AMERICAN NURSES ASSOCIATION VERMONT

Vermont Nurse Connection

ANA-Vermont
Official Publication

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Quarterly Publication direct mailed to 18,000 Registered Nurses, LPNs, and LNAs in Vermont

October, November, December 2017

Inside

The ANA-Vermont website has been updated: **ANA-Vermont.org**. We will continue to update and expand the website so look out for e-mails and keep checking!

Do you want to stay updated on the latest **ANA-Vermont** has to offer? Learn of **webinars** offered by the **ANA**? How you can earn **CEU** hours?

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Follow us on **Twitter** @VTnurses.

Questions regarding our social media and website?

E-Mail: membership@ana-vermont.org

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President's Letter

Turbulence Allows for Transformation

Meredith Roberts

As summer comes to a close, and leaves transform to colors so extraordinary that people visit from far away to see, likewise ANA-Vermont is also transforming in many ways. Members can now communicate with members through Facebook, ANA member phone apps, as well as fun activities and trips, such as lobbying face-to-face on Capitol Hill (or virtually) with fellow members like we did in May and June. Collaboration was, and is still, needed to prevent replacements for The Affordable Care Act (ACA) that negatively affect Medicare or Medicaid while giving tax breaks to the wealthy, and taking care away from the elderly and women. Yes, there are improvements needed, and nurses need to be a part of directing the change. This year, ANA is focusing on the health of nurses, and nurses are leading the nation to better health by taking up the grand challenge Healthy Nurse: Healthy Nation (see http://www.healthynursehealthynation.org/ for more details). There are different monthly focus points such as happiness in August, or Work-Life- Balance in September, with our website offering activities, and education to support nurse health.

Our October 6th conference will be exciting with a focus on health and wellness with ANA speaker Holly Carpenter, Sr. Policy Advisor, Nursing Practice as well as Vermont Shaman Peter Clark and other healing professionals present. Our state continues to successfully collaborate with the other states of our new Northeast Multi-State Division of ANA (NE-MSD) that includes Vermont, Maine, New Hampshire, New York, and Rhode Island. We now have a joint mission and vision, and are completing by-laws. Members receive ANCC approved education, and are welcome across five states. A shared calendar of activities with events for all seasons is being created.

Membership Assembly occurred in June and the budget was reauthorized with additional delegates added, so more members will be able to participate nationally. New by-law changes make it possible for us to affiliate with groups such as LPN's and respiratory therapists. As ANA does not directly represent union worker rights for nurses, that terminology was removed from by-laws, though we can remain supportive. More details will be available at the October conference for those interested.

I continue to be proud to be a part of our amazing profession. I am grateful for each of you. I wish you joy and peace. Remember to tell others what you do, and how you stand up for what is right in healthcare, making critical decisions that can mean life or death. We make a difference. We ethical nurses advocate for positive change that will improve access and quality of healthcare. Politicians need to hear the vision and experiences that nurses have for healthcare to improve in these turbulent times. I ask you to help. Have a great year.

The Art of Nursing
Discovering Your Style

Priscilla Smith-Trudeau

Every human is an artist, a storyteller with a unique point of view. When we see ourselves as artists, we no longer feel the need to impose our story on others or to defend what we believe.

~Don Miquel Ruiz
the four Agreements

Priscilla Smith-Trudeau

Have you ever watched an artist whether it be a musician, painter, sculptor, or a dancer where you were completely captivated by the experience? Have you ever watched a nurse who is confident in their artistic style and wondered how do they do that? Where does their style originate from?

Nursing has been defined throughout history as both an art and a science. Florence Nightingale (1860) clearly saw nursing as an art: "It is one of the Fine Arts: I had almost said, the finest of Fine Arts." Nurse educators are challenged to educate students to skillfully integrate the art and science of nursing within practice. Nursing's historical commitment to holism necessitates an expansion of art and aesthetics in nursing education.[1] Few, if indeed any, familiar with the professional literature would deny that primary emphasis is placed on the development of the science of nursing. One is almost led to believe that the only valid and reliable knowledge is that which is empirical, factual, objectively descriptive and generalizable. There seems to be a self-conscious reluctance to extend the term knowledge to include those aspects of knowing in nursing that are not the result of empirical investigation. There is, nonetheless, what might be described as a tacit admission that nursing is, at least in part, an art.[2] For Peplau (1988) nursing is an art form not identical to but rather with elements in common with other art forms, such as the performing arts (dance and music) and the plastic or visual arts (painting and sculpture). Nursing has been called a "helping art." A more definitive designation would be to call nursing an enabling, empowering, or transforming art. Its aim, among

Discovering Your Style continued on page 3

Letters to the Editor

If you wish to submit a "Letter to the Editor," please address it to:

ANA-Vermont
Attn: Vermont Nurse Connection
4 Carmichael Street, Suite 111, #215
Essex, VT 05452

Please remember to include contact information, as letter authors may need to be contacted by the editors of the VNC for clarification. NOTE: Letters to the Editor reflect the opinions of the letter authors and should not be assumed to reflect the opinions of the ANA-Vermont.

Jean Graham, Editor

Deadlines for the *Vermont Nurse Connection*

Are you interested in contributing an article to an upcoming issue of the *Vermont Nurse Connection*? If so, here is a list of submission deadlines for the next 2 issues:

Vol. 21 #1 – October 16, 2017
Vol. 21 #2 – January 15, 2018

Articles may be sent to the editors of the *Vermont Nurse Connection* at:

ANA-Vermont
Attention: VNC
4 Carmichael Street, Suite 111, #215
Essex, VT 05452

Articles may also be submitted electronically to cryan@ana-vermont.org.

www.ANA-Vermont.org

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ANA-Vermont is pleased to celebrate our 2017 Annual Fall Convention at the Shelburne Museum on October 6, 2017.

Registration and continental breakfast will begin at 8:00am, followed by a day full of dynamic speakers and activity supporting the theme, "Celebrating the Balance of Mind, Body, and Spirit".

The Convention will wrap up at 2:30 PM and full-day registration includes free admission to the Shelburne Museum. Be sure to visit the beautiful museum grounds and exhibits before departing for the day. ANA-Vermont encourages you to join us! Please check ANA-Vermont.org for more details.

ANA-Vermont Fall Convention 2017

October 6
8:00 am - 2:30 pm
Shelburne Museum
Shelburne VT

Vermont Nurse Connection

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Editorial Offices

ANA-Vermont, 4 Carmichael Street, Suite 111, #215, Essex, VT 05452, PH: (802) 651-8886, E-mail: cryan@ana-vermont.org
Editor: Jean E. Graham

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Content

ANA-Vermont welcomes unsolicited manuscripts and suggestions for articles. Manuscripts can be up to:

- 750 words for a press release
- 1500 words for a feature article

Manuscripts should be typed double-spaced and spell-checked with only one space after a period and can be submitted:

1) As paper hard copy

2) As a Word Perfect or MS Word document file saved to a CD-Rom or zip disk

3) Or e-mailed as a Word Perfect or MS Word document file to vtnurse@vsna-inc.org.

No faxes will be accepted. Authors' names should be placed after title with credentials and affiliation. Please send a photograph of yourself if you are submitting a feature article.

All articles submitted to and/or published in *Vermont Nurse Connection* become the sole property of ANA-Vermont and may not be reprinted without permission.

All accepted manuscripts may undergo editorial revision to conform to the standards of the newsletter or to improve clarity.

The *Vermont Nurse Connection* is not a peer review publication. Articles appearing in this publication express the opinions of the authors; they do not necessarily reflect views of the staff, board, or membership of ANA-Vermont or those of the national or local association.

Copyright Policy Criteria for Articles

The policy of the ANA-Vermont Editorial Board is to retain copyright privileges and control of articles published in the *Vermont Nurse Connection* unless the articles have been previously published or the author retains copyright.

Discovering Your Style continued from page 1

other goals, is to produce favorable changes within clients through nursing services.[3]

The position of the artist is humble. He is essentially a channel.

~ Piet Mondrian

Orem (1971) speaks of the art of nursing as being "expressed by the individual nurse through her creativity and style in designing and providing nursing that is effective and satisfying.[4] Like many nurses from my generation learning to become nurses there wasn't much attention paid to the art of nursing. The entire focus was learning about diseases, procedures, and medications. When I started my practice I was looking for role models who did everything the right way. I spent the first several years in a busy understaffed hospital where there wasn't any conversation pertaining to the art of nursing. One day I walked by a patient's room and saw one of my colleagues sitting at the bedside holding the hand of a dying patient. I was immediately intrigued so much so that I wandered with permission into the room to observe. There was a story unfolding right before my eyes. I was listening to the patient's story, the nurse's story and the story they were co-creating in that moment. I have to confess that I did not know that I was observing and becoming a part of what was the art of nursing. It wasn't until I left the acute care setting and went into community health which was an entirely different culture that I learned the art of nursing. I came in contact with an abundance of experienced nurses who practiced the art of nursing like they were born into it. I listened with rapt attention to these expert nurses as they revealed their stories detailing their experiences of how they developed their artistry. The aspects of their narratives were etched in my heart and mind's eye preparing me to practice the art of nursing.

How to begin discovering your artistry:

1. Seek out nurses that inspire you to practice the art of nursing. Listen to their stories. Study their attributes. Ask yourself what drew your attention to these attributes. Why is that important to you?
2. It is important to develop your style. Style is important because it's essentially what distinguishes you from other nurses, and what keeps your practice professional and focused. The greatest nurses throughout history had styles that were incredibly distinctive and unique. Style doesn't develop overnight, it's a gradual process that can take years to emerge.
3. Seek out a mentor, preferably one who exhibits excellent listening and feedback skills, displays empathic and nonjudgmental understanding and is a living example of the values, ethics and practices of the art of nursing.
4. Keep evolving. Needless to say, after discovering your style, you will continue to grow and evolve in the creative and reflective process. According to Cooper (2001), "The actualization of artful nursing is as broad and creative as the nurse's imagination and skill."[5] Reflective practice is often seen as the bedrock of professional identity. Reflecting on performance and acting on reflection is a professional imperative.[6] This often involves examining assumptions of everyday practice with the individual practitioner in being self-aware and critically evaluating their own responses to practice situations. The point is to recapture practice experiences and mull them over critically in order to gain new understandings and so improve future practice.[7]

Dr. Rita Charon developed an educational program at Columbia University to train nurses, medical students and social workers to better interact and empathize with their patients. Her interview with a patient who visited her clinic is a perfect example of artistry that encouraged the patient to express what was most important to him which is the goal of any nurse.

A 46-year-old Dominican man comes to visit me for the first time. He has been suffering from shortness of breath and chest pain, and he fears for his heart. I say to him, "Please tell me what you think I should know about your situation." And then I do my best not to say a word, not to write in his chart, but to absorb all that he emits about his life and his health. I listen not only for the content of his narrative, but for its form- its temporal course, its images, its associated subplots, its silences, where he chooses to begin in telling of himself, how he sequences symptoms with other life events. I pay attention to the narrative's performance – the patient's gestures, expressions, body positions, tones of voice. After a few minutes, he stops talking and begins to weep. I ask him why he cries. He says, "No one has ever let me do this before."

~ Rita Charon, M.D., Ph.D.[8]

Just as we as nurses need to be true to what the science is all about, we need to be true to what the artistry is all about. The essence of the art of nursing is caring, compassion and the recognition that there is a common humanity that binds nurses and patients together. The art of nursing is more than just science and skills, it is a unique attitude of caring and a special way of approaching your life and your work. Compassion (Olsen, 1991) is at the heart of artful nursing. The dance of compassion involves the recognition of patient suffering, the choice to enter into the patient's experience, and the desire to act to relieve the patient's suffering.[9]

Priscilla Smith-Trudeau, MSM, RN, BSN, CRRN, CCM, HNB-BC is an author, speaker and healthcare management consultant. She is board certified in holistic nursing and rehabilitation nursing with a focus on integrative health. Holistic nursing is at the core of her nursing practice, self-care and consulting. In order to fully appreciate the challenges facing managers and staff nurses, Priscilla continues to practice as a bedside nurse.

References

1 Delaney, C., Moore, A., (2017) Envisioning holistic nursing philosophy using art, American Holistic Nurses Association, *Beginnings,* 37, (1), 12

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Student News

Marilyn Rinker Leadership Scholarship Application

Application – 2018 deadline: March 25, 2018

Name: _____

Address: _____

Telephone #: _____ Email Address: _____

Vt RN Lic # _____ VONL member since _____

School of Nursing: _____

Currently in which year? 1 2 3 4 year of graduation (if applicable) _____

Graduate school _____ 1st yr _____2nd year _____

expected date of graduation _____

If employed in nursing, current employer _____

Currently receiving Financial Aid, Grants, Scholarships? Yes _____ No _____

If yes please list the sources_____

Please attach to this form:

1. Résumé
2. Most recent transcript of grades demonstrating a cumulative average of 3.0 (B)
3. A brief essay (500 words or less) describing nursing leadership experience and aspirations, community service experience, commitment to serve in Vermont, and financial need
4. At least two (2) letters of recommendation (at least one academic and one work related)
5. Evidence of acceptance in an accredited program leading to an advanced degree in nursing if not yet matriculated.

I understand that if I receive an Advanced Degree Nurse Leaders Scholarship, I commit to practice nursing in Vermont for a minimum period of two years following graduation.

Student signature: _____ Date: _____

Return application (with attached materials) before March 25, 2018 to:

Martha Buck, VAHHS/VONL
148 Main Street, Montpelier, VT 05602
(802)223-3461/ext. 111 Martha@vahhs.org

Vermont Organization of Nurse Leaders Marilyn Rinker Leadership Scholarship for Nurses in an Advanced Degree Program Announcement

Objective

To promote graduate level nursing education in Vermont in support of nursing leadership talent to meet the health care needs of our state.

Purpose

- To provide scholarship support in the amount of $2500 per year for a qualified individual to participate in an approved course of study leading to an advanced degree.

Qualifications of applicants

- Possession of Vermont RN license in good standing
- A member of VONL
- Demonstrated commitment to nursing leadership (Vermont preferred) as evidenced by participation in professional seminars, organizations, work accomplishments, project, recommendations of peers
- Currently enrolled or accepted in an accredited program that will lead to an advanced degree in nursing
- Willingness to commit to completing the program as indicated by realistic timeframe
- Individuals agree to practice in Vermont for at least two (2) years
- GPA of 3 or B
- Two supportive professional recommendations

Special Considerations

- Individuals who have sought funding through employment or other resources, where available
- Individuals with demonstrated financial need
- Individuals currently working in the field of nursing education

Application Process

1. Applicants must first be accepted into an accredited program that will lead to an advanced degree in nursing
2. Eligibility criteria include: proof of academic excellence/promise, pledge to practice in Vermont following graduation, short essay, two (2) positive **professional** recommendations
3. Vermont Organization of Nurse Leaders will select a candidate based on the following criteria, in order of importance: academic excellence; commitment to Vermont; leadership/community service; financial need

The Award will be announced at the Nursing Summit, Spring 2018. Winner will be notified in advance.

For more information, visit our website: www.vonl.org

The Arthur L. Davis Publishing Agency, Inc. 2018 Scholarship

Vermont State Nurses
Foundation, Inc.
4 Carmichael Street, Suite 111, #215
Essex, VT 05452
(802) 651-8886

Applications for the $1,000 scholarship are open to ANA-Vermont members who are currently enrolled in an undergraduate or graduate nursing program and who are active in a professional nursing organization.

Submit your application by August 1, 2018 by filling out the online form:

https://docs.google.com/forms/d/1HOXJkAdlshV2ioeRV3fkEsr16_rDxVh-2ec3ttST_hU/viewform?c=0&w=1

Application for the 2018 Pat & Frank Allen Scholarship

Vermont State Nurses
Foundation, Inc.
4 Carmichael Street, Suite 111, #215
Essex, VT 05452
(802) 651-8886

The Pat & Frank Allen Scholarship is a $1500.00 award given to a registered nurse who is a matriculated student in an accredited nursing program.

Applications must be submitted by August 1, 2018. You do not have to be a member of ANA-Vermont but priority will be given to ANA-Vermont members, please go online to fill out the form:

https://docs.google.com/forms/d/1HOXJkAdlshV2ioeRV3fkEsr16_rDxVh-2ec3ttST_hU/viewform?c=0&w=1

Application for the 2018 Judy Cohen Scholarship

Vermont State Nurses
Foundation, Inc.
4 Carmichael Street, Suite 111, #215
Essex, VT 05452
(802) 651-8886

The Judy Cohen Scholarship is a $2,000 award given to a registered nurse who is in a baccalaureate or higher degree accredited nursing program.

Applications must be submitted by August 1, 2018. You do not have to be a member of ANA-Vermont but priority will be given to ANA-Vermont members.

To apply for the scholarship, please fill out this form:

https://docs.google.com/forms/d/1HOXJkAdlshV2ioeRV3fkEsr16_rDxVh-2ec3ttST_hU/viewform?c=0&w=1

ANA/ANA-Vermont News

ANA Center for Ethics and Human Rights Recognized with Prestigious Cornerstone Award

The American Nurses Association (ANA) Center for Ethics and Human Rights has been honored with a Cornerstone Award from the American Society for Bioethics and Humanities (ASBH). The Cornerstone Award is the highest honor given for enduring contributions by an institution to the fields of bioethics and/or the medical humanities. ANA Senior Policy Advisor Liz Stokes, JD, RN, and the Center, and the Ethics Advisory Board will receive the award on October 20th during the ASBH annual meeting.

"For over 25 years, The ANA Center for Ethics and Human Rights has advocated for social justice and the protection of human rights and tirelessly provided ethical guidance, both theoretical and practical, at the state, national, and international levels," ASBH said in a statement. The award will be presented at the 2017 ASBH Members' Meeting and Award Presentations in October.

ANA and CDC Release White Paper on Nurses' Role in Antibiotic Stewardship

The American Nurses Association (ANA), in collaboration with the Centers for Disease Control and Prevention (CDC), released a white paper detailing how nurses can significantly impact patient safety through improved antibiotic use. The paper outlines four key areas in which nurses can play a critical role in antibiotic stewardship: improving antibiotic use at bedside, improving nurses' participation in antibiotic use activities, education and training, and engaging nursing leaders in stewardship efforts. The white paper is available for download on the ANA website, www.nursingworld.org.

2017 ANA Membership Assembly

Christine Ryan, RN, MSA
ANA-Vermont Executive
Director/Government Affairs

Advocacy and Member Engagement issues were the focal points of much dialogue at this year's American Nurses Association (ANA) Membership Assembly in Washington, D.C. ANA President Pamela Cipriano, PhD, RN, NEA-BC, FAAN, spoke of the heightened recognition of nurses' role in advocacy and ANA's Principles for Health System Transformation: ACCESS, COST, QUALITY, and WORKFORCE.

The American Nurses Association (ANA) Membership Assembly 2017 consisted of two full days of nearly 300 representatives from all fifty states joining together to accomplish the following:

- Nurses participated and engaged on key issues; highlighting and promoting the use of policy and advocacy resources, emphasizing policy development and advocacy as central to the role of all nurses, and advancing mechanisms to heighten the involvement of individual nurse members in the generation of policy and advocacy topics
- Membership Assembly representatives elected four members to the ANA Board of Directors and members were also elected to the Nominations and Elections Committee
- Adoption of bylaws, including one that expands the total number of voting seats to Membership Assembly to allow for more member engagement. Another bylaw change allows C/SNAs to include non-nurses, such as LPNs and respiratory therapists, in their membership- with no ANA membership status
- Membership Assembly representatives formally went on the record opposing the current American Health Care Act and directed the ANA Board of Directors to continue to aggressively oppose the ACHA as passed by the House of Representatives on May 4, 2017, propose provisions based on ANA's Principles for Health System Transformation, and provide timely reports to the C/SNAs and the IMD.
- Annual regional meetings were held
- Multiple dialogue forums were scheduled such as: Social Media Advocacy and Engagement, Assessing the Ethical Climate, Member Engagement, National Provider Identification, and Palliative Care: Seize the Moment

2017 Membership Assembly was a very productive and engaging opportunity for nurse leaders and the American Nurses Association to work together to be the voice for nurses and the patients we care for by participating in governance and leadership efforts collaboratively.

ANA/ANA-Vermont News

2017 American Nurses Association Hill Day

Christine Ryan, RN, MSA ANA-Vermont Executive Director/Government Affairs

"This is your opportunity to start a new habit and let your voice be heard. It's also a great reminder that every citizen has a right and responsibility to bring their messages to Capital Hill," said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN who welcomed 2017 American Nurses Association (ANA) Hill Day participants and speakers.

Nearly 430 participants met with members of Congress and their staff to advocate on key issues, with a major focus on protecting all patient's access to affordable, quality health care.

ANA-Vermont's delegation, Meredith Roberts, PhD, MSN, RN, ANA-Vermont President, Caroline Tassey, MSN, ARNP, ANA-Vermont ANA Membership Assembly Representative, and Christine Ryan, RN, MSA, ANA-Vermont Executive Director/Government Affairs had the opportunity to meet with Congressman Peter Welch and staff representing Vermont's political leadership.

Our dialogue covered a range of topics and included the following national legislation;

- Health Care Reform: ANA's Principle for Health System Transformation 2017
- The Home Health Care Planning Improvement Act: S.445/H.R. 1825
- Title V111 Nursing Workforce Reauthorization Act: S.1109/H.R. 959
- The Registered Nurse Safe Staffing Act

Our presence and the sharing of our realities create lasting effects on Capital Hill. Nurses advocating to protect all patient's access to affordable, quality health care is critical. ANA Hill Day proved to be a success for nurses nationwide and an opportunity to represent the interests of 3.6 million registered nurses and the patients we care for. For additional information about national legislation and advocacy efforts visit the ANA at: nursingworld.org.

Meredith Roberts, PhD, MSN, RN, ANA-Vermont, Vermont Congressman Peter Welch, and Caroline Tassey, RN, MSN, ARNP, ANA-Vermont Membership Assembly Representative

ANA-Vermont Foundation — Honor a Nurse Campaign

Nursing continues to be the most trusted profession as indicated in annual surveys. This attests to the collective contributions nurses make as they care for patients, families and communities. Efforts of individual nurses however deserve special recognition by colleagues, employers, patients, families and friends. There are many reasons to Honor a Nurse such as: to thank a mentor, to acknowledge excellent care given by a nurse to a patient, to celebrate a milestone such as a birthday or retirement, or to recognize a promotion. Just think for a moment, you will know a nurse to honor. Celebration: The honored nurses and the persons nominating them will be recognized at the ANA-Vermont Convention in 2017. The honored nurses each will receive a certificate identifying the person recognizing her/him as well as the reason for the honor. Submit nominations by: September 1, 2017. All contributions are tax deductible to the full extent allowed by law. VSNF is a 501(c)3 organization. Nominations this year are online.

Please go here to nominate someone:
http://goo.gl/Z0F4f

ANA/ANA-Vermont News

ANA-Vermont Membership Application

ANA AMERICAN NURSES ASSOCIATION

AMERICAN NURSES ASSOCIATION VERMONT

For assistance with your membership application, contact ANA's Membership Billing Department at (800) 923-7709 or e-mail us at memberinfo@ana.org

Essential Information

First Name/MI/Last Name | Date of Birth | Gender: Male/Female

Mailing Address Line 1 | Credentials

Mailing Address Line 2 | Phone Number | *Circle preference:* Home/Work

City/State/Zip | Email address

County

Professional Information

Employer | Current Employment Status: (ie: full-time nurse)

Type of Work Setting: (ie: hospital) | Current Position Title: (ie: staff nurse)

Practice Area: (ie: pediatrics) | RN License # | State

Ways to Pay

Monthly Payment - $15

☐ Checking Account *Attach check for first month's payment.*

☐ Credit Card

Annual Payment - $174

☐ Check

☐ Credit Card

If paying by credit card, would you like us to auto bill you annually? ☐ Yes

Membership Dues

☐ Monthly = $15 **OR** ☐ Annually = $174

Dues: .....$

ANA-PAC Contribution (optional).....$

American Nurses Foundation Contribution (optional) .....$

Total Dues and Contributions.....$

Authorization Signatures

Monthly Electronic Deduction | Payment Authorization Signature*

Automatic Annual Credit Card | Payment Authorization Signature*

*By signing the Monthly Electronic Payment Deduction Authorization, or the Automatic Annual Credit Card Payment Authorization, you are authorizing ANA to change the amount by giving the above signed thirty (30) days advance written notice. Above signed may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA will charge a $5 fee for any returned drafts. ANA & State and ANA-Only members must have been a member for six consecutive months or pay the full annual dues to be eligible for the ANCC certification discounts.

Credit Card Information ☐ Visa ☐ Mastercard

Credit Card Number | Expiration Date (MM/YY)

Authorization Signature

Printed Name

Please Note — American Nurses Association (ANA) membership dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, the percentage of dues used for lobbying by the ANA is not deductible as a business expense and changes each year. Please check with ANA for the correct amount.

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Join instantly online.
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Vermont New Members April 1 – June 30.

Adelaide Adjovu
Amy Curley
Alisa Devries
Mary Doonis
Emily Eggleston
Martha Jo Hebert
Jodi Hollingdrake
Denise Hollister
Anne Ireland
Rebekah Jensen
Anna Johnson
Danielle Landry
Lynda Lee Lapan
Maria Menard
Felicia Murray
Antoinette Peters
Melisa Sherman
Jennifer Shooer
Elizabeth Sowalskie
Courtney Warrington
Lindsay Williams

IS YOUR NURSING ORGANIZATION PLANNING AN EDUCATION PROGRAM?

CONSIDER APPLYING FOR CONTACT HOUR APPROVAL

FOR MORE INFORMATION CALL THE ANA-Vermont OFFICE @ (802) 651-8886

- The Northeast Multi-State Division, (NE-MSD) is accredited as an approver of continuing education in nursing by the American Nurses' Credentialing Center's Commission on Accreditation.

Vermont Board of Nursing

Next Generation NCLEX

Submitted by Vermont State Board of Nursing

Prior to April 1994, nursing school graduates took a paper and pencil licensing examination. The examinations were usually scheduled twice a year and took two days to complete. All nurses nation-wide were tested on the exact same questions. Those tests were referred to as "the boards." The official name was the State Board Test Pool Examination (SBTPE). The SBTPE was developed by the National League for Nursing (NLN) and later by the American Nurses Association (ANA). In 1978 when the National Council of State Boards of Nursing (NCSBN) was formed, they took proprietorship of the SBTPE and renamed the examination the National Council Licensure Exam (NCLEX).

In 1994, the way nursing graduates took their licensure exam changed with the introduction of the computer-adapted testing (CAT). That year more than 155,000 graduates took the NCLEX via CAT. This number increases every year. In order to assure that the NCLEX measures the knowledge, skills, and abilities necessary to ensure safe nurse practice in an evolving nursing practice environment, the NCSBN has a team of experts who continually review and research the exam content to assure its validity and pertinence.

At the most recent NCSBN Midyear meeting held March 13-15, 2017, the examination department announced its Next Generation NCLEX (NGN) research project. More than two years ago the NCSBN's NCLEX Examination Committee and staff began a research project to determine if the NCLEX was measuring clinical judgement. The findings of the research indicated that critical thinking and decision-making skills were an essential part of entry-level nursing education. The research also identified the need for measuring competence in clinical judgement within the nursing licensure exams.

To this end, the NCSBN Examinations Department is conducting the NGN research project to assess the ability of current and potential NCLEX test items to assess clinical judgement. Beginning in July 2017 a Special Research Section of the NCLEX-RN will be given to select candidates taking the exam. This section will be administered following the candidate's regular NCLEX exam and will not count as part of their NCLEX score. This special section will take approximately 30 minutes to complete. Information about the Special Research Section is available to NCLEX candidates through the NCLEX and Pearson VUE websites.

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NCSBN Clinical Judgement Model – www.jattjournal.com/index.php/atp/article/view/89187. Accessed April 3, 2017

NCSBN Next Generation NCLEX Project Summary, 2017

NGN Special Research Section FAQs, 2017

Retirement of Position Statements

Vermont Board of Nursing

The Vermont Board of Nursing has for many years used position statements to provide guidance to nurses, employers, and the public regarding practice issues. Many of the position statements have been developed in response to questions that the Board office has received from nurses and employers. Others were written to communicate the Board's endorsement of practice standards that were developed by national professional associations. The position statements are published on the Board's website at https://www.sec.state.vt.us/professional-regulation/list-of-professions/nursing/position-statements.aspx.

The Board of Nursing and its Practice Committee are currently in a process of reviewing all existing position statements. Some of the statements will be incorporated into the Board's Administrative Rules or the Nurse Practice Act. Other position statements will be retired.

The Board of Nursing has recently retired the following position statements:

- Role of the Nurse in the Administration and Monitoring of Moderate Sedation
- Nurses Role in the Administration of a Local Anesthetic into a Catheter for the Purpose of a Nerve Block
- Role of the Nurse in the Administration of Propofol
- Role of the RN in the Care of a Pregnant Woman Receiving Analgesia-Anesthesia Through an Epidural Catheter
- Role of the RN and APRN as First Assistant
- Nursing Role in Dermatologic Procedures
- Role of the LPN in IV Therapy

The reasons for retiring the position statements include:

- The Board believes the principles of safe nursing practice that underlie these position statements are included in the current statements on APRN/RN/LPN Scope of Practice and Decision Tree and Role of the Nurse in Delegating Nursing Interventions plus Decision Tree.
- The Board wants to encourage nurses to work with their employers to use evidence-based and best practice to develop policies and procedures that provide guidance based on the resources and patient care environments within their health care facilities.
- The retired position statements could be interpreted as attempting to unnecessarily restrict nursing practice. This is not the Board's intent; the Board wants to encourage safe and competent practice within the licensure scope and to the full extent of nurses' education, training, and experience.

Questions and comments about position statements may be directed to the Board of Nursing Office at 802-828-2396.

Stepping Into a Culture of Safety

Onboarding programs help retain nurses, strengthen patient care

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Retaining newly hired, competent nurses — whether new graduates or experienced RNs — is good for everyone: employers, staff, patients and the new employees, themselves. What is vital to their tenure, however, may be how they are transitioned into the workplace and whether the organization is committed to a culture of safety.

"Orientation is the first step in retaining nurses," said Dennis Sherrod, EdD, RN, professor and Forsyth Medical Center Endowed Chair of Recruitment and Retention at Winston-Salem State University and a member and past-president of the North Carolina Nurses Association. "Although it's difficult when working with a large group of new employees, it's important that the orientation be nurse-centered, meaning individualized as much as possible to their needs, that there is a mentorship piece in place and that newly hired nurses are introduced to the culture of the workplace early on."

Nurse turnover is an ongoing issue — with some health care facilities faring better than others. According to the 2016 National Healthcare Retention & RN Staffing Report by Nursing Solutions, Inc., (NSI) the turnover rate for bedside RNs rose to 17.2 percent in 2015, an increase from 16.4 percent in 2014.

According to a 2014 article in Policy, Politics, & Nursing Practice, New York University College of Nursing Professor and researcher Christine T. Kovner, PhD, RN, FAAN, and colleagues reported that about 17.5 percent of new nurses leave their initial job within the first year.

Beyond the upheaval on units, nurse turnover is costly. The NSI Nursing Solutions, Inc., (NSI) report noted "the average cost of a turnover for a bedside nurse ranges from $37,700 to $58,400, resulting in the average hospital losing $6.6 million. (Some reports place turnover costs even higher.)

Offering smoother and safer transitions

An overarching goal of Southeastern Health's orientation program is promoting a culture of safety in newly hired employees – both new grads and experienced nurses, according to Cynthia McArthur-Kearney, DHA, MSN, RN, NE-BC, manager of Education Services at the North Carolina hospital system and NCNA member. This is accomplished, in part, by using concepts outlined in TeamSTEPPS.

TeamSTEPPS is a system aimed at assisting health care professionals to provide higher quality, safer patient care by strengthening their skills around teamwork, communication, conflict resolution and eliminating barriers to ensuring the best clinical outcomes for patients.

All RNs going through the nursing services orientation are exposed to the program's concepts, and all preceptors receive specialized TeamSTEPPS training so they can reinforce important concepts specifically to new grads during orientation and in their residency program.

"We don't need to train new grads on how to insert catheters or change dressings," McArthur-Kearney said. "Although the tasks are important, we want to teach them critical thinking. And the focus needs to be on safety. We need to make sure new grads – and all our nurses – understand what a culture of safety looks like and why it's important."

For example, preceptors working with new grads emphasize the importance of teamwork to achieving positive patient outcomes, understanding the roles of each team member, and how to communicate effectively with team members, including patients and their families. Role playing is often employed, such as learning how to have an effective conversation with a team member who may want to do a clinical task in an outdated way, explained McArthur-Kearney.

"To have a culture of safety, nurses also need to be aware of their environment, what's going on around them," McArthur-Kearney said. "So we emphasize that if a nurse sees a team member who is not filling a role during a code or who appears overloaded with an influx of patients, for example, that nurse must step up to ensure the best patient outcomes." They also are taught how to identify when a situation may be getting out of control, as well as de-escalation strategies.

Another important component of on-boarding at Southeastern Health is orienting all newly hired staff on concepts outlined in the hospital's strategic pillars. These concepts focus on embracing a language of caring, being fully present when interacting with colleagues, patients and family members, and showing kindness, including through non-verbal cues.

Added McArthur-Kearney, these strategies not only help to create and maintain a culture of safety, but also help with staff retention.

Another approach to quality and safety

The University of Alabama at Birmingham Medical Center changed the way it conducted its orientation and residency programs for new hires about four years ago, according to David James, DNP, RN, CCRN, CCNS, who previously served as the advanced practice nurse coordinator for Clinical Nursing Excellence at UABMC and is an Alabama State Nurses Association member.

"Orientation used to be more of an inservice-type model with a lot of content and a 'parade of stars,' where staff from various departments were given a few minutes to discuss their roles," James said. "Now we've moved to a different model, taking the Quality & Safety Education for Nurses competencies used at the UAB School of Nursing and using them for our orientation schema."

Developed by nurse leaders involved in the QSEN initiative, the competencies address quality and safety education around patient-centered care; teamwork and collaboration; evidence-based practice; quality improvement; safety; and informatics. (Please see the QSEN Institute website at www.qsen.org.)

Each day of the UABMC orientation is linked to one of those core competencies, James said. And although having everyone understand that patient safety is essential, it's extremely important that nurses know what systems are in place to support patient safety – whether it's evidence-based practice or the use of technology.

In terms of structure, all newly licensed RNs attend the five-day orientation, which also addresses UABMC workplace culture, and then participate in a yearlong residency program to help ease their transition into practice and hardwire key competencies, according to Connie White-Williams, PhD, RN, NE-BC, FAAN, the director of UABMC's Center for Nursing Excellence and an American Nurses Association member.

"Our onboarding process for experienced nurses beyond the orientation is unit-based and individualized to their needs," she said. For example, a nurse who has 15 years in cardiac care and is hired onto a neuro unit should not be expected to take a full workload as quickly as someone who was hired onto a unit they have vast experience in.

Further, White-Williams added that about a month after their employment, she and Chief Nursing Officer Terri Poe, DNP, RN, NE-BC, meet with these experienced nurse hires to get their input about what went well, where improvements can be made and whether they feel welcomed. And experienced nurses, like new grads, are assigned preceptors who serve as an ongoing resource.

But to ensure a culture of safety and to retain staff takes more.

"We have probably 900 new nurses this year who we are trying to successfully orient and onboard," White-Williams said. "We're no different than anyone else in terms of trying to retain folks. It really does take a village to do this successfully, and it takes a lot of resources."

A journey toward safety

"We say let's hire for attitude and train for skill," said Clyde A. Bristow III, MSN, RN, CENP, chief nursing officer at Wake Forest Baptist Health Lexington Medical Center and director of Clinical Education. "We can teach nurses how to insert an IV, but what we're looking for are things like how does the nurse engage and communicate with patients, do they make them feel safe."

Safety is an ongoing theme at WFBH. All newly hired staff must attend a four-hour program called Safety Starts Here within their first 90 days of employment, according to Bristow.

"We start early by weaving in culture of safety principles – those based on high reliability and best practices – throughout our [orientation and new grad residency] programs, and all newly hired nurses must integrate them into their care," Bristow said. Those principles range from engaging in daily safety huddles to maintaining patient privacy to working collaboratively with all disciplines, and they are constantly reinforced.

All new hires also must commit to WFBH's "patient and family promise," according to Phyllis Knight-Brown, MSN, RN, WFBH clinical education manager and a member of the Association of Nursing Professional Development, an organizational affiliate of the American Nurses Association. That promise speaks to staff pledging to patients that they will keep them safe, care for them, involve them and their families in care, and respect them and their time.

"We also try to empower all our nurses to feel they can say, 'I have a concern' or 'I need help,' especially new nurses so they are not struggling alone," she said.

Looking specifically at newly hired, newly licensed RNs, WFBH provides them with a yearlong, residency-

type program called Journeys. It consists of a general and a unit-based orientation; a structured preceptorship; quarterly workshops, which include simulated practice and didactic sessions; and the opportunity to network and gain support from their co-hort. Workshop content is specific to new nurses' units, however, the eight-hour sessions also cover issues such as stress management and self care, cultural competence and diversity, safety terminology and resources, patient instability, and shared governance.

"We have some flexibility in the program so we can tailor it more to the needs of our new nurses," Bristow said. "We don't want to find out on the 89th day that they don't get along with their preceptor or haven't learned how to do x, y or z. So preceptors and nurse managers meet often to determine where someone might need training. Then that nurse is placed in a situation where he or she can learn, which really benefits them as new nurses."

WFBH also has a network of resource nurses, including preceptors, who can continue to provide guidance and information after the orientation and residency is complete.

Final comments

There is no secret recipe to creating a good orientation and onboarding program to retain competent and safety-focused nurses, according to Sherrod. However, it needs to be competency-based, nurse managers and staff need to celebrate and welcome new hires, and everyone should have a mentor.

Beyond orientation and residencies, retention also is dependent on factors such as workload, effective collaboration, strong professional practice roles and a healthy work environment.

"Having this retention culture is a way to help prevent a revolving door of new hires and strengthen an organization's culture of safety and retention by providing nurse-centered orientations and work policies," Sherrod said. "And retention is everyone's responsibility."

– Susan Trossman is a writer-editor for the American Nurses Association.

Too Tired to Function: Nurse Fatigue

Barbara Brunt, MA, MN, RN-BC, NE-BC, FABC

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Barbara Brunt

Nurse fatigue is defined by the American Nurses Association (ANA) as impaired function resulting from physical labor or mental exertion. There are three types of fatigue: physiological (reduced physical capacity), objective (reduced productivity) and subjective (weary or unmotivated feeling). Both registered nurses (RNs) and employers have an ethical responsibility to carefully consider the need for adequate rest and sleep when deciding whether to offer or accept work assignments, including on-call, voluntary, or mandatory overtime. Evidence-based strategies must be implemented to proactively address nurse fatigue and sleepiness; to promote the health, safety, and wellness of registered nurses; and to ensure optimal patient outcomes (ANA, 2014).

The following definitions are provided to ensure that everyone has the same understanding of terms.

Culture of safety: core values and behaviors resulting from a collective and sustained commitment by employers and health care workers to emphasize safety over competing goals.

Fatigue countermeasures: a range of evidence-based strategies aimed at either temporarily reducing and counteracting the effects of fatigue or sleepiness. Examples are the strategic (therapeutic) use of caffeine or naps and the combination of caffeine and naps to temporarily increase alertness.

Mandatory overtime: employer-mandated work hours beyond normally scheduled or contracted hours in a day or week, including required work over 40 hours in any seven-day period.

Sleepiness: the increased propensity to fall asleep. In contrast to fatigue, sleepiness is specifically due to imbalance in sleep and wake time, disrupted circadian rhythms, or inadequate quantity and quality of sleep.

Stakeholders: departments, organizations, union, individuals, families, communities, and populations that can affect or be affected by any policy, guideline, or change in a process that is implemented.

Voluntary overtime: work hours above and beyond the routinely recognized hours for the workweek without undue pressure from the management (ANA, 2014, pp. 8-9).

This article will provide background information, outline responsibilities of RNs and employers, and review research related to this issue.

Background

Inadequate sleep and resulting fatigue can affect a RN's ability to deliver optimal patient care. Working fatigued can lead to an increased risk of error; a decline in short-term and working memory; a reduced ability to learn; a negative impact of divergent thinking, innovation, and insight; increased risk-taking behavior; and impaired mood and communication skills. In addition, fatigue and sleep-deprived nurses are more likely to report clinical decision regret, which occurs when their behaviors do not align with professional nursing practice standards or expectations (ANA, 2014).

Fatigue also has major implications for the health and safety of RNs. Substantial scientific evidence links shift work and long working hours to mood disorders, obesity, diabetes mellitus, metabolic syndrome, cardiovascular disease, cancer, and adverse reproductive outcomes (ANA, 2014).

In addition, driving when drowsy endangers the lives of both the driver and other people on the road.

With this being ANA's Year of the Healthy Nurse, it behooves all of us to implement strategies to maintain our own health, to protect the health of those we serve.

In addition to the health and safety risks, the effects of fatigue and sleepiness have financial ramifications. Direct costs to employers include increases in health care costs, workers' compensation claims, early disability costs, recruitment and training costs, and legal fees (ANA, 2014). Nurse fatigue is frequently linked to patient safety initiatives. Despite regulations on shift length and cumulative working hours for resident physicians and people in other industries, there are no national work hour policies for RNs. Staffing issues, coupled with a weak economy, have motivated nurses to work past the end of their scheduled shift or to work additional shifts. One study using a sample of 22,275 RNs from four states showed that the longer the shift, the greater the likelihood of adverse nurse outcomes such as burnout and patient dissatisfaction (ONA, 2015). The Institute of Medicine recommends that RNs not exceed 12 hours of work in a 24-hour period and 60 hours of work within seven days (Institute of Medicine of the National Academies [IOM], 2004) .

The Centers for Disease Control and Prevention provides training for nurses on shift work and long work hours through two free continuing education programs: CDC course numbers WB2408 and WB2409. The purpose of this online training program is to educate nurses and their managers about the health and safety risks associated with shift work, long work hours, and related workplace fatigue issues. Part 1 is designed to increase knowledge about the wide range of risks linked to these work schedules and related fatigue issues and promote understanding about why these risks occur. Part 2 is designed to increase knowledge about personal behaviors and workplace systems to reduce these risks. Content for this training program is derived from scientific literature on shift work, long work hours, sleep, and circadian rhythms (NIOSH, 2015).

Responsibilities of RNs

As advocates for health and safety, RNs are accountable for their practice and have an ethical responsibility to address fatigue and sleepiness in the workplace that may result in harm and prevent optimal patient care. Nurses need to arrive at work alert and well rested, and should take meal and rest breaks and implement fatigue countermeasures as necessary to maintain alertness. RNs are responsible for negotiating or even rejecting a work assignment that compromises the availability of sufficient time for sleep and recovery from work. The amount of recovery time necessary depends on the amount of work, including regularly scheduled shifts and mandatory or voluntary overtime (ANA, 2014).

Examples of evidence-based fatigue countermeasures and personal strategies to reduce the risks of fatigue are outlined in the ANA position statement background information:

1. Sleep 7-9 hours within a 24-hour period and consider implementing strategies to improve the quality of sleep, such as adjusting the sleep environment so it is conducive to sleep (e.g. very dark, comfortable, quiet, and cool) and removing distractions such as bright lights and electronics from the sleep environment.
2. Rest before a shift to avoid coming to work fatigued.
3. Be aware of side effects of over-the-counter and prescription medications that may impair alertness and performance.
4. Improve overall personal health and wellness through stress management, nutrition, and frequent exercise.
5. Use benefits and services provided by employer, such as wellness programs, education and training sessions, worksite fitness centers, and designated rest areas.
6. Take scheduled meals and breaks during the work shift.
7. Use naps in accordance with workplace policies.
8. Follow established policies, and use existing reporting systems to provide information about accidents, errors, and near misses.
9. Follow steps to ensure safety while driving, such as recognizing the warning signs of drowsy driving, using naps or caffeine to be alert enough to drive, and avoiding driving after even small amounts of alcohol when sleep-deprived. Actions such as putting windows down, pinching themselves, or turning up the radio do not work.
10. Consider the length of a commute prior to applying for employment.
11. Prior to accepting a position, consider the employer's demonstrated commitment to establishing a culture of safety and to reducing occupational hazards, including nurse fatigue (ANA, 2014).

If necessary, a RN should seek a schedule that is a better fit for his or her needs by negotiating with the employer or by seeking other employment if negotiation is not possible.

Responsibilities of Employers

Employers of RNs are responsible for establishing a culture of safety, a healthy work environment, and for implementing evidence-based policies, procedures, and strategies that promote healthy nursing work schedules and that improve alertness. Safe levels of staffing are essential to providing optimal patient care and ensuring a safe environment for patients and RNs (ANA, 2014).

Employers should limit shifts (including mandatory training and meetings) to a maximum of 12 hours in 24 hours. Those limitations should include on-call hours worked in addition to actual work hours. In addition, they should conduct regular audits to ensure scheduling policies are maintained. Employers have a duty to ensure that nurses can take meal and rest breaks during work shifts. Furthermore, employers should facilitate the use of naps during scheduled breaks, as the benefits of napping during long shifts are well supported by research (ANA, 2014).

ANA recommends implementation of the following evidence-based strategies:

1. Eliminate the use of mandatory overtime as a staffing solution.
2. Have employers adopt – as official policy- the position that RNs have the right to accept or reject a work assignment to prevent risks from fatigue, that such rejection does not constitute patient abandonment, and that RNs should not suffer adverse consequences in retaliation for rejecting in good faith a work assignment to prevent risks from fatigue. This should include a system to evaluate instances of RNs rejecting assignments to evaluate causes and effectiveness of staffing patterns.
3. Institute an anonymous reporting system for employees so they can give information about their accidents, errors, and near misses. Factors that increase the risk for fatigue-related errors should be included in incident investigations so employers can determine if fatigue was a contributing factor.
4. Institute policies that address the design of work schedules, such as limits on overtime; actions to take when a worker is too fatigued to work; and policies and procedures during emergencies caused by weather and major disasters, when a large influx of patients may unexpectedly arrive at the health care organization.
5. Design schedules according to evidence-based recommendations. This includes involving nurses in the design of work schedules, using a regular and predictable schedule so the nurse can plan for work and personal responsibilities, and examining work demands with respect to shift length. Other strategies include limiting shifts to 12 hours, limiting work weeks to 40 or fewer hours per week, promoting frequent,

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uninterrupted rest breaks during work shifts, and planning two rest days after three consecutive 12-hour shifts, and limiting the number of consecutive 12-hour shifts to three shifts.

6. Reduce risks of drowsy driving by providing transportation home when a nurse is too tired to drive safely or by providing sleeping rooms close to the health care facility.
7. Promote fatigue management training and education for employees and managers, including education about sleep disorders (ANA, 2014).

Research Studies

Wolf and colleagues (2017) studied the effects of sleep and fatigue on cognitive performance. Their sample consisted of 1,506 nurses who worked at least one shift a week in an Emergency Department in the United States. They evaluated their performance on timed cognitive skill tests on medication dosage calculations. Although there were not statistically significant relationships between the speed and accuracy of their responses with sleep patterns, sleep quality and fatigue, a significant percentage of the sample reported high levels of sleepiness and chronic and acute fatigue that impeded full function both at work and at home. Although the authors could not determine from this study whether levels of self-reported fatigue affect cognitive function, participants did report difficulty with providing both self-care and patient care. Further research is needed.

A qualitative interview study was conducted by Steege and Rainbow (2017) to explore barriers and facilitators within the hospital nurse work system to nurse coping and fatigue. Twenty-two nurses working in intensive care and medical-surgical units within a large academic medical center participated in the interviews. All nurses in the study experienced fatigue, yet they had varying perspectives on the importance of addressing fatigue in relation to other health system challenges. A new construct related to nursing professional culture was identified and defined as "supernurse." Identified subthemes of supernurse included: extraordinary powers used for good; cloak of invulnerability; no sidekick; Krpytonite, and an alterego. These values, beliefs, and behaviors define the aspect of culture that can act as barriers to fatigue risk management programs and patient safety initiatives.

Sagherian and colleagues (2016) conducted a descriptive cross-sectional study looking at the association between fatigue, work schedules, and perceived work performance among nurses. Seventy-seven bedside nurses participated in this study. Nurses' acute and chronic fatigue levels were significantly associated with performance of physical and mental nursing care activities. Low intershift recovery was associated with inadequate hours of sleep, waking not fully refreshed, and working overtime. These findings indicated nurses had insufficient time to restore depleted energy levels outside work hours, which has patient safety implications. The findings of this study are consistent with the findings of a larger study (n=340) conducted by Steege, Pasupathy, and Drake (2017).

A risk management model for nurse executives to address occupational fatigue in nurses was described by Steege and Pinekenstiein (2016). They synthesized existing evidence on fatigue risk management and decision making in nursing leadership and developed a conceptual model of multilevel fatigue risk management in nursing work systems to address current fatigue management challenges. Their model included data sources, nurse fatigue monitoring, decision-support tools and risk management responsibilities/controls to improve patient outcomes. Evaluation of the effectiveness of specific hazard controls in minimizing fatigue and mitigating its associated risks is needed to guide nurse leaders in practice.

Fatigue is an issue that must be addressed to promote quality patient care. All nurses need to be aware of fatigue countermeasures and implement strategies to ensure they can safely function, whether taking care of themselves or others.

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New Medicare Cards Offer Greater Protection to More Than 57.7 Million Americans

New cards will no longer contain Social Security numbers, to combat fraud and illegal use

The Centers for Medicare & Medicaid Services (CMS) is readying a fraud prevention initiative that removes Social Security numbers from Medicare cards to help combat identity theft, and safeguard taxpayer dollars. The new cards will use a unique, randomly-assigned number called a Medicare Beneficiary Identifier (MBI), to replace the Social Security-based Health Insurance Claim Number (HICN) currently used on the Medicare card. CMS will begin mailing new cards in April 2018 and will meet the congressional deadline for replacing all Medicare cards by April 2019. Today, CMS kicks-off a multi-faceted outreach campaign to help providers get ready for the new MBI.

"We're taking this step to protect our seniors from fraudulent use of Social Security numbers which can lead to identity theft and illegal use of Medicare benefits," said CMS Administrator Seema Verma. "We want to be sure that Medicare beneficiaries and healthcare providers know about these changes well in advance and have the information they need to make a seamless transition."

Providers and beneficiaries will both be able to use secure look up tools that will support quick access to MBIs when they need them. There will also be a 21-month transition period where providers will be able to use either the MBI or the HICN further easing the transition

CMS testified on Tuesday, May 23rd before the U.S. House Committee on Ways & Means Subcommittee on Social Security and U.S. House Committee on Oversight & Government Reform Subcommittee on Information Technology, addressing CMS's comprehensive plan for the removal of Social Security numbers and transition to MBIs.

Personal identity theft affects a large and growing number of seniors. People age 65 or older are increasingly the victims of this type of crime. Incidents among seniors increased to 2.6 million from 2.1 million between 2012 and 2014, according to the most current statistics from the Department of Justice. Identity theft can take not only an emotional toll on those who experience it, but also a financial one: two-thirds of all identity theft victims reported a direct financial loss. It can also disrupt lives, damage credit ratings and result in inaccuracies in medical records and costly false claims.

Work on this important initiative began many years ago, and was accelerated following passage of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). CMS will assign all Medicare beneficiaries a new, unique MBI number which will contain a combination of numbers and uppercase letters. Beneficiaries will be instructed to safely and securely destroy their current Medicare cards and keep the new MBI confidential. Issuance of the new MBI will not change the benefits a Medicare beneficiary receives.

CMS is committed to a successful transition to the MBI for people with Medicare and for the health care provider community. CMS has a website dedicated to the Social Security Removal Initiative (SSNRI) where providers can find the latest information and sign-up for newsletters. CMS is also planning regular calls as a way to share updates and answer provider questions before and after new cards are mailed beginning in April 2018.

For more information, please visit: https://www.cms.gov/medicare/ssnri/index.html

B*arbara Brunt, MA, MN, RN-BC, NE-BC is currently an Education Consultant for Brunt Consulting Services. She has 28 years of experience in various nursing professional development (NPD) positions, from instructor, coordinator, to director. She retired from Summa Health System in February 2016 where she served as Magnet Program Director. She is an ANCC appraiser for continuing education through the American Nurses Credentialing Center and is the content editor for TrendLines, a monthly newsletter for NPD practitioners.*

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Vermont State Board of Nursing

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