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Utah Nurse

Many Roles. One Profession.

May, June, July 2013

Quarterly circulation approximately 28,000 to all RNs, LPNs, and Student Nurses in Utah.

Volume 22 • Number 2

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President's Message

Kathleen Kaufman, RN, MS
President

Kathleen Kaufman

Colleagues,

As you read this, the sounds of early summer will be present and we will all be looking forward to warmer weather. Nurses Week will be upon us, commemorating the birth of Florence Nightingale, almost two hundred years ago. National Nurses Week is celebrated annually from May 6, also known as National Nurses Day, through May 12, the birthday of Nightingale. The theme for Nurses' Week this year is: ***Delivering Quality and Innovation in Patient Care.*** As a point of interest, the first professional issues panel in the re-structured American Nurses Association is focusing on "Development of a Framework for Care Coordination Quality Measures." Surely better coordination will deliver quality care . . . especially as we add innovation into the mix. Better care coordination should also ensure higher quality preventative care as well as directing care delivery systems towards more efficient coordination of care thus impacting the costs of care. We await the outcome of this professional panel's work!

Change in the structure of the ANA is moving ahead as various groups of states decide to work together to form multi-state divisions. The first formal launch of a multi-state division was in February when the states of Maine, New Hampshire, Vermont, Connecticut, Rhode Island, and Maryland banded together to form the North East Division MSD. Movement is occurring in the southeast and the mid-West as well in our western states. Our division will be called the Western States Division. As your president, I have traveled to three meetings this quarter to discuss all the myriad details which need to be worked out among the seven states of Utah, Colorado, Idaho, Nevada, New Mexico, California, and possibly Arizona. Although pleasant, these have definitely been working meetings! Executive directors and presidents of these states have developed a mission statement and some key goals for our division. See the article on multistate division for more details.

The legislative session presented several bills on which the Utah Nurses Association worked in order to protect both pertinent legal language and the actual practice of nursing in Utah. The Government Relations Committee worked tirelessly to review bills that might impact either the practice of nursing or the provision of health care or health education in Utah. The bills, on which this committee were able to reach a position, were posted for review on the UNA website. Please see the report on the general session written by our lobbyist, Justin Stewart.

Health care reform is being discussed avidly in Utah where we are actually going to try to compare the cost benefit ratios of charity care versus expanded Medicaid for the uninsured poor in the state. Some individuals maintain that we have fine charity care and that is enough to provide adequate access to care in Utah. This belief persists among many in our state including legislators despite the fact that charity care is essentially episodic care provided at a point of crisis. Neither prevention nor continuity of care occurs with the "delivery" system of charity care. Charity care is also not free, given that costs of charity care get shifted onto the charges of insured patients who subsequently pay higher premiums than they would otherwise pay. The legislature came close to trying to simply ban Medicaid expansion when the Senate decided not to make a decision at this point in time, but to study the situation further. This wise decision was ultimately reached through the thoughtful work of many citizens concerned for improved access for the poor in our state.

We have not had much input regarding plans or ideas for celebrating the 100th anniversary of the Utah Nurses Association. We continue to welcome all input. Send in any ideas to the office via email at una@xmission.com You may also send a letter to the editor of *The Utah Nurse* so that others can see your suggestion for celebration of UNA's 100th birthday.

During the early spring and the coming summer months, some of your officers are visiting with nurses around the state. Please watch the website for planned visits to a location near you. This would be a fine time to discuss possible ideas to make our anniversary year

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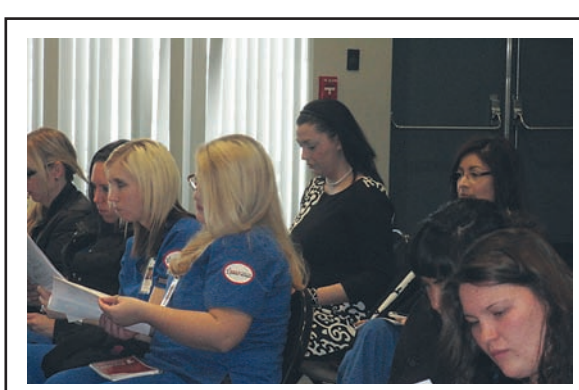

Nurses Day at the Legislature 2013

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Editor and Publisher are not responsible nor liable for editorial or news content.

Utah Nurse is published four times a year, February, May, August, November, for the Utah Nurses Association, a constituent member of the American Nurses Association. *Utah Nurse* provides a forum for members to express their opinions. Views expressed are the responsibility of the authors and are not necessarily those of the members of the UNA.

Articles and letters for publication are welcomed by the editorial committee. UNA Editorial Committee reserves the right to accept of reject articles, advertisements, editorials, and letters for the *Utah Nurse*. The editorial committee reserves the right to edit articles, editorials, and letters.

Address editorial comments and inquiries to the following address:
Utah Nurses Association, Attn: Editorial Committee
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Subscription to *Utah Nurse* is included with membership to the Utah Nurses Association. Complementary copies are sent to all registered nurses in Utah. Subscriptions available to non-nurse or nurses outside Utah for $25. Circulation 27,000.

All address changes should be directed to DOPL at (801) 530-6628.

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Published by:
Arthur L. Davis Publishing Agency, Inc.

PUBLICATION

The Utah Nurse Publication Schedule for 2013-2014

Issue	Material Due to UNA Office
Aug/Sept/Oct 2013	June 10, 2013
Nov/Dec/Jan 2014	September 9, 2013
Feb/Mar/Apr 2014	December 9, 2013
May/June/July 2014	March 10, 2014

Guidelines for Article Development
The UNA welcomes articles for publication. There is no payment for articles published in the *Utah Nurse.*

1. Articles should be microsoft word using a 12 point font.
2. Article length should not exceed five (5) pages 8 x 11
3. All reference should be cited at the end of the article.
4. Articles (if possible) should be submitted electronically.

Submissions should be sent to:
una@xmission.com
or
Attn: Editorial Committee
Utah Nurses Association
4505 S. Wasatch Blvd., Suite 330B
Salt Lake City, UT 84124
Phone: 801-272-4510
Fax: 801-272-4322

NIGHTINGALE TRIBUTE

The basic Nightingale Tribute to be offered in a nurses funeral will take about two minutes to deliver and can fit in many different areas of any funeral service. The words, pronouns and content can and should be changed to meet the circumstances. The presentation of a white rose by the speaker or by all nurses in attendance is an optional salute to the nurse. To read and print the basic tribute, please go to: http://www.ksnurses.com/the-nightingale-tribute.html or go to the Kansas State Nurses Association and look under the publication tab.

Volunteer Corner

Volunteer Corner Contacts:

We will be including this short directory of volunteer opportunities in the Utah Nurse on our "business page" on page 2. As we present additional articles on volunteer activities of nurses in Utah, we will add these to the Volunteer Corner. Utah is well known to have the highest number of volunteers in the United States. We know you are volunteering as a nurse SOMEWHERE in Utah or the larger world. Please let us know what you are doing so that others may help, or just so that others may be inspired to contribute in some way.

Organization	To Get Information for Volunteering
American Red Cross	http://www.redcross.org/utah/volunteer
Girl Scout Council of Utah	http://www.gsutah.org/ (look under "for Adults" tab for volunteer opportunities
Rocky Mountain Parish Nurse Ministeries	http://www.westminstercollege.edu/parish_nursing/ Diane Forster-Burke (801) 832-2163
Maliheh Clinic at 415 East 3900 So. SLC	Jeanie Ashby, Executive Director: (801) 266-3700 (select option #2)

CONTENT

The Official Publication of the Utah Nursing Association

Please visit the Utah Nurses Association's Web Page!
utahnursesassociation.com

Visit our site regularly for the most current updates and information on UNA activities. You can obtain a listing of Continuing Education Modules available through UNA or a listing of seminars and conferences that offer CE credits.

Attention *UNA* Members

You can now find us on Facebook. Just search Utah Nurses Association and look for the page with the UNA logo. We will be posting updates for upcoming events and information on conventions in our blog.

President's Message continued from page 1

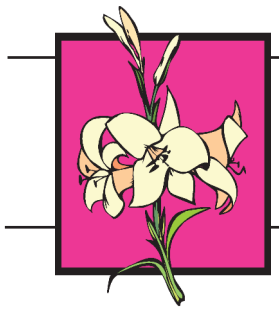
in 2014 a very special time for both members and nonmember nurses in Utah. We will be marking a significant transition as we move into the multi-state division during this year.

UNA has entered into an exciting new partnership with AHRQ (Agency for Healthcare Research and Quality Effective Health Care Program, U.S. Department of Health and Human Services). This is a research and quality care institution who is seeking to disseminate the findings of many research studies in a digestible way. Please see the introductory article about this enterprise. Many quality patient education resources in English and Spanish are available; some are already available at the UNA office in limited quantities. Topics range from arthritis to women's health. Detailed clinician resources are also available. Please do take advantage of this material. The UNA seeks to support your work in nursing in as many ways as possible.

One of the ways in which UNA is supporting your work to ensure care for our most vulnerable citizens is to collaborate with 24 other organizations and the Utah Health Policy Project to support the expansion of Medicaid in Utah. As professional nurses, you need to educate yourself as to what this means for you, your patients and your practice. Please go to the legislative tab on the UNA homepage to find up-to-date information on the Medicaid expansion efforts in Utah. The UNA website is located at www.utahnursesassociation.com.

My responsibility is to inform you of any interesting healthcare-related event that I become aware of in Utah. Therefore I will send out notices of these events and I will post appropriate information on our website. Make it a weekly task to check in and see if anything new is posted. We will also post important information on our Facebook page. I will keep in touch with you and your concerns in as many ways as possible. Feel free to contact me through the UNA office at 801-272-4510, at una@xmission.com, or most effectively at kathleenkaufman2008@gmail.com. If you are emailing to my Gmail account, please put "UNA business" in the subject line. Thanks so much, I look forward to hearing from you!

Most respectfully,
Kathleen Kaufman



IN MEMORIAM

Robert Christopher Whatley—Passed away December 12, 2012. Chris worked in the NBICU at the University of Utah hospital where he touched not only the lives of his patients but his coworkers as well.

Mary Isabelle McGuire—Passed away December 31, 2012. Mary was a 2nd Lieutenant in the USAF Reserve and retired as a nurse from LDS Hospital.

Ruth Dare—Passed away January 08, 2013. Ruth attended the University of Idaho in Pocatello and later graduated from LDS Hospital Nursing School in 1943 and immediately joined the Army Nurse Corps with her close friend where she served in Germany in an Army Field Hospital during WWII. Ruth was active in the nursing profession until 1987 when she retired.

Joan Spendlove Eades—Passed away January 03, 2013. She moved to Salt Lake to become a nurse. Joan was a devoted nurse for over 40 years. She worked at LDS Hospital then moved into the home-healthcare field currently with Haven Home Health, still seeing her patients until two weeks ago.

Thomas C. Foster—Passed away February 09, 2013. He loved working as Night Shift Nursing Supervisor at IMC as part of his 28 years with IHC and was deeply respected and loved by all those with whom he worked.

Glennys Moore Tidwell—Passed away February 16, 2013. Glennys worked as a Registered Nurse for 30 years and was a proud graduate of the U of U Nursing School.

Erma Brown Maxwell—Passed away March 18, 2013. Erma graduated as a registered nurse from Thomas D. Dee Memorial School of Nursing in 1931 in Ogden. She practiced nursing for 50 years at Shriner's (SLC and San Francisco), Holy Cross (SLC), Carbon (Price, Utah) and Allen Memorial (Moab, Utah) hospitals. She was a nurse at heart her entire life and loved caring for the children.

AHRQ Launches Regional Partnership Development Initiative to Promote Comparative Effectiveness Research

The Federal Agency for Healthcare Research and Quality (AHRQ) recently launched efforts to promote comparative effectiveness research (CER), a type of patient-centered outcomes research, in patient and professional communities in all 50 states, Washington, D.C., and the U.S. territories. AHRQ has established five Regional Partnership Development Offices that are cultivating sustainable partnerships with hospitals and health systems, patient advocacy organizations, businesses, and other groups that serve clinicians, consumers, and policymakers. You're invited to learn more about CER and to partner with AHRQ by using and encouraging others to use free CER reports and materials, which support efforts to improve the quality of health care in communities.

What is comparative effectiveness research?

Comparative effectiveness research provides information that helps clinicians and patients work together to treat an illness or condition. CER compares drugs, medical devices, tests, surgeries, or ways to deliver health care. The research findings don't tell clinicians how to practice medicine or which treatment is best, but they provide evidence-based information on the effectiveness and risks of different treatments. Clinicians and patients can use this information to support their treatment decisions based on each individual's circumstances.

AHRQ's Effective Health Care Program works with researchers, research centers, and academic organizations to conduct the research and focuses on 14 priority health conditions, including: cardiovascular and related diseases, diabetes, arthritis, mental health disorders, and pregnancy. The full research reports are made available, and findings are translated into practical patient and clinician materials, that include:

- Patient treatment comparison summaries (English and Spanish)
- Clinician research summaries
- Executive Summaries
- Faculty Slide Sets
- Continuing education (CME/CE) Modules
- Podcasts

Partners can participate in a range of scalable activities such as distributing guides at meetings and in medical offices, placing articles in newsletters, and hosting Web conferences that highlight CER findings. Organizations that are using these materials or the CER findings include Mayo Clinic, the American Academy of Nurse Practitioners, and AARP, among many others.

Findings from comparative effectiveness research can be helpful to everyone participating in health care decision making:

Patients are often faced with complicated decisions, such as which test is best, which medicine will help most with the least side effects, or whether surgery is the best option. Every patient is different, and each should make informed choices based on individual needs. By providing Effective Health Care Program products that summarize evidence-based, comparative effectiveness research findings, you can help patients work with their health care professionals to make a more informed decision among many treatment options.

Health care professionals can use CER to keep current on comparisons of medications and treatments. The products developed by the Effective Health Care Program help distill the information so health care professionals and consumers can review treatment options together. When research is not available to answer clinical questions, AHRQ publications highlight research gaps.

Policymakers, business leaders, and others want to make health care policy decisions based on reliable, objective information about effectiveness. Comparative effectiveness research helps decisionmakers plan evidence-based public health programs.

To learn more about comparative effectiveness research, order free materials, access our free continuing education modules or to become part of this growing partnership network, please contact Kate Stabrawa in AHRQ's Denver Regional Partnership Development Office at 303-382-2444 or kate.stabrawa@ahrq.hhs.gov. You can also learn more about CER by visiting www.effectivehealthcare.ahrq.gov.

AHRQ Effective Health Care Program Resources

Condition	Consumer			Clinician			
	Patient Decision Aid	English Research Summary	Spanish Research Summary	Research Summary	CME Module	Slide Library	Research Review & Executive Summary
Breathing Conditions							
Treating Sleep Apnea		x	x	x	x	x	x
Noninvasive Positive- Pressure Ventilation (NPPV) for Acute Respiratory Failure				x	x	x	x
Breathing Exercises for Asthma							x
Human Growth Hormone and Cystic Fibrosis		x	x	x	x	x	x
Cancer							
Radiotherapy for Head and Neck Cancer		x	x	x	x	x	x
Breast Biopsy		x	x	x			x
Medications to Reduce Risk of Breast Cancer		x	x	x	x		x
Treating Localized Prostate Cancer	x	x	x	x	x		x
Particle Beam Radiation Therapies for Cancer							x
Developmental Delays, ADHD, Autism							
Interventions for Children and Teens with ADHD		x		x	x	x	x
Interventions for Adolescents and Young Adults With Autism							x
Therapies for Children with Autism		x	x	x	x	x	x
Diabetes							
Medicines for Type 2 Diabetes		x	x	x	x	x	x
Premixed Insulin for Type 2 Diabetes		x	x	x	x	x	x
Methods for Delivering Insulin and Monitoring Blood Sugar		x		x			x
Digestive System Conditions							
Treatment Options for GERD		x	x	x	x	x	x
Functional Limitations and Physical Disabilities							
Surgical Options for Inguinal Hernia							x
Genitourinary Conditions							
Non-surgical Treatments for Urinary Incontinence		x	x	x	x	x	x
Gynecology							
Treating Chronic Pelvic Pain		x		x	x	x	x

Note: All summaries are available in downloadable formats. Spanish versions of the consumer summaries may not be available now, but if an English consumer summary is available a Spanish version is in development. Last updated: 10-11-2012

AHRQ Effective Health Care Program Resources

Condition	Consumer			Clinician			
	Patient Decision Aid	English Research Summary	Spanish Research Summary	Research Summary	CME Module	Slide Library	Research Review & Executive Summary
Heart and Blood Vessel Conditions							
ACEIs, ARBS, or DRI for Adults with Hypertension		x	x	x	x	x	x
ACEIs and/or ARBs for Ischemic Heart Disease		x	x	x	x	x	x
Combination Therapy for High Cholesterol		x	x	x			x
Radiofrequency Ablation for Atrial Fibrillation		x	x	x			x
Serum Free Light Chain Analysis for the Diagnosis, Management, and Prognosis of Plasma Cell Dyscrasias							x
Renal Artery Stenosis Treatments		x	x	x			x
In-Hospital Off-Label Uses of Recombinant Factor VIIa				x	x	x	x
Self-Measured Blood Pressure Monitoring		x	x	x	x	x	x
Adjunctive Devices in Percutaneous Coronary Interventions				x	x	x	x
Dietary Supplements in Adults Taking Cardiovascular Drugs					x		x
Treatment Strategies for Women with Coronary Artery Disease				x	x	x	x
Infectious Diseases and HIV/AIDS							
Treating and Preventing C-diff Infections		x	x	x	x	x	x
Procalcitonin-Guided Antibiotic Therapy				x	x	x	x
Mental Health							
Depression After Brain Injury		x	x	x	x	x	x
Antidepressant Medicines for Adults		x	x	x			x
First- and Second- Generation Antipsychotics in Adults							x
First- and Second- Generation Antipsychotics for Children and Young Adults		x		x	x	x	x
Therapies for Treatment-Resistant Depression		x	x	x	x	x	x
Concomitant Depression and Chronic Medical Conditions							x
Muscle, Bone, and Joint Condtions							
Treatment Options for Rotator Cuff Tears		x	x	x	x	x	x
Osteoarthritis of the Knee Treatments		x	x	x			x
Rheumatoid Arthritis Medications		x	x	x	x		x
Analgesics for Osteoarthritis		x	x	x	x	x	x

Note: All summaries are available in downloadable formats. Spanish versions of the consumer summaries may not be available now, but if an English consumer summary is available a Spanish version is in development. Last updated: 10-11-2012

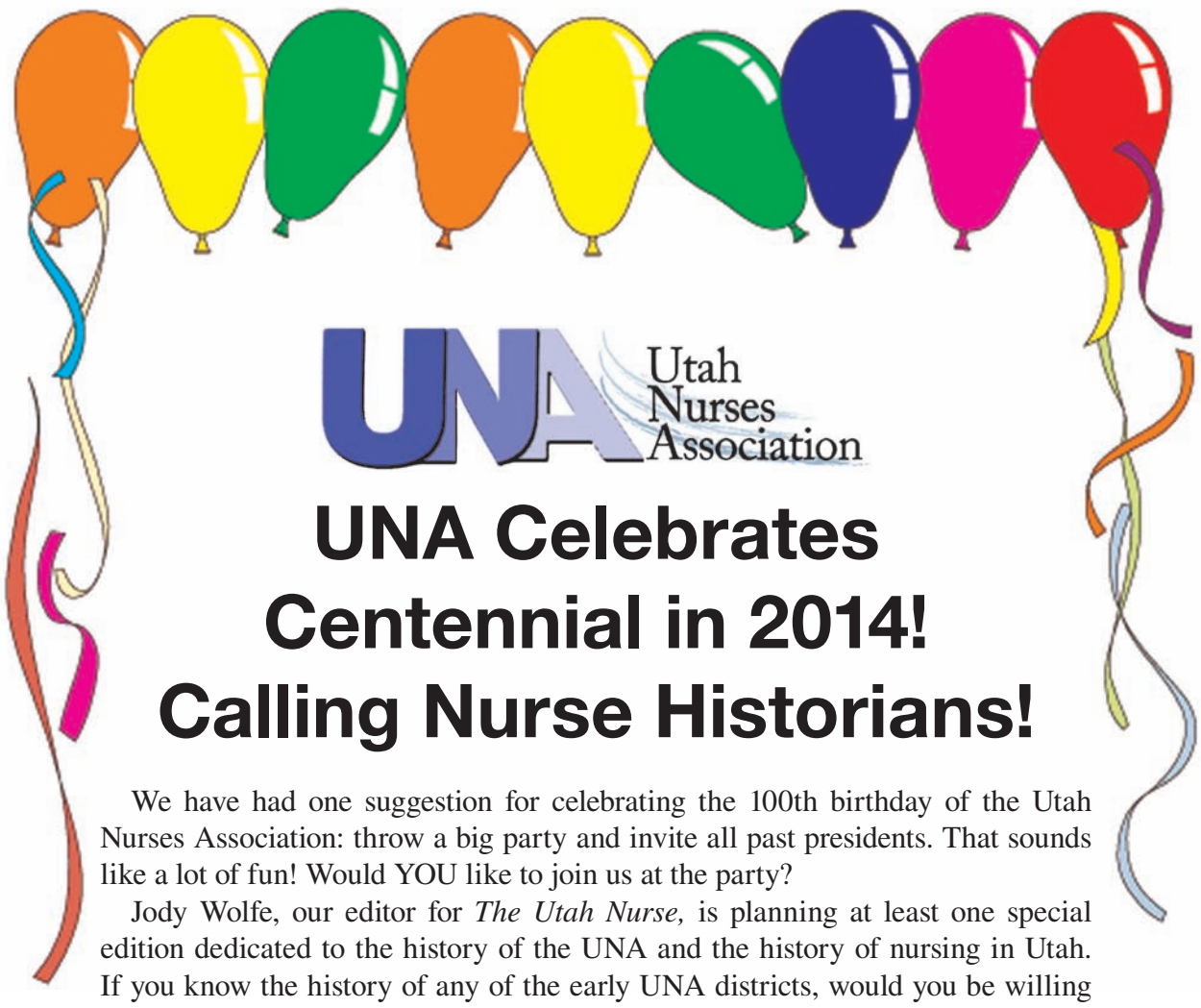
AHRQ Effective Health Care Program Resources

Condition	Consumer			Clinician			
	Patient Decision Aid	English Research Summary	Spanish Research Summary	Research Summary	CME Module	Slide Library	Research Review & Executive Summary
Reducing Risk of Bone Fracture for Adults with Low Bone Density	x	x	x	x		x	x
Venous Thromboembolism Prophylaxis in Orthopedic Surgery		x		x	x	x	x
Tests for Evaluating Musculoskeletal Complaints in Children				x	x	x	x
Non-Clinical Topics							
Mitigating the Effects of Low Health Literacy				x			x
Pediatrics							
DMARDs for Juvenile Idiopathic Arthritis		x	x	x	x		x
Pregnancy and Childbirth							
Progestogens for Prevention of Preterm Birth		x		x	x	x	x
Nitrous Oxide for the Mangement of Labor Pain							x
Elective Induction of Labor		x	x	x			x
Gestational Diabetes		x	x	x			x
Renal Disease							
Screening, Monitoring, and Treating Early Chronic Kidney Disease		x		x	x		x

To view the materials, visit the EHC Website: www.effectivehealthcare.ahrq.gov. To order FREE printed copies of the patient and clinician summaries, call the AHRQ Clearinghouse at 1-800-358-9295. Provide the code C-02.

Note: All summaries are available in downloadable formats. Spanish versions of the consumer summaries may not be available now, but if an English consumer summary is available a Spanish version is in development. Last updated: 10-11-2012

Attention Nurses: This is to inform readers that you are not necessarily a member of UNA if you receive this newsletter. UNA sends this newsletter out to ALL nurses in Utah as a service to increase the knowledge base of nurses in all roles. If you know someone who is not receiving this newsletter, and they have been licensed before August 2012, they should call the UNA office at 801-272-4510 on Monday through Thursday (0900 to 1500) in order to check that the correct address is on file for them.



UNA Celebrates Centennial in 2014! Calling Nurse Historians!

We have had one suggestion for celebrating the 100th birthday of the Utah Nurses Association: throw a big party and invite all past presidents. That sounds like a lot of fun! Would YOU like to join us at the party?

Jody Wolfe, our editor for *The Utah Nurse,* is planning at least one special edition dedicated to the history of the UNA and the history of nursing in Utah. If you know the history of any of the early UNA districts, would you be willing to write up that history for inclusion in this special edition? If you know the history of your specialty organization in Utah, we would be interested in publishing that also. If you were associated with any significant development in the history of nursing in Utah, join us in documenting and publishing that history. Both amateur historians as well as seasoned, published historians are welcome. Celebrate nursing in Utah as UNA celebrates 100 years!

Bring your good ideas to recognize the 100 years that your professional association has served nursing in Utah. Wild and wacky ideas will be considered: anyone up for doing a float for a parade? Should we look for ways to display or celebrate the creative spirit of nurses? Are you an artist? Are you a poet? Are your deepest feelings about nursing found in some medium other than words? Share your ideas. We want this to be a spectacular celebration in 2014!

All ideas will be seriously considered. We have less than a year to get this going. Please call the UNA office (801-272-4510) or email us at: una@xmission.com. Talk to us if you have even the slightest idea for our celebration. We can give some assistance to enthusiastic, but unpublished historians.

Celebrate National Nurses Week May 6-12, 2013

Government Relations Committee Report

by Kathleen Kaufman, Committee Chair

The Government Relations Committee reviewed 17 different bills during the recently completed General Session of the Utah Legislature. Several individuals dedicated MANY hours to this review which resulted in sufficient input for the UNA to post a position on 10 bills. These bills ranged from promotion of CMV education for pregnant women and new parents to a bill introducing negative language for nurse practitioners and another bill advocating the establishment of a new level of anesthesia provider into Utah. The bills which received enough input from committee members were posted in a bill tracker which is located under the legislative tab on the UNA website: una@xmission.com. This bill tracker will be left under the legislative tab until information on new bills in the next general session is posted. This is a good source for nurses and student nurses to review to see what has been important legislatively during the past legislative session. Be aware that there is are interim sessions in which new legislation is contemplated throughout the time between March and January. If anything notable is happening at these times, that news will first be posted on the UNA homepage and then be moved to the legislative tab.

Committee members included:

Joyce Barra
Marguerite (Peggy) Brown
Mary Callahan
CJ Ewell
Jamie Girardo
Carol Imhoff
Jane Jensen
Deborah Judd
Kathleen Kaufman
Diane Leggett
Marge McCoy
Bridget Shears-Lee

Anyone seeking some interesting, even exciting, activity during the legislative session is welcome to join the committee. All committee work was done this year through online communication. If you are interested in joining this committee and providing some very valuable service for the nursing profession, you should simply call the UNA office at: 801-272-4510 and ask to be added to the committee roster. All levels of experience are welcome. One of our very active members this year was a new graduate with a passion for the political process. Great thanks to all committee members for their dedicated and tireless work this year!

Utah Nurses Association Legislative Review

by Justin Stewart

The 2012 session has come to a close with a variety of issues being discussed that could potentially impact the practice of nursing. We worked with sponsors on bills that we had concerns with and will continue to work with the legislature and DOPL over the interim to make sure that nurses are involved in legislation going forward.

I have been working up at the capitol for years, with a variety of clients in the healthcare arena. This was my first year representing the UNA and it has been a pleasure lobbying on behalf of the UNA this session. We have made substantial progress in making our voices heard on Capitol Hill in large part due to the efforts and work of Kathleen Kaufman and the Government Relations Committee. Below is a summary of the bills that we supported or had concerns with.

Bill Number: HB 13
Short Title: Protection of Children Riding in Cars
Sponsor: Representative Arent
Position: Support
Status: Passed

This bill prohibits a person from smoking in a motor vehicle if a child who is 15 years of age or younger is a passenger in the vehicle. Violating this prohibition is an infraction that has a maximum fine of $45. The courts may suspend the fine if the person has not previously been convicted of smoking in a vehicle with a child or they are enrolled in a smoking cessation program.

Bill Number: HB 26
Short Title: Inmate Donation Act
Sponsor: Representative Eliason
Position: Support
Status: Passed

This bill requires the Department of Corrections to make documents available for the inmates to donate their organs. The bill requires the Department to keep a record of those that are willing to donate.

Bill Number HB 50
Short Title: Dating Violence Protection Act
Sponsor: Representative Seelig
Position: Support
Status: Passed

This bill provides for the issuance, modification, and enforcement of protective orders between individuals who are, or have been, in a dating relationship. Domestic violence is an area of great impact, especially on women. This bill protects either partner in a dating relationship once one party commits abuse or violence against the other party.

Bill Number: HB 51
Short Title: Professional Licensing Revisions
Sponsor: Representative Dunnigan
Position: Amend
Status: Passed

This bill modifies the responsibilities and duties of the Division of Occupational and Professional Licensing (DOPL). This bill sets minimum standards for nursing programs and deals with medical assistant supervision. The UNA is concerned that indirect supervision is not as well defined as it should be. We are also concerned that we may need to make a distinction between nurses and medical assistants in this code. The UNA contacted the sponsor of the bill with some of our concerns unfortunately it was to late in the process to make changes to this bill we will be working with DOPL to make sure that our concerns are addressed in the future.

HB 57
Short Title: Mental and Behavioral Health Amendments
Sponsor: Representative Sanpei
Position: Support
Status: Passed

This bill modifies existing law by promoting integration of mental, physical and behavioral health care. This bill also integrates favorable nurse practitioner language.

HB 58
Short Title: Protection of Athletes with Head Injuries Act Amendments
Sponsor: Representative Ray
Position: Support
Status: Passed

This substitute bill clarifies definitions and responsible entities in existing law.

Bill Number: HB 81
Short Title: Cytomegalovirus Public health Initiative
Sponsor: Representative Menlove
Position: Support
Status: Passed

This bill directs the Utah Department of Health to establish and disseminate educational program on the risks, diagnosis, and prevention of CMV in newborns to all personnel caring for the pregnant or newborn population. Given the risk of severe hearing loss in CMV+ newborns, this is appropriate education.

Bill Number: HB 109
Short Title: Anesthesiologist Assistant Amendments
Sponsor: Representative Dee
Position: Oppose
Status: Failed

This bill allows Anesthesiologist Assistant to practice in Utah under the supervision of a physician. This is an issue that has been brought to the legislature a number of times. This bill was discussed in length at the Nurses' Day at the capitol. We would like to give Speaker Rebecca Lockhart a special thanks she was instrumental in defeating this bill. Speaker Lockhart is a nurse and has been a great advocate for nurses in the State of Utah. This bill was so important to us that we activated all of our nurses to make sure that they voiced their concern to their representative. I spoke with a few representatives that had received letters and mentioned that knowing what their constituents in the field think is always helpful on issues. Thank you to those of you who did contact your representatives and those of you that would like to in the future be more engaged on big issues like this please contact us at the UNA. We would like to give Speaker Rebecca Lockhart a special thanks since she was instrumental in defeating this bill.

Bill Number: HJR 17
Short Title: Joint Resolution on Eliminating Federal Regulation and Granting Nurse Anesthetists a Full Scope of Practice Through a State Opt Out
Sponsor: Representative Gibson
Position: Support
Status: Failed

This resolution urges the state to opt out of the current federal requirement that a physician supervise a CRNA when the CRNA is administering anesthesia, which currently conflicts with existing provisions of the Utah Nurse Practice Act. In negotiations on HB 109 it was decided that neither of these bills would be heard this year and both sides would stand down on these issues.

Bill Number: HB 391
Short Title: Prohibition of Medicaid Expansion/ Nullification of the Patient Protection and Affordable Care Act
Sponsor: Representative Anderegg
Status: Passed

The reason that this bill has two titles is it was originally a nullification of the ACA and then was substituted in rules to deal with the expansion of Medicaid. The original substitute bill prohibited the governor from expanding Medicaid. The final bill requires the Governor to wait on expanding Medicaid until a review and analysis has been done.

This bill was substituted after it had already passed through a standing committee. You can substitute a bill during any point in the process. A bill that has failed can even be pulled back, substituted with a different bill and then passed out. The substitute must pass both bodies and be signed by the Governor before it can become law. Every bill has a section of code that it makes changes to and a substitute generally must be in that same section of code. That being said the legislature has many rules but almost all of their rules can be suspended with a majority of the body voting to suspend the rules.

Bill Number: SB 147
Short Title: Workers Compensation and Occupational Safety
Sponsor: Senator Mayne
Position: Amend
Status: Passed

This bill modifies the Workers' Compensation Act, Utah Occupational Disease Act, and Utah Occupational Safety and Health Act to address issues related to health services and reporting. The original bill referred to nurse practitioners as physician extenders. We successfully worked with the bill sponsor along with the UMA and WCF to substitute the bill and amend the language that we had concerns with.

Nurses Day at the Legislature 2013
Good Information, Good Company!

Despite terrible driving conditions, approximately 50 nurses and student nurses bravely gathered at the Capitol to learn about legislative issues. Donna Murphy and Kathleen Kaufman organized this day and were assisted by Sue Chase-Cantarini. Several schools were well represented including Salt Lake Community College, BYU, and Ameritech College. Students also attended from Weber State University and Westminster College.

We were joined by several legislators who each presented a key health-related piece of legislation. Good discussion ensued on a variety of bills. Our awareness was raised about various issues ranging from protecting children from second-hand smoke to the need for CMV education. Speaker Rebecca Lockhart spoke to us about the impending passage of HB 109 – legislation to introduce anesthesia assistants to the health care scene in Utah. Representatives Marie Poulson and Tim Cosgrove joined Senators Margaret Dayton, Jim Dabakis, Gene Davis, Pat Jones, and Aaron Osmond to discuss multiple issues. Several invited legislators sent their regrets as they were unable to leave their committees to attend.

Judi Hilman from the Utah Health Policy Project discussed the absolute need for Medicaid expansion here in Utah. This is a topic we all need to be more educated about so as to explain its intricacies to our family, friends, and legislators. UNA's Lobbyist Justin Stewart spoke about bills which UNA is monitoring this year. The Bill Tracker located under the legislative tab on the UNA homepage is put together by the Government Relations Committee of the UNA.

Several attendees were able to meet with their legislators and discuss views on various issues while others sat in the House and Senate galleries to observe the floor business and debate. The House and Senate each recognized the nurses' presence. Senator Shiozawa, who had been unable to attend our general session, met with a group of nurses after the Senate recessed for the day and engaged in a very interesting discussion, answering questions and considering the nurses opinions quite seriously.

We plan to have a Nurses' Day at the Legislature again next year. We will be publicizing this in the fall and early winter issues of *The Utah Nurse*. Those of you who have never been to the Utah Capitol will find this very valuable while those of you actively involved in political issues will be able to discuss the issues face-to-face with leading legislators of both parties. Come one! Come all!

Attendees learn about a wide variety of health care issues facing the 2013 general session.

Speaker of the House, Rebecca Lockhart discusses the implications of several health-related bills, especially HB 109

Senator Gene Davis listens to a question from a nurse.

Representative Marie Poulson who spoke about her sponsored legislation for clean air.

ANA…MSD…What Are Thee?

by Kathleen Kaufman

Yes, we need to include one more acronym into the jargon of our lives. The American Nurses Association (ANA) has decided to restructure in order to remain relevant in our fast-moving world. One aspect of this restructuring includes the development of multi-state divisions (MSDs) in which smaller states in the ANA federation model will work together to share and build mutual strengths as well as to reduce expenditures through economy of size in purchases of services or hard goods. Large states will continue to function individually while small states will be part of a chosen (or assigned) multi-state division. Rather than be assigned, Utah has chosen to partner with our neighboring states of Idaho, Nevada, Colorado, New Mexico, California-ANA, and possibly Arizona. We are presently calling ourselves the Western States Division.

As mentioned in the president's note, representatives of each state in our multi-state division have been meeting through the winter months. We continued this with conference calls in April. (Just set to begin as I write this.) We are developing a business plan that will allow us to go ahead with our new partnership although no permanent declarations of inclusion have been signed as of mid-March. The business plan will be submitted to ANA by April 30th, if we stay on schedule. The general idea of sharing some resources and services is that each state will then be able to dedicate more energy and resources to advocacy for nurses and for healthcare as well as building membership in each state. United we will thrive; divided we will wither away.

The Western States Division has developed both a mission statement and some long term goals. Our mission statement is: Through joint efforts, effect a mutual regional plan which will: enhance membership and advocacy, streamline operations, and deliver value to members. Our long term goals support this mission: improve sustainability, streamline operations, deliver more to members, improve retention of members, and grow membership.

We have done a lot of brainstorming to look at ways to attain these goals. While nothing is quite set in cement at this point, we are considering sharing a call center to answer and direct phone calls, sharing publication resources, sharing webmasters, sharing brochure and form designs and establishing group contracts for purchases of hard goods. We are discussing how to share information about best practices in financial management. We are seriously considering sharing costs and profits from shared conferences and we are looking at document storage ideas to protect our important information.

While Utah has maintained our relatively small membership of approximately 430 members for several years, we clearly have an issue of retaining members and we hope that this will improve significantly in the future. Some retention may occur through increased opportunities to grow and to contribute to the healthcare landscape here at home in Utah.

Many nurses have complained about high dues as a barrier to continued membership. This is being looked at closely by ANA. Three different pilots will be conducted across the country this year to consider the effect of various levels of lowered dues. We will present more information on this as that information becomes available.

A general annual meeting of all states will still occur. Each state maintains its own vote in this Membership Assembly by sending two delegates. The change to two delegates and possibly the executive director from each state will make the annual meeting far more nimble and much less expensive. This first year we will be appointing delegates to go to the assembly from each state. In future years, delegates will be elected in each state. The vote of each state will be weighted based on the number of members in the state.

The UNA welcomes your interest in being a delegate in this exciting era of change. We will be holding elections this autumn and we DO need nominations for delegates to the Membership Assembly as well as for positions of second vice-president, secretary, president-elect, and nominating committee.

Please regularly check the website for new information which will be located under the "About Us" tab. We will also notify you through Facebook of new postings.

Call for Nominations

The UNA holds elections every fall and we have an election of officers on alternating years so that our Board of Directors always has experienced officers in place to help people newly elected to office.

This year we will be electing a new 2nd Vice President, Secretary, and President-Elect as well as several members of the Nominating Committee. (President-Elect office may not need to be filled pending the outcome of a bylaws change.) Please submit your interest to run for office. Persons who hold an office in another professional organization where there could be a conflict of interest or where the time demands preclude quality service for UNA are not eligible while they hold that office.

UNA Welcomes the Following New and Renewing Members!

Lorene Johnson	Donna Lister
Heather Panek	Peggy H. Anderson
James E. Kohl	Beverly Johnson
Lona Broadhead	Kathleen Lacoste
Thalia A. Swinyer	Rieneke Holman
Debra Vigil	Cherie Lowell
Linda Kochniuk	Steve Litteral
Mollie Nordgren	Karen Ashby
Peggy C. Shadel	Kim Piteck
Cheryl Armstrong	Stephanie Miller
Carol L. Jensen	Marianne Craven

Follow UNA on Facebook and check our website regularly to keep up-to-date with nursing activities around the state!

FOUNDATION

NURSING GRANT-IN-AID SCHOLARSHIPS
UTAH NURSES FOUNDATION

GUIDELINES

The guidelines listed below shall be followed to assist in ensuring the best possible coordination of efforts in receiving and processing nursing student requests for scholarships. Scholarships will be awarded for tuition and books only.

SCHOLARSHIP INFORMATION

- **Scholarships must be postmarked by June 1 or October 1 of each calendar year to be considered.**
- Applicants will receive notice of the Board's recommendations by July 15 and October 15 of each calendar year.
- Recipients are only eligible to receive scholarships twice.
- Applicants must abide by the criteria listed below.

GENERAL SCHOLARSHIP CRITERIA

The applicant must:

- Have a cumulative grade point average, which is equivalent to a 3.0 or higher on a 4.0 scale.
- Be a United States citizen and a resident of Utah.
- Have completed a minimum of one semester of core nursing courses prior to application.
- If a student in undergraduate nursing programs, be involved in the school's chapter of the National Student Nurses Association.
- If a registered nurse completing a Baccalaureate Degree or an Advanced Nursing Degree, be a member of Utah Nurses Association (state only) or a member of Utah Nurses Association/American Nurses Association.
- Submit a personal narrative describing his/her anticipated role in nursing in the state of Utah, which will be evaluated by the Scholarship Committee.
- Submit three original letters of recommendation. Letters submitted from faculty advisor and employer must be originals addressed to the Utah Nurses Foundation Scholarship Committee.
- Be enrolled in six credit hours or more per semester to be considered. Preference will be given to applicants engaged in full-time study.
- Demonstrate a financial need. All of the applicant's resources for financial aid (scholarships, loans, wages, gifts, etc.) must be clearly and correctly listed (and include dollar amounts and duration of each source of aid) on the application
- The Scholarship Committee shall consider the following priorities in making scholarship recommendations to the Board of Trustees
  - RNs pursuing BSN
  - Graduate and postgraduate nursing study
  - Formal nursing programs – advanced practice nurses
  - Students enrolled in undergraduate nursing programs
- The Applicant is required to submit the following with the completed application form:
- Copy of current official transcript of grades (no grade reports).
- Three letters of recommendation.
  - One must be from a faculty advisor and
  - One must be from an employer. (If the applicant has been unemployed for greater than 1 year, one must be from someone who can address the applicant's work ethic, either through volunteer service or some other form.)
  - At least one should reflect applicant's commitment to nursing.
  - All must be in original form and must be
  - Signed and addressed to the UNF scholarship committee.
- Narrative statement describing your anticipated role in nursing in Utah, upon completion of the nursing program.
- Letter from the school verifying the applicant's acceptance in the nursing program.
- Copy of ID from National Student Nurses Association or Utah Nurses Association with membership number.

AGREEMENT

In the event of a scholarship award, the nursing student agrees to work for a Utah Health Care Facility or Utah Educational Institution as a full-time employee for a period of one year, or part-time for a period of two years.

Student recipient agrees to join the Utah Nurses Association within 6 months of graduation at the advertised reduced rate.

If for any reason the educational program and/or work in Utah is not completed, the scholarship monies will be reimbursed to the Utah Nurses Foundation by the nursing student.

FOUNDATION

NURSING GRANT-IN-AID SCHOLARSHIPS Application

Date:				
Name:				
Present Address:				
	Street	City	State	Zip
Permanent Address:				
	Street	City	State	Zip
Telephone Number:	Home	Work		

Please indicate school of nursing to which you would apply a UNF scholarship.

Starting Date:	Expected Graduation Date:

Current and previous nursing experience (if applicable) - Attach Resume

Where did you obtain your information about UNF and its scholarship program?

Reason for scholarship need.

Description of scholarship amounts requested
(itemize tuition and books for each quarter or semester as well as financial support available). **Please use this format and attach to application.**

Semester	Expense Description	Amount Requested	Financial Support Available
		$	$
Estimated total for academic year:		$	$

List amounts of all other financial support available (i.e. awards, loans, gifts, scholarships, tuition reimbursements, wages, parents, spouse). **Please attach to application.**

The undersigned applicant agrees that if this application is accepted and an award made, the applicant will be bound by the terms and conditions of the award. The applicant certifies that the above statements are true and correct and are given for the purpose of obtaining a UNF scholarship. The Utah Nurses Foundation is authorized to verify the statements contained herein and all information contained on this application will be held in confidence.

Signature:	Date:

Send completed application to:

UTAH NURSES FOUNDATION
c/o Utah Nurses Association
4505 South Wasatch Blvd #330B
Salt Lake City, UT 84124

If you have any questions regarding the application, you may send an email to una@xmission.com.

Continuing Education

Caring for the Bipolar Patient: Help for the Non-Psychiatric Nurse

INDEPENDENT STUDY

This independent study has been developed for nurses to better understand how to care for the patient with Bipolar Disorder. **1.3 contacts hour** will be awarded for successful completion of this independent study.

The author and planning committee members have declared no conflict of interest. Disclaimer: Information in this study is intended for educational purposes only. It is not intended to provide legal and/or medical advice or to be a comprehensive compendium of evidence-based practice. For specific implementation information, please contact an appropriate professional, organization, legal source, or facility policy. Accredited provider status does not imply endorsement by ONA, ANCC or OBN of any commercial products discussed in association with this article.

The Ohio Nurses Association (OBN-001-91) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Expires 8/2015.

The post-test will be reviewed. If a score of 70 percent or better is achieved, a certificate will be sent to you. If a score of 70 percent is not achieved, a letter of notification of the final score and a second post-test will be sent to you. We recommend that this independent study be reviewed prior to taking the second post-test. If a score of 70 percent is achieved on the second post-test, a certificate will be issued.

If you have any questions, please feel free to call Zandra Ohri, MA, MS, RN, Director, Nursing Education, zohri@ohnurses.org, 614-448-1027, or Sandy Swearingen, sswearingen@ohnurses.org. 614-448-1030, Ohio Nurses Association at (614) 237-5414.

DIRECTIONS

1. Please read carefully the enclosed article "Caring for the Bipolar Patient: Help for the Non-Psychiatric Nurse."
2. Complete the post-test, evaluation form and the registration form.
3. When you have completed all of the information, return the following to the Ohio Nurses Association, 4000 East Main Street, Columbus, OH 43213.
   A. The post-test;
   B. The completed registration form; and
   C. The evaluation form.

OBJECTIVES

1. Identify the signs and symptoms of Bipolar Disorder.
2. Describe the pharmacological and psychosocial treatment modalities available to help Bipolar patients.
3. Recognize the crucial role non-psychiatric nurses have in caring for Bipolar patients in varied health-care settings.

Independent Study

Caring for the Bipolar Patient: Help for the Non-Psychiatric Nurse

Developed by: Angie Chesser, PhD, RN, CNS, BC

Crucial Role of non-psychiatric nurses in caring for Bipolar patients

Non-psychiatric nurses play a crucial but often unrecognized role in caring for Bipolar patients. Bipolar patients have a chronic and persistent mental illness which can be diagnosed anywhere along the life span – from childhood through old age. Like all patients with mental illness, Bipolar patients have physical as well as emotional health needs and access the health care system through multiple settings (outpatient nurse practitioner and physician visits, home health care, emergency room, medical/surgical hospitalizations, nursing homes). Increasing evidence now demonstrates the interconnection between patients mental and physical health outcomes. The New Freedom Commission on Mental Health 2003 reported that up to 75% of primary care visits are related to mental illnesses such as mood, anxiety and substance abuse disorders.[1] The impact of mental health on clinical outcomes of many other health conditions such as myocardial infarctions, stroke, cancer and diabetes is also now being recognized.[2,3,4]

Research results have shown increasingly alarming information regarding the physical health and mortality of Bipolar patients. One study found that patients with chronic mental illnesses such as schizophrenia, Bipolar Disorder and depression lose 25 or more years of life expectancy when compared to persons without mental illness.[5] Recently a literature review study published in the journal Psychiatric Services (Feb 2009) suggests that Bipolar patients have a higher mortality from natural causes when compared with persons of similar age and gender in the general population without mental illness. Previously the greater premature death rate for Bipolar patients was thought to be caused by high rates of suicide and accidents. Now evidence is showing that while suicide and accident rates are high, they only partially account for the premature death rates seen in persons with Bipolar Disorder. The most common conditions leading to early death of Bipolar patients are heart disease, respiratory disease, stroke, and diabetes.[6] Some reasons Bipolar Disorder patients may be at higher risk for health problems and premature death are outlined in Figure I.

Non-psychiatric nurses have many opportunities to impact the lives and health of Bipolar patients in multiple ways and in multiple health care settings. Their contacts with these patients and their significant others can be literally life saving.

Bipolar Basics

Diagnosis

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) published by the American Psychiatric Association, Bipolar Disorder is classified as a mood disorder. Bipolar Disorder occurs in the general population with a lifetime prevalence between 0.4% to 1.6%. Age of onset is most often between the late teens and mid-twenties but diagnosis can occur from childhood to old age.[7] Bipolar Disorder has shown to have no gender or ethnicity differences in the incidence of the disorder. Yet some data suggest that female patients are at greater risk for depression and rapid mood shift while male patients are at a higher risk for mania. Bipolar Disorder (previously called manic depression) is a chronic, persistent and complex mental illness which causes episodic changes in a person's mood, energy levels, behaviors and thinking. Bipolar Disorder has subtypes which are diagnosed and differentiated by the signs and symptoms patients display and report to caregivers. The two main subtypes – Bipolar I and Bipolar II – will be focused on in this study. About 75% of the patients fall into these two subtypes. These subtypes cause patients and caregivers the most difficulty in management. Recognizing these signs and symptoms are important to ensure that a correct diagnosis and treatment are given and to understand the devastating effects they can have on the quality of life for patients and their significant others.

Figure I

Bipolar Patient's Risk Factors Contributing to Poor Physical Health

- **Health Habits**
  - Poor diet
  - Lack of exercise
  - Smoking
  - Chronic stress responses
  - Substance abuse
- **Health Care Access and Utilization**
  - Social factors – isolation, homelessness, lack of insurance
  - Lack of access to preventive healthcare or a "medical home"
  - Side effects from medications used to treat Bipolar Disorder
  - Stigmatization of mentally ill felt in health care settings
- **Health Care System**
  - Disconnect between services treating psychiatric illness and physical health conditions
  - Training for non-psychiatric health care workers in caring for Bipolar patients

Signs and Symptoms of Bipolar Disorder Depression

Most Bipolar patients will experience episodes of depression. Depression often is what drives them to seek treatment initially. Clinical depression is more than just feeling down or sad occasionally which we all do. Clinical depression is a medical disorder involving physical and emotional symptomatology that affects a person's ability to function. Emotionally, patients may express despondency and a lack of interest in areas of life they previously enjoyed (family, friends, work). They may express anxiety, agitation, lack of concentration, guilt, feeling of worthlessness and a hopelessness that things will ever improve. They also may have recurrent thoughts of death leading them to contemplate or attempt suicide. Physiologically, they may report changes in appetite, weight gain or loss, insomnia or hypersomnia, lack of libido and low energy. Clinical depression if untreated may worsen to a degree that patients are unable to meet their basic needs unassisted but yet irritably refuse offers of help, assistance or treatment.

Mania and Hypomania

Mania is a mood state which is a distinguishing characteristic of Bipolar Disorder. Mania has been described as the "high" side of Bipolar Disorder although its repercussions can be devastating for patients and their significant others. When patients are experiencing mania, they display an excessively elevated, expansive and/or irritable mood. They express feelings and ideas of increased self esteem and grandiosity. They may dart from idea to idea and be very distractible, starting multiple projects but being unable to complete them. As manic patients' energy levels rise, they may not sleep for long periods of time and eat and drink infrequently. They speak in a rapid and pressured manner and are very difficult to interrupt or redirect. Manic patients may appear euphoric and happy but when their plans or projects are questioned or redirected, they can quickly become hostile and agitated.

Mania quickly impairs a patient's judgment and insight leading to behaviors which can have long term negative consequences leading to guilt and shame. Manic patients may engage in risky behaviors such as excessive drug use, speeding, gambling, spending sprees and sexual acting out.

Hypomania is a milder form of mania. While it may not have the acute lack of insight and judgment associated with a full manic episode, it can still impact a patient's life negatively. Hypomania can be experienced as an intoxicating sense of well being. Patients may decide during a hypomanic episode that they do not have Bipolar Disorder and/or other physical conditions and stop taking crucial medications and participating in medical and psychosocial treatments. Hypomania can also progress into either a full manic or depressive episode. Patients experiencing hypomania or full mania rarely seek out treatment on their own as they believe they are just fine and others trying to assist them are misguided or hostile to them.

Rapid Cycling

Rapid cycling refers to Bipolar patients who experience four or more major mood episodes in a twelve month time

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frame with periods of remission between episodes. Rapid cycling is more common in women than men.

Mixed Episode

Bipolar patients having what is called a mixed episode experience for a week or longer rapidly shifting moods (mania and depression) each day. This can be a miserable experience of despondent agitation.

Psychosis

Bipolar patients can experience psychosis during severe depressive or manic episodes of their illness. They may present with delusions (false beliefs) and auditory or visual hallucinations. The delusions and hallucinations are usually in tune with the patients' mood state. Depressed patients tend to have delusions and hallucinations that are consistent with despondency (not eating because they are worthless, imagining they have done something evil, hearing a voice saying the world has ended). Manic patients tend towards themes that are more paranoid or grandiose (believing others will steal their fortune, hearing God speak to them as a special messenger.) After understanding the signs and symptoms of Bipolar Disorder, it is important to distinguish between these two sub-types:

Bipolar I: These patients have experienced one or more episodes of full mania. While technically depression is not necessary to receive this diagnosis, most patients will have both episodes of mania and depression. Rarely patients experience mania episodes only.

Bipolar II: These patients have experienced at least one depression episode and episodes of hypomania (but never a full manic episode). Correct diagnosis of Bipolar Disorder is a complex process necessitating careful evaluation of mood states and a partnership between the caregiver and patient. To avoid misdiagnosis when a patient presents with depression symptoms, it is important to evaluate if there have been any past periods of hypomania or mania which can suggest this is Bipolar Disorder. Also Bipolar Disorder patients have co morbidities, most frequently anxiety and panic disorders and substance abuse, which can complicate the diagnostic picture.

What causes Bipolar Disorder?

Unfortunately no one cause of Bipolar Disorder has been identified. It appears that multiple factors contribute to a person developing Bipolar Disorder. Genetic factors especially a family history of Bipolar Disorder has been demonstrated in twin, adoption and family research studies.[8] Biochemical changes in the brain relating to imbalances in neurotransmitters can produce mood instability resulting in depression and mania. Finally, environmental factors can interact with genetic susceptibility and biochemical imbalances. It is believed that stressful life events and such factors as sleep deprivation and substance abuse can trigger a Bipolar Disorder Episode.

Bipolar Disorder Treatments

Medications

Once a patient is diagnosed with Bipolar Disorder, medication becomes a critical part of his/her treatment regimen. Medication is used to try to prevent and stabilize acute episodes of depression or mania and to maintain periods of mood stability. Medication management of Bipolar Disorder can be a complex and frustrating process for patients and health care professionals. Unfortunately, there is no one combination of medications which works well for most patients. This can often lead to a repeated trial and error process to find the right combination of medications needed to manage a given patient's mood instability. The three main categories of medication used to treat Bipolar Disorder are mood stabilizers (Lithium and anticonvulsants), antipsychotic medications (both older conventional drugs and increasingly the newer atypical antipsychotics), and antidepressants. Antidepressants are not given alone (unopposed) to diagnosed Bipolar patients because they may induce mania unless they are combined with a mood stabilizer or antipsychotic medication.

Medication management can be an ongoing struggle for Bipolar patients, those who care about them and the professionals treating them. Medication noncompliance is a common problem and occurs for many reasons. Bipolar Disorder patients often endure taking complex medication regimens involving multiple medications which are expensive, have unpleasant side-effects and may not be perceived as being effective in increasing their quality of life. Bipolar patients when seriously depressed may not have the energy or concentration to manage a complex drug regimen.

When manic, they may not believe they are ill or they may feel that medications rob them of the positive feelings (increased energy, competence and creativity) they experience while manic. When Bipolar patients finally achieve a consistent period of mood stability, they may believe they are cured and no longer need their medications. Medication physical and emotional side effects are of great concern and cause much noncompliance. Some mood stabilizers require onerous blood tests to keep the medication at therapeutic levels. Lithium and other mood stabilizer side effects can be gastrointestinal problems, hair loss, motor problems, fatigue, cognitive impairment, sexual issues, weight gain, skin eruptions and visual disturbances. Atypical antipsychotic medications can cause weight gain, high lipid levels, diabetes, dizziness, constipation, skin rashes, cataracts, hypotension, heart problems, seizures, cognitive problems and involuntary movements. Finally antidepressant medications can cause gastrointestinal problems, agitation, insomnia, tremors, dry mouth, headaches and sexual problems.

Empathy about what patients may experience physically and emotionally as they struggle for mood stability with medication regimens can help health professionals better understand why medication noncompliance occurs.

Psychosocial Treatments

Like any chronic illness, Bipolar patients need to both take medications and learn to make life style adjustments to manage their symptoms and enhance their quality of life. Bipolar Disorder can have devastating impacts on a person's physical and emotional health. Psychosocial therapies are available to assist patients in understanding and accepting that they have this disorder, monitoring and managing life style issues to prevent and manage symptoms and stress, and dealing with the myriad of issues this disorder causes between patients and their support systems. Patients with Bipolar Disorder should be referred and encourage to work with mental health professionals and peer support organizations in order to receive the ongoing treatment and support they need to manage this chronic illness. It is also important for Bipolar patient's medical care providers to ask for the patient's consent to communicate with their mental health providers so their medical and psychiatric care can be coordinated. Also, contact with a patient's mental health provider can be a great support to health care providers in better understanding Bipolar Disorder and what approach to the patient may work best, especially in crisis situations.

Evidence Based Psychosocial Treatments for Bipolar Disorder[9]

Psychoeducational Treatment

Psychoeducational approaches provide both educational information and support in managing the patient's emotional responses to the information. Psychoeducation can be provided individually or in group settings. For Bipolar patients, a psychoeducational approach would cover such topics as:

1) Understanding what Bipolar Disorder is and what treatments are available to help manage it.
2) Knowledge about signs and symptoms and how to recognize risk factors and warning signs of relapse.
3) How to recognize and develop strategies to cope with stressful life events.
4) Recognizing and developing protective factors in their lives which support treatment compliance.
5) How to access and utilize the health care system to manage their illness and crisis situations if they occur.

Interpersonal Social Rhythm Therapy (IPSRT)

IPSRT is a short term approach designed to help Bipolar patients recognize and manage how changes in sleep routines, social stimulation/conflicts and their daily routines can impact their mood symptomatology. The philosophy behind this therapeutic approach is that, for patients biologically and genetically prone to Bipolar Disorder, stressful changes in their relationships and daily routines can contribute to increasingly problematic mood states. Patients are helped to identify and track connections between stress and their mood symptoms. Then by learning new interpersonal skill sets and adjusting daily routines to balance social stimulation with rest, they are empowered in managing their illness.

Cognitive Behavioral Therapy

The philosophy behind this therapy for Bipolar patients is that problematic and chronic emotions can be impacted by distorted and irrational thoughts. Thus the way patients perceive a situation and think about it can affect how they feel and behave. CBT therapists help patients examine how their thinking patterns impact their feelings and behaviors related to acceptance of having Bipolar Disorder, managing the disorder, treatment compliance and stress reduction.

Encouraging Bipolar patients to participate in psychosocial therapies can assist them in managing their illness by helping with medication compliance, and increasing the quality of their lives.

How Non-Psychiatric Nurses can help Bipolar Patients and their Significant Others

Hopefully understanding Bipolar Disorder and its potentially devastating physical and emotional impact on patients and those who care about them can assist nurses in non-psychiatric settings to respond in helpful ways. Nurses may encounter Bipolar patients in a variety of in-patient and outpatient settings accessing care for multiple health problems. Keep in mind each encounter with a Bipolar patient can impact their present and future health in a magnitude of ways.

How to reach out to Bipolar Patients and significant others.

1) Do all you can to decrease stigma in your health care setting.

   Patients with mental illness face stigma as they live their lives. Comics make jokes about them, the media portrays them as dangerous, and advertisers sell products using distorted images of them. Stigma impacts their ability to work and find housing. Stigma may make them reluctant to seek help for fear of being labeled "crazy." Unfortunately people with mental illness may feel stigmatized in health care settings making them less likely to seek out screenings and treatment for physical health problems. Nurses working in any health care setting can work to make it more hospitable for Bipolar patients. First, be aware of the most common health problems (heart, respiratory, stroke and diabetes) that Bipolar patients may develop. Encourage Bipolar patients to get screenings and assist them in managing any health issues found. Ask them about their lived experience with Bipolar Disorder and how their physical and psychosocial treatments are working. Request consent to discuss their care with mental health providers. Managing Bipolar Disorder and other chronic illnesses can be a difficult journey and your expertise and support can make an enormous difference.

   Also look at your environment. If you provide health information pamphlets, magazines or videos running in your waiting area, include some on Bipolar Disorder and other mental health and substance abuse topics. Seeing this information is available communicates this health care setting is open to caring for persons with mental illness. Finally, include mental health topics when planning staff education opportunities to increase all staffs' knowledge and comfort level.

2) Be Alert to the Risks of Suicide and Substance Abuse

   Bipolar patients have a high risk of both suicide and substance abuse.[10,11] Because the risk and consequences of suicide and substance abuse are so high in the Bipolar patient population, all health care professionals interacting with them should screen for these problems. Screening for suicide and substance abuse should be done in a non-judgmental and empathetic manner. Suicide risk for depressed Bipolar patients is increased when they are in a mixed state, are anxious or agitated, and/or are using drugs or alcohol. A history of previous suicide attempts and/or a family history of suicide also increase risk. Patients should be asked about

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suicidal thoughts, do they have a plan and if they have the means to carry out the plan. When faced with a suicidal Bipolar patient, it is best to arrange transportation for them to be further evaluated by a mental health professional or in a local emergency room or crisis center. They may need emergency hospitalization. Do not allow patients who are suicidal to be alone in your health care setting or to drive themselves for further evaluation. Should the patient, who you believe to be suicidal, leave your facility before a mental health evaluation can be arranged or completed, you may need to contact the police, have a physician fill out an "Application for Emergency Admission" form (available on Ohio Department of Mental Health website) and have the police locate and transport the patient for the needed evaluation. This can be a life saving intervention.

Bipolar patients with substance abuse problems are at greater risk for physical health problems, Bipolar treatment non-compliance and suicide due to lack of impulse control. Screening for substance abuse issues and encouraging the patient to accept treatment can also be a life saving intervention. Do not be discouraged if the patient denies substance abuse, refuses help or has a relapse. Your nonjudgmental and empathetic alliance with the patient may in the future allow them to see the negative connection between substance abuse and the quality of their life and accept help.

Support for Significant Others of Bipolar Patients

Significant others provide a critical support system and safety net for patients living with Bipolar Disorder. Yet often they feel overwhelmed, exhausted and alone trying to assist the Bipolar patient. Caring for and about the significant others of Bipolar patients can help both them and the patient. Nurses may come in contact with significant others in many ways. Often they contact a patient's medical caregiver when the patient is in crisis and does not have or has refused on-going mental health help.

Assisting significant others can involve referring them to local mental health crisis or treatment programs. It is also important to inquire about how the significant other is doing, acknowledge the difficulty of what they are experiencing and provide helpful educational and peer support resources. (See Figure 2) Many National organizations such as National Alliance for the Mentally Ill (NAMI) and Depression and Bipolar Support Alliance (DBSA) have local chapters significant others can join. Peer support from others trying to help a Bipolar person can offer an antidote to the overwhelmed and lonely feelings so often experienced and can offer needed education on the disorder and local resources.

Conclusion

Working with Bipolar patients and their significant others can be difficult in non-psychiatric settings, but forming an alliance with them can be life saving in so many ways. Helping Bipolar patients feel comfortable in accessing medical care, screening for high risk medical and emotional conditions, assisting them in managing medical life threatening illnesses in coordination with mental health providers and supporting their significant others impacts both the quality and length of their lives. Non-psychiatric nurses certainly can play an often unheralded role for those patients.

Figure 2

Support for Bipolar Patients and Their Significant Others

National Alliance for the Mentally Ill
www.nami.org

Depression and Bipolar Alliance
www.dbsalliance.org

National Institute of Mental Health
www.nimh.nih.org

Bipolar Significant Others
www.bpso.org

American Psychiatric Association
www.psych.org

Mental Health America
www.nmha.org

1 New Freedom Commission on Mental Health. (2003) Achieving the promise: Transforming mental health care in America. Final report. DHHS Pub. No. SMA-03-3832. Rockville, MD: Department of Health and Human Services. http://www.mentalhealthcommission.gov/reports/FinalReport/toc.html

2 Chochinov, H.M. (2001). Depression in Cancer Patients. Lancet Oncology, 2, 499-505.

3 deGroot, M., Anderson, R., Freeland, K.E., Clouse, R.E., & Lustman, P. J. (2001). Association of Depression and Diabetes Complications: A meta-analysis. Psychosomatic Medicine, 63, 619-30.

4 Whyte, E. M., & Mulsant, B.H. (2002). Post Stroke Depression: Epidemiology, pathophysiology, and biological treatment. Biological Psychiatry, 52 (3) 253-64.

5 Colton, C.W., & Manderscheid, R. W. (2006). Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. Preventing Chronic Disease. 3 (2), A42.

6 Roshanaei – Moghaddam, B., & Kanton, W. (2009). Premature mortality from general medical Illness among Persons with Bipolar Disorder: A Review. Psychiatric Services, 60, (2), p 147-56.

7 American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, 4th edition, text revision (DSM-IV-TR). Arlington, VA., American Psychiatric Association, 2000.

8 Merikangas, K. R., & Law N. C. P. (2004). The Epidemiology of Mood Disorders. Current Psychiatry Reports. 6, 411-421.

9 Suppes, Trisha., & Dennehy, E.B. Bipolar Disorder. The Latest Assessment and Treatment Strategies Kansas: Compact Clinicals, 2005.

10 Reiser, Robert P., & Thompson, Larry W. Bipolar Disorder. Advances in Psychotherapy. Cambridge, MA: Hogrefe & Huber Publishers, 2005.

11 Rihmer, Z., & Kiss, K. (2002) Bipolar Disorders and Suicide Risk. Clinical Approaches in Bipolar Disorders, 1. p. 15-21.

Caring for the Bipolar Patient continued on page 14

Independent Study Instructions

To help Utah's nurses meet their obligation to stay current in their practice, an independent study is published in this issue of the *Utah Nurse*.

Instructions to Complete Online

1. Go to www.CE4Nurses.org.
2. Click on each study you want to take and add it to your cart.
3. Complete the check-out process. **You will receive a confirmation email with instructions on how to take the test.**
4. Go to the CE4Nurses Exam Manager (www.ohnurses.org/Survey) either from your confirmation email or the CE4Nurses site.
5. Log in and click on "View My New Studies." Click on the study you want to take, and follow the instructions provided in CE4Nurses Exam Manager to complete the study.
6. Please read the independent study carefully.
7. Complete the post-test and evaluation form for each study.

Post-test

The post-test will be scored immediately. If a score of 70 percent or better is achieved, you will be able to print a certificate. If a score of 70 percent is not achieved, you may take the test a second time. We recommend that the independent study be reviewed prior to taking the second post-test. If a score of 70 percent is achieved on the second post-test, a certificate will be made available immediately for printing.

Instructions to Complete By Mail

1. Please read the independent study carefully.
2. Complete the post-test and evaluation form for each study.
3. Fill out the registration form indicating which studies you have completed, and return originals or copies of the registration form, post test, evaluation and payment (if applicable) to:
   Ohio Nurses Association, 4000 East Main Street, Columbus, OH 43213

References

References will be sent upon request.

Questions

Contact Sandy Swearingen (614-448-1030, sswearingen@ohnurses.org), or Zandra Ohri, MA, MS, RN, Director, Continuing Education (614-448-1027, zohri@ohnurses.org).

Disclaimer: The information in the studies published in this issue is intended for educational purposes only. It is not intended to provide legal and/or medical advice.

The Ohio Nurses Association (OBN-001-91) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Continuing Education

Caring for the Bipolar Patient continued from page 13

Registration Form:

Select the study you are taking:

__ Caring for the Bipolar Patient: Help for the Non-Psychiatric Nurse

Name: _____

Address: _____

City, State, Zip _____

Day phone number: _____

Email Address: _____

RN or LPN? RN LPN

The study in this edition of the Utah Nurse is $15.00. The studies can also be completed online at CE4Nurses.org for $12. Please send check payable to the Ohio Nurses Association along with post-test and this completed form to: Ohio Nurses Association, 4000 East Main Street, Columbus, OH 43213. **Credit cards will not be accepted**.

ADDITIONAL INDEPENDENT STUDIES
Additional independent studies can be purchased for $15.00 plus shipping/handling.
A list is available online at www.CE4Nurses.org

ONA OFFICE USE ONLY

Date received: _____

Amount: _____

Check No.: _____

Caring for the Bipolar Patient: Help for the Non-Psychiatric Nurse
Post Test and Evaluation Form

DIRECTIONS: Please complete the post-test and evaluation form. There is only one answer per question. The evaluation questions must be completed and returned with the post-test to receive a certificate.

Name: _____ Final Score: _____

Please circle one answer.

True or False

1. Bipolar Disorder is a short term illness
   a. True
   b. False

2. Bipolar Disorder is easy to diagnose
   a. True
   b. False

3. Bipolar Disorder is a mood disorder
   a. True
   b. False

4. Bipolar Disorder has gender and ethnic difference in incidence
   a. True
   b. False

5. Bipolar patients may struggle with substance abuse
   a. True
   b. False

6. Which statement about Bipolar Disorder is not correct:
   a. Mania and depression do not occur together
   b. Mania or depression can progress to psychosis
   c. Manic patients rarely seek help
   d. Rapid cycling is more common in women

7. Bipolar patients may stop taking their medication because:
   a. They cannot tolerate the side effects.
   b. Feel it takes away positive feelings.
   c. They want attention from health care providers.
      1. a, c, and d
      2. a, b and d
      3. b, c and d
      4. All of the above

8. Non-Psychiatric Nurses can help Bipolar patients by:
   a. being supportive of their significant other
   b. assisting them in managing medical chronic illness
   c. decreasing stigma in medical care settings
   d. telling them to stop medications when side effects occur and call their MD or NP
      1. a, c and d
      2. a, b and c
      3. b, c and d
      4. All of the above

9 Bipolar patients are at high risk for:
   a. suicide
   b. orthopedic problems
   c. substance abuse
   d. cardiac problems
      1. b, c and d
      2. a, b and d
      3. a, c and d
      4. None of the above

10. Bipolar Disorder is best treated with antidepressant medications alone.
    a. True
    b. False

11. Bipolar Disorder patients may have poor health habits such as poor diet and exercise leading to physical health problems.
    a. True
    b. False

12. Bipolar Patients usually seek treatment during a manic phase.
    a. True
    b. False

13. Bipolar Disorder patients do best using a medication alone treatment strategy.
    a. True
    b. False

14. Peer Support organizations can be helpful to Bipolar Patients.
    a. True
    b. False

15. Stigma impacts Bipolar Disorder patients in accessing both medical and psychiatric healthcare.
    a. True
    b. False

16. Bipolar Disorder patients rarely have medication compliance.
    a. True
    b. False

17. Bipolar Disorder patients can benefit from psycho educational treatment strategies.
    a. True
    b. False

18. The New Freedom Commission on Mental Health (2003) reports what percentage of primary care visits are related to mental illnesses?
    a. 55%
    b. 80%
    c. 75%
    d. 20%

19. Interpersonal Social Rhythm Therapy helps Bipolar Disorder patients by:
    a. Encouraging them to have multiple social relationships.
    b. Teaching them to recognize and manage how changes in sleep, daily routines and social stimulation/conflicts impact their moods.
    c. Encouraging them to withdraw from social relationships.
    d. Encouraging them to monitor how thinking patterns impact their moods.

Evaluation

		Yes	No
1.	Were you able to achieve the following objectives?		
	a. Identify the signs and symptoms of Bipolar Disorder.	O	O
	b. Describe the pharmacological and psychosocial treatment modalities available to help Bipolar patients.	O	O
	c. Recognize the crucial role non-psychiatric nurses have in caring for Bipolar patients in varied health-care settings.	O	O

2. Was this independent study an effective method of learning? __ Yes __ No

   If no, please comment:

3. How long did it take you to complete the study, the post-test, and the evaluation form?

4. What other topics would you like to see addressed in an independent study?

APPLICATION FOR MEMBERSHIP IN BOTH UNA/ANA

Please print this form, fill it out, and mail it to UNA. The address is at the bottom of the page.

Today's Date _____ Home Phone _____
First Name/Last Name _____ Home Fax _____
Credentials _____ Work Phone _____
Street or P.O. Box _____ Work Fax _____
City _____ State _____ Zip_____
Email _____
RN License # _____ State _____ Specialty _____
Basic School of Nursing _____ Year Graduate_____
Referred By: _____

Employer Name _____ Job Title _____
Employer Address _____
City _____ State _____ Zip _____

Membership Categories

Full Membership: Employed full or Part-time	**Reduced Membership:** Not employed: student nurse or new graduate within six months after graduation from basic nursing education program **FIRST MEMBERSHIP YEAR ONLY**	**Special Membership:** 62 years of age or over and not employed, or totally disabled

PAYMENT OPTIONS (Choose either Annual or Monthly)

Annual Payment:
- Full $253.00 / year
- Reduced $126.50 / year
- Special $63.25 / year

Annual Payment Method:
- Check Enclosed
- VISA
- MASTERCARD

Card Number: _____
Expiration Date: _____
Signature: _____

Details:
Annual memberships expire one year from the month in which a member joins.

Monthly Payment: (Electronic Funds Transfer for Checking)
- Full $21.59 /month
- Reduced $11.04 /month
- Special $5.77 /month

Details:
The **ANA** will automatically deduct membership dues from your checking account. Dues transfer on approximately the 15th of each month. A check must be submitted, payable to **UNA** for first month's amount to initiate transfer. Dues deductions will continue on a month-to-month basis until **UNA/ANA** receives notification to stop deductions.

ANA is authorized to change the amount giving the above-signed thirty (30) days written notice. You may cancel authorization upon receipt by **ANA** of written notification of termination twenty (20) days prior to deduction date as designed. **A .50 service charge is included in figuring monthly payments.** By signing the form, I agree to these conditions.
Signature:_____

Please check committees or councils that you would like to have more information about:
COMMITTEES:
❑ Continuing Education ❑ Government Relations ❑ Economic and General Welfare (Staff Nurses Only)
❑ Membership ❑ By Laws ❑ Conference ❑ Nominating

For Office Use Only
Date Rec'd _____ District _____ Paid Thru _____ Anniversary _____ Data _____
Packet _____
Please return this completed application with your payment to **UNA, 4505 S. Wasatch Blvd. #330B, Salt Lake City, UT 84124**

Becoming a "Friend of Utah Nurses Foundation:"
❑ I would like to receive further information about the Utah Nurses Foundation; an organization dedicated to awarding scholarships and research awards to nurses in Utah since 1979.
❑ I have enclosed a donation in the amount of _____ for the Utah Nurses Foundation with my membership application. (If you choose to pay membership dues by electronic funds transfer, you must send a separate check for your donation.)

APPLICATION FOR MEMBERSHIP IN Utah Nurses Assoc. ONLY

If you desire membership in the local state association without affiliation in the national organization you may now join the Utah Nurses Association directly through our Utah Nurse Association Member Organization.

Date _____
Name _____ Employer _____
Credentials _____
Address _____ City _____ State_____ Zip _____
Home Phone _____ Work Phone _____ Birthday(mm/dd)_ _____
RN License # _____ State _____
Email _____
Specialty/Practice Area _____

PAYMENT OPTIONS:
____ Annual Payment $120.00 Annual Payment Method
____ Check Enclosed
____ VISA/Mastercard (circle choice)

Card Number _____ Exp. Date _____

_____
Signature

Utah Nurses Association
4505 S. Wasatch Blvd, #330B
Salt Lake City, UT 84124
Phone 801-272-4510