MNA

The Pulse

THE OFFICIAL PUBLICATION OF THE MONTANA NURSES ASSOCIATION

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Quarterly circulation approximately 18,000 to all RNs, LPNs, and Student Nurses in Montana.

Wanted: Nurse Leaders

Kim A. Powell APRN, ACNP-BC
President, Montana Nurses Association

Kim Powell

The IOM report on the Future of Nursing Practice is a carefully researched, inclusive document outlining responses required of nurses, nurse-educators, and health care systems as we look toward the future. This expert review was neither haphazard nor serendipitous but, instead, a carefully planned, two-year process that assessed the practice of nursing and made recommendations for the future of the nursing profession—particularly as it applied to anticipated healthcare reform. The Committee on the RWJF Initiative on the Future of Nursing, commissioned by the IOM and under the direction of Donna E. Shalala, Ph.D., produced an "action-oriented blueprint for the future of nursing" carefully outlining a series of recommendations meant to lead discussion, adoption and implementation of proposed changes.

MNA, through presentations at the annual Convention and publications in the *Pulse*, has attempted to keep its members informed about salient points of both healthcare reform and the IOM report. Montana nurses can be quite proud of the many accomplishments that align us well with many of the recommendations included in the Future of Nursing Report.

In this edition of the *Pulse* you will read details about how MNA and other nursing organizations are participating in key activities recommended by the IOM report including continuing education and nurse-residency programs. Our peers at the Montana State Board of Nursing, Montana State University and the Montana Hospital Association have coordinated working groups and responses to the IOM report that will assure that Montana has a broad yet integrated response to the proposed action plans.

In addition to key concepts concerning education, the Initiative produced bold statements and guidelines for broadening and strengthening leadership in nursing. It is this general leadership recommendation that I would like to review with Montana nurses. The topic is broad, covering concepts that range from the importance of having nurse-leaders at the table when interventions and interpretations for healthcare reform are discussed, to the need for development of nurse leaders within our clinical and educational systems. Specifically, the IOM notes two categories of leadership development that deserve our attention and consideration:

Recommendation 2: Expand opportunities for nurses to lead and diffuse collaborative improvement efforts. Private and public funders, health care organizations, nursing education programs, and nursing associations should expand opportunities for nurses to lead and manage collaborative efforts with physicians and other members of the health care team to conduct research and to redesign and improve practice environments and health systems. These entities should also provide opportunities for nurses to diffuse successful practices.

Recommendation 7: Prepare and enable nurses to lead change to advance health. Nurses, nursing education programs, and nursing associations should prepare the nursing workforce to assume leadership positions across all levels, while public, private, and governmental health care decision makers should ensure that leadership positions are available to and filled by nurses.

- Nurses should take responsibility for their personal and professional growth by continuing their education and seeking opportunities to develop and exercise their leadership skills.
- Nursing associations should provide leadership development, mentoring programs, and opportunities to lead for all their members.
- Nursing education programs should integrate leadership theory and business practices across the curriculum, including clinical practice.
- Public, private, and governmental healthcare decision makers at every level should include representation from nursing on boards, executive management teams, and in other key leadership positions.

Nursing, by virtue of its 3.1 million licensees, operates from a position of strength when seeking to become participants in healthcare-related discussions that will shape our future. By sheer number and accumulated expertise in patient care practice across the age and health spectrum, nurses have much to offer by sharing their knowledge, skills and abilities. Is there a place for you? Opportunities abound for leadership roles in our profession and may occur in areas not commonly thought of, running the gamut from serving as a mentor in clinical practice, a one-on-one leadership role, to becoming a member of the State Board of Nursing or the state professional organization, serving as a leader to many. We in Montana are privileged to have many opportunities in which to learn leadership skills: under the watchful eye of a mentor, serving on a peer-based committee with experienced leaders, or graduating from the Clinical Nurse Leader MSN Program through Montana State University, to name just a few. Is there a place for you?

Leaders are made, they are not born. They are made by hard effort, which is the price which all of us must pay to achieve any goal that is worthwhile.
—Vince Lombardi

The American Nurses Association is encouraging us to think about the broad and variable leadership roles we serve in. In that light they have announced the following:

Today, through both the new health care laws and the new IOM report, nurses are being called on to be leaders and use their talents and knowledge to

Wanted Nurse Leaders continued on page 2

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current resident or

"I Would Like To Invoke My Weingarten Rights"

Amy Hauschild, BSN, RN, Labor Specialist

Amy Hauschild

I recently received a call from a young woman who works as an RN in one of the facilities MNA represents; I will call her "Alice." She is relatively new to the facility and has not been involved in the activities of the Local Unit. Alice introduced herself over the phone and confidently stated "I would like to invoke my Weingarten rights." Weingarten rights are the employee's right to union representation at an investigatory interview.

After I conferred with the nurse about her specific situation and set a time for us to meet, I inquired how she had become aware of Weingarten. She proceeded to tell me the story of her first week on the job when her union representative visited with her about the contract and explained the mechanics of the Local Unit.

The MNA Local Unit representative had explained to Alice one of the most important aspects of being represented by a union: is the right to have a union representative present at investigatory meetings. Alice told me, "The union rep. said if there is no other single thing I take away from our meeting today—it is to ALWAYS call for representation at a meeting where I was being questioned or that I felt may lead to discipline." Alice went on to state, "I knew I had done nothing wrong, and I wanted to make sure I was using all the tools available to me—if the law says I can have a rep.—I want a rep."

The Center for Labor Education and Research at the University of Hawaii (http://clear.uhwo.hawaii.edu/wein.html) states the following about Weingarten:

EMPLOYEE'S RIGHT TO UNION REPRESENTATION

The right of employees to have union representation at investigatory interviews was announced by the U.S. Supreme Court in a 1975 case (NLRB vs. Weingarten, Inc. 420 U.S. 251, 88 LRRM 2689). These rights have become known as the Weingarten rights.

Employees have Weingarten rights only during investigatory interviews. An investigatory interview occurs when a supervisor questions an employee to obtain information which could be used as a basis for discipline or asks an employee to defend his or her conduct.

If an employee has a reasonable belief that discipline or other adverse consequences may result from what he or she says, the employee has the right to request union representation. Management is not required to inform the employee of his/her Weingarten rights; it is the employee's responsibility to know and request.

When the employee makes the request for a union representative to be present management has three options:

(1) it can stop questioning until the representative arrives.
(2) it can call off the interview or,
(3) it can tell the employee that it will call off the interview unless the employee voluntarily gives up his/her rights to a union representative (an option the employee should always refuse.)

Employers will often assert that the only role of a union representative in an investigatory interview is to observe the discussion. The Supreme Court, however, clearly acknowledges a representative's right to assist and counsel workers during the interview.

The Supreme Court has also ruled that during an investigatory interview management must inform the union representative of the subject of the interrogation. The representative must also be allowed to speak privately with the employee before the interview. During the questioning, the representative can interrupt to clarify a question or to object to confusing or intimidating tactics.

While the interview is in progress the representative cannot tell the employee what to say but he may advise them on how to answer a question. At the end of the interview the union representative can add information to support the employee's case.

This was a topic of discussion at the Labor Retreat at Chico Hot Springs, April 17-19, 2011. Visit our website at www.mtnurses.org and Labor Department contacts.

Wanted Nurse Leaders continued from page 1

make the changes we know are best for our patients and the communities we serve. From the bedside to the boardroom, every nurse has a role to play in making this change. Leadership is demonstrated in a number of ways—improving health literacy, implementing a best practice, or advocating for an issue are just a few examples. What does leadership mean to you? Share with us through a short video (no more than two minutes long) with the theme "I am a Nurse, I am a Leader." (www.nursingworld.org)

Thank you to the Montana nurses who serve as leaders in the many areas that touch our profession and those whom we serve. To those considering an opportunity to serve as a leader: there is a place for you!

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The Pulse
Official Publication of the Montana Nurses Association

CONTACT MNA

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Office Hours: 8:00 a.m.-5:00 p.m.
Monday through Friday

VOICE OF NURSES IN MONTANA

MNA is a non-profit, membership organization that advocates for nurse competency, scope of practice, patient safety, continuing education, and improved healthcare delivery and access. MNA members serve on the following Councils and other committees to achieve our mission:

- Council on Practice & Government Affairs (CPGA)
- Council on Economic & General Welfare (E&GW)
- Council on Contining Education (CCE)
- Council on Advanced Practice (CAP)

MISSION STATEMENT

The Montana Nurses Association promotes professional nursing practice, standards and education; represents professional nurses; and provides nursing leadership in promoting high quality health care.

CONTINUING EDUCATION

The Montana Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Montana Nurses Association (OH242 12/01/2011) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

MNA

Questions about your nursing license? Contact the Montana Board of Nursing at: www.nurse.mt.gov

WRITER'S GUIDELINES:

MNA welcomes the submission of articles and editorials related to nursing or about Montana nurses for publication in *The PULSE*. Please limit word size between 250-300 words and provide resources and references. MNA has the right to accept, edit or reject proposed material. Please send articles to: maddie@mtnurses.org. The 2011 submission deadlines are: July 1 and October 1.

PUBLISHER INFORMATION & AD RATES

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Labor Director's Report

Gabriel Kristal

Gabriel Kristal

These have been a very trying few months for workers of every stripe. From Wisconsin to Maine to Ohio and even to our own State of Montana, workers have been subjected to a series of union-busting bills by legislators using the troubled economy as an excuse. Fortunately, the American spirit of fairness has been inspired by the image of hundreds of thousands of everyday working people rallying for their rights.

These battles put at risk the fundamental notion of whether workers should have the right to bargain collectively, i.e. to speak with one voice to advocate for shared interests. This fundamental definition of collective bargaining is, to me, the essence of workplace democracy. No profession needs this more than nursing. We can't go back to the days before collective bargaining where patient care decisions were largely made by administrators and accountants. Our voice is vital to preserving and improving the care our patients receive.

In Montana, we are facing the same types of attacks on workers. There have been bills that would effectively do away with unemployment protections for nurses and changes to Workers' Compensation that would affect RNs negatively. Contracts between unions and the State of Montana are not being funded, despite available money. Two MNA represented facilities (MT State Veterans Home and Montana Chemical Dependency Center) have been slated for privatization, i.e. where for-profit companies take over the operation of services. We're fortunate that our affiliation with the National Federation of Nurses (NFN) and our affiliation with the Montana State Federation of the AFL-CIO has provided us direction in involving our members to rise in opposition to these cuts.

MNA, an affiliate of NFN, was proud to be present in Madison, WI in solidarity with the workers fighting so tirelessly to protect their right to have a union. Our NFN affiliate, the Ohio Nurses Association, is asking for our support in helping them defeat a similar measure, so we will be involved over the coming weeks and months there. And right here in Montana, MNA was a key sponsor of the April 1st "No Fooling with Our Future" rally in Helena. This was a fantastic event with nearly 2000 labor and community activists coming together to make sure that workers' rights are protected. I could not be more proud to be a part of this movement than I am right now. In Solidarity.

Vicki Byrd, RN, and Melissa Cobb, RN, rally on the Capital steps Helena, MT on April 1, 2011. Joined by Sue Noem, RN, and Deanna Evans, RN, (below right)

Source: Helena Independent Record 4-2-11

E&GW Council Adopts Exciting New Structure for the Labor Program

Amy Hauschild, BSN, RN

During the MNA E&GW's first meeting of 2011, the Council adopted a new structure to promote input from members from across the state into the design and goals of MNA's labor program. The concept of the Facilities Leadership Committee (FLC) was born. The Council was seeking more input from the rank and file nurses whom are represented by MNA. The concept is a simple one- at least one leader from each facility will gather for a quarterly meeting with the E&GW Council to further develop and offer input and guidance regarding the MNA Labor Program. Great ideas are often ones that develop from the grassroots. We want to hear your voice.

The FLC held its first meeting in Helena in March 2011, attendance was wonderful, and a significant number of MNA local units were represented. One of the best aspects me for personally, was seeing and hearing from local unit leaders who have traditionally not been very involved in the collective bargaining process at the statewide level. The beauty of this model is members may come and go if their schedule does not allow them to attend every meeting. Each local unit has a voice at every meeting and the local unit itself determines who will attend.

In March, the FLC appointed co-chairs and had a very productive meeting. The E&GW Council had previously adopted a set of contract standards they seek to achieve for its members. The FLC vigorously endorsed the concepts and offered input and support.

The next meeting of the FLC occurred during the MNA Labor Retreat held in Chico Hot Springs in April and their work continued. Please help your elected leaders and MNA staff know what YOUR facility needs from YOUR labor program.

If you have any questions about the FLC or E&GW Council, please do not hesitate to contact me or one of the Council members directly. Our contact information is on the MNA website at www.mtnurses.org. We want to hear your voice.

Rural Nurse Residency/Transition to Practice Programs For Healthcare Organizations throughout Montana

Lori Chovanak, BAN, RN

Lori Chovanak

Nurse residency programs are being promoted by the National Council of State Boards of Nursing (NCSBN), American Association of Colleges of Nursing (AACN), American Nurses Association (ANA), federal healthcare organizations, and the Institute of Medicine (IOM) in collaboration with the Robert Wood Johnson Foundation (RWJF) to address issues in our nursing profession contributing to the healthcare crisis.

MHA: An Association of Montana Healthcare Providers has collaborated with Idaho State University's North West Rural Nurse Residency Program (NWRNR) to assist Montana hospitals with developing transition to practice programs. Residents of the program include new graduates, professional nurses re-entering nursing practice and nurses who are new to the specialty of rural nursing practice. Work is in progress to encourage and promote Montana hospitals to engage the NWRNR program and to begin with the next cohort of residents and preceptors this June. The creation of these programs in Montana facilities aims to address the following issues:

- **Decrease staff turnover rates**
- **Improved patient outcomes**
- **Decrease the financial impact of filling employment vacancy**
- **Error reduction and improved safety**
- **Improved patient and nurse satisfaction**
- **Improve profession nurse confidence and competence**
- **Encourage collaboration among healthcare professionals**

The benefits of nurse residency programs include:

- **Greater percent of staff retention**
- **Increase confidence and competence in individual nursing practice**
- **Increased collaboration among staff**
- **Greater job satisfaction**
- **Improved patient care quality, safety and better outcomes**

Program development follows the research focus of the NWRNR program which includes three main topics: rural nurse practice, nurse retention, and residency program research and change implementation. The nurse residents focus their learning on crisis assessment and management in the following areas:

- **Medical-Surgical**
- **Pharmaceutical**
- **Pediatric**
- **Geriatric**
- **Psychiatric**
- **Emergency-Trauma**
- **Critical Thinking**
- **Obstetrics**
- **Quality and Safety Education for Nurses**

NWRNR offers educational tools and live webinars for preceptors and residents, program support through mentors and coordinators, and subscriptions to PEPID and RN.org for access to continuing education activities for one full year. Facilities implementing these programs are providing their preceptors and residents with an environment for clinical Learning, supervision, employment, time and leadership support for participation, and computer/internet connection and access.

While hospitals are implementing nurse residency programs, work is being done at the state and national levels to design nurse residency/transition to practice programs. The collaboration of MHA and NWRNR is a very exciting partnership for both nurses and health care facilities. The benefits to both are numerous and have the potential to positively change nursing culture in healthcare environments.

Recommendations of the IOM and the RWJF for the future in Nursing call on stakeholders to take action in supporting the implementation of nurse residency programs. The Montana Initiative of the Future of Nursing is coordinating workgroups to address these recommendations with nurse residency being one of eight recommendations outlined. This is a great opportunity for all nurse professionals to contribute to the future of our profession and our patients.

If you would like to learn more about nurse residency program implementation in Montana, would like to access the NWRNR for your hospital, or if you are interested in joining a workgroup to assist in developing a statewide nurse residency program through the Montana Initiative of the Future of Nursing, contact Lori Chovanak at lorichov@msn.com or call her at 404-459-1684.

Editorial: Barb Swebla, MN, RN, Interim Executive Director and Continuing Education Director

This article was submitted by Lori Chovanak, RN, MNA member and former MNA CE Director. The project is supported by MNA and our hope is that we will be involved in efforts to reduce the gap between nursing education and practice, a concern that has been studied and discussed for over 70 years. The Rural Nurse Residency program is long overdue and we thank Idaho State University, NCSBN, RWJF, and MHA for facilitating this effort. Best wishes to Lori as she proceeds with this project and we will assist in those efforts to every extent possible.

Sidney RNs Reach Tentative Agreement! Bargaining Team Recommends Ratification!

The Sidney Health Center and the Montana Nurses Association (MNA) are pleased to announce that we have reached a tentative agreement on economics, which will provide economic stability for both parties until the contract expires on June 30, 2012. The parties worked hard to reach a collaborative agreement that all can support. The bargaining committee enthusiastically recommended ratification of this agreement and the RNs overwhelmingly accepted the terms.

CONTINUING EDUCATION DEPARTMENT

RN Continuing Education Requirements New MT Board of Nursing Regulations

Barb Swehla, MN RN, Interim Executive Director and Continuing Education Director

Barb Swehla

As you may be aware, MNA brought a proposal to the Board of Nursing (BON) to adopt rules pertaining to continuing education requirements for RNs in October 2007. Because MNA believes that continuing professional education is a key element of continued competence, we urged the Board to consider this as an initial step toward development of a comprehensive approach to demonstrating continued competence for professional nurses. In October 2010, those rules were adopted by the BON and can now be found on the BON website—see reference at the end of this section. Don't forget to check the relevant definitions in ARM 24.159.301 as well as the mandatory CE section ARM 24.159.2100.

While employers of nurses are not responsible to provide continuing nursing education (CNE) programs that qualify as continuing education, many of them have done so for many years. Please see the list of MNA Approved Providers of CNE in this newsletter. Also, several healthcare organizations are considering obtaining Approved Provider status or are submitting individual applications for approval so they can award CNE contact hours to nurses who attend their programs. These actions serve to strengthen the base of support for professional nurses in Montana and surrounding states, including Alaska, and we greatly appreciate the opportunity to advance the profession of nursing.

Below are highlights of the newly adopted CNE requirements for RN and LPN licensure

Continuing education is intended to accomplish the following:

- provide new knowledge and skills to assist with advanced clinical decision making/clinical reasoning;
- offer greater depth of knowledge and skills in a particular nursing role or practice;
- enhance professional attitudes and behaviors;
- address new and developing standards of nursing practice.

All RNs and LPNs must complete 24 contact hours during each two-year license renewal period. To qualify as contact hours, continuing education courses must be approved by an accrediting organization or provided by an academic institution of higher learning, a continuing education provider, or an APRN certifying body.

The responsibility to obtain the contact hours belongs to the nurse, not the employer. So, if your employer is providing CNE, please show your appreciation and take advantage of it! There are a number of reputable CNE providers via the internet, but you must make sure that the provider is approved or accredited. If you see the required CNE statement indicating a relationship with the American Nurses Credentialing Center's Commission on Accreditation (ANCC), the CNE contact hours awarded will be accepted by the Board of Nursing.

Examples of education that are NOT considered continuing education:

- classes in basic life support, first aid, or cardiopulmonary resuscitation;
- advanced life support classes, such as ACLS, PALS, NRP, TNCC, except when it is the first time a nurse has taken the course;
- agency-specific orientation or in-service program designed for work at a specific institution or for a specific employer that teaches and tests for skill competency or addresses institution-based or employer-based standards of nursing practice;
- personal development activity that educates individuals on topics pertaining to financial management, personal hygiene or beautification, personal conduct, or other topics that do not pertain specifically to the practice of nursing;
- attendance at professional meetings or conventions, except those portions for which continuing education contact hours have been awarded by a qualifying provider;
- participation in community service or volunteer practice; and
- participation as a member in a professional organization.

The BON plans to conduct retrospective random audits of the completion of continuing education by licensees following each renewal period, so the first expected audit is Winter 2013. Nurses are required to retain proof of completion of continuing education for a specified time period and are responsible for maintaining their own CNE records.

Please feel free to call or email MNA, if you have any questions about continuing nursing education.

The complete regulations, including rule history, are on the BON's website: www.nurse.mt.gov LINK: http://bsd.dli.mt.gov/license/bsd_boards/nur_board/rules.asp)

MNA APPROVED PROVIDERS

St. Vincent Hospital & Health Sciences Billings MT
Kalispell Regional Medical Center Kalispell MT
Benefis Healthcare Systems Great Falls MT
St. Peter's Hospital Helena MT
Community Medical Center Missoula MT
Bozeman Deaconess Hospital Bozeman MT
St. Patrick Hospital & Health Sciences Center Missoula MT
Billings Clinic Billings MT
Montana Geriatric Education Center Missoula MT
St. James Healthcare Butte MT
MHA – An Association of Healthcare Providers Helena MT
Providence Alaska Learning Institute Anchorage AK
South Peninsula Hospital Homer AK
Bartlett Regional Hospital Juneau AK
State of Alaska Public Health Nursing Anchorage AK
Mat-Su Regional Medical Center Palmer AK
Alaska Native American Center Anchorage AK
Fairbanks Memorial Hospital Fairbanks AK
Central Peninsula General Hospital Soldatna AK
Alaska Regional Hospital Anchorage AK
Wrangell Medical Center Wrangell AK

Executive Director Position

The Montana Nurses Association is accepting letters of interest for a full-time Executive Director to lead its membership-based professional nursing organization. Responsibilities include provision of organizational/staff leadership, PR, and business management. The candidate will work with government, industry, labor, and professional organizations on issues important to nursing. Strong verbal, analytical, budget and leadership experience required. RN with business background preferred. Competitive salary & benefit package. Position based in Montana City, near Helena, MT. Submit resume\CV and cover letter to EDMTNURSES@GMAIL.COM by May 31, 2011.

MNA Reaches Tentative Agreement with St. Peter's Hospital

The Montana Nurses Association (MNA) is pleased to announce the conclusion of negotiations with St. Peter's Hospital in Helena that have resulted in an industry standard-setting three-year tentative agreement for registered nurses. By bargaining in good faith to achieve this agreement, St. Peter's Hospital has demonstrated that it wants to be an employer of choice for Montana RNs.

Highlights of the agreement include minimum wage increases of 7% over three years, with the average nurse receiving an increase of 12%, when accounting for longevity steps, market-leading fringe benefits, and the best employment security provisions in Montana. Additionally, this agreement provides for an unprecedented level of RN participation in workforce planning and the day-to- day operations of the Hospital. The agreement is subject to ratification, which will conclude on May 10th, 2011. The elected Bargaining Committee unanimously recommended approval of the agreement.

MNA is the professional organization for registered nurses in Montana, providing continuing education, legislative advocacy, and collective bargaining for RN members.

CALL for PRESENTERS
99th Annual Convention

Best Western Great Northern Hotel—Helena, MT
October 6-8, 2011

Submission Deadline—May 15, 2011

You are invited to submit a proposal for presentation during the 2011 convention on any topic you believe would enhance the professional practice of registered nurses. The following topics were suggestions or requested by attendees at our last convention:

- **Alternative Medicine**
- **Environmental Impacts of Healthcare**
- **APRN Rx Topics**
- **Cardiology- Hypertension**
- **Dermatology-Eczema**
- **Radiology**
- **Gastroenterology**
- **Environmental Health Issues**
- **Geriatrics- Precautions in meds**
- **Infectious Diseases - MRSA**
- **Immunization Update**
- **Fibromyalgia**
- **Legal implications in Nursing**
- **Osteoporosis**
- **Wound Care**
- **Asthma**
- **Legislative Update**
- **Leadership**
- **Orthopedic Care**
- **Oncology**
- **Patient / Nurse Safety**
- **Pediatrics**
- **Podiatry**
- **Women's Health-Menopause**
- **Public Health**
- **Nursing Retention**
- **Surgical Interventions**
- **Mental Health- PTSD, Pediatric mental health issues**

The goal of the MNA Convention is to provide continuing nursing education opportunities to help nurses expand their knowledge base about various nursing issues, to learn what the Association has accomplished during the past year, to carry out the business of the Association, and to network with other nursing professionals.

Continuing education contact hours and Rx contact hours for APRNs (as content supports) will be awarded for select sessions.

Please go to the **NEW** MNA website at **www.mtnurses.org** to download a submission application. You can also contact Barb Swehla at barb@mtnurses.org or 406-442-6710 for any questions.

Montana Nurses Association
99th Annual Convention 2011

Red Lion Colonial Inn, Helena, MT
October 6-8, 2011

Vendor / Exhibitor Booth
Registration

Availability is limited. Exhibit areas for participants will be assigned on a first-come, first-serve basis.

Commercial Rate = $325, **Hospital or Healthcare Rate** = $250, **Non-Profit (Non-Hospital) Rate** = $150
Crafters Rate = $100, MNA Member Crafter Rate = $50 Call for availability of additional tables and rates.

Company Name: _____ Contact Name: _____
Address: _____ Phone: _____
City: _____ FAX: _____
State: _____ Tax ID No.: _____ E-mail: _____
Zip: _____
Electricity: Circle One YES NO 1st Booth: _____
*I would also like to participate in Passport to Prizes
PRIZE TO BE DONATED: ☐
Additional Service Request: Additional Booth: _____
Additional Booth: _____
Amount Paid: _____
Signature: _____ Date: _____

Passport to Prizes Program

COST TO PARTICIPATE
There is no additional cost to participate in the Passport to Prizes Program other than your donation of a prize. We encourage prizes that will give incentive for attendees to participate. Some examples are: an i-pod, DVD player, gift cards, etc. Be creative.
Prizes must be received at MNA by September 16, 2011, in order for your name to be printed on the Passport and included in the attendee registration packets.

HOW THE PROGRAM WORKS

- Each MNA convention attendee will receive a blank passport card in her/his registration packet.
- Attendees will take their cards to participating vendors during exhibit hall hours on Thursday and Friday to have the passport validated with a signature or stamp from each vendor.
- Once an attendee card is filled, the cards may be turned in for drawings on Friday.

BENEFITS OF BEING A PARTICIPANT

- Company recognition during the giveaway ceremony.
- Program promotion in attendees' packets with recognition of participating vendors.
- Your company name on the passport game card that all attendees will receive at registration.

Return this vendor exhibitor booth registration/contract and payment to:

Montana Nurses Association
Continuing Education Dept.
20 Old Montana State Hwy
Montana City, MT 59634-9687

Contact: Maddie Schuhmacher, Admin. Assist.
E-mail: maddie@mtnurses.org
Office: 406-442-6710

"NURSES: TRUSTED TO CARE"

Montana Legislature Nearing End

MNA Lobbyist Don Judge

Don Judge

At this writing, less than ten days remain until the 62nd Montana Legislature officially concludes. The primary focus is now on the state budget, medical marijuana reform and education funding. Various cats and dogs bills are still alive and new ones have been introduced in a very rushed manner through the hearings process, affording little time for public input or careful consideration. The result of this sprint to the finish is that important facts about potential implications or unintended consequences are left unsaid.

It would be fair to say that this legislative session has not been good for health care advocates. Department of Public Health and Human Services cuts may result in more uninsured children, collapse of tobacco prevention programs, and cuts in senior, disabled and low income services. The irony is that the primary source of funding for these services is the federal government. Few state dollars are required to access federal funds for such programs. The decisions appear to be based mostly on ideology and can be refined into two essential categories—smaller government and social agendas.

With the exception of a handful of majority legislators joining the minority on select votes, the actions taken by this legislature have essentially followed party-lines. The same can be said for most of the critical bills that were considered in the various legislative committees.

MNA's Council on Practice and Government Affairs (CPGA) has supported or opposed a number of bills, so I can provide a status report on a few of them. See a more complete list of bills being watched by MNA on the website: www.mtnurses.org

MNA Supported:

- HB 83, creating a Prescription Drug Registry (also known as the Prescription Monitoring Program) has passed both houses and is on its way to the Governor thanks to the many individuals and organizations working tirelessly for passage, including our CPGA Chair, LaDonna Maxwell.
- HB 185, banning synthetic marijuana, is making it through the process so far
- HB 334, a reform on our workers' compensation system—significantly improved by negotiations between Governor Schweitzer and GOP leadership, it will result in cuts to injured workers' benefits and restrictions to health care access
- SB 141 to address bullying in schools is no longer alive
- SB 23 would have required midwives to disclose if they have medical malpractice insurance to their patients is no longer alive
- SB 249 would have increased coverage for mammography is no longer alive.

MNA Opposed:

- HB 227 allowing religious immunization exemptions (the bill is no longer alive)
- HB 544 requiring pre-abortion screening and establishing provider negligence for failure to comply (the bill is no longer alive)
- HB 457 would have increased penalties for assault on a pregnant woman and was originally supported by MNA, but had amendments that changed its entire purpose. MNA pulled its support, and the bill is no longer alive.

Also failing to pass were a number of bills allowing the state to develop insurance exchanges as allowed by federal health care reform, also known as Patient Protection and Affordable Care Act (PPACA). The last of these was HB 620 which was carried by a member of the House majority and reformed to change the term "exchange" to "gateway" in order to deflect its critics. In spite of the fact that it was a compromise proposal negotiated by the State Insurance Commissioner's office, insurance companies and members of both parties, opponents to the federal health care reform bills were determined to disallow any legislation that would in any way legitimize PPACA and summarily tabled the bill. On the other hand, bills to require the state to participate in the lawsuit against PPACA, to prohibit state employees from administering any of its provisions and prohibiting the establishment of a state-created health care exchange are passing handily.

Ultimately, Governor Schweitzer will determine which bills will become law and which ones will be stamped with his VETO branding iron. In that sense the legislative process is not over, even once the legislators go home. The Governor has 10 days following receipt of a bill in which to make his decisions. Hope remains that state workers will get a pay raise after 2 years of wage freezes, pension systems will remain intact and unnecessary drastic cuts to government services can be restored.

Let me close this report by thanking the members of the CPGA, interested members of the MNA and the staff for their work and support during this session. Without that participation, not only would the job be much more difficult, but the results more dismal.

The Fear Factor

An Essay by Barb Prescott RNC, FNP, Doctor of Nursing Practice

Fear—a feeling of agitation caused by the presence or nearness of danger, evil, or pain.

Barb Prescott

Since media coverage of the war with Iraq began, the American people have been overwhelmed with the news that our fathers and mothers, sons and daughters are in harm's way. Fear and anxiety has become a way of life for many since 9-11 and continues unabated. With the focus of unrest expanding to the rest of the Middle East and Libya and the media focus on the earthquake in Japan people are avoiding listening to the news. The questions emerging for nurses are: Who do we turn to? How do we act? How do we help?

Our media lacks a consistent public health message and consistent leadership. Nurses realize that action is needed to help our communities overcome the sense of powerlessness that comes with the fear we are experiencing. Just as nurses assist their patients with their sense of hopelessness in acute care settings, nurses can help the community understand that they are not to blame and they are not alone.

Nursing organizations have the opportunity as well as the responsibility, as part of the profession's social contract, to identify appropriate roles for nurses during this time of uncertainty and in the event of natural or manmade disasters. When nurses learn about and understand the risks for disasters and their consequences, the better prepared they are to positively affect the health of the community.

Nurses, as significant partners in preparedness, will need to add additional competencies to their current skill sets. These competences may include knowledge about disasters as well as political skills to enable them to influence policy decision making about health practices in their communities. The best response to a disaster is interdisciplinary collaboration. As nurses come to understand the risks of disasters, the more they will realize that a prepared public and public health system will be able to handle the risks and threats. Nurses should be at the table in all aspects of community preparedness.

A Call to Arms

Wade G. Hill, PhD, PHCNS-BC

Montanans value the quality of our outdoors and natural resource heritage. Nurses are particularly familiar with the connection between health and environmental contamination. Montana's unfortunate legacy from this connection is that our citizens are suffering the consequences of lead, mercury, asbestos, and other contaminant exposure, primarily arising from irresponsible resource development. Nurses see the effects of exposure on birth outcomes, respiratory conditions, cancer, and a whole array of health consequences. As patient advocates, nurses have an obligation to keep a watchful eye on such health threats and take action.

The Scope of the Problem

- Air pollution—nearly 21,000 Montana children suffer from asthma, a condition known to worsen with environmental exposures;
- Drinking water—laced with coal ash, a byproduct of electricity generation containing toxins linked to cancer, birth defects, gastrointestinal illness, and reproductive problems;
- Mercury pollution—poisons fish that when ingested, may cause irreversible neurological effects on the unborn, babies, and children
- 17 "superfund" sites currently exist in Montana—areas impacted by environmental contaminants, such as arsenic, contamination so severe that threats to community health are imminent.

A Call to Action

Legislation is being considered in the U.S. House of Representatives to severely limit the ability of the Environmental Protection Agency (EPA) to protect citizens from the effects of environmental toxins. Significant funding cuts would eliminate almost $7 million intended for Montana to maintain clean and safe drinking water. Montana's air quality is being threatened by blocking the EPA from updating air quality safeguards for particulate matter, mercury, arsenic, and many other contaminants. This legislation, if passed, will account for the largest cut to EPA resources in 30 years.

Please join me and many other nurses in voicing opposition to these plans that will clearly result in unsafe water and air, creating a predictable disease burden for our citizens and health system.

Visit this website and express your concerns for everyone's health and safety: http://envirn.org/pg/groups/10864/montana-nurses-for-clean-air/

Accelerated BSN Option at Montana State University-Bozeman

Gretchen McNeely, EdD, RN
Associate Dean of Undergraduate Studies

Montana State University-Bozeman College of Nursing is pleased to announce the implementation of its newest undergraduate BSN program in May 2011—an accelerated option for individuals with bachelor's degrees in disciplines other than nursing. For many years, the college has had post-baccalaureate students enter the traditional BSN program bringing their rich and diverse experiences to the classroom benefiting all of the students in the program. These highly motivated, mature, adult learners have been very successful in the traditional program, but for quite some time have been asking when MSU was going to offer an "accelerated" option that could be completed in a shorter timeframe.

In response to these many requests, the college began to discuss and plan for such an option selecting the Bozeman campus to pilot the new initiative. Following approval by the Board of Nursing and the Board of Regents in 2010, the screening/admissions committee members began reviewing applications and then invited 26 applicants to interview with faculty during the month of December. Of those interviewed, 16 were selected to participate in the first cohort.

This new option will begin on May 16, 2011 and continue for four consecutive terms through 2012. The students who have accepted placement offers for Summer 2011 were very successful in their previous educational experiences and have enjoyed successful careers in a variety of fields. They emerged from a highly competitive pool of applicants from both within Montana and out of state.

The faculty are currently preparing to teach this first cohort and are excited about offering these new students the same curriculum that is used in the traditional program but with slight variation in the sequencing of the courses over a total of 16 months instead of the usual 29 months.

The initial response to the call for applications in Summer 2010 resulted in approximately 60 applications for the first cohort. Since that time, requests for information about the program have increased dramatically. The next application deadline is June 1, 2011. The second cohort who will begin the option in May 2012. Those interested in pursuing this option, current information and an application is on the college's website @ www.montana.edu/nursing.

Home Health Face-to-Face Encounter

A New Home Health Certification Requirement

Information Provided By:
Elena Chin
Centers for Medicare & Medicaid Services
Denver Regional Office (CO,MT,ND,SD,UT,WY)
Tx: 303-844-1977, Fax: 303-860-5845
www.medicare.gov www.cms.hhs.gov

A new Medicare home health law went into effect on January 1st (2011) that affirms the role of the physician as the person who orders home health care based on personal examination of a patient. A physician who certifies a patient as eligible for Medicare home health services must physically see the patient. The law also allows the requirement to be satisfied if a non-physician practitioner (NPP) sees the patient, when the NPP is working for or in collaboration with the physician.

As part of the certification form itself, or as an addendum to it, the physician must document that the physician or NPP saw the patient, and how the patient's clinical condition supports a homebound status and need for skilled services. The face-to-face encounter must occur within the 90 days prior to the start of home health care, or within 30 days after the start of care.

While the long-standing requirement for physicians to order and certify the need for home health services remains unchanged, this new requirement assures that the physician's order is based on current knowledge of the patient's condition. In situations when a physician orders home healthcare for the patient based on a new condition that was not evident during a recent visit, the certifying physician or NPP must see the patient within 30 days after admission.

The new requirement includes several features to accommodate physician practice. In addition to allowing NPPs to conduct the face-to-face encounter, Medicare allows a physician who attended to the patient, but does not follow the patient in the community, such as a hospitalist, to certify the need for home healthcare based on their face-to-face contact with the patient in the hospital and establish and sign the plan of care. *Medicare will also allow such physicians to certify the need for home healthcare based on their face-to-face contact with the patient, initiate the orders for home health services, and "hand-off" the patient to his or her community-based physician to review and sign-off on the plan of care.* Finally, in rural areas, the law allows the face-to-face encounter to occur via tele-health, from an approved originating site.

Medicare-based home health plays a vital role in allowing patients to receive care at home as an alternative to extended hospital or nursing home care.

The Future of Nursing

Casey Blumenthal, MHSA, RN, CAE
Vice President
MHA…An Association of Montana Health Care Providers

Activities continue in Montana for the Robert Wood Johnson Foundation/Institute of Medicine's Initiative on the Future of Nursing. After the initial meeting on November 30, interest swelled and a subsequent, statewide meeting was held by videoconference on March 30, 2011.

Over 100 participants attended one of approximately 15 video sites around the state. There was great participation by nursing and other professionals from academia (including students!), institutional and community health providers, VA, AARP, state government and more.

Co-facilitators Casey Blumenthal and Cynthia Gustafson updated the group on the application status for Montana's Regional Action Coalition (we're in the "pre-wave" group!) and the technical assistance we have access to from RWJF. The two will also be traveling to Washington, D.C. for the RWJF Connect program, which will provide training on how to educate legislators and their staff about the Initiative, to get it on their radar and interested in the project.

Then the Initiative report's recommendations were reviewed, and discussion moved around the state to fill each other in on what kinds of activities were already in place toward accomplishment of those recommendations; we found out that quite a bit is already being done in several areas!

The conversation then settled around the types of workgroups that seemed to make sense to produce further work around some of the recommendations that needed advancing. There was interest from several participants for workgroups such as the nurse residency program (already beginning in MHA's work w/Idaho State University's Northwest Rural Nurse Residency Program), education (continuing the articulation work between nursing programs and exploring more interprofessional collaboration), and leadership/lifelong learning, and nursing practice innovations.

We have tentatively reserved the last week in June for another videoconference gathering. In the meantime, we will be sending out more detailed information about the IFN workgroups to get some more of your great brains involved. There is a new page on the MHA Web site where information about the Montana Initiative will be posted (including future minutes): http://www.mtha.org/futureofnursing.php. And to learn more about the Initiative that will transform Montana's nursing practice, you can always go to www.thefutureofnursing.org!

If you have any questions, please feel free to contact Casey Blumenthal at MHA…An Association of Montana Health Care Providers, casey@mtha.org, or Cynthia Gustafson, Executive Director of the Board of Nursing, cgustafson@mt.gov.

Nurse Staffing Research

Article Title: Nurse Staffing and Inpatient Hospital Mortality
Authors: Needleman, J., Buerhaus, P., Pankratz, S., Leibson, C.L., Stevens, S.R. & Harris, M.
Journal: New England Journal of Medicine
Date/Volume and Issue: 2011/364 (11)
Type of study: Retrospective observational

Summary of the Article

Purpose: The purpose of this study was to examine the relationship between mortality and day-to-day, shift-to-shift variations in unit level staffing in one hospital with lower-than-expected mortality and high average staffing. The study also analyzed mortality and the effect of patient turnover, defined as the admissions, discharges and transfers.

Sample: The study was conducted using data from 2003 through 2006 for a tertiary academic medical center with Magnet® status and recognized for high quality. Pediatric, labor and delivery, behavioral health and inpatient rehabilitation units were excluded. The remaining 43 units were classified by type (e.g. intensive care) and service type (medical or surgical). Data obtained included patient census, admissions, transfers and discharges, and staffing levels for each nursing shift. There were 197,961 admissions for which each patient's record was obtained to identify which unit the patient was located on. This was then merged with unit characteristics and staffing data for each shift. This process resulted in 3,227,457 separate records for analysis.

Measures: *Inpatient mortality* was the outcome measured. *RN staffing* was considered to be below-target if it was 8 hours or more below the target for a shift. A commercial patient-classification system used by the hospital determined target staffing for each shift on each unit. An eight hour block of time was considered to be a shift. *Patient turnover,* admissions, discharges (excluding deaths) and transfers, was considered to be high if the rate of turnover for a specific unit was equal to or greater than one standard deviation from the average turnover for that unit. *Unit and shift measures* included the unit and unit type to which the patient was admitted and if the admission was on day, evening or night shift. *Patient level measures* were used to adjust for the risk of death. These included age, sex, payment source, type of admission, whether the patient was a local resident or out-of-area referral and the presence of co-existing conditions.

Analysis: Statistical analysis was conducted to determine the association between mortality and nurse staffing and mortality and patient turnover.

Key Findings: Staffing that was 8 or more hours below target occurred in 15.9% of all shifts. Below target staffing occurred more often in the critical care units (19.4% of shifts) than step down units (18.7% of shifts) or general units (14% of shifts). Higher patient turnover occurred on 6.9% of shifts however the proportion was 14.9% on day shifts, 5.6% on evening shifts and 0.2% on night shifts. The risk of death increased 2% each time a patient was exposed to shifts with below target RN staffing. The average patient in the study was exposed to three nursing shifts with below target staffing resulting in a 6% higher risk of mortality than patients with no exposure to below target staffing. The risk of mortality was 4% higher when a patient was exposed to a high-turnover shift.

Discussion: This study accounted for weaknesses in prior studies that analyzed average staffing over a long time period without accounting for specific patient needs using a hospital specific model of staffing. This study used a Magnet hospital recognized for its high quality care, low mortality rates and high nurse staffing, meeting its staffing targets over 85% of the time. These factors make it unlikely that the increased mortality is related to general quality problems. Both staffing and patient turnover are factors related to patient mortality.

Implications for Hospitals: Each hospital needs a flexible system to determine appropriate nurse staffing for each unit and for each shift based on patients' needs. Staffing needs to account not just for patient acuity and census but also for patient turnover. Nurses, hospital leaders and physicians need to engage in dialogue about how to assure that resources are allocated to provide adequate staffing.

Implications for Policy Makers: The study ends debate about whether nurse staffing levels have a significant effect on patient outcomes. Policymakers should focus attention on how to use payment systems to reward hospitals' efforts to assure adequate staffing.

Contact for Questions

Louise Kaplan, senior policy fellow, Department of Nursing Practice and Policy, louise.kaplan@ana.org or 301-628-5044

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Contact Maddie Schuhmacher
406-442-6710
maddie@mtnurses.org

Has your contact information changed?

New name? New address? New phone number? New email address?

If so, please email or call the Montana Nurses Association to update your contact information at maddie@mtnurses.org or 406-442-6710.

Family Medical History

M. Calanthe Wilson-Pant, M.D., DABFM,
Prevention Implementation Committee
Montana Cancer Control Coalition
Roundup Memorial Healthcare
Roundup, MT

As medicine progresses into a more focused paradigm of "nature influenced by nurture," the underlying genetic background of our patients will become increasingly important. This is already evident in the personalized management of cancer risk. Patients identified with a predisposing gene have much different screening needs than the average population.

Identification starts with at least a three generational family history. Because family health history is such a powerful screening tool, a new computerized tool to help make it easy for anyone to create a sophisticated portrait of their family's health has been created.

As healthcare providers, we should be encouraging our patients to go to http://www.hhs.gov/familyhistory/ and complete the family medical history. This can be done online or with a downloadable form to be returned to the healthcare provider for inclusion in their medical record. Upon completion, an appointment with the patient should be scheduled in order to review their history and discuss any potential cancer related indicators.

Nancy's Garden Grows Plants, Minds, and Healthy Bodies

As a botanist, Montana's First Lady Nancy Schweitzer is a strong supporter of math and science education in Montana schools. Together, the Governor and First Lady launched a Math and Science Initiative to help Montana youth discover math and science in K-12 classrooms and higher education, find out about career opportunities, and explore Montana's splendid surroundings. The Initiative's newest feature, ***Nancy's Garden*** (mathscience.mt.gov), brings fresh vegetables and healthy eating to the classroom.

"***Nancy's Garden*** is a new opportunity that can help create the next generation of gardeners, scientists, and engineers in Montana," says the First Lady. "The Governor and I hope teachers find this a helpful, hands-on resource to nurture gardening, promote healthy eating, and explore math and science."

Nancy's Garden provides an exciting gardening experience for Montana 4th grade students by supplying grow boxes, seeds, lesson plans, instructions, and other materials for their classrooms. The teacher's guide was designed with the help of gardening and nutrition experts from the Montana Department of Agriculture, Montana State University Extension, and Montana Team nutrition. The lesson plans take students through planting, growing, and finally eating produce from ***Nancy's Garden***. With tips from the Governor's Office of Community Service, teachers are encouraged to connect their classroom garden to the community with volunteers and service learning activities.

"Montana Team nutrition is honored to be part of the project," says Katie Bark, program Director. "Eating the veggies grown in ***Nancy's Garden*** is a great way to celebrate with delicious foods students have grown themselves. Here's how families can get involved at home by gardening with their kids this summer."

• **Garden together in a container at home:** Like the 4th graders involved in ***Nancy's Garden***, families can enjoy planting vegetables in containers when growing plants outdoors is not practical or when yard space is limited.

• **Garden together in the backyard:** A family that gardens together can stay healthy together. Backyard gardens provide plenty of opportunities for fun outdoor activities—and a "sneaky" way to get kids to eat more vegetables. When children plant and take care of vegetables, they are much more likely to eat the products—sometimes before they even get to the kitchen.

• **Garden together in a community plot or schoolyard:** Many Montana communities now offer communal gardening spaces, like the long running Garden City Harvest (www.gardencityharvest.org) in Missoula. MSU Extension provides information on finding or starting a garden in your town and many other gardening topics on their website (www.msuextension.org) and through local county Extension offices.

"Montana's 4th grade students are in for a wonderful growing experience this spring," says the First Lady. "I encourage families across Big Sky country to join in the fun and grow gardens at home too. It is such a natural, hands-on way to get students excited about math and science and engaged in healthy eating!"

Past and current issues of Eat Right Montana's monthly packets can be downloaded for free at www.eatrightmontana.org/eatrighthealthyfamilies.htm

Family Nutrition

Plan. Eat. Enjoy.

LUNCH at HOME

A nutrient-rich lunch can add a powerful punch to your day and your health. The right combo of carbohydrates and protein—with just a bit of fat— provides plenty of energy for your busy afternoon (without making you overfull and sleepy).

Nutrition experts agree that how you eat may be just as important as what you eat. Eating slowly and listening to internal signals of fullness may help prevent afternoon indigestion and help you maintain a healthy weight at the same time.

PLAN

Whether it is a weekday lunch for one or a weekend lunch for the whole family, having a plan makes it much easier to have satisfying and healthful options for everyone. Lack of planning can easily lead to higher calorie, lower nutrient snacking instead of a meal.

Make a list: Take some time on a quiet evening to develop a list of options that your family likes to eat for lunch. Get individual suggestions and ideas from each person.

Stock the staples: Use the list to shop for necessary ingredients. Stock the freezer, fridge, and cupboard with items like frozen veggies, cheese sticks, and canned tuna.

Rely on planned-overs: Whenever you cook a favorite item for dinner, make extra. Freeze single servings for a quick, easy lunch when you are pressed for time.

EAT

Fruits & vegetables: nutrient-rich lunches start with brightly colored fruits and veggies. Try to fill about half your plate or bowl with produce—in the form of green salads with dried fruit, sliced fresh fruit, vegetable soup, or leftover cooked veggies.

Whole grains & legumes: These foods offer fiber and long-lasting carbohydrates. Enjoy sandwiches on whole grain breads or whole grain crackers with a large salad. Beans and peas (aka legumes) are great in soups, burritos, and salads.

Lean protein & low-fat dairy: A serving from these groups will provide enough satisfying protein to help you go strong until dinnertime. That's about 3-oz. lean meat, fish, poultry, or nuts in a sandwich or salad, along with 8-oz. milk or 1-oz. cheese.

ENJOY

Take time to sit and enjoy your lunch. Put down your work and turn off the TV. When you pay attention to food and savor the flavors in every bite, you may eat less, especially if you also listen to your stomach and stop when you are satisfied.

Celebrate National Women's Health Week: May 8-14, 2011

By Maggie Naples

The 12th annual National Women's Health Week (NWHW) will kick off on Mother's Day, May 8, and will be celebrated until May 14, with the theme "It's Your Time." NWHW brings together communities, businesses, government, health organizations, and other groups in an effort to promote women's health. The weeklong health observance empowers women across the country to make their health a top priority and take simple steps for a longer, healthier and happier life.

Nurses and nurse practitioners are on the front lines of women's health, and have the opportunity educate women every day on prevention and the screenings they need to stay healthy and prevent disease. There are several ways you can help celebrate National Women's Health Week, including: encouraging women in your community to visit their doctor or health care professional, holding a free screening or health event at your clinic, listing your activity on http://www.womenshealth.gov/whw and ordering free educational materials, disseminating women's health information or having a health display in your facilities. For more information or promotional materials, or to register your activities, please go to http://www.womenshealth.gov/whw or contact Maggie Naples at mnaples@hagersharp.com.

national women's health week
May 8–14, 2011

National Nurses Week History

National Nurses Week begins each year on May 6th and ends on May 12th, Florence Nightingale's birthday. These permanent dates enhance planning and position National Nurses Week as an established recognition event. As of 1998, May 8 was designated as **National Student Nurses Day**, to be celebrated annually. And as of 2003, **National School Nurse Day** is celebrated on the Wednesday within National Nurses Week (May 6-12) each year.

The nursing profession has been supported and promoted by the American Nurses Association (ANA) since 1896. Each of ANA's state and territorial nurses associations promotes the nursing profession at the state and regional levels. Each conducts celebrations on these dates to recognize the contributions that nurses and nursing make to the community.

The ANA supports and encourages National Nurses Week recognition programs through the state and district nurses associations, other specialty nursing organizations, educational facilities, and independent health care companies and institutions.

A Brief History of National Nurses Week

1953 Dorothy Sutherland of the U.S. Department of Health, Education, and Welfare sent a proposal to President Eisenhower to proclaim a "Nurse Day" in October of the following year. The proclamation was never made.

1954 National Nurse Week was observed from October 11-16. The year of the observance marked the 100th anniversary of Florence Nightingale's mission to Crimea. Representative Frances P. Bolton sponsored the bill for a nurse week. Apparently, a bill for a National Nurse Week was introduced in the 1955 Congress, but no action was taken. Congress discontinued its practice of joint resolutions for national weeks of various kinds.

1972 Again a resolution was presented by the House of Representatives for the President to proclaim "National Registered Nurse Day." It did not occur.

1974 In January of that year, the International Council of Nurses (ICN) proclaimed that May 12 would be "International Nurse Day." (May 12 is the birthday of Florence Nightingale.) Since 1965, the ICN has celebrated "International Nurse Day."

1974 In February of that year, a week was designated by the White House as National Nurse Week, and President Nixon issued a proclamation.

1978 New Jersey Governor Brendon Byrne declared May 6 as "Nurses Day." Edward Scanlan, of Red Bank, N.J., took up the cause to perpetuate the recognition of nurses in his state. Mr. Scanlan had this date listed in Chase's Calendar of Annual Events. He promoted the celebration on is own.

1981 ANA, along with various nursing organizations, rallied to support a resolution initiated by nurses in New Mexico, through their Congressman, Manuel Lujan, to have May 6, 1982, established as "National Recognition Day for Nurses."

1982 In February, the ANA Board of Directors formally acknowledged May 6, 1982 as "National Nurses Day." The action affirmed a joint resolution of the United States Congress designating May 6 as "National Recognition Day for Nurses."

1982 President Ronald Reagan signed a proclamation on March 25, proclaiming "National Recognition Day for Nurses" to be May 6, 1982.

1990 The ANA Board of Directors expanded the recognition of nurses to a week-long celebration, declaring May 6-12, 1991, as National Nurses Week.

1993 The ANA Board of Directors designated May 6-12 as permanent dates to observe National Nurses Week in 1994 and in all subsequent years.

1996 The ANA initiated "National RN Recognition Day" on May 6, 1996, to honor the nation's indispensable registered nurses for their tireless commitment 365 days a year. The ANA encourages its state and territorial nurses associations and other organizations to acknowledge May 6, 1996 as "National RN Recognition Day."

1997 The ANA Board of Directors, at the request of the National Student Nurses Association, designated May 8 as National Student Nurses Day.

MNA Contact Information

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Alert: Unsolicited Calls for Nursing Information in Missouri

More than 100 Missouri nurses contacted the State Board of Nursing within the past two weeks, reporting calls about re-registration/licensure renewal applications. Although the requests from the caller to "verify" practice information have been varied, the calls are not coming from the State Board of Nursing. The caller ID number appears to have been the same for each call.

To date, Missouri's Board of Nursing has been unable to identify a breach in their security. ANA is not sure if this extends beyond Missouri's borders, but wanted to alert you and your membership. Should nurses experience such calls, they should report this immediately to the Board of Nursing.

Here are some specific examples that were forwarded by the Missouri Board of Nursing:

"During a call from 632-368-7550, the caller wanted to know what field of nursing I was working in, was I working at this time, when I quit working, verify my name and zip code. Then she hung up the phone."

"The lady that called had a foreign accent and spoke poor English. Said she needed to verify the seven questions that were previously answered and also needed to know my nursing specialty. "Unknown caller" showed up on her caller ID."

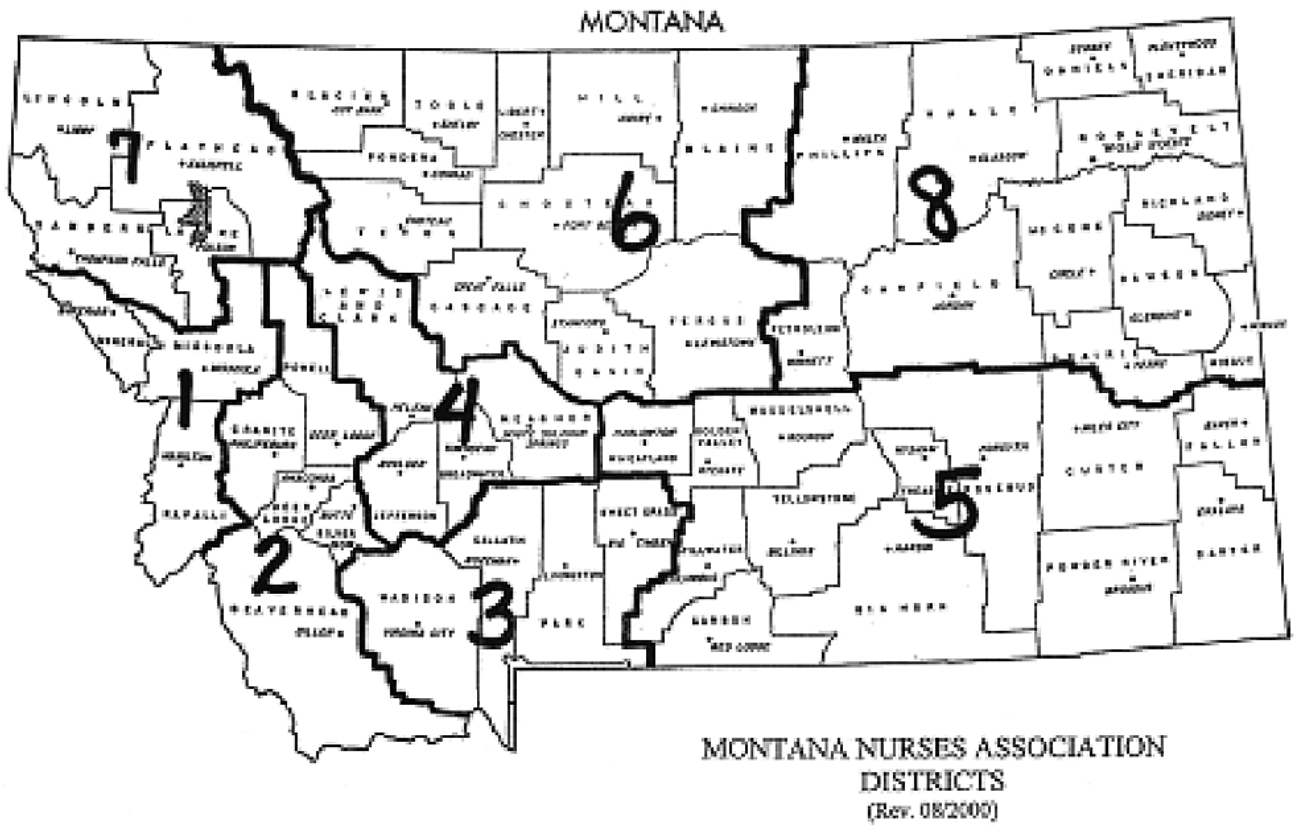
"Person called and said my information was not complete and he needed to get more information about my nursing license. I specifically asked him if he was from the nursing board and he said no. The caller ID said 632-368-7550. I googled this and it is a suspected Nigerian scam. My main question is how these callers are getting nurses' phone numbers, which are not made public by the board."

"Person that identified himself as Pinstripe called and said he was from Intrahealth—he called three times and claimed to be from the board and wanted updated information from me. I refused. He refused to leave a number and showed up "unknown" on caller ID."

"Someone called claiming to be from the board. They told her that she needed to answer some questions about her license. She refused and said that she would call us today and if we had questions, we could ask her then."

"Caller identified herself as Selena from Pinstripe Healthcare. Had an accent. Said she was "from the nursing"—I asked her if she was from the Board of Nursing and she said—"I am from nursing"—caller said some of her information was lost and they needed to update it. I asked her what my license number was and caller couldn't answer. I told her I was going to call the board, at which point the caller hung up. Caller ID was 632-368-7550."

Note for Montana Nurses: If you experience any phone calls asking for personal or non-public licensure information, notify the MT BON at (406) 841-2340.



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Montana Nurses Association – MEMBERSHIP APPLICATION

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Date _____

Last Name / First Name / Middle Initial

Home Phone Number

Basic School of Nursing

Home Address

Cell Phone Number

Graduation Date

City / State / Zip Code

Position Shift

Credentials

Employer Name

Work Phone Number

RN License Number / State

Employer Address

E-mail Address (Please print clearly)

Employer City / State / Zip Code

Hire Date

Social Security Number

Date of Birth

MEMBERSHIP CATEGORY (Check One)

M = Full Membership Dues

- ☐ Employed – Full-time
- ☐ Employed – Part-time

R = Reduced Membership Dues

- ☐ Not Employed
- ☐ Full-time Student (Basic Degree)
- ☐ New Graduate **(From basic nursing education program, within six months after graduation – first membership year only.)**
- ☐ 62-years-of-age or over and not earning more than Social Security allows.

S = Special Membership Dues

- ☐ 62-years of age or over - not employed
- ☐ Totally Disabled

MT State Only Membership Dues

- ☐ Annual Dues $299.52 (***Payable to MNA***) (Members covered under Collective Bargaining agreement are not eligible for this type membership.)

Please Note:

$5.42 of member dues is for the subscriptions to The American Nurse. $20 is for the subscription to the American Nurse Today.

State nurses association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, that percentage of dues used for lobbying by MNA is not deductible as a business expense. Please check with MNA for the correct amount.

METHOD OF PAYMENT (Choose One)

1. E-PAY - MONTHLY

ELECTRONIC FUNDS TRANSFER (EFT)

☐ Checking Account

This is to authorize **monthly electronic payments** to American Nurses Association, Inc. (ANA). By signing on the line, I authorize my Constituent Member Association (CMA/ANA) to withdraw 1/12 of my annual dues and any additional service fees from my account.

⇨ _____

Monthly Electronic Deduction Authorization Signature

Please enclose a **check payable to ANA** for the first month's payment; the account designated by the enclosed check will be drawn on or after the 15th of each month.)

By signing the Electronic Deduction Authorization, or the Automatic Credit Card Payment Authorization, you are authorizing ANA to change the amount by giving the above-signed thirty (30) days written notice. Above-signed may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA will charge a $5 fee for any returned draft or chargeback.

2. CREDIT CARD PAYMENT MONTHLY OR ANNUALLY

☐ Monthly Amount to Charge:

☐ Annual $ ☐☐☐☐ . ☐☐

Account #: ☐ VISA ☐ MasterCard

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date: ☐☐ / ☐☐

This is to authorize credit card payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize CMA/ANA to charge the credit card listed in the credit card information for the monthly dues on the 1st day of the month per month or when annual renewal is due.

⇨ _____

Credit Card Payment Authorization Signature

3. PAYROLL DEDUCTION - MONTHLY

☐ This monthly payment plan is available only where there is an agreement between your employer and the association to make such deduction.

⇨ _____

Payroll Deduction Authorization Signature

4. ANNUAL PAYMENT IN FULL

☐ Enclose check ***payable to MNA*** for annual amount.

TO BE COMPLETED BY MNA:

STATE _____ DISTRICT _____ REGION _____

EXPIRATION DATE: MONTH _____ YEAR _____ MEMBER TYPE _____ PAYMENT TYPE _____

EMPLOYER CODE _____

ENTERED BY _____

DATE PROCESSED _____

AMOUNT _____

CHECK NUMBER (IF APPLICABLE) _____

SPONSOR (IF APPLICABLE) _____

SNA MEMBERSHIP NUMBER _____

DATE APPLICATION RECEIVED

Montana Nurses Association

AUTHORIZATION FOR PAYROLL DEDUCTION OF MEMBERSHIP DUES

I, the undersigned, do hereby authorize _____ **Hospital/Clinic** to deduct sums equal to my membership dues as certified by the Treasurer of the Montana Nurses Association Board of Directors for the American Nurses Association, Montana Nurses Association, and **MNA District No. ___ Local Unit # _____,** and a nominal service charge to MNA.

Deductions shall be in twelve equal installments from my earned or accrued wages. Money deducted is to be forwarded to the Montana Nurses Association for distribution to the three levels of the Association.

SOCIAL SECURITY NUMBER _____ DATE _____

SIGNATURE _____

NAME PRINTED _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

(Hospital Portion)

PLEASE FILL OUT BOTH SECTIONS AND SEND BOTH TO THE MNA OFFICE
MNA – 20 OLD MONTANA STATE HWY, MONTANA CITY, MT 59634-9687

Montana Nurses Association

AUTHORIZATION FOR PAYROLL DEDUCTION OF MEMBERSHIP DUES

I, the undersigned, do hereby authorize _____ **Hospital/Clinic** to deduct sums equal to my membership dues as certified by the Treasurer of the Montana Nurses Association Board of Directors for the American Nurses Association, Montana Nurses Association, and **MNA District No. ___ Local Unit # _____,** and a nominal service charge to MNA.

Deductions shall be in twelve equal installments from my earned or accrued wages. Money deducted is to be forwarded to the Montana Nurses Association for distribution to the three levels of the Association.

SOCIAL SECURITY NUMBER _____ DATE _____

SIGNATURE _____

NAME PRINTED _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

(MNA Portion)

PLEASE FILL OUT BOTH SECTIONS AND SEND BOTH TO THE MNA OFFICE
MNA – 20 OLD MONTANA STATE HWY, MONTANA CITY, MT 59634-9687