President’s Message

This article is bittersweet. It is the last opportunity I’ll have to address you as President. During these past two years, it has been such an honor for me to serve as the President of Montana Nurses Association. I have met so many outstanding people who represent nurses so passionately. I have seen the successful struggle of nurses who fought to have their voice heard at so many tables and in so many platforms. I sit back and admire the tenacity, drive, and passion recognizing the nurse as a sought after proponent, a desired endorser, and as a visible advocate standing beside a cause for the nursing profession.

For my part, I hope I have “sung” loudly the importance of nurses having their voice—exercising their voice. We are an admirable force—I believe that as strongly and as passionately as any other thing I know. We have grown in strength over the past few years and the only way to continue on the path we are on is to continue to grow our numbers. I challenge each nurse who reads this to get involved in exercising their voice—become a part of your professional organization. We have made great strides with 2100 voices—imagine what we could do with 13000! I would encourage any nurse who wants to become involved in the professional organization to do so. Don’t worry that you don’t have the experience or too young, or too old, or don’t know enough. Heaven knows when I started on this journey I fit into several of those categories! There are many spectacular people who make Montana Nurses Association to help you through and in the end you come out the other side saying “WOW!”

As for me—I’m taking a little break—watching Polar Bears in Churchill to start off with. However, I will not slip quietly away from MNA—anyone who knows me knows I seldom do things quietly. I am committed to continuing growth of MNA members in District 5 as well as the voices of nurses in Local Unit #2. I am becoming more active in the Emergency Nurses Association and hope to find opportunities for ENA and MNA to work together.

MNA is in outstanding, extremely competent hands with Kim Powell as the next President. She will do an outstanding job as President. I look forward to observing MNA’s growth and meeting the challenges of our future and adapting to the needs of next generation of nurses under her guidance and strength.

Thank you all for this amazing experience and opportunity.

Executive Director

Address to the 2009 House of Delegates

by Robert Allen, Executive Director

Good morning Montana Nurses! Good morning invited guests and speakers! I want to say a special “thank you” to those individuals who have made this event possible.

Thank you to Lori Chovanak, CE Director and Karen Fenger, Special Projects Manager, for their lead on convention planning and preparation. Thank you to the Board and Council members who have put in extra volunteer time to prepare items for discussion over the next couple of days. Thank you to Reverend Steve Brehe for our invocation, to the ROTC Student cadets for the presentation of flags, and Bill Smith for serving as our Sergeant in Arms. Many people collaborate to make this convention meeting possible. I hope everyone enjoys their time in Helena and please be involved—we have many important business items to discuss this year.

I want to introduce an RN that many of you know and admire but who has a new position at MNA. Amy Haaschild joined MNA this year as our Labor Relations Specialist in the Eastern portion of the State. Amy has been a great addition and is well liked in her operating territory, and I might add, she is lighting it up in the East.

A special introduction of Bob Martin, who is our newest addition to staff and MNA’s new Labor Director. Bob joined the MNA staff in September and has been orienting himself to the good work we do in collective bargaining. Bob is a former district president for MEA-MFT out of Missoula and also a board member for MEA-MFT.

I want to welcome our student nurses and I want to thank our retirees for being present. The full spectrum of nursing tenure is represented here today in this house. I hope you all will find time to make new acquaintances and glean new perspectives from those attending.

MNA is more relevant today than it was in the recent past. The “Voice of Nursing” is growing, is more relevant, and the Montana nurse voice is reaching the halls of Washington, D.C. Your voice, the collective voice of all Montana Nurse members, is being heard by those who form national politics. At a critical moment in history, we have concerns about a healthcare system that is broken and in critical need of reform. More than ever, the voice of those who make up the largest body of healthcare providers must be heard.

While I do not believe that we can fully agree...
Life on the eastern side of the state continues to be robust from a Labor standpoint. In my travels, I am meeting with nurses from large and small hospitals, hospitals where MNA and the hospital have a long and mature relationship and in places where MNA and hospital management are just beginning to develop collaboration and trust.

One facility characteristic that continually stands out to me is the marked difference in the "feel" of the institution where the nurses are organized and where they are not. I do have occasion to meet with nurses who are not represented for the purposes of collective bargaining. They often relate stories of inconsistent and unfair treatment of staff, lack of input into working conditions and a feeling of helplessness because they are not permitted to assist in making their workplaces more positive, productive and safer.

When I research management & working styles, human resource and change theory, it becomes obvious how valuable an empowered workforce can be. If the employees feel like they have been heard by management and have had an opportunity to provide meaningful input into workplace decisions that affect them, they are much more satisfied and resultant changes are easier and more successful for all parties involved.

When the nurses form a collective, they are not asking to run the hospital or make decisions, they are asking that their voices be heard. The nurses simply want to have a voice in workplace decisions; have some consistency in policies and to have a concrete set of "rules" regarding their wages, hours and working conditions. Contracts offer both the nurses and management an even playing field. Both parties have terms to abide by and live up to.

RNs at Holy Rosary Healthcare in Miles City can attest to the change possible. They asked MNA for assistance and the nurses organized themselves into a collective. The nurses' voices are now listened to by management. They are sitting down at the bargaining table and together, crafting their first collective bargaining agreement. Are all the nurses' troubles gone now that they have come together? No. Nothing is an absolute, though these RNs report without a doubt they are happier and more comfortable working for an institution where their opinion matters and where they can assist with changes. It comes down to a matter of mutual respect for each other.

The nurses at St. Vincent Healthcare in Billings are now attempting to have their voices heard. MNA and the nurses are attempting to work out an organizing agreement where both parties will be held to terms and standards. The nurse organizers would question the hospital's contention that RNs report without a doubt they are happier and more comfortable working for an institution where their opinion matters and where they can assist with changes. It comes down to a matter of mutual respect for each other.

These nurses need a strong, unified voice now more than ever.

Please reach out to the RNs at St. Vincent Healthcare and offer them a kind word. Please email me at hauschild@mtnurses.org with your words of encouragement or wisdom. Their road is a long one; they need to hear from the over 2000 nurses in Montana who are either members of MNA or represented by MNA about how their lives are more enriched by the professional association and or a collective bargaining agreement.

Greetings from the Labor Relations Specialist ~ Eastern Region
Amy Hauschild BSN RN-C

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Executive Director continued from page 1

on what that reform should entail, we should have consensus on a number of foundational issues;
1) Improved Access & Affordability is paramount
2) Healthcare for all residents of the US
3) Re-investment in public health to promote wellness including preventative care and pandemic response
4) The Registered Nurse perspective should be at the table in helping to draft reform

As reform emerges in the halls of Washington DC, I pray that Montana Nurses will be involved and help to educate our Senators and Representative on needed components of the package and, to help to pinpoint downsizing the drafting. We must be diligent in our review and critique to insure not only that the registered nurse workforce is recognized, but given value as an integral component of prudent reform. The goal is improved access and affordability and we know that appropriate staffing of RNs improves efficiency, contains costs in the long run, and keeps patient safety and positive outcomes at the forefront of the plan and discussions.

We also know that Advanced Practice Registered Nurses are the key to improving access and delivery as providers, especially in rural areas, but are too often missed or overlooked when drafting new laws at the state and national levels, even with those we recognize as friendly to nursing. Too often stakeholders in healthcare fail to recognize the APRN. Too often the references are to “doctors and physicians” when the reference should be “provider.” We know the AMA continues its efforts to dismantle the APRN progress. Closer to Home: The MNA enterprise is strong and stable today. Our Continuing Education department continues to grow and is expanding the presence of the MNA nurse in Montana. CE sessions are occurring at MNA and local stakeholder groups have and will use our facility for meeting space. At the Board of Nursing (BON), mandatory continuing education for continued RN licensure is on the horizon and MNA fully supports this new provision. MNA will be the premier source for relevant and competency building offerings. If this is an interest of yours, we invite you to seek out our CE Council and communicate your interest. As stated last year at convention, the packets you have for this convention were produced in-house rather than contracting this out to an out-of-state third party. The online registration process was added this year and many of you took advantage of this process. Once again we saved MNA about $3000.00 in costs annually to develop the process ourselves and now we have it for use with CE offerings and for the sale of MNA logo’d items such as the blue bags, water bottles, and we have some beautiful jackets available for purchase with the MNA logo embroidered on them.

If nursing in Montana could capture just a small portion (say 5%) of that transfer of wealth, it would be a positive asset to MNA during the legislative session or during grassroots campaigns on legislative items, etc. It is my dream to keep them connected to MNA advancing nursing in Montana and advocating for the patient and the practice.

Before I conclude, I want to introduce a concept that I will be working on over the next year for MNA. Many of you may know that I held an investment license in Montana. Using that knowledge, I have a goal to ensure Registered Nursing practice is viable and strong for eternity. We know that the nurse workforce is disproportionately weighted toward longer tenured nurses, i.e., the nurse workforce is aging. With the tail end of the baby boomers retiring over the next fifteen years or so, and the prior generation reaching that point where they take the final hike under the Big Sky, there is going to be a huge transfer of wealth occurring in the next ten to twenty-five years. I want to see nursing capture some of that wealth transfer in the form of planned giving and other investment tools that provide tax benefits and incentive for charitable giving. MNA has long had a program of promoting donations to the Montana Community Foundation Funds of MNA. Tax incentives put in place in 1997 and reaffirmed in 2007 open a door of giving that we should promote for as long as that door remains open.

If nursing in Montana could capture just a small portion (say 5%) of that transfer of wealth, it would create a funding instrument and pool of resources that could be used to help insure the nurse workforce and nurse education for eternity. Nurses touch patients today, why not touch them forever!

Many exciting things are happening at MNA and it is all about making you visible, your voice heard, and MNA’s nurse relevant to the people of Montana and to our fellow stakeholders in healthcare.

As stated in every address, I am honored to be your Executive Director and honored to be associated with this great group of nurses.
Clinical Nurse Leader:
Applying Education to Practice—An Evidence-Based Policy Recommendation
Addressing Body Art Among Nursing Personnel

by Shawna Druge Dorwart RN, MN
August 2009 Graduate
MSU Clinical Nurse Leader Graduate
Program Option
Current position: Nurse Manager
Glendive Medical Center

When I began my nursing career in rural Montana identifying myself as a nurse leader was not in my plans, but that is the direction my career has taken over the past 20 years, and I love it! After eight years as a staff nurse I stepped into the role of operating room nursing supervisor. The leadership needs of our department changed as the department grew and I transitioned into the position of Nurse Manager of Surgical Services. In 2007 when I received a mailing from MSU College of Nursing describing the Clinical Nurse Leader (CNL) Graduate Program option, I was intrigued. I had been looking for a pathway to advance my leadership skills and this looked like a perfect fit. I began the CNL program option in September 2008 and graduated with my master’s in nursing in August 2009. The Clinical Nurse Leader curriculum provided me the opportunity to significantly enhance my capacity to provide leadership to fellow nurses as well as for a pathway to advance my leadership skills.

A CNL provides the kind of leadership that balances the complex realities of limited resources with improved patient outcomes and increased professional satisfaction. Through the years I have watched nursing evolve in many ways. One area that caught my interest is the image of the nurse. With each generation new traits are integrated into the profession. Some changes occur with little fanfare while others create discussion and, at times, controversy. For example, there has been much discussion and differences of opinion as nursing attire evolved from the white dress and cap to the colorful scrubs of today. As nursing continues to evolve there is an emerging debate regarding visible body art (e.g. tattoos, piercings) among nurses. One of the questions being asked is, “Does a nurse’s body art influence the successful development of the nurse—patient relationship?”

A course in the CNL curriculum provided the opportunity to complete a professional project that addressed both a personal interest and a question in the healthcare workplace. For my project I chose to develop an evidence-based policy recommendation addressing body art among nursing personnel. During this process I discovered a lack of evidence-based rationale to support policy decisions regarding tattoos and piercings. Through a review of the literature I learned that the prevalence of body art is increasing and that body art is not limited to one profession, age, race, ethnicity, or socio-economic group. I also gained an understanding that those who have body art view it as an important form of self-expression. Through a survey of facilities of varying size I discovered that many organizations address body art in their nursing dress code policies, but none that I reviewed identified references or resources as a basis for their body art policy statements. I believe this lack of evidence-based support is related to a lack of published research directed at evaluating the impact of body art among nurses on nurse-patient relationships. This leaves the interpretation of the impact of body art to each organization. Organizations are seeking a balance between respectful consideration of the patients in their care and their nursing personnel who may value body art as a form of self-expression. The evaluation of body art among nursing professionals requires ongoing investigation. As with any issue that is generationally and culturally linked, as time passes, perceptions and their impacts will continue to evolve.

For more information about MSU’s CNL program visit the College of Nursing website at http://www.montana.edu/nursing/academic/cnl.htm or contact Lynn Taylor, Graduate Program Assistant at 406.994.5000 or lvtay@mtd.nodak.edu or Kate Siegrist, CNL Project Recruiter at 406.254.2110 or kathryn.siegrist@montana.edu

Quality Improvement for Diabetes Care and Education

by Elisabeth Mann, RN, CDE

Is your medical facility looking for a quality improvement mechanism that provides you with ongoing feedback on the status of your Diabetes patients through a state of the art software program, technical assistance and project support at no cost to your facility? The Montana Diabetes Project (MDP) and Diabetes Quality Care Monitoring System (DQCMS) are administered by the Montana Department of Public Health through a grant from the Center for Disease Control.

DQCMS is an electronic registry system used to track diabetes care in the out-patient setting. It is not an electronic medical record, nor does it monitor care for other chronic diseases. After installation of the software and data entry, DQCMS generates specific reports which describe clinical services that are being provided and helps indentify the areas of care that can be improved. The primary goals of the program are to: • Provide tools to help the participating facility to assess their Diabetes care clinical performance
• Reduce Diabetes complications
• Reduce healthcare costs caused by Diabetes and its complications

• Improve office efficiency and cost effectiveness
• The program and reports are based on the ADA (American Diabetes Association) Standards of Care for Diabetes.

DQCMS will:
• Indentify test/exams that are due (e.g. A1c, LDL, comprehensive foot exams)
• Indentifies areas where treatment needs to be indicated (e.g. high A1c, uncontrolled blood pressure)
• Indentifies other interventions that contribute to the health of the client (e.g. pneumococcal and flu vaccinations, smoking cessation interventions)

The software facilitates data collection for program recognition by the ADA and/or AADe (American Association of Diabetes Educators). Recognition is required for Medicare reimbursement. The DSME (Diabetes Self Monitoring Education) portion of the program tracks according to the 7 Essential Behavioral Goals areas required by the recognizing agencies.

Currently, 47 Health Care Facilities in the State of Montana are participating; the patient population at these facilities varies from 20 to 3000. One size can fit it all. The Montana Diabetes Project has 2 quality improvement coordinators who travel throughout the State to provide technical and clinical support to each participating facility.

For more information please contact: Chris Jacoby BSN RN (406) 444-7524 E-mail: cjacoby@mt.gov
or
Elisabeth Mann RN CDE Quality Improvement Coordinator E-mail: elsmann2@yahoo.com

Department of Health and Human Services
PO Box 48
McAllister MT 59740
406-682-5453
Montana's primary mental health care system is in crisis.

A few facts:
• In 2006, the U.S. Health Resources and Services Administration (HRSA) designated 54 of 56 Montana counties as Mental Health HPSAs (Health Professional Shortage Areas)
• Montana was one of 8 states to receive a grade of "F" on the 2006 National Alliance on Mental Illness (NAMI) publication Grading the States 2006: A report on America's Health Care System for Serious Mental Illness. Overall the U.S. rating was "D"
• Over the past 20 years Montana has consistently ranked among the top 5 states in the nation for suicide (adult and youth)
• There is much anecdotal evidence from providers and community members about barriers to accessing appropriate mental health care

In its response to this crisis MSU College of Nursing launched its Family Psychiatric Mental Health Nurse Practitioner Graduate Program option this fall with a cohort of 6 students.

Montana's mental health care crisis is in crisis.

Weston Named Chief Executive Officer for American Nurses Association

SILVER SPRING, MD—The Board of Directors of the American Nurses Association (ANA) takes great pride in announcing that Marla J. Weston, PhD, RN has been named chief executive officer (CEO), effective June 1, 2009. As CEO, Weston will be responsible for providing visionary, strategic, and progressive leadership for the ANA enterprise. In her new role, Weston will also serve as CEO of the American Nurses Foundation, the research, education, and charitable arm of ANA.

"For nearly 30 years, I have had the honor of successfully working in leadership positions with boards, committees, and volunteers at the national, international, and local levels. It has been possible to build long-term, collegial relationships with many nursing leaders, government officials, and hospital, university, and community college administrators to advocate for programs and practices that support recruitment and retention, leadership development, diversity, quality improvement and program development. I look forward to bringing these skills to bear as CEO at ANA on behalf of the profession and the public we serve," said Weston.

Weston held the position of executive director at the Arizona Nurses Association, a constituent member association of ANA located in Tempe, Arizona. For over four years, she led the statewide affiliate, the Center for American Nurses. The ANA is the only full-service professional organization representing the interests of the nation's 2.9 million registered nurses through its 51 constituent member nurses associations, its 23 organizational affiliates, and its workforce advocacy affiliate, the Center for American Nurses.

"I am confident that Weston's impressive professional experience and dedication will be invaluable assets not only to ANA and the members we serve, but to the nursing profession as a whole." said ANA President Rebecca M. Patton, MSN, RN, CNOR.

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Prior to joining ANA, Weston gained extensive senior management experience in both large and small health care organizations. Since September 2008, she has served as deputy chief officer of the Workforce Management and Consulting Office at the Department of Veterans Affairs in Washington, D.C. Weston brought innovative leadership to the policies, programs, and initiatives that supported the employees who provide high-quality health care to veterans at all Veterans Healthcare Administration (VHA) facilities across the country.

Additionally, Weston's background includes being named as program director, workforce development, Office of Nursing Services, also at the Department of Veterans Affairs. In this key leadership role, she was responsible for improving the overall work environment for VA nurses, retaining and rewarding a skilled workforce, and improving the image of nursing while promoting nursing as an attractive career choice through collaboration with external partners.

The ANA is the only full-service professional organization representing the interests of the nation's 2.9 million registered nurses through its 51 constituent member nurses associations, its 23 organizational affiliates, and its workforce advocacy affiliate, the Center for American Nurses. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

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by Kate Siegrist, RN, MSN, Recruiter, FPMHNP

As a frontier state, Montana has unique challenges when addressing disparate health care access and outcomes. A priority need for psychiatric-mental health care in many of our rural and reservation communities is for the provider's scope of practice to include childhood, adolescence, adulthood, and our ever growing population of seniors. Graduates of MSU's FPMHNP Option will be prepared to provide a full range of primary mental health care to individuals and families across the lifespan, with a focus on environments characterized by sparse organizations and limited health care resources. With expertise of the faculty and the range of student clinical sites underscore MSU's ability to provide a rich student experience in addressing rural health issues.

MSU College of Nursing has 15 years of experience with its very successful Family Nurse Practitioner (FNP) curriculum producing 125 graduates prepared to provide primary care to individuals and families across the lifespan. The core curriculum for the FNP option provided a solid foundation for an advanced practice nursing specialty in psychiatric mental health.

According to the American Nurses Credentialing Center (ANCC), "FPMHNP practice includes independent and interdependent decision making, and is directly accountable for clinical judgments. The graduate level preparation expands the FPMHNP's role to include differential diagnosis and management of psychiatric & mental health disorders, medication management, psychotherapeutic interventions, participation in and use of research, development and implementation of health policy, leadership, education, case management, and consultation."

MSU also offers an individualized post-master's certificate option for nurses who already hold a Master of Nursing degree and desire to practice as a FPMHNP. To maximize access to advanced nursing education, MSU’s Graduate Nursing courses are offered via distance technology with teleconference and interactive video used to supplement content.

While the FPMHNP is not the answer to Montana's mental health care crisis, it is part of the solution. For more information on MSU/Bozeman College of Nursing’s FPMHNP Graduate program option please visit the College of Nursing website at http://www.montana.edu/nursing/academic/mn.htm or contact Ms. Lynn Taylor, the graduate program Administrative Assistant at lynnnt@montana.edu or 406-994-3500. Applications for admission to the College of Nursing graduate programs are due each year by February 15th.
Exhibitors / Vendors

- American Nephrology Nurses Association
- Gonzaga University
- Catholic Social Services—Infant Adoption Training Initiative
- Precision Embroidery
- Prioricare
- GlaxoSmithKlein
- Mosby Publications
- Montana State University College of Nursing
- Susan G. Komen Breast Foundation
- Monida Shared Staffing
- Montana Breast and Cervical Health Program
- Montana Tobacco Use Prevention Program
- Montana Association of School Nurses
- Healthy Montana Kids Plan
- Gideon’s International Auxiliary
- Mountain-Pacific Quality Health
- Lois McElravy
- AccuVein

Thank You!

Sponsors

Diamond ~ $2,000 to $5,000

Arthur L. Davis Publishing Agency
Johnson & Johnson Company
Campaign for Nursing Future Program

Gold ~ $500 to $1,999

MSU Alumni Association & College of Nursing
Valley Bank of Helena
St Patrick Hospital & Health Sciences Center

Silver ~ $100 to $499

Anderson Zurmuehlen
Helena Physicians Clinic
Marsh Affinity
Benefis Health Systems
Montana Health Education Center
Dr. Steven Powell MD PC
Kleen King Inc.
First Security Bank
Northern Montana Hospital
Intermountain Heating and Air Conditioning Inc.
New West Health Services
University of Montana

Bronze ~ Helena Community Credit Union

Special thanks to Queen City Ballet for providing entertainment for the opening reception.
Awards

Economic & General Welfare (E&GW) Achievement Award

Kristi Toennis, RN
Miles City

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

Missoulian
Sherry Devlin, Editor and
Stacey Mueller, Publisher

&
St Patrick Hospital
For creative showcasing of nursing knowledge and public education.

Membership Award

District 5
Billings-Forsyth-Miles City
Accepted by Keri Cross

To recognize a District that has the highest percentage of membership growth (May 1 through April 30 of each year)

Advancement of Nursing Distinguished Nurse of the Year

Susan Wallace Raph,
MN, RN, CNAH, BC
Shelby, MT

Founded in honor of Trudy Malone, RN, to recognize an MNA member for outstanding contributions made to professional nursing.

Excellence in Nursing Education Award

to

Patti Holkup,
PhD, RN, Director
Program Development Faculty Committee
And Advanced Practice Faculty & Administration
MSU College of Nursing – Bozeman MT

Accepted by Deanna Babbs, RN

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.
**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 form and run as a write-in.)

Don’t forget to Vote!

**General Membership Ballot:**

**PRESIDENT-ELECT**

Two-Year Term ~ Assumes Presidency Jan 2012

Write-in (arrived after nominations were closed)

Pauline Flothoetter, BSN, RN ~ Bozeman

“I am a recent graduate and work on a busy medical floor. While I may not have extensive experience in my role as a professional nurse, I believe that my youth can bring a new perspective to the board. I am a voracious learner. I want to advance professional nursing in a way that honors the past, but also thrus us into the future. I think that having a younger, newer nurse on the Board may also encourage other young nurses to participate in MNA.

**SECRETARY / TREASURER**

One-Year Term – Jan-Dec 2010

Ida Wilson, BSN, RN ~ Bozeman

“I am a recent graduate and work on a busy medical floor. While I may not have extensive experience in my role as a professional nurse, I believe that my youth can bring a new perspective to the board. I am a voracious learner. I want to advance professional nursing in a way that honors the past, but also thrus us into the future. I think that having a younger, newer nurse on the Board may also encourage other young nurses to participate in MNA.

**BOARD DIRECTOR-AT-LARGE**

Two (2) will be elected for two-year term

Jan 2010-Dec 2011

Melissa Cobb, RN ~ Helena

“I have learned so much this past year as a Board member. I have a passion to nursing and for patient care and would be honored to serve as a dynamic voice for nursing in Montana on a State and National level.”

Mary Pappas, Edi, RN ~ Havre

“I would like to continue to serve on the Board of Directors and to continue my service to the nurses of Montana. The current nursing arena in Montana is experiencing an exciting time with healthcare reform and possible mandatory continuing education. My years of experience as a nurse and my involvement on the Board of Directors enable me to keep MNA in the forefront of current nursing issues.”

**2009 Candidate Profiles**

**REPRESENTATIVE TO THE BOARD FOR: COUNCIL ON PRACTICE & GOVERNMENT AFFAIRS (CPGA)**

Monica Brooke, BSN ~ Missoula

“I am interested in what is happening on the state level. I am a nurse advocate and strive for developing healthy workplaces, improved communication, and, as an advocate for patients, developing safe practices and improving patient outcomes across the State of Montana.”

Write-in (arrived after nominations were closed)

Deanna Babb, APRN, FNP, BC ~ Great Falls

“Since 2005, I have worked with the American Academy of Nurse Practitioners on the national level as Montana state representative to the academy. My responsibilities included communication with Montana legislators in Washington DC with regard to nurse practitioner practice and health policy. As the largest group of health care providers in the country, I see nurses as the solution to the health care crisis and improved health outcomes. I have had excellent mentors in health care policy at both the state and national level and feel I could use my experiences to improve nursing practice and health care delivery in Montana. Over 30 years of nursing experience, I feel a responsibility to recruit and nurture the next generation of nurses.”

**COUNCIL ON CONTINUING EDUCATION— PROVIDER UNIT**

Guyw Palchak, BSN, BC, RN ~ Kalispell

My training in California as an RN prepared me to put participation in my professional nursing organization as a top priority. The MNA organization has been instrumental in my on-going formation as a nurse. It has been a pleasure to serve the MNA Board and an honor to represent Montana Nurses. I would be extremely happy to continue my position on the CE Approver Unit—there has been too much to learn and many new refinements. I’ve just begun to feel comfortable with the task at hand.”

Anna Ammons, BSN ~ Billings

“I am an RN on the telemetry unit at Billings Clinic and a SANE volunteer. I serve on the conference committee and the negotiations committee. I would like to be more involved with MNA to become an informed resource for nurses regarding their professional organization.”

**COUNCIL ON CONTINUING EDUCATION— APPROVER UNIT**

Susan Porruoechecho, BSN, RN, CARN ~ Bigfork

“My training in California as an RN prepared me to put participation in my professional nursing organization as a top priority. The MNA organization has been instrumental in my on-going formation as a nurse. It has been a pleasure to serve the MNA Board and an honor to represent Montana Nurses. I would be extremely happy to continue my position on the CE Approver Unit—there has been too much to learn and many new refinements. I’ve just begun to feel comfortable with the task at hand.”

**ANA DELEGATES:**

Anna Ammons, BSN ~ Billings

“I am an RN on the telemetry unit at Billings Clinic and a SANE volunteer. I serve on the conference committee and the negotiations committee. I would like to be more involved with MNA to become an informed resource for nurses regarding their professional organization.”

Vicky Rae Byrd, RN, OCN ~ East Helena

“Being a staff and union nurse for twenty years, I continue to advocate for patient safety and safe staffing. I encourage all nurses to get involved in their respective organizations so we can continue to have a voice locally and nationally, regarding health care reform.”

Lori Chovanah, BSN, CRN ~ Helena

I would appreciate your vote to represent Montana as a national ANA delegate. I believe my involvement as an MNA member, commitment in my position as MNA CE Director, connection to collective bargaining as a member of local unit #13, and my passion for our professional organization all contribute to my abilities to adequately represent Montana nurses at the national level. Please consider this opportunity to be elected into this important position and to participate nationally for the good of nursing in Montana and advocate for our profession at the highest level.

Melissa Cobb, RN ~ Helena

“I have learned so much this past year as a Board member. I have a passion to nursing and for patient care and would be honored to serve as a dynamic voice for nursing in Montana on a State and National level.”

Marnie Collett, BSN ~ Bozeman

“I hope to be able to represent the face of Montana nursing on a national level with my fresh, enthusiastic ideas and broad experience base.”

Brenda Donaldson, RN, CDL ~ Lewistown

“As an active member of MNA, I would be honored to represent Montana nurses at the ANA convention. I believe that I know the issues relevant to MNA members and feel that I am able to represent those issues.”

Candidate Profiles continued on page 9

**October, November, December 2009**
October, November, December 2009
Candidate Profiles continued from page 8

Amy Hauschild, BSN ~ Billings
“I have served MNA for seventeen years as a volunteer and elected leader. I have represented Montana at the ANA House of Delegates in past years and have never been shy about bringing the concerns of MNA members to the national level, even when those views/concerns were not popular. Now, as an MNA staff member, it would be my honor and privilege to represent Montana at the ANA HoD again. An ANA delegate is the only elected position a staff member is permitted to hold.

Tina Hedlin, CEN ~ Billings
“This is a crucial time in ANA’s history and the potential change in ANA’s structure. I believe we need to have a strong collective voice from Montana. I strongly believe in representing the collective unified voice in Montana. I also believe in supporting the voice of nursing at our state collective bargaining level.”

Linda Henderson, CGN ~ Missoula
“As a past president of MNA, I have continued my involvement through the By-Laws Committee and the Finance Committee. I believe that my history with the Association provides a strong background to serve the membership as an ANA delegate. I welcome the opportunity to represent you at the national level.

Kallie Kujawa, B.A, RN ~ Bozeman
“I feel as a new delegate, by becoming involved, I will be able to better contribute to MNA. It is my goal to become a leader in nursing. I feel that by engaging in this professional organization, I can better accomplish this goal.”

Sue Noem, TNGC, ENCP, ACLS, PALS ~ Helena
“I fully support the mission and purpose of the Montana Nurses Association. I know that through our cohesive work to unite nurses’ concerns, we, as a team, can achieve more. I have been in acute care nursing for the past twenty-five years, and plan to stay an active member for many years to come.”

Gwyn Palchak, BSN, BC, RN ~ Kalispell
“My belief has always been that nurses are professionals with their own special qualities and competencies. To that, I have supported their solidarity, growth, education, and efforts to protect patients, both locally and statewide. I am currently a Board member representing CCE, a member of the Finance Committee, and a past ANA delegate. I bring knowledge and expertise from several parts of our organization, both at the district and state level.”

Susam Porrevecchio, BSN, RN, CARN ~ Bigfork
“The opportunity to attend the ANA House of Delegates for the first time in 2008 was a ‘dream come true’—such a tremendous learning experience! I would like to have the opportunity to represent MNA as an ANA delegate again.”

Kim Powell, UCSF, MSN ~ Missoula

Barb Prescott, DNP, FNP-BC, APRN ~ Bozeman
“I believe that nurses are in the unique position to bring providers and patients and the general population together to promote optimal health in Montana citizens. I believe that it is essential for nurses’ voices to be heard at the local, state, and national level to direct the course of healthcare reform and secure a focal point of prevention and health promotion.”

NOmINATING COMMITTEE

Collective Bargaining Members ONLY
ECONOMIC AND GENERAL WELFARE—EXECUTIVE COMMITTEE

Anna Jayne Howell, RN, BC ~ Helena
“I know that I don’t have extensive experience in representation at this time, however, I feel I need to start getting involved with my professional organization and would like to start with one of these elected positions.”

Sherry Kosena, RN ~ Helena
“I want to see nursing move forward as a profession. I believe that there are many RNs that are not currently in the work force, and I would like to help provide models or ideas of ways to allow for these nurses to come back into the work force on their own terms. I am very interested in women’s health issues and will continue to work towards furthering the education of women in my community and state. I am personally conservative and I think that it is important to look at issues in nursing from different points of view. Nursing must be evidenced based but also make sure a broad perspective is represented.”

Angela Lovato, CCRN, RN ~ Missoula
“I have been a nurse for ten years and an MNA member for four years, representing the nurses in my local unit as their co-president for the past two years. I recognize the value of the collective voice of nurses and am committed to the efforts of organization and empowerment of nurses. I value a healthy work environment, strong and effective communication and collaboration, fostering programs that educate, recruit, and precept new nurses, and support any efforts to adopt evidenced based practice in my workplace. My values support healthy nurses and ultimately to keep patients safe from harm.”

Deborah Schultz, RN ~ East Helena
“I have been a member of House of Delegates 2008-2009, Local Unit 13 Secretary 2007-2009, and attended the E&GW Retreat in Chico Hot Springs for three years. I am interested in enhancing both my personal and professional growth and feel that this position will allow me to meet other professionals who wish to advance as leaders for all nursing issues.”

Daylyn Struble, RNBC ~ Helena
“I have been a member of Local Unit 15 for many years, served as a delegate at MNA conventions for the last three years, been the local President since 2007, served on bargaining committee twice, and have testified during the legislature’s proceedings of the bill regarding Shaken Baby Syndrome. I am familiar with the process, procedures, and variable requirements of collective bargaining, and feel I would be a positive member of the Executive Committee.”

Candidate Profiles continued on page 10

Montana Nurses Association Pulse
Candidate Profiles continued from page 9

Kristi Toennis, ARN ~ Miles City
“I have been a nurse for the last seventeen years in an acute care hospital setting in Montana. I believe I can represent the bedside nurse’s voice on issues and matters that present themselves. Even though I am new to MNA and the collective bargaining process, I have a true desire to learn, to be involved.

Lorie Van Donsel, AASN ~ Forsyth
“I came to MNA membership and involvement to foster improved patient care in my very rural hospital. Through collective bargaining and subsequent changes made to the work environment, I have seen the positive impact that unionization has on patient care. I strongly believe in the professionalism that MNA membership brings to nurses.

Vicky Rae Byrd, RN, OCN ~ East Helena
“Being a staff and union nurse for twenty years, I continue to advocate for patient safety and safe staffing. I encourage all nurses to get involved in their respective organizations so we can continue to have a voice locally and nationally, regarding health care reform.”

Kathleen (Kate) Gemar
Tina Hedin, CEN ~ Billings
“This is a crucial time in ANA’s history and the potential change in ANA’s structure. I believe we need to have a strong collective voice from Montana. I strongly believe in representing the collective unified voice in Montana. I also believe in supporting the voice of nursing at our state collective bargaining level.”

Sue Noem, TNCC, ENCP, ACLS, PALS ~ Helena
“I fully support the mission and purpose of the Montana Nurses Association. I know that through our cohesive work to unite nurses’ concerns, we, as a team, can achieve more. I have been in acute care nursing for the past twenty-five years, and plan to stay an active member for many years to come.

Lorie Van Donsel

Melissa Cobb, RN ~ Helena
Marnie Collett, BSN ~ Bozeman
“I hope to be able to represent the face of Montana nursing on a national level with my fresh, enthusiastic ideas and broad experience base.”

Maria Guerri, CPN ~ Missoula
“My experience of being an RN in Montana has allowed me to become very passionate about nursing issues across this State. I want other RNs across the U.S. to appreciate the battles that Montana nurses are faced with and be able to come back with solutions for these battles. I am committed to our nursing profession and will bring that commitment to the National Federation of Nurses in whatever capacity I can, if allowed the opportunity to do so.”

Anna Jayne Howell, RNBC ~ Helena
“As a delegate for Local Unit 13 to the 2009 MNA House of Delegates, I know that I don’t have extensive experience in representation at this time; however, I feel I need to start getting involved with my professional organization and would like to start with this position. I am the current chair of my hospital’s Emergency Department Unit Council, and am familiar with handling issues and situations, and I would represent MNA in the same manner.”

Sherry Kosena, RN ~ Helena
Sue Noem, TNCC, ENCP, ACLS, PALS ~ Helena
Deborah Schultz, RN ~ Helena
Davylyn Struble, RNBC ~ East Helena
Lorie Van Donsel, AASN ~ Forsyth

NFN DELEGATE:

APRN Members ONLY
REPRESENTATIVE TO THE BOARD:
COUNCIL ON ADVANCED PRACTICE (CAP)

Rebecca Sturdevant, MSN, APRN ~ Kalispell

CAP CHAIR:
John Honsky, APRN, MA Ed, BSN ~ Missoula
“The Council on Advanced Practice is significant, not just to its constituent members, but to the State of Montana. The CAP steers health care in the State through policy formation, legislative action, and administrative work. My experience in clinical practice, higher education, and MNA service, places me in good stead to hold the position of CAP Chair.

CAP Executive Committee:
District 1 John Honsky
District 3 Barbara Prescott
District 4 Open
District 5 Open
District 7 Open

AFL-CIO Convention Delegate:

Vicky Rae Byrd, RN, OCN ~ East Helena

Kathleen (Kate) Gemar
Tina Hedin, CEN ~ Billings

Maria Guerri, CPN ~ Missoula

Rebecca Sturdevant, MSN, APRN ~ Kalispell
Convention Speakers

Lois McElravy
Keynote Speaker
"What Do You Do When Life Looks Ugly"

Deb Charlton
RNC, MSN
"New Paradigms in Leadership; Leading with the Circle of Care"

Alice Luehr
BSN, CRN
"Care of Patients With Kidney Disease"

Diane Arave
Health Education Specialist
"Montana Breast and Cervical Health Program"

Lois McElravy
"Develop Your Humor Habit"

Anitas Kuennen
BSN, RN
"Women’s Health and Healthcare Reform"

Kristy Boese
MSN, FNP-C
"Management of Community Acquired MRSA"

Ellen Martin
RN, PhD
"Aromatherapy in Daily Nursing Care"

Gail Wagnild
RN, PhD
"Promoting A Resilient Life"

Dr. Myron J Zitt MD
"Managing Allergic Rhinitis"

Mary Munger
Retired RN
"History of Nursing in Montana"

Gregory Fine, CEA
at E&GW Dinner
"Membership is all About Value"

Megan Gittings
APRN
"Dermatologic Conditions"

Nicole Smith
MPH, CHES
"Contraceptive Options and Teen Pregnancy"

Susan Porrovecchio
BSN, RN
"Courage to Change and the Criminal Mind"
RESOLUTION
MNA-09-1 FINAL

For the Creation of a Committee to Explore Retired Registered Nurse and Honorary Nurse Memberships in the Montana Nurses Association

Whereas: Montana Nurses Association does not presently have a membership level that allows retired registered nurses who choose to discontinue active licensure as a RN to stay connected to MNA, and

Whereas: other state nurses associations and ANA designate a membership level for retired nurses lacking active licenses, and

Whereas: The Montana Board of Nursing does not recognize a Registered Nurse with a lapsed license,

Whereas: MNA recognizes the valuable contributions these individuals have made and can continue to make to the future of MNA and nursing in Montana,

Therefore be it resolved:
that the MNA Board of Directors create a committee to explore the option for Retired Nurses with a lapsed license for membership in MNA, and

Be it further resolved: that the committee consist of members of the BOD and the general membership, and

Be it further resolved: the committee reports it findings and makes recommendations based on such findings to the 2010 House of Delegates.

Cost:

1 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 Board of Directors
October 7, 2009

RESOLUTION
MNA-09-3 DRAFT

For the creation and broadcasting of a public statement of Montana Nurses Association's position endorsing healthcare reform

Whereas: MNA's mission is to provide leadership in providing high quality healthcare, and

Whereas: Nursing represents the largest segment of the healthcare workforce, and

Whereas: MNA has actively supported access to affordable, quality healthcare in our state, and

Whereas: MNA has fully supported efforts to improve health, disease prevention, promote wellness, and advance healthcare in our state, and

Whereas: Nurses are in a unique position in the healthcare system to provide information and insight, and

Whereas: access is more than having insurance—access implies the availability of qualified healthcare providers in rural and urban areas serving the healthcare needs of individuals, rich or poor, and

Whereas: at this time of national debate on healthcare reform, MNA has a responsibility to engage in this discussion, and

Therefore be it resolved: the Montana Nurses Association recognizes and supports the effort to pass health reform, and

Be it further resolved: Any solution must involve ensuring that the supply of nurses is adequate to make universal access to care a reality, and

Be it further resolved: reform include components that address expanded use of Advanced Practice Registered Nurses (APRN), and

Be it further resolved: reform involves re-investment in public health to address prevention of communicable disease and address pandemic response, and

Be it further resolved: the effects of chronic disease and the important focus on prevention should absolutely be a part of the healthcare reform, and

Be it further resolved: MNA support the preservation of existing, and the development of new, healthcare facilities and services, particularly in the rural and frontier counties of Montana, and

Be it further resolved: MNA encourages members to share their own personal and professional experiences with policy makers, and

Be it further resolved: MNA request and seek out opportunities to act as a voice bringing the nursing perspective to these discussions. Nursing should be at the table in drafting prudent and sustainable reform.

Be it further resolved: the Montana Nurses Association promotes its position on healthcare reform throughout the State of Montana to nurses via The Pulse and the MNA web site, to Montana's state and national legislative representatives, and to the public via statewide media outlets.

Cost: Staff time to email and telephone media outlets in order to broadcast MNA's endorsement of healthcare reform.

Submitted by: Susan M. Honsky, RN

Whereas: MNA's mission is to provide leadership in providing high quality healthcare, and

Whereas: Nursing represents the largest segment of the healthcare workforce, and

Whereas: MNA has actively supported access to affordable, quality healthcare in our state, and

Whereas: MNA has fully supported efforts to improve health, disease prevention, promote wellness, and advance healthcare in our state, and

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Cost: Staff time to email and telephone media outlets in order to broadcast MNA's endorsement of healthcare reform.

Submitted by: Susan M. Honsky, RN
Mark your calendar!
Plan to attend this exciting event!

Montana Nurses Association’s
Labor Retreat 2010

Chico Hot Springs
April 25-27, 2010

Keynote Speaker:
Barbara Crane, President of the
National Federation of Nurses

Plan to attend and network with nurses from around Montana regarding:

• collective bargaining
• issues facing nurses in the workforce, and
• powerful ways to promote your professional practice.

Continuing nursing education credits are offered!

Register Early!
(Space is limited)
On-line: www.mtnurses.org
Labor Department
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