and the struggle and challenges that come with her role as a nurse, but also as a politician." The interview is being released in a four-part series on the HNHN-IL Facebook page.



In September, HNHN-IL is holding a town hall themed "Healthy Student Nurses," wherein a panel of members who have recently graduated will discuss how they stayed healthy during the final years of nursing school, as well as how to manage the stressors of making the transition into a first job.

Moran's advice for fellow nurses

Asked what advice she'd give herself as a nursing student, Moran explains she would have incorporated meditation or a time for positive reflection at the end of each shift; a method she uses now to reduce some of the mental toll the job often takes. She attests, "I think we're so good at focusing on what we would do differently, that we don't spend a lot of time taking a step back, taking a deep breath, and recognizing what went well."

Another strategy Moran finds helpful is finding ways to incorporate her family into her healthy habits. In addition to physical activity, "We have found ways to give the kids age appropriate things they can do to help with meal prepping, so it's become a full family affair. And that also helps with mental health. When everyone can be together, you know, that's definitely going to lift your spirits."

Asked for one point she would like to make to her fellow nurses, Molly responds, "Take the first step. Don't compare yourself to other people, take the first step for you. Whether that is increasing the number of steps you're going to take by a thousand, going to your first group fitness class, or setting a goal to drink eight glasses of water a day. Take that first step."

She adds, laughing, "And join ANA-Illinois and Healthy Nurse, Healthy Nation. It is truly a 'meet where you are at' organization, because we're only going to be as healthy as we are able to inspire and encourage our colleagues to be. And really, by taking those first steps, those become bigger steps. And that's really when you have a movement."



Centerstone is a not-for-profit health system providing mental health and substance use disorder treatments. Services are available nationally through the operation of outpatient clinics, residential programs, the use of telehealth and an inpatient hospital. Centerstone also features specialized programs for the military community, therapeutic foster care, children's services and employee assistance programs. Centerstone's Research Institute provides guidance through research and technology, leveraging the best practices for use in all our communities. Centerstone's Foundation secures philanthropic resources to support the work and mission of delivering care that changes people's lives.

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Nursing Home Nurses Lack Time...continued from page 8

While the data did not establish a causal link between burnout, job dissatisfaction, and missed care, the researchers point to a rich body of existing evidence that “RNs are more satisfied and experience less burnout when they have adequate staff and resources, supportive managers, productive colleague relationships, input into organizational affairs, and opportunities for advancement.” Even under tight fiscal constraints, the researchers observe, “nursing home leaders can take steps to improve work environments through a variety of evidence-based interventions.”

Tackling Social Injustices: Nurses...continued from page 8

Examining Race and Health

Race, ethnicity and socioeconomic factors have a large impact on health and health outcomes, which we now commonly refer to as health disparities. For a long time, the influences of stigma and prejudice on health were studied separately, but both are causes of discrimination leading to poor health outcomes.

When people of color perceive their health care needs are not being treated equally, they will often delay seeking out health care, resulting in poor health outcomes. This feedback loop caused by how the system treats them leads to much greater rates of morbidity and mortality in communities of color. A Black person is 20% more likely to die from heart disease than a white person; a Black man is 200% more likely to die from cancer than a white man; and a Black woman is 400-500% more likely to die from pregnancy-related causes than a white woman.

One reason that choosing to personally be non-racist cannot address these mortality rates is that the severity of racism experienced is less influential than the chronic nature of living in a society imbued with systemic racism. Growing evidence shows that chronic exposure to unfair treatment strongly correlates with higher morbidity and mortality rates. While nurses may strive to treat everyone equally regardless of race and socioeconomic status, the system we live in does not. Therefore, nurses must also pursue a systemic change to improve the health and wellbeing of people of color.

Creating a Just System

What actions can we take now to begin ending the racial biases in healthcare?

1. **Listen!** Follow the expertise, leadership and guidance of community networks focused on racial injustices and offer your support as a volunteer or by providing a donation to their organization.
2. **Advocate!** We all know how to write our legislators and local community leaders. Share your thoughts and advocate with ideas on how to make meaningful change.
3. **Educate!** If you are unsure what to do, or want to learn more, educate yourself. Talk with a person of color to hear their personal experiences and how racism has impacted them. However, do not ask a person of color to take on the burden of educating you, especially since the internet is full of resources you can find in seconds.

There is no place for racism in nursing practice or in health care. As nurses, we must begin talking about how we treat one another and our patients, which includes discussing why we avoid having conversations around racism. This is a crucial first step toward ending prejudice, and nurses should be leading these efforts.

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Meet Alan “Tony” Amberg APRN, PHMNP



Alan “Tony” Amberg developed an interest in psychiatry early on in life.

Amberg thinks it was a mixture of witnessing loved ones facing particular conditions and battling depression himself that sparked his interest in the topic: “You become interested in something because you want to solve a problem that you’re working on yourself. And as you work towards solving that problem, you begin to realize you could really be helpful to a lot of other people in solving the problems they’re working on.”

He also had a passion for theater. Amberg spent 17 years working in some form or another of the performing arts; it wasn’t until producing a radio show for the LGBT community in the late 90’s that he became involved in healthcare. At that time, among the largest advertisers were drug companies working on HIV medications. While they weren’t interested in advertising on the show, they were looking to produce health-related materials for those populations. Amberg began producing audio-format continuing education materials for them and, “One thing led to another, and suddenly I had a career in healthcare.”

Professional organizations helped him grow

That career in healthcare ultimately led him down the road to becoming a nurse practitioner. Amberg credits professional organizations for playing a large part in his growth, declaring, “I have tremendous gratitude to ISAPN. I am one of the first full practice authority nurse practitioners in the state, and that happened because of ISAPN.”

Having accomplished quite an impressive amount in the seven years he’s been an NP, he describes it as having been a wild, wonderful ride. He’s served as President of the Illinois chapter of the American Psychiatric Nurses Association and has spoken at multiple National Conferences. He’s also been published, spoken regularly for ISAPN, and is excited to now have students of his own beginning to speak for ISAPN as well.

Paying it forward during the pandemic

At present, Amberg works at Chicago-based Northwestern Memorial. He recently led a “Psychological First-Aid” program aimed at helping staff members better manage the added stressors relating to the COVID-19 pandemic. During the initial two months of lockdown, Amberg began researching how to help others during a time of disaster. Referencing several psych first aid programs, he identified a common theme: deep breathing and mindfulness. He recalls, “So, I began to do that with nurses. Then I paired that with yoga-inspired movement and before I knew it, that was my job; going from unit to unit throughout the hospital working with people, trying to help them feel comfortable.” During those two months, he worked with more than 1700 staff members.

Reflecting upon the story of Florence Nightingale (who successfully faced infections for which there were no cure during the Crimean War), Amberg finds it interesting that the timing of the pandemic lined up with the 200th anniversary of her birthday. Pointing to it as a sort of amazing juxtaposition, Amberg elaborates, “I thought about how nurses throughout history have faced medical problems for which there were no cures. It was really a sense of pride and something I could bring back to our nurses to remind them: This is who we are. When everyone else is afraid to be in the room, it’s the doctors and nurses who walk in.”

A story of resilience

Amberg explains that a number of different COVID-related issues pose a potential threat to mental wellness among nurses. There is, first and foremost, a fear for safety and the risk of potentially bringing home a disease to vulnerable



loved ones. A widespread loss of jobs across numerous industries has catapulted countless nurses into the position of breadwinner. As a result, they may feel added pressures to work extended hours to offset a decline in household income. Additionally, hospitals themselves have incurred financial challenges, as they were barred from performing surgeries and procedures that often constitute the majority of their income – made worse by the rapidly declining number of people retaining access to health insurance.

The result? Amberg explains, “Nurses were being forced to do more with less as their institutions bled red ink. They were doing things they hadn’t done before or hadn’t done in years and – magnificently, I might add – rose to the occasion.”

Though Amberg recognizes the damage Covid has had on healthcare institutions and their dedicated professionals, he feels it would be a great disservice to not also note the strength and courage of those same individuals. “It’s absolutely true there’s a lot of stress, and some people really are suffering,” he says. “But there’s also a story of resilience; a vast majority of those in nursing and other positions who have faced their fear and are rising to the occasion. Almost all of them told me they’d rather be on the front line than at home. They want to be here fighting.”

The mental health of nurses matters

Moving forward, Amberg says there’s no question that it would be good for everybody to make programs similar to what he implemented at Northwestern Memorial more common, and not limited only to times of emergency. “We have to create the environment where it’s understood that taking care of the mental health of nurses matters, and then we have to create programs that go in that direction,” he explains.

Amberg fears that with the economy in shambles and the Affordable Care Act under attack, there may be terrible things on the horizon surrounding policy positions in healthcare, and institutions may be forced into making some very difficult choices.

“One of the reasons I’m glad ISAPN is so active is because when hard decisions have to be made, if nurses aren’t at the table, those decisions will be made without the input of nurses,” Amberg says. He continues, “That’s what makes this organization so special and why I continue to have a great love and interest in ISAPN: because it stands up for me—for what we do, our field, our patients—in a way nobody else does. I think it’s probably the most forward-thinking of the nursing organizations in the state, in terms of really staking out the role of nurses and how we should be at the table helping to make decisions about what happens.

“Our organizations have a proud tradition of saying something, but it’s only as good as all of the individuals who participate in that process. When nurses stand up, we do make a difference. And we can’t stop now.”



Amberg with colleagues in the ICU

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IBHE and Nursing Workforce Center Recognize 2020 Nurse Educator Fellows

SPRINGFIELD – The Illinois Board of Higher Education (IBHE) and the IDFPR/Illinois Nursing Workforce Center (INWC) Advisory Board are proud to acknowledge the 2020 Nurse Educator Fellow recipients, each of whom is awarded \$10,000 to help promote excellence in nursing education.

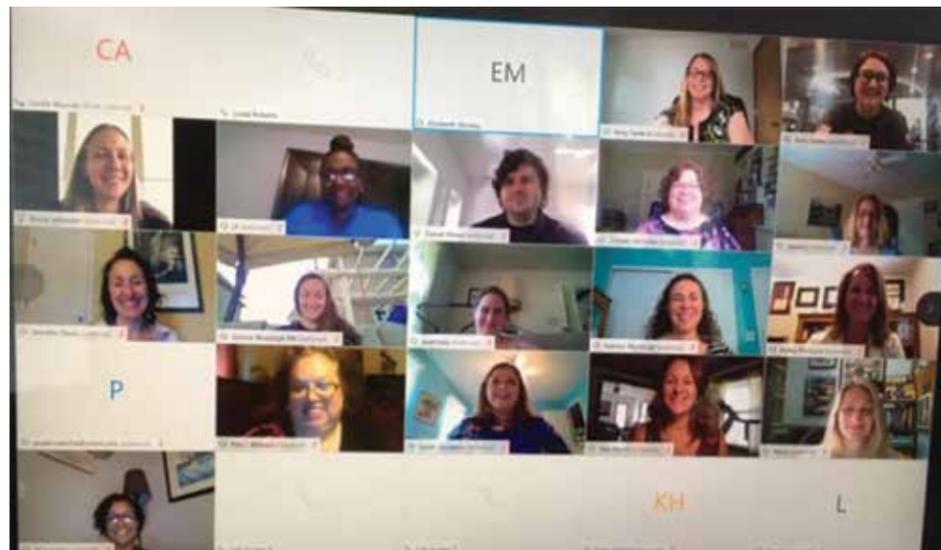
“The projects, research, and plans for additional degrees and certifications that this group of nursing faculty is pursuing is beyond impressive and will allow them to improve their teaching and skills to support the next generation of the nursing workforce,” said Ginger Ostro, executive director of IBHE. “We are proud of each one of this year’s nurse educator fellows and we appreciate Gov. JB Pritzker’s and the Illinois General Assembly’s commitment to this program.”

Several fellows are pursuing master’s and doctorate degrees or certifications, learning new teaching techniques for student nurses, and preparing to present research findings on the national level.

The fellows have created multiple projects including the creation of an online elective course in global health, attended conferences on specific nursing specialties such as vulnerable populations and pediatrics, used technology in health records,

purchased CPR equipment for classes, and developed a diabetes and cardiovascular-related resource for clinicians.

The fellows were recognized at a virtual ceremony on June 17, 2020 hosted by the Illinois Nursing Workforce Center (INWC) Advisory Board.



FY20 IBHE Nurse Educator Fellows as seen above on June 17, 2020

		Elizabeth Moxley, PhD, RN, BS, Northern Illinois University	Amy Funk, PhD, RN-BC, Illinois Wesleyan University	Amy Green, MSN, RN, Morton College
Annie Imboden, DNP, APRN, CPNP, Southern Illinois University-Edwardsville	Carla Thomas, DNP, FNP-C, APN, RHIA, CCC-Malcolm X School of Nursing	Daniel Meade, DNP, APRN, AGNP-C, DePaul University	Denise Hammer, DNP, RNC-NIC, Mennonite College of Nursing, Illinois State University	Gina Canny, MSN, RN, CNE, TNS, Millikin University
Jennifer Davis, MSN, RN, RNL, Aurora University	Jessica Woloszyk, MSN, RN, CCRN, Elgin Community College	Julie Kennedy, PhD, RN, CMSRN, Millikin University	Katelyn Myroniak, DNP, RN, CMSRN, Lewis University	Kelly McGuire, PhD, RN, Southern Illinois University-Edwardsville
	Rita Wallace, MSN, Ed, RN, Lakeview College of Nursing	Sarah Gouwens, DNP, FNP-BC, Trinity Christian College	Tara Morris, MSN, RN, Heartland Community College	Tina Dorau, MSN, RN, CRRN, CNE, CHSE, St. Xavier University
Yasmin Cavanaugh, DNP, MPH, RN, Resurrection University				



Elizabeth Moxley, NIU, top row:
Not shown: Katherine Hess, RN-BC, Chamberlain University

Illinois and the nation must address the healthcare demands of a growing and aging population at the same time that many experienced nurses will be reaching retirement age. This exacerbates the demand for registered nurses. To help address this concern, Illinois state government is helping to provide the resources necessary to train more highly-skilled nurses in Illinois by retaining qualified faculty.

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Academic Progression in Nursing – Nursing Workforce Center Resource

The Illinois Nursing Workforce Center (INWC) website now includes a resource document that lists Illinois four-year universities and itemizes the partnerships each has with Illinois two-year community colleges. http://nursing.illinois.gov/PDF/2020-05-06_ILBSNcPgms_Partnerships_Final.pdf The university partnership supports transfer of credit hours, both general education and nursing credit hours, towards a nursing degree. Each four-year university is different, and one would need to check, for example, how recent course completion would have to be to be accepted as a transfer credit; it varies amongst institutions.

Additional background partnership information is reflected in schools participating in the Illinois Articulation Initiative (IAI), which was launched in 1993 by the Illinois Board of Higher Education (IBHE) and the Illinois Community College Board (ICCB). All colleges and universities participating in IAI agree to accept a "package" of IAI general education courses in lieu of their own comparable lower-division general education requirements. Keep in mind, the IAI general education transfers as a package. Any course-to-course transfer credit is not guaranteed. Of the four year public universities that offer a bachelor of science in nursing completion (BSNc) program, all eight are full participants in the Illinois Articulation Initiative (IAI); of the four year Independent Universities, nine are full participants in the IAI, eight are listed as a receiving only institution and finally eight are not listed as participants in the Illinois Articulation Initiative <https://itransfer.org/courses/participatingschools.php>

Many students initially begin working towards a Bachelor of Science (BSN) in nursing degree, many also continue their education and complete a masters or doctoral degree, becoming licensed as an advanced practice RN, working as nursing education faculty or as health care administrators.

Additional INWC resources (<http://nursing.illinois.gov/>) for academic progression include:

- Illinois baccalaureate completion programs, contact information
 - o Over 90% of programs offer 100% online degree completion

Academic Progression in Nursing...continued on page 19

For the Illinois population of 12,671,821, there are 172,466 RNs with an address in Illinois. What else do we know? Do we need to know more? Where is the data?

We know that the ratio of RNs to population is estimated to provide a basis to compare the number of RNs available to the workforce in a state. We know is that approximately 22% Illinois RNs indicate that acute care or critical care or intensive care is their specialty area (Illinois Nursing Workforce Center, INWC 2018 survey <http://nursing.illinois.gov/ResearchData.asp>). In this same 2018 RN survey, conducted with online license renewal, we found that consistent with the increase in cultural and racial diversity in Illinois, data indicated a slight increase in the cultural diversity of the RN workforce in select groups of the younger cohorts. For example, those identifying as Hispanic/Latino, 32% are younger than age 36 years, while only 6% are over age 55 years. In the multiracial category, 27% are 35 years of age or younger, while 11% are over the age of 65 years. White females with initial licensure in the U.S. constitute a substantial majority, approximately 80% of respondents. We need to know so much more, such as where do these RNs work? In which county or zip code? How many are going to retire soon? Are they all currently employed in their area of expertise? We do not have this level of information, but we can do better with knowing if we have the nurses to care for Illinois citizens with your help.

After completion of license renewal fee payment for Illinois RN or APRN license renewal, nurses will see a message with a link to click on to reach and participate in the short survey. The Illinois Nursing Workforce Center is requesting that you complete this short 26-question survey after paying the license renewal fee. The RN survey completion time is approximately five minutes; all questions offer multiple-choice response options, with limited spots for comments.

The survey captures data on the demographics, education, state distribution, and practice foci in Illinois. Are there areas in the State where Registered Nurses (RNs) or Advanced Practice Registered Nurses (APRNs) are concentrated? Where are the greatest needs? How would the educational pipeline for RNs be best characterized?

For the Illinois population of 12,671,821...continued on page 19



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CBD Oil and Chronic Pain

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Thesis statement: Cannabidiol (CBD) oil is an effective means to treat chronic pain in adults.

Purpose statement: Chronic pain is a growing issue in the United States and worldwide. This paper will examine current studies completed within the last five years on the use of CBD oil, or a combination of oils to include CBD oil, for pain management (Smith 2019) of chronic pain. A brief description on the epidemic of chronic pain in relation to several conditions, such as cancer, neuropathic pain (Smith 2019), and musculoskeletal pain will be given, noting the current traditional methods of treatment. Current research will be reviewed and discussed in the use of CBD oil, or a combination treatment including CBD oil, noting findings, current results, and potentials for future studies.

Abstract

Chronic pain is a growing issue in the United States and worldwide. This paper examined current studies completed within the last five years on the use of Cannabidiol oil, or a combination of oils to include Cannabidiol oil, for pain management (Smith 2019) of chronic pain. A brief description on the epidemic of chronic pain in relation to several conditions, such as cancer, neuropathic pain (Smith 2019), and musculoskeletal pain will be given, noting the current traditional methods of treatment. Current research will be reviewed and discussed in the use of Cannabidiol oil, or a combination treatment including Cannabidiol oil, noting findings, current results, and potentials for future studies.

Several current studies completed within the last five years focused on Cannabidiol oil as a standalone or adjunct treatment for chronic pain in adults. Combinations of Cannabidiol oil and delta-9-tetrahydrocannabinol (THC) were used in most studies, however, dosing was found to be inconsistent, patient samples generally small, and repeat studies non-existent. With continued legislation changes and lack of Food and Drug Administration involvement in Cannabidiol oil products, Cannabidiol oil remains a viable option for use in the spotlight of the general public, but with little backing from the scientific community.

Keywords: cannabinoids, cannabidiol, cannabis, CBD, delta-9-tetrahydrocannabinol, THC, pain, chronic pain, pain management

Introduction

CBD oil advertisements are cropping up in window fronts, convenience stores, video stores, the local gas station, and everywhere that people routinely shop. Amazing results are touted, by manufacturers, from “natural” CBD products and oils. CBD oil is being marketed to those with chronic pain, multiple sclerosis, seizures or epilepsy, anxiety, mental disorders, and a multitude of medical conditions, often those that are chronic. It offers a ray of hope to those who seek a more “natural” remedy and to those who are tired and feel they have few options left.

CBD oil and THC are derived from the same plant. THC is the element that causes a high, or euphoric feeling, while CBD oil typically is considered safe and non-intoxicating. Due to the individuality of plants, it is difficult for manufacturers to standardize the amounts of THC or CBD in over the counter or prescription products, since no two plants are completely identical. This has caused a significant issue with testing of these products in medical studies, as has the issue of legalization of the products in many states or countries.

CBD oil is available in a variety of forms, including oils, tinctures, edibles, gummies, rubs, lotions, capsules, tablets, and even aerosolized. Dosing is not standardized, and there is no government recommended daily allowance available, so the consumer must either research or believe what is printed on the products or advertisements. This study hopes to shed light on some of the current research being done on the use of CBD oil, in its various forms and combinations, in an effort to educate the consumer and give support to further study in the use of CBD oil for chronic pain.

Several products that combine CBD and THC are available in various countries by prescription. These include Bedrocan (THC/CBD), Tilray (THC/CBD), Sativex (THC/ CBD), Epidiolex (CBD), Dronabinol (THC), Nabilone (THC), as well as several non-medical formulations. The majority are derived from the natural plant, but there are synthetic variations available.

Current research studies offer a glimpse into the use of CBD oil as a combination therapy with THC, and a few support CBD oil as a singular, standalone therapy. However, there are few follow up studies available, a lack of legalization of THC or CBD products in many countries, and a lack of standardization in dosing that has caused a delay in studies or prevented them altogether.

An Italian study conducted in 2017 (Fanelli et al.) looked at the treatment of chronic pain in 614 adults, who suffered from a variety of conditions. They used a combination of CBD and THC, in oral and vaporized forms, in patients who were running out of options and had tried numerous therapies and treatments, but with no avail. The inclusion of the CBD oil and THC therapy seemed to serve as an “effective and safe” means of treating chronic pain in this sample.

A separate study by Mondello et al. (2018) looked at an 11-patient sample, suffering from neuropathic pain at a singular Italian clinic, after being diagnosed with “failed back surgery syndrome.” The small sample group had used spinal cord stimulation with little success. The inclusion of a combination of CBD and THC greatly improved their pain relief when used as an adjunct to spinal cord stimulation.

A very small study with promising results was completed by Kiefer, D. (2017). Its focus was on the use of “topical cannabis for wound pain.” The sample size was three and the treatment was an infused sunflower oil and cannabis combination applied topically to wounds. Overall results revealed that the treatment produced impressive results when looking at a decrease in overall pain scores and a decrease in opioid use. This retrospective study seeks to support the thesis statement that cannabidiol (CBD) oil is an effective means to treat chronic pain in adults.

Results

Should CBD Be Part of My Patients Treatment was an original research study from Dick Benson (2019). The objective of this study was to educate the provider or practitioner on the endocannabinoid system, its importance to the human body, and its functioning and maintenance of homeostasis, while discussing various dosages that can be effective for a moderate list of medical conditions based upon research review. He wanted to emphasize the benefits of CBD oil and promote the use of it as a legitimate and legally recognized treatment in the medical community. His research findings validated the importance of the endocannabinoid system to the health of the human body and the use of CBD as an effective treatment or adjunct treatment for pain, anxiety, digestive issues, mood stabilization, and other common patient complaints.

Mondello et al. (2018) completed research on the use of delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD) of patients with “failed back surgery syndrome (FBSS)” and the treatment of refractory pain. The authors treated the participants with an oral combination of THC and CBD as an effective alternative treatment for chronic refractory pain in patients with FBSS when used as an adjunct to spinal cord stimulation (SCS). The researchers performed a retrospective study on patients who were treated with a combination of THC and CBD while using SCS for twelve consecutive months, in an effort to diminish/manage pain, improve participants quality of life, and functional ability following the development of a chronic refractory pain condition post back surgery. Findings revealed a significant reduction in pain when compared to the participants initial rating of their pain and functioning with only SCS. This suggested enhanced pain relief, improved function, and an overall improved quality of life for the participant, thus provided significant support for the use of THC and CBD as an adjunct for pain control.

Effective cannabinoid use for the treatment of chronic pain was explored by Fanelli et al. (2017) through a retrospective study of 614 Italian patients. The focus of the study was to evaluate the use of 9-tetrahydrocannabinol (THC) and CBD use for the treatment of several chronic pain conditions, after the Italian government approved the use of cannabis for legalized use for treatment. A specific pain modality of oral ingestion was the focus, as it was noted that this was the primary treatment prescribed by practitioners. Results revealed that THC and CBD were effective in treating chronic pain, but noted that many patients still continued using their previously prescribed treatment. This would suggest that THC and CBD would be a successful adjunct therapy versus a standalone treatment.

In 2016, a Canadian study was completed and published in the Journal of Pain Research by Ko, G.D., Bober, S. L., Mindra, S., and Moreau, J. M., that reviewed

the barriers and concerns of THC and CBD use in the Canadian healthcare system for the treatment of chronic pain. A systematic review of available research, discussed cannabis, concerns for its use, legalization, prescribing methods, social concerns, availability of various preparations of cannabis, and medical cannabis regulations effecting or influencing Canadian citizens utilizing THC and CBD preparations from a prescribing practitioner. The authors came to the conclusion that with education and evidenced based treatment approaches, practitioners can safely and effectively utilize cannabis, THC, and CBD for the treatment of pain and reduce the use of narcotics.

In November of 2018, “unlicensed cannabis based products” were able to be prescribed in the United Kingdom, as cited in a systematic review completed by Freeman, T. P., Hindocha, C., Green, S. F., & Bloomfield, M. A. P. Six available products authorized in the United Kingdom, were compared based upon prescribing standards, licensed indications, and authorized prescribers. Authors wanted to provide education and discuss the various implications associated with the six drugs with emphasis on use in the United Kingdom, but noted considerations and some comparisons with other developed countries. Much discussion was provided on legal considerations and variation in products, revealing minimal standardization requirements for those products sold over the counter. Results noted that cannabis, THC, and CBD are being used for the treatment of chronic pain, with varying degrees of success as cited in 14 studies with a total of 2978 participants involving a singular prescribed commercial product containing a combination of THC and CBD (Sativex).

An interesting, yet very limited research study, completed by David Keifer in 2017, demonstrated the usefulness of a topical cannabis (a combination of THC and CBD) for the treatment of pain in three patients with gangrene. Traditional treatments, opioids, and combinations therapies, had demonstrated little benefit to the patients, so Keifer opted for a non-conventional approach experimenting with new products. Results were found to be significant in two of the three participants, with other benefits noted to be reduced opioid use in two patients. This study was small, but could possibly lead the way for further controlled studies.

The majority of studies reviewed, strongly suggested and encouraged the completion of more randomized clinical trials to be completed distinguishing the effects of THC versus CBD versus other active components of cannabis to demonstrate the best combination for treatment modalities. Several authors noted that due to legal considerations and regulations in many countries, randomized trials and research were difficult to complete. It was felt that without further study, no conclusive dosage, preparation, combination therapy, or evidence could be finalized that best supported the individual patient or treatment of chronic pain.

Discussion

There is evidence to support that CBD oil is an effective treatment for chronic pain in adults, however not enough was found to support it as a standalone treatment. Most research has been on CBD oil combined with another oil, therapy, or substance, or used in combination with a different treatment regimen. This leads to the evidence more strongly supporting CBD oil as an adjunct therapy for chronic pain in adults.

CBD oil is available in various forms, including lotions, creams, oils, food products, vaporized oils, and oral pharmaceutical variations. There is currently no standardized dosage or one size fits all recommended amount of CBD oil to use topically, orally, or vaporized. CBD oil is extracted from the hemp plant (*Cannabis sativa* L). You will not find two identical plants, thus the CBD oil extracted can have various amounts of THC present and other constituents. A limiting factor is if too much THC is present in extracted CBD oil, then it cannot be sold legally in many states or countries, for it would be considered marijuana. This would limit who could or would study it.

Another consideration that still requires further study is the influence of individual human factors and variations on plant factors that can greatly influence or deter the potential benefits of CBD oil. Groups of individuals that participated in the current research were chosen based upon a single disease or condition predominately. Considerations for human factors such as weight, genetics, metabolism, plant factors such as environment, climate, or processing factors such as inconsistent manufacturing practices or processes that go into creating a CBD product were not addressed, thus further limiting support.

Due to CBD oil popularity and “newness,” charlatans and opportunistic salesmen are promoting CBD cure-

alls with little or questionable research available for the average person. CBD is proudly advertised at the local drug store, video store, health food chain, and it continues to pop up all over the country. The promise of miraculous cures, and healing properties from CBD infused foods, body products, oils, and numerous other creations, pique the curiosity of the average consumer, and offer hope to the chronic pain sufferer. Yet the science does not support these products and research is still in its early stages predominately due to legal issues surrounding the THC portion of the Cannabis sativa L plant.

According to GOVERNING, as of June 25, 2019, in the United States, the District of Columbia and 11 states have passed laws into place that legalize marijuana for recreational use. In the past ten years, the United States and many countries, have seen a trend and felt the push, by citizens and consumers, to legalize marijuana and make it available for use by the common man for self-medication and recreation. Prior to this, research on CBD oil was very difficult to complete because it came from the same "illegal" plant known as marijuana, thus was not readily available for study and did not have the funding sources needed to complete studies that would be respected and well received by the medical community.

To sum things up, CBD oil is promising. It has been found to help relieve pain, and various other chronic symptoms in smaller studies for different types of chronic pain in adults. When combined with THC or used as a supportive therapy to an already established treatment, it has proven to be beneficial in helping to diminish pain and improve the functionality and quality of life in adults with chronic pain. It is worth consideration for further study to examine its benefits in larger adult studies, as a standalone treatment, as well as a combination treatment. Once this has been completed, hopefully a

standardized dosing system or usage will be approved by the Food and Drug Administration for use to in adults to provide relief for chronic pain in its many forms. Hope for an improved quality of life with less pain is a possibility through the use of CBD oil for adults with chronic pain.

Conclusions

Alternative medicine is still a new and developing concept to westernized medicine practitioners, but it is making head way in being accepted as a possible treatment for chronic conditions, including adult pain syndromes. With the legalization of marijuana in several states in the United States, and several countries, the use of CBD oil, THC, and cannabis has been a focus in the medical community and public. CBD oil is considered generally safe as an alternative treatment therapy which has promoted its use.

CBD oil is generally combined with THC or cannabis as an alternative treatment modality. Many participants in current studies would continue current treatments during the trialed CBD oil and THC or cannabis combined therapy. So, it is unclear if the CBD oil and THC or cannabis combined therapy worked well on its own or had a positive or complementary effect on the current westernized treatment already in progress. The use of a combination therapy of administered CBD oil and THC shows great promise as an effective therapy for chronic pain. However, further research needs to be completed to support the CBD oil/THC combined therapy due to a low number of participants and lack of standardized oils, dosages, and methods of administration. The legal aspects still surrounding marijuana in many countries and states, also greatly limits research. CBD oil is indeed promising, but at this time, the thesis that Cannabidiol (CBD) oil is an effective means to treat chronic pain in adults is not supported as a standalone treatment.

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Academic Progression in Nursing...continued from page 17

- Post licensure certificate programs are listed
- Graduate degree programs and graduate degree specialization area
 - o A grid lists each school with which specialty areas are offered
 - o CRNA programs and contact information are listed separately

According to the findings of the Academic Progression in Nursing initiative launched by the Robert Wood Johnson Foundation (Gerardi, 2017), facilitators of successful academic progression programs include intentional coordination of degree requirements using easily understood pathways that smooth the way to higher degrees and employment. The goal is to create a more highly educated nursing workforce able to deliver high quality care in all settings today and in the future. Illinois nursing education programs have a long history of working in partnership in support of academic progression.

For the Illinois population ...continued from page 17

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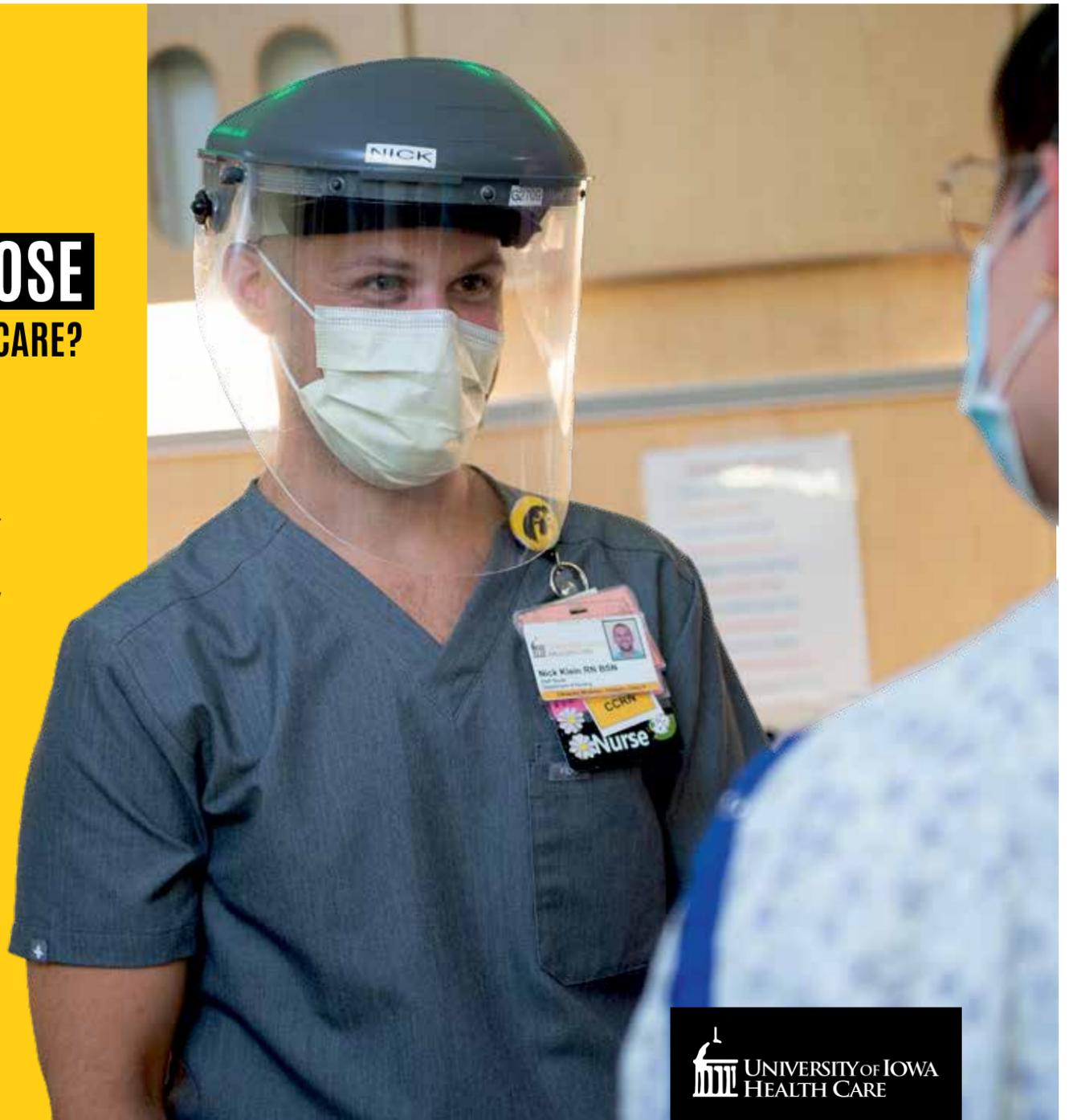
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