I am always astounded at what is accomplished when nurses come together to exercise their voice together. October 2, 3 & 4, we had the state’s 2008 Convention and House of Delegates. As always it provided an opportunity to network, meet new friends and touch base with old friends. This year’s convention provided some outstanding education opportunities featuring speakers both locally and nationally known.

The House of Delegates proved that Montana Nurses Association is fiscally healthy and growing. The House of Delegates took some proactive steps to continue to promote that growth. All by-laws changes proposed were unanimously passed allowing opportunities to work with other labor organizations on a state and national level. There was positive interaction supporting the Council on Practice and Government Affairs in sponsoring a bill regarding violence against healthcare providers. The house unanimously passed resolutions to pursue structuring alternatives for other nursing organizations on a state and national level. There allowing opportunities to work with other labor organizations on a state and national level.

I have to admit that moment was one of pride and respect for the occupation you all have chosen, and I was committed to do what I could to strengthen MNA and to give you, the members, the voice you deserve in Montana and nationally.

This year, I get to tell you a little about the last year, a little about the present, and a little about the future. And yes, I have this year’s secret weapon—a PowerPoint®—with a laser-pointing device!

When we left convention last year, MNA was poised to receive a visitor representing OSHA, who would be conducting a closeout audit of the Susan Harwood Grant MNA received in the later part of 2005. That closeout review revealed that some inadequacies in supporting documentation had to be corrected and over a period of eight months the MNA office not only corrected the deficiencies through three extensive and voluminous submissions, but also implemented corrective measures through policy to better insure compliance in the future.
In essence, they enjoy full membership benefits of the MNA and MEA-MFT. It is completely contingent on the outcome of a campaign in the state, but if successful, it would allow all registered nurses who fall under a collective bargaining agreement with MEA-MFT in higher education and also the K-12 setting to enjoy a shared membership with MNA for the total dues amount assessed by MEA-MFT. In essence, they enjoy full membership benefits of both associations through an agreement between the associations spelling out the representation and advocacy responsibilities.

This agreement is a win-win for nurses whose occupation overlaps these two associations, and it is a win-win for nurses in general when the voice is increased. It is a win-win for me because a group of school nurses and nurse educators did not represent well in advocacy could soon be members and part of the MNA family. You will hear more about this in the by-laws portion of the house agenda and I hope you will support this relationship.

We were involved in a promising organizing campaign in the eastern portion of the state, and our newest Local added to the MNA family, Local #38 in Sidney MT had just ratified their contract. While we were dancing in the hallways of the new MNA building over these exciting new prospects, an employer on the other side of the state was trying to de-certify a unit of RNs.

You can start to appreciate the first year indoctrination, but lets add in a Michigan CMA complaint against eight states who dissatisfied from the UAN–a complaint trying to “unseat” the delegates of the eight states from attending the ANA national convention–something, that if successful, could have changed ANA quite adversely. All eight states prevailed in that complaint, were seated, and ANA HOD is considered a successful one for both ANC and we in the Montana constituent member association. Incidentally, Michigan, who filed the complaint, later dissatisfied from ANA during convention. Montana was the State that approached the microphone and asked the ANA Board to request that Michigan return to the house–the board did, but Michigan never returned.

I guess you can say the last year has been an “involuntary enrollment in the school of hard knocks.” My eyes are in that adjustment period where I struggle to see the small print without reader glasses, but if I could, I am sure the degree is masters level at least–and maybe doctorate!

Here we are at the present, and I am so glad to see the number of student nurses present here at convention getting connected and having their first taste of the important work of this house. I hope RNs in attendance at the convention will take an interest in mentoring these students into becoming active members in MNA. We welcome the student nurses and appreciate not only the education they receive but also the guidance and leadership given them by their instructors Jennifer Ellison and Maria Brossan.

Today, your association is strong and fiscally sound. We are running in the “positive” again this year, in that our revenues from dues have exceeded expenses. Membership has grown in excess of 10% and the membership base is to an acceptable level of accuracy. Policy continues to be rewritten to better safeguard the interests of the association members, to clarify roles in positions, and to improve efficiencies. New technologies are being explored and example of that is this convention. Through improved operations, we have been able to cut out third party expenses that were going out of state and we developed and printed internally the majority of these packets used at convention. It is my belief that they are done well and we can be proud of this product. In addition, next year we will bring the online registration in-house which will expand our CE capabilities.

Today we enjoy the ear of key politicians who seek the opinion of nurses as influential players in health care reform and access strategies. MNA was contacted directly during the year by presidential campaigns and MNA spoke with Max Baucus and Jon Tester on Capitol Hill about important safe staffing initiatives. MNA will take the recommendations of this year’s Council on Political and Government Affairs and most likely put forth legislation in the 2009 session.

So what does the future hold? I alluded to a potential agreement with MEA-MFT, I hope you make appropriate changes to the by-laws to allow this membership type and open up endless possibilities. If we are able to reach a potential agreement with MEA-MFT, I hope thisves the delegates of the eight states from attending the ANA national convention–something, that if successful, could have changed ANA quite adversely. All eight states prevailed in that complaint, were seated, and ANA HOD is considered a successful one for both ANA and we in the Montana constituent member association. Incidentally, Michigan, who filed the complaint, later dissatisfied from ANA during convention. Montana was the State that approached the microphone and asked the ANA Board to request that Michigan return to the house–the board did, but Michigan never returned.

(Continued on Page 3)
The Montana State University College of Nursing’s Women to Women (WTW) computer project for rural women continues to need the help of Montana’s nurses in locating isolated rural women who are chronically ill to let them know about this exciting program. WTW has been providing social support and health education to chronic illness self-management, and quality of life. The overall goal of WTW is to test the impact of this computer-based intervention on chronically ill rural women’s psychosocial adaptation, chronic illness self-management, and quality of life. The success of the program thus far is reflected in the word to find women in the west who could benefit from such a program and ask them to contact us.

The women we are seeking need to:

• have a chronic illness,
• be 35-65 years old,
• live on a ranch, farm, or in a small town in Montana or adjoining states.

Over 200 women have completed or are currently participating in the third phase of the project with 80 more needed for the January, 2009 group. Spreading the word to find women in the west who could use help in managing their chronic conditions is necessary for guaranteeing this outreach program’s success. We are asking each of Montana’s nurses who is practicing in a rural area or has contact with rural chronically ill women to find candidates who could benefit from such a program and ask them to contact us.

The Montana State University College of Nursing’s Women to Women (WTW) computer project for rural women continues to need the help of Montana’s nurses in locating isolated rural women who are chronically ill to let them know about this exciting program. WTW has been providing social support and health education to rural isolated women for over 13 years to help them more successfully adapt to their chronic illnesses.

Several years ago I wrote a piece about “Choices” for my local unit. As I reflect on those words I know it is equally important now on a larger scale:

• I can choose to be involved in my profession or I can trust nursing “will be fine” in the hands of others.
• I can choose to be informed about legislation and how it effects me or I can assume lawmakers know what they’re doing and will make the right decision.
• I can choose to support and fight for maintaining the integrity of nursing or I can believe that people “just know” the importance of the professional nurse and will settle for nothing less.
• I can choose to support and give input to the professional organization or I can trust that the same issues happen everywhere—they must know.
• I can choose to participate and vote in my local unit, my district, my state and national association or I can assume everyone has my best interest at heart.

Choose to be heard.

advocacy, and through that, the dream of bringing forth a national entity which could unify the labor voice of the eight states and those who might follow.

Significant changes with ANA by-laws now allow CMAs to have more control of their association make-up and demographics through the reduced requirement for congruence to the ANA by-laws.

How I see this impacting Montana is at the point when the membership decides to allow an LPN membership level to MNA. Variances in association structure could allow the formation of a separate arm of MNA that would cater services to LPN members while maintaining a shared collective bargaining arm.

I see MNA on the forefront of helping to implement continuing education requirements for RN licensure and I see MNA helping to bring ample CE events to Montana Nurses.

I see Montana being a founding member of a new national union of federated states who share core values and a unified long term vision for nursing—a federation of states who take direction from the membership and who promote a strong ANA and strong CMAs.

I see MNA having an important role and voice in the 2009 legislative session and a respected viewpoint that is listened to by the multitude and I hope each nurse makes note of January 21st as Legislative Day. For those who felt compelled to give testimony or cite witnessed experiences, there is a sign up sheet with the CPGA folks in the vendor hall at Convention.

Most importantly, I see MNA working hard to insure that the patient receives the best possible care from appropriately staffed and competently trained nurses, in an environment that promotes nurse and patient well being.

I want to thank this body for the opportunity to serve you—and I want to thank every one for attending convention this year. I hope you enjoy the planned sessions.
On a snow covered January 17, 2008, 52 newborns in the state were given a belated and most valuable Christmas gift. Passed by the 2007 Montana Legislature and implemented January 1, 2008, the statewide policy of Expanded Screening joined Montana to the majority of the nation in screening for 29 newborn genetic conditions.

In 1961, three newborn screening tests were added to Dr. Robert Guthrie’s test for phenylketonuria (PKU). For years newborn screening consisted of a combination test for PKU, galactosemia, hemoglobinopathies, and congenital hypothyroidism. Although the test screened for four conditions, it was referred to as the ‘PKU Test.’ It is now referred to as the Newborn Screening Test.

With advances in technology, the Tandem Mass Spectrometer (MS/MS) has changed universal newborn screening. The MS/MS allows for screening of multiple metabolic disorders: Fatty Oxidations Disorders, Organic Acid Disorders and Amino Acid Disorders. It also screens for biotinidase, cystic fibrosis, congenital adrenal hyperplasia, and hearing. These disorders were selected to be a part of newborn screening, because they meet the following criteria:

1. The condition can be identified at a phase (24-48 hours after birth) at which it would not ordinarily be clinically detected
2. A screening test with appropriate sensitivity and specificity is available.
3. There are demonstrated benefits of early detection, timely intervention and efficacious treatment of the condition being tested.

Newborn screening is done at all Montana Birth Centers and consists of a blood spot test collected ideally between 24 and 48 hours of birth. The Montana State Lab receives these blood spot cards and takes enough from the card to test for phenylketonuria, galactosemia, hemoglobinopathies, and congenital hypothyroidism. Remaining samples on the cards are then sent on to the Wisconsin Newborn Screening Laboratory where the metabolic tests are run. Once these results are reported to the Montana State Lab, they and the Children with Special Health Services (CHSH) screening monitor notify the primary care provider (PCP) of any out of range result, and send an Action Sheet which gives additional information on the disorder and treatment, and request a re-screen. Action Sheets or ACTs were coordinated by the American College of Medical Genetics, written by experts, including mostly pediatricians, then adopted by the American Academy of Pediatrics.

The Newborn Screening Follow-up Program located at Shodair Children’s Hospital becomes involved when the second screen has an out of range value. The Newborn Screening Follow-up Program is available to assist in gaining a confirmatory diagnosis or confirm that the diagnostic test is negative and to ensure that the newborn is receiving appropriate initial care for a confirmed diagnosis. The follow-up program is a resource for the Montana PCPs.

The Newborn Screening Follow-up Program, please contact:
Anne Seliskar RN Care Coordinator
Newborn Screening Follow-up Program
Department of Medical Genetics
Shodair Children’s Hospital
FAX 406-444-1064
ajseliskar@shodair.org
Eight Ways To Increase Loyalty And Retention

by Susanne Gaddis, PhD, CSP, and Elizabeth Cates, M.A.

With the current nursing shortage, nurses have a lot more choices of where they’re going to work and how long they’re going to stay. As baby boomers retire and younger generations of nurses enter the workforce, gone are the days where a nurse would start a career and then four decades later retire from the same position. With the rising demand for nurses in the coming years, it is crucial to create a welcoming and appreciative atmosphere.

Today, healthcare workers are on the move, and to encourage them to stay in one place, hospitals and nurse management are challenged to think of new and innovative ideas for creating loyalty and retention. In addition, each healthcare worker also has the responsibility of creating a healthy atmosphere in which to work, one where their co-workers want to stay for the long haul.

As you are seeking to increase loyalty and retention, here are some things to keep both you and your colleagues motivated.

**Listen.** One of the quickest ways to increase loyalty and retention is to listen to your colleagues. People who feel “heard” are more likely to stay than those who believe their thoughts, ideas and feelings don’t matter. Listening also works to build self-esteem, self-confidence and self-efficacy, a person’s belief that he/she can achieve certain tasks.

The last thing someone wants to hear when they bring an idea forward is: “Oh, what do you know? You are new here. You haven’t had the experience that I’ve had. You haven’t walked in my shoes. I am in charge here!” While these statements may be true, they serve to create walls, not bridges. Words like these can have a long-term, damaging effect on even the most seasoned professional, making them want to run for the door.

**Acknowledge Ideas.** Although every idea and suggestion cannot be acted upon nor all requests granted, acknowledging a person’s input can go a long way toward making him or her feel like an integral part of the team. Not only can you acknowledge the idea, you can also acknowledge the thought behind the idea, their unique perspective or skill set in formulating the request. If you maintain a professional atmosphere, you’ll notice that they will follow suit. Yet if you call them out on their behavior without adjusting your own cues from you. If you greet them with a welcoming, “Good Morning,” they are likely to do the same. If you maintain a professional atmosphere, you’ll notice that they will follow suit. Yet if you call them out on their behavior without adjusting your own habits, they will see you as hypocritical and insincere.

**Focus On Strengths Rather Than Weaknesses.** There has been a trend for years to harp on weaknesses rather than develop strengths. If you look at most performance appraisal forms, you will first find an area for improvement. While continuous improvement is important, we now know that there are individuals who will excel at certain tasks. By working cooperatively with others, you can utilize the strengths of each individual.

For additional information, check out *Discover Your Strengths* by Marcus Buckingham and Donald Clifton, Ph.D. or take the Strengths Finder profile at: www.strengthsfinder.com.

**Remove Obstacles.** Another great way to increase loyalty and retention is to work diligently to remove roadblocks so people can be as productive as possible. By immediately addressing issues involving personal safety, sexual harassment, workplace violence and discrimination, you will help create an environment where your colleagues feel comfortable coming to work.

**Supportive Care.** While you can’t completely change your environment, you can promote a sense of support and care among your fellow nurses to help them cope with the variety of difficult situations they face. By paying attention to your words and how you communicate, both verbally and non-verbally, you can create a healthy culture of communications.

By applying these simple strategies you can dramatically increase your odds of receiving the answer, “I’ll stay,” when others are deciding, “Should I stay or should I go now?”

Susanne Gaddis, Ph.D., CSP, professionally known as The Communications Doctor, is an internationally known interpersonal communications expert. She has a specialized expertise in healthcare communication and is one of 645 speakers worldwide to have earned the Certified Speaking Professionals designation. Susanne delivers workshops, seminars, and keynote presentations. For more information, or to book Dr. Gaddis for an upcoming conference or event, call 919-933-3237 or visit: www.CommunicationsDoctor.com.

Elizabeth Cates, M.A., is an Organization Development Specialist in Houston who has worked with a variety of companies in the greater Houston Metropolitan area in a number of industries, including healthcare, education, government, and transportation. Elizabeth specializes in communications coaching, competency development, training facilitation, and leadership/management development. For more information on programs or services please call 832-465-7196 or email at elizabeth.cates@att.net.
Montana State University at Bozeman began the fall semester with eight nurses newly enrolled in the Clinical Nurse Leader (CNL) graduate option. The nurses come from communities across Montana from Fairview and Glendive in the east, Missoula in the west, and Harlem, Billings, Butte, and Bozeman in between. The nurses will complete the CNL program via distance learning technology with a “master's in leadership” suitable for all health care settings including acute care, long term care, home health care, and public health in rural and urban settings.

Graduates of the program will learn to implement evidence-based practice to address outcomes and quality improvement strategies and manage clinical Microsystems at the point of care. The CNL program is ideal for nurses who are committed to continuing to provide and guide direct patient care. The option can be completed in one calendar year of full time study or over a longer period of time as a part time student.

Graduate courses are primarily delivered over the Internet. Students access their courses from their home or office computers using software used by MSU for all of its on-line classes, with limited real-time class meetings using teleconferencing or interactive video. In addition to advanced health assessment, pathophysiology, and pharmacotherapeutics, students take classes in finance and budgeting, evidence-based practice, managing care environments, and managing clinical outcomes. Students complete their clinical experiences with the help of mentors and preceptors close to their home communities.

Nurses interested in learning more about the CNL option are encouraged to visit the MSU College of Nursing website at http://www.montana.edu/nursing/academics/nn.htm or contact Ms. Kate Siegrist, CNL Project Recruiter at 406-243-2110 or kathryn.siegrist@montana.edu, or Ms. Lynn Taylor, the graduate program Administrative Assistant at lynnt@montana.edu or 406-994-3500. Applications for admission to the College of Nursing graduate programs are due each year by February 15th.

Caffeine is a drug that is considered a stimulant. Caffeine is defined as a drug because it stimulates the central nervous system. It affects children and adults similarly. Caffeine is also made artificially and added to certain foods especially sodas like Surge and Mountain Dew. At lower levels, caffeine can make people feel more alert and feel like they have more energy. However, in both kids and adults, too much caffeine can cause:

- jitteriness and nervousness
- upset stomach
- headaches
- difficulty concentrating
- difficulty sleeping
- increased heart rate
- increased blood pressure

How can you help your child reduce caffeine intake? The best way to cut caffeine (and added sugar) from your child's diet is to eliminate soda. Instead, offer water, milk, flavored seltzer, and 100% fruit juice. For added convenience, give your child water in squeeze bottles to carry around. Of course, you can still serve the occasional soda or tea–just make it caffeine free. And be on the lookout for hidden caffeine by checking the ingredient list on foods and beverages. Also look at the amount of chocolate and chocolate products your child is consuming. Parents, now you can begin to develop alternatives to Cocoa Puffs and chocolate milk.
Adolescents and Adults Need Vaccine

Especially Health Care Workers
by Judith Gedrose, MN, RN

William Atkinson, M.D., M.P.H., United States (U.S.) immunization expert from the Centers for Disease Control, spoke at the Michigan Adolescent Immunization Conference in June 2008. Dr. Atkinson’s talk underscored the importance of assuring adolescents and adults, especially health care workers, are appropriately immunized. Until recently, most of the energy and resources expended for immunization in the U.S. were targeted towards children less than seven years of age or persons over 65 years of age. While immunization of the elderly with influenza and pneumococcal vaccine is still not at the desired level, the successes in providing immunizations to pre-school age children are astounding. The combination of effective control of high mortality rate diseases of antiquity, such as diphtheria, and the advent of new vaccines, such as the one against Haemophilus influenzae type b, has contributed to a precipitous drop in morbidity and mortality in those diseases.

In the mid 1990s, pertussis case numbers were increasing rather than decreasing even though the immunization rates in preschoolers were at record high levels. The increase was an indicator that adolescents and adults were spreading the disease, a fact subsequently confirmed by epidemiologic studies. In many instances the source of pertussis infection for an infant was a parent, health care worker, or an adolescent such as a sibling or a baby-sitter.

Cases of pertussis in adolescents and adults were not suspected because it has been labeled a “childhood” disease and the signs and symptoms may not be those of pertussis in an infant or young child. Although pertussis disease can be very bothersome in adolescents and adults, mortality is not a usual outcome. Between 2004-2006, eighty-three cases were reported, the highest number in many years. The AAP issued a statement that reads as follows, “Pediatricians have a unique opportunity to influence adolescents and their families by helping young people build a strong foundation of good health that will continue into their adult lives” (American Academy of Pediatrics, 2007).

One element of building a strong foundation of preventive care is accepting the vaccines appropriate for the age and lifestyle of the individual. The Advisory Committee on Immunization Practices (ACIP) has recommended four vaccines be provided for the age and lifestyle of the individual.

Since importation of the disease by mostly under-immunized U.S. citizens who had travelled out of the country during spring 2008, and were subsequently diagnosed with measles (Rubella) upon returning to the U.S., over 100 cases have now occurred, the highest number in many years. The measles outbreak has been partly sustained by subsequent generations of the disease in non-immune health care workers. Although some of the health care workers had never received vaccine, the measles cases in returning travelers have also challenged the belief that all those born before 1957 are immune. Four cases have occurred in hospital workers who were born before 1957.

Adolescent immunization was first emphasized when epidemiological studies of the 1980s began to illustrate the need to ensure lifetime tetanus protection by “boosting” immunity every ten years with a dose of tetanus vaccine. Since children less than seven years were getting a “kindergarten” booster, usually at the age of five years, they needed to begin the adult boosters at the age of 15 years. In the past decade, vaccines for adolescents have increased and professional organizations such as the American Academy of Pediatrics (AAP) have begun to emphasize the value of routine preventive care visits for adolescents. The AAP issued a statement that reads as follows, “Pediatricians have a unique opportunity to influence adolescents and their families” (American Academy of Pediatrics, 2007).

The Advisory Committee on Immunization Practices (ACIP) has recommended four vaccines be given to adolescents, pertussis (Tdap), meningococcal, and human papillomavirus (for females). In fall 2008, 11-12 year olds will also be routinely receiving influenza vaccine since the recommendations for giving influenza vaccine have been broadened to include “essentially everyone” (Atkinson, 2008).

Dr. Atkinson’s presentation can be viewed at the following World Wide Web address: http://mdch.train.org/conferences/imms/adolescent . Presentations by others at the conference are also accessible. Brochures for adolescents about recommended vaccines are available from the Montana Department of Public Health and Human Services Immunization Program and can be obtained by e-mailing jedrose@mt.gov. Please specify the number of brochures wanted and a physical address for delivery because they will be sent by a ground carrier.

References

Judith Gedrose, right, nurse consultant with the DPHHS, ensures that fellow nurse consultant, Nancy Demoro, has up-to-date vaccinations.

Mark Your Calendar NOW!
Montana Nurses Association 97th Annual Convention at the Best Western Great Northern Hotel in Helena October 1-2-3 2009
House of Delegates Convention Report

by Lori Chovanak, RN, Secretary/Treasurer

MNA had a very successful HOD session at the 2008 Convention. Seven of the eight districts were represented with many new-member delegates. Reports were given by each of the councils to outline the work being done within our organization.

The president and our executive director each addressed the HOD stating encouraging proof that MNA is a strong and growing organization. Allison Moon, Vice-President of the Montana Student Nurses Association, spoke about MSNA's role in preparing students for future leadership and membership in MNA.

The finance report was presented by the secretary/treasurer and executive director and verified that MNA is in a very stable financial position to meet the needs of the organization.

The delegates voted on motions that included supporting and sponsoring legislation, amending by-laws to make them congruent with recent changes in MNA affiliations, and others to direct future work in the organization. Please note the resolutions are published separately in this issue.

Overall, this meeting of the 2008 HOD was a productive business meeting.
AWARDS

Economic & General Welfare (E&GW) Achievement Award
Mae Rittal, RN
Sidney
Founded in honor of Eileen Robbins, RN, in recognition of nurses at the local level who have influenced their work setting through collective bargaining activities.

Promotion of Nursing Excellence in Media Arts Special Award
Lynn Hebert, RN
Sun River
For her leadership as Editorial Board Chair, creation of timely articles and outstanding photos, and seeing that MNA’s PULSE continued to beat during times of staff transitions.

Advancement of Nursing Friend of Nursing Award
Klaus Gurgel
Ogden, UT
Founded in honor of Barbara Booher to recognize a non-nurse who has advocated for and/or significantly advanced nursing in Montana.

Advancement of Nursing Distinguished Nurse of the Year
Carol A. Judge, RN, MN, Helena
Founded in honor of Trudy Malone, RN, to recognize an MNA member for outstanding contributions made to professional nursing.

Excellence in Nursing Education
Benefis Healthcare Education Department
Great Falls
Founded in honor of Peggy Mussehl, RN, and Anna Shannon, RN, to recognize professional nurse contributions in the field of formal education and/or continuing education.

Pam Windmueller, RN, Education Department Manager
Mary Fry Davis, RN, Clinical Nurse Educator are the recipients of this Award.
Montana Nurses Association members will receive a ballot in the mail. If you have not received a ballot by the end of November, please notify the MNA office. Exercise your member rights by voting.

(If you decided to run for an office, after the close of nominations at the House of Delegates, you may submit a Consent to Serve and run as a write-in.)

Don't forget to Vote!

**PRESIDENT-ELECT**
One (1) elected for one-year term—2010

**Kim Powell, APRN, ACNP-C, Missoula**
The Montana Nurses Association has made tremendous gains in its role as the professional nursing organization in the State. I am committed to continuing to assist the members and organization to advance the practice of nursing, support quality continuing education offerings, and enhance the reputation and visibility of MNA on key areas across the state.

**SECRETARY/TREASURER**
One (1) is elected for a two-year term—beginning January 2009

**Michael Larvie, BSN, RN, Roundup**
If elected to the position of secretary/treasurer of the MNA board I will do everything within my power to advance the interests of the members of MNA and nursing as a whole. Nursing is in a time of change and nurses are starting to learn how to use their voice for the betterment of nursing practice and patient care. I feel that I am well qualified to be a representative of that voice.

**Michie Simonson, BSN, RN, Helena**
I am impressed with the work of MNA and would like to become more involved in my professional organization.

**BOARD DIRECTOR-AT-LARGE**
Two (2) are elected for two-year terms each—beginning January 2009

**Keri Cross, RN, Billings**
**Goals:**
- To write nurses across our state and country to improve our ability to direct health care.
- Improve public knowledge of nursing and have the public be aware of who provides their care.
- Educate myself and increase my professional organization to help achieve my goals and be a productive/innovative leader.

**Barb Prescott, FNP-BC, DNP, RN, Bozeman**
Barb has been on the PULSE Editorial Board, CAP Chair, District 3 President, ANA Delegate, CPGA Board of Directors, CPGA member and a long-time member of MNA.

**BOARD DIRECTOR POSITION**
COUNCIL ON PRACTICE & GOVERNMENT AFFAIRS
One (1) elected for two-year term—beginning January 2009

**Melissa Cobb, RN, Helena**
"As a recent member of our hospital's bargaining team, I have developed a passion for collective bargaining. I hope to continue this passion by learning more about CB on the State level."

**LaDonna Maxwell, MSN, BSN, FNP, Great Falls**
My goal as an elected official of MNA will be to promote all levels and aspects of nursing practice. We can accomplish this by increasing public and legislative awareness of “what we are and what we do.” My motto has always been, “Anything you believe, you can achieve.” I believe, that by promoting our profession, we can achieve improved patient outcomes, access to care, and help resolve the current healthcare crises.

**BOARD ON CONTINUING EDUCATION—APPROVER UNIT**
Three (3) are elected for two-year terms each—beginning January 2009

**Bonnie Hash, BSN, RNC, PN, Bozeman**
I’ve been interested in changes in nursing care over my nursing history of 36 years and find that continuing education is a great help. Currently it is possible in groups, various literature and the Internet. Soon, Montana Board of Nursing will make it mandatory to have a certain number of hours in order to re-new your license. MNA Continuing Education Committee looks various preparations to be sure they meet requirements for “continuing education.” I want to continue helping evaluate these presentations.

**Molly Protheroe, BA, BSN, RN, Helena**
As a member of NYNA, CAN, Calif NA and MNA nurses associations for the past 47 years, I continue to proudly support nursing in all its glory. I want to keep going forward.

**Mickie Simonson, BSN, RN, Helena**
Mickie works as an Hospice RN Case Manager at St. Peters Hospital in Helena.

**Lauren McGrane, RNC, Helena**
"I have been a nurse and member of MNA for fifteen years, and have served in local, district and state positions. I am always interested in continued education and would love the opportunity to serve on the committee that approves and/or provides C.E."

**COUNCIL ON CONTINUING EDUCATION—PROVIDER UNIT**
Three (3) are elected for two-year terms each—beginning January 2009

**Elizabeth Kinton, EdD, APN-BC, FAAN, Bozeman**
Elizabeth is a professor and campus director of MSU Bozeman and her major clinical interests are legislation and CE.

**Deborah Lee, BSN, RN-BC, Lewistown**
Debbie is a cardiac rehab coordinator at the Central Montana Medical Center in Lewistown. Her major clinical interests are cardiac, home health/hospice. She has served on the CE Provider Council and as District 6 Vice-President.

**Maggie Stublund, RN, Stevensville**
"I have had the privilege to represent MNA on a local, state and national level. Being allowed to continue to serve will allow me an opportunity to promote continued education for nurses, therefore, promoting advocacy and better care for their patients."

(Continued on Page 11)
Pamela Windmueller, BSN, RN, Great Falls
Accessible, quality education is essential for the advancement of professional nursing. Competent nurses want current, evidence-based education on an ongoing basis. Mandatory continuing education is on the horizon. I want to help make quality education available for all Montana nurses through whatever creative means that work for today’s nurses.

COUNCIL ON PRACTICE & GOVERNMENT AFFAIRS (CPGA)
Three (3) are elected for two-year terms each—beginning January 2009

Bonnie Hash, BSN, RNC, PN, Bozeman
Bonnie serves as a nurse in three places of health care in Bozeman and her major clinical interest is in medical surgical nursing and some geriatric care.

John Honsky, BSN, APRN, RN, Missoula
John’s contributions to MNA are Past President, Resolutions Committee Chair, E&GW Council, and History Committee. His major clinical interest is family mental health.

Molly Protheroe, BA, BSN, RN, Helena
Molly owns MLP Enterprises and her major clinical interest is mental health wellness.

Daylyn Struble, RN, BC, Helena
Daylyn is President of MNA Local #13 in District 4. She is a staff nurse at St. Peters Hospital and her major clinical interests are pediatrics and ER.

Rebecca Sturdavant, AS, MSN, BSN, FNP, Kalispell
“I am passionate about safety for nurses—preventing violence against health care workers, protecting nurses from work related injuries and illnesses, and promoting nurse wellness. We have opportunities to make a difference for nurses through legislative action and interaction with regulatory agencies.”

Bonnie White, RN, Bozeman
“I would like to represent MNA as an advocate of the nursing profession and for patient care needs to the legislature and governing boards.”

Brenda Donaldson, RN, Lewistown
“During the 2008 Convention, I assisted with promoting Consent to Serve and nominations. I feel it is important to encourage members to explore different positions within MNA and to get involved.”

Brenda is Past-President of District 4 and her second term on the Board of Directors expires this year. She is also a member of the Council on Continuing Education.

Bonnie Hash, BSN, RNC, PN, Bozeman
“I’ve been interested in changes in nursing care over my nursing history of 36 years and find that continuing education is a great help. Currently it is possible in groups, various literature and the Internet. Soon, Montana Board of Nursing will make it mandatory to have a certain number of hours in order to renew your license.”

Linda Henderson
“As a Past-President of the Association and active member, I want to continue to be of service. I believe that I can provide effective leadership to the Association through participation on the Nominating Committee. I hope to continue to encourage participation and leadership development of a diverse group of nurses in MNA through this committee. In addition, I am willing to be appointed to the Finance and the By-laws Committee.”

Maggie Shuland, RN, Stevensville
“I have had the privilege to represent MNA on a local, state and national level. Promoting interest in serving on the various councils, committees and as board members, encouraging active participation in local units, and representing nurses across the state will advance MNA’s endeavors for nurses and is the one of the best ways for the organization to continue to grow and improve.”

Vicky Rae Byrd, RN, Helena
Vicky is a staff RN, OCN at St. Peters Hospital. She is the Past President, Past Vice-President, and local unit Grievance Officer of Local #15 in District 4.

“I continue to advocate through collective bargaining for patient safety and nurse advocacy. I would love to continue this opportunity through E&GW and work on collective bargaining at a national level.”

Melissa Cobb, RN, Helena
Melissa is currently a staff nurse at St. Peters Hospital and her major clinical interest is oncology. She has served on the CPGA and as an ANA delegate.

Keri Cross, RN, Billings
Keri is the current President of Local Unit #2 in District 5. She has served in the MNA Annual Convention House of Delegates for two years, and is a Director-at-Large on the MNA Board of Directors. She is a staff nurse at the Billings Clinic and her major clinical interest is psychiatry.

Sue Noem, RN, Helena
Sue is Past President and current Vice-President of Local #13 in District 4, serves on the E&GW Committee and was a UAN delegate.

“I strongly believe that registered nurses should maintain an active role in our professional organization to keep a united voice in our practice. I will maintain an active role to represent registered nurses on the E&GW Executive Committee.”
W. Lane Edwards of Ft. Myers FL visiting with a convention attendee following his session on Alzheimer's Disease 2008. Lane is a co-owner of Partners in Healthcare Education LLC.

Dr. David Thompson of Johns Hopkins University in Baltimore intrigued us with the evidence-based presentation “Translating Research into Results: Central Line Associated Blood Stream Infections.”

Glenda Barnes (seated) and Stephanie Burkholder, Public Health Nurses from Gallatin City-County Health Department of Bozeman during their presentation “Children’s Environmental Health Update.”

Candace Hoppe, FNP from Missoula instructs an attentive crowd regarding “Polycystic Ovary Syndrome (PCOS): Adolescent or Adult Diagnosis.”

Ron Klein, Executive Director of MT Board of Pharmacy, and Starla Blank, DPharm, from Helena, presents a proposed prescription monitoring program for Montana.

Dr. Stephen Powell, Missoula, discusses diagnosis and management of upper extremity pain to an interested audience.

Dan Arnod PT, CAE, along with Becky Sturdevant, MSN, APRN of The Summit, Northwest Healthcare of Kalispell spoke on “Keeping Nurses Safe: Injury Prevention at Northwest Healthcare.”

Eric Feaver, MEA/MFT and Jim McGarvey, AFL-CIO, speak at the E&GW Dinner.

Kathy Jorgensen, MSN, WHNP of Great Falls prepared a hands-on workshop about “Intrauterine Contraception: Who, Why, How?”

A Special Thank You to

2801 Colonial Drive

for providing bus transportation between the Convention Hotel and the new MNA Building for the Thursday night reception.
Convention Photos

Dr. Barb Prescott, Bozeman, CAP Chair conducted the business meeting at the CAP Dinner.

Katie Mildenberger, Carroll College Nursing Student, from Hamilton assists the MNA Staff with Convention packets. She was unable to attend the convention but was a big help for a big job.

Jaynee Groseth, Executive Director, MSU Alumni Association, Bozeman, along with Dean Elizabeth Nichols, MSU College of Nursing (not pictured) welcome nurses and vendors to the MSU sponsored lunch buffet.

Keynote speaker Nancy Noonan and MNA legend Mary Munger enjoy the MSU buffet along with other convention participants.

Maria Allen, wife of Robert Allen, MNA Executive Director, enjoying the MSU luncheon.

MNA hosts the first reception at the new office building in Montana City.

Kathy Sluys, Great Falls, pretty in pink, our long-time, treasured Parliamentarian.

MNA Convention Vendor/Exhibitor Hall was used for breakfasts, luncheons, and the special Chew and Chat time for nurses and exhibitors was well received.

Reception Attendees
So, you didn't make it to convention this year? Why? Didn't you read the PULSE? Did we not advertise enough? Did you get the Date Savers? Or did you just not care—figuring MNA is JUST a union and that THEY will take care of any business. After all, you just belong because your contract requires it (or is it because deep down you really believe you should?)

Unlike many of you, I joined MNA because I learned early in my nursing education and career how important MNA is for Montana nurses. An older nurse urged me to join. I went to a meeting in Billings and was totally blown away by the number of nurses who were active—public health nurses, nurse managers, and staff nurses like myself. I went to a second meeting and was greeted by name! I was hooked by the education sessions presented at the meetings—I just wanted to know more about nursing and these great nurses I was meeting. I didn't work under a contract at that time—and although I was chair of a local unit; and, as a member—bargain—against the very contract I had signed previously as the local unit chair.

This message is not directed to you who did not come to the convention, because I want to speak to those who showed up, spoke up, and made decisions affecting YOU and NURSING IN MONTANA and the many of Montana's citizenry who may end up needing nursing care sometime in the next year or so. You are my heroes!

We honored many of our own:

- We recognized Carol A. Judge, MN, RN as "Distinguished Nurse of the Year" for her many accomplishments as Montana's First Lady and in this year.

- We chose Klaus Gurgel, our long time Mosby Publications representative as a "Friend of Nursing" for knowing us and our interests and donating the numbers of books to nurses over the years.

- We recognized District 8—way out there in Eastern Montana—as having the largest percentage growth in membership over the past year.

- We let the world know that the Education Department at Benefis in Great Falls has excelled in providing continuing education for nurses and others throughout the highline and Great Falls area under the strong leadership of Pam Windmueller, Manager of Education Services, and Mary Fry Davis as Clinical Nurse Educator.

- We created a media arts award in honor of Lynn Hebert, BS, RN, long time editorial board chair and Pulse creator, for keeping the Pulse beating during MNA staff transitions over the past year or so.

- And, lastly, E&GW recognized Mac Rittal for her outstanding work in assisting in the formation of Local 39 in Sidney.

Our keynote and plenary speakers held our interest and excitement. We were ignited by Nancy Noonan's enthusiasm and energy while she helped us learn how to make every day a masterpiece. Lane Edwards helped us cope with Alzheimer's and learn the risk factors for CAD. AND, Dr. David Thompson from Johns Hopkins was fantastic in sharing the research and "Checklist" that has been so instrumental in decreasing central line infections.

I loved seeing so many students at the Convention! What enthusiasm (and youth) they bring—as well as wonderful glimpses of leaders in the future of our profession. Welcome! And please come back as members of MNA!

I'm glad for those who came to our 96th convention and saw the "time capsule" that rests as a beautiful handcrafted chest in the safekeeping of the Montana Historical Society until our 100th birthday/centennial celebration when we'll look at what's inside and add more items to it. Think about that! Volunteer to help!

We had our first reception at YOUR new building. What a great turn out—with great food and great conversation. We loved the comments about the spaciousness, professionalism, and beauty of the building. We'll do that again. Hunter's Pointe was so generous in providing one of their buses and drivers for the evening. [We also learned that not all of our Montana City neighbors know who we are or where we are—we'll have to remedy that, although the Hardware Café knows us well!]

It was a great time, and I am truly sorry for those of you who missed it. Try to come next year—the dates are OCTOBER 1–2–3, 2009 at the Best Western Helena Great Northern Hotel. Let's make it even better than this year's . . . You can't say you didn't know the dates EARLY enough to request the time off.

[EDITOR'S NOTE]: Besides being a member of MNA for YEARS, Maxine Ferguson has testified at the legislature and for legislative committees on behalf of MNA, she has written testimony for MNA, and she has expended considerable time and talent to ensure MNA is ANCC-accredited and ONA-approved to approve and provide Continuing Education for all nurses in Montana.

RESOLUTION MNA-08-2

For the Creation of a Committee to Study and Make Recommendations Concerning Montana Nurses' Association's Annual Reporting of District and Local Unit Accounting Practices to the Internal Revenue Service

Whereas: IRS regulations have significantly become more stringent for union accounting

Whereas: in order to meet IRS requirements, all local units and districts may, in the future, be required to file IRS-LM2 annually

Whereas: annual filling the IRS-LM2 may be cost prohibitive to local units and districts

Whereas: reporting local unit and district accounting records through a single IRS-LM2 annual report would insure consistent and transparent accounting practice

Therefore be it resolved: that the MNA Board of Directors create a committee to study and make recommendations concerning local unit and district accounting and reporting

Therefore be it further resolved: that the committee pays particular attention to policies and procedures concerning accounting and IRS-LM2 filings

Therefore be it further resolved: that the committee consist of members of the board of directors, district, and local unit members

Therefore be it further resolved: that the committee reports its findings and makes recommendations based on such findings to the 2009 House of Delegates.

Cost: face-to-face meeting with follow up conference calls (approximately $16.50 per call for 5 members) as determined by the committee.

Submitted by MNA's Collective Bargaining Assembly
October 2, 2008

RESOLUTION MNA-08-1

For the Creation of a Committee to Explore Licensed Practical Nurse Membership in the Montana Nurses' Association

Whereas: LPNs remain a large unorganized group of nurses in Montana

Whereas: other state nurses associations include LPNs in their membership

Whereas: other states nurses' associations represent LPNs in collective bargaining

Therefore be it resolved: that the MNA Board of Directors create a committee to explore the option for LPN membership in MNA and

Therefore be it further resolved: that the committee consist of members of the BOD, Collective Bargaining Assembly, and the general membership

Therefore be it further resolved: the committee reports its findings and makes recommendations based on such findings to the 2009 House of Delegates.

Cost: face-to-face meeting with follow up conference calls (approximately $16.50 per call for 5 members) as determined by the committee.

Submitted by MNA's Collective Bargaining Assembly
October 2, 2008
On June 29, 1988, the U.S. Supreme Court examined agency fees in the context of those private sector employers and unions falling under the authority of the Labor Management Relations Act. The Court issued a decision; Communication Workers of America v. Beck. The Court found:

"Section 8(a)(3) of LMRA, which permits employer and union to enter into union-security agreement, does not permit union, over objection of agency-fee payer, to expend agency-fee funds on activities beyond those germane to collective bargaining, contract administration, and grievance adjustment."

(128 LRRM at 2729)

In compliance with the Beck decision the Montana Nurses Association has compiled a document entitled Procedure for Determining Amount of Service Fee to be Charged by Montana Nurses Association. The following is a description of the chargeable portion of Association expenditures under Beck.

"Chargeable activities means those activities engaged in by the Montana Nurses Association that is recognized as the exclusive collective bargaining representative for which each employee in the bargaining unit lawfully may be required to pay his or her per capita share of the cost."

Also contained in the Association procedure is a section entitled Explanation of Chargeable Fee If You Elect Not to Become A Member of Montana Nurses Association. This explanation states:

"If you elect not to become a full member, you will not have any voting rights or right to participate in the governance of the American Nurses Association, the Montana Nurses Association or the Local Association."

OBJECTIONS TO AMOUNT OF ASSOCIATION DETERMINED SERVICE FEE

Any Potential Objector who believes that a portion of his or her the Association-Determined Service Fee shall be used to fund non-chargeable activities may object to the amount of said fee by mailing a notice of objection to Montana Nurses Association, 20 Old Montana State Highway, MT 59634, or by delivering such a notice to Montana Nurses Association at said address. The notice of objection shall be in written form and shall include the objector's name, home address, and a statement that he or she objects to the amount of the Association Determined Fee. Any Potential Objector who accepts the Association-Determined Service Fee shall send or deliver a notice accepting that fee to the same address. If the Montana Nurses Association does not receive timely notice, it will be presumed the Potential Objector has no objection to paying a service fee equal to dues. In order to be timely, the notice must be postmarked or delivered within 30 days of receiving the information referred to in Section III (B).

CALENDAR OF EVENTS

NOVEMBER 2008
14 ANCC Site Visit for Continuing Education–Approver Unit
27-28 MNA Office Closed–Happy Thanksgiving

DECEMBER 2008
05 Election Ballots due at MNA–DON'T FORGET TO VOTE!
10 Board of Directors, 9:00 AM–4:00 PM–MNA Conference Room
24 through Jan 2, 2009–MNA Office Closed

JANUARY 2009
01 Pulse Deadline
05 Montana Legislative Session Begins
07 Editorial Board–Conference Call, 12:00–1:20 PM
21 Legislative Breakfast–Jorgenson’s Restaurant in Helena, 7:00 AM
Call MNA for reservations
TBA Board of Directors, 9:00 AM–4:00 p.m., MNA Conference Room
TBA Orientation of New Board of Directors Members
TBA Council on Continuing Education Meeting and Orientation of New Members

APRIL 2009
19-20-21 Chico Hot Springs–E&GW Retreat
Attention All Districts!

The 2008 Ballot will be sent soon and it is very important that all members vote. If you have changed your address, please contact the MNA office at: 406-442-6710 or info@mtnurses.org.

* E-mails save thousands of $$ in postage for YOU! If you have e-mail, please notify the MNA office via e-mail so we can update the database.

DISTRICT CONTACTS

District 1
Maggie Shulund
Home: 406-777-5404
Work: 406-329-4021
Cell: 406-370-3941
Email: magshu2000@yahoo.com

District 2
Currently Vacant

District 3
Barb Prescott
Home: 406-585-1393
Email: doctorbarb1@msn.com

District 4
Lynne Maierle
Home: 406-442-6128
Work: 406-444-2397
Email: lmaierle@stpetes.org

District 5
Keri Cross
Home: 406-855-2210
Work: 406-657-4000
Email: imbsnrn@yahoo.com

District 6
Sue Swan
Home: 406-265-5703
Work: 406-265-3599
Email: swans@msun.edu

District 7
Co-Presidents:
Gwyn Palchuk
Home: 406-453-2913
Work: 406-751-4181
Email: entryclinice@yahoo.com
Karen Skonord
Home: 406-270-8132
Work: 406-756-6554

District 8
Currently Vacant
Happy Holidays from the Montana Nurses Association
### Membership Application

**Montana Nurses Association**

20 Old Montana State Highway • Clancy, MT 59634 • 406/442-6710 • 406/442-1841 Fax

**DATE**

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**Membership Category (check one)**

- M Full Membership Dues
  - Employed - Full Time
  - Employed - Part Time

- R Reduced Membership Dues
  - Not Employed
  - Full Time Student
  - 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 and not employed
  - Totally disabled
  - State Only Membership Dues $200 annual plus $5 processing fee. Members covered under collective bargaining agreement not eligible.

**Please Note:**

$5.42 of the CMA member dues is for subscription to The American Nurse. $20.00 is for subscription to the American Journal of Nursing.

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 the CMA is not deductible as a business expense. Please check with your CMA for the correct amount.

**Choice of Payment (please check)**

- E-Pay (Monthly Electronic Payment)
  - 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.

- Checking: Please enclose a check for the first month's payment; the account designated ed by the enclosed check will be drafted on or after the 15th of each month.

- Credit Card: Please complete the credit card information below and this credit card will be debited on or after the 1st day of each month.

**Monthly Electronic Deduction Authorization**

- Full Annual Payment

**Signature**

**Monthly Electronic Deduction Authorization**

- Full Annual Payment

**Bank Card Number and Expiration Date**

**Authorization Signature**

**Printed Name**

**Amount: $**

**CREDIT CARD INFORMATION**

- **Bank Card Number and Expiration Date**
- **Authorization Signature**
- **Printed Name**
- **Amount: $**

**TO BE COMPLETED BY CMA:**

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- Employer Code ______________________
- Approved By ____________________ Date ____________________
- **Amount Enclosed** **CHECK #**

- **Sponsor, if applicable** ____________________
- **SNA membership #** ____________________

**MEMBERSHIP APPLICATION**