

# UTAH NURSE

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February, March, April 2020

Quarterly publication to approximately 39,000 RNs and LPNs in Utah.

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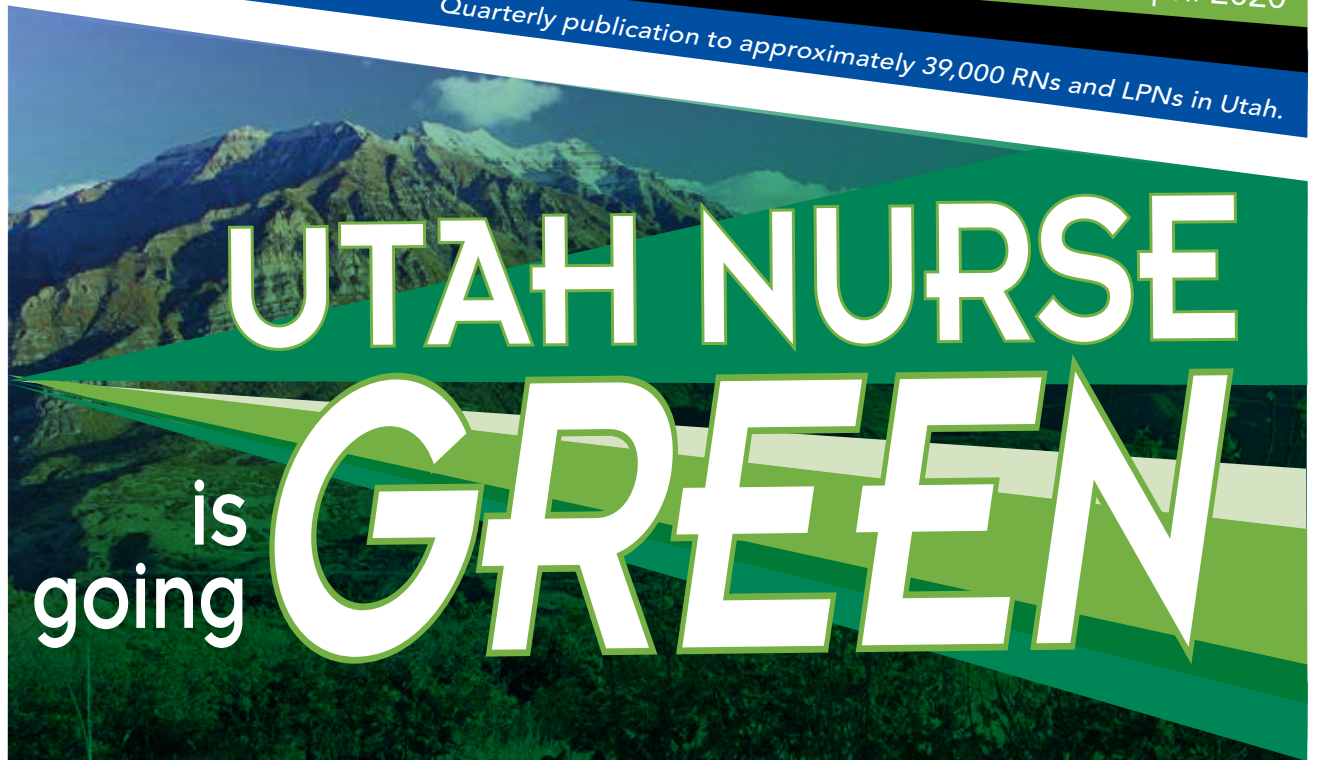
[www.utnurse.org](http://www.utnurse.org)

### The Utah Nurses Association Mission Statement:

The mission of the UNA is to advocate, educate, and be a voice for all nurses in Utah both individually and as a whole by promoting and facilitating the roles and functions of nurses in all areas of employment and in all aspects of professional practice.

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### Members of UNA/ANA will continue to receive a printed copy of this publication in addition to an emailed copy

The Utah Nurses Association Board of Directors is excited to announce that our quarterly newsletter, the *Utah Nurse*, is going GREEN!! Beginning with the next issue (May 2020) the *Utah Nurse* will continue to be mailed directly to all UNA/ANA members and will be sent to all actively licensed Utah nurses as an electronic publication.

The Board reviewed information and evaluations from our publisher and other ANA state associations that have adopted a similar policy and determined that this action would align with movement toward an environmentally friendly practice sparing significant natural resources in the future.

If you do not have access to email and are not a UNA/ANA member but would like to receive the print copy of *Utah Nurse*, please see Subscription information on page 2. If you have any questions or comments about *Utah Nurse*, please email them to [office@utnurse.org](mailto:office@utnurse.org) or mail to the UNA Office, 4505 S. Wasatch Blvd. Ste. 330B, Salt Lake City, UT 84124.



### UNA Presents Nurses' Day at the Legislature 2020

**Friday, February 28th 8:00 AM – Noon**  
Utah State Capitol Building 350 North State Street  
Salt Lake City, UT 84103

Join us to hear from legislators and health advocacy organizations and about upcoming surgical smoke-free legislation. The UNA Government Relations Committee will review bills UNA is supporting and/or following in the 2020 Legislative Session and how to make your voice heard!

We welcome all nurses and nursing students to attend. Complimentary morning beverages. Feel free to bring your breakfast.

### Save the Date

**UNA Symposium on Improving Workplace Safety Wednesday, May 6, 2020**  
*In honor of National Nurses Week and International Year of the Nurse and Midwife*

A day-long Symposium designed to encourage conversation among nurses and employers about workplace violence concerns, prevention and actions needed to support workplace safety. Further information will be published on the UNA website ([www.utnurse.org](http://www.utnurse.org)), announced through UNA's social media channels, sent to UNA/ANA members, and sent to health care delivery organizations and Schools of Nursing.

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# FROM THE EDITOR

Claire L. Schupbach, BSN, RN, CPC

Writing this message is poignant for me, as it is my last "From the Editor" message I will be writing. For the last four years, I have been honored to collate the *Utah Nurse*. At this time, I will be beginning my new role as a Director At Large for the UNA. The new editor, voted in by you all, will take over leading the *Utah Nurse*.



It's been quite a journey over the past four years and it is timely that a new change is occurring with the *Utah Nurse* at the time of this handoff. As you can see from the front page, we are going green, due to requests by the community and in alignment with other organizations. Remember also that e-versions of the *Utah Nurse* are available on our website.

Please continue to support this newspaper and the UNA with your articles and contributions. Enjoy the well-deserved attention in 2020, as we Celebrate Nurses.

## PUBLICATION

The *Utah Nurse* Publication Schedule for 2020

### Issue Material Due to UNA Office

May, June, July, 2020 Edition -  
March 5th, 2020

### 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 references should be cited at the end of the article.
4. Articles (if possible) should be submitted electronically.

Submissions should be sent to: [editor@utnurse.org](mailto:editor@utnurse.org)  
or  
Attn: Editorial Committee | Utah Nurses Association  
4505 S. Wasatch Blvd., Suite 330B  
Salt Lake City, UT 84124 | Phone: 801-272-4510

To submit a Letter to the Editor, include your name and contact information. (Due to sensitive issues the UNA can elect to publish anonymously.)

# Share Your Nursing Knowledge by Teaching STOP THE BLEED (STB)

Cherisse Davis, MS, RN, CNOR

Trauma is the leading cause of death for Americans under 46 years of age. One of the most common causes of preventable traumatic death is uncontrolled hemorrhage. In a response to the 2012 Sandy Hook Elementary School shooting, a national White House campaign, "Stop the Bleed,"<sup>1</sup> was established October 2015.

This global awareness campaign calls all health professionals to teach STB in their community. As a nurse, you can attend a Stop the Bleed course, and then attain "instructor" status to provide this important education to your friends and neighbors, local schools, places of worship, civic centers etc.

This program teaches the necessary skills to EVERYONE in order to control serious bleeding and become trained in proper tourniquet placement. It empowers bystanders to help those injured before professional help can arrive. Nurses make excellent instructors to support community members as they learn these skills.

Jamie Troyer, the Trauma Outreach & Injury Prevention Coordinator at the University of Utah Health, recently taught a STB course for students, parents, and faculty at Highland High School in Salt Lake City. One of the students who attended the training acknowledged that "school shootings are something that he worries about, and that the skills he learned from the training took away some of that fear by making him feel more prepared to face an emergency."

Save a Life! Take the course AND become an instructor. Join your nursing colleagues by teaching these skills so they become as familiar to the public as CPR and basic first aid. Contact your local hospital, the University of Utah Trauma Program, or visit <https://www.stopthebleed.org> for additional information.

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<sup>1</sup> American College of Surgeons (2019). Stop the bleed. Retrieved at <https://www.stopthebleed.org/> on 21 November 2019.

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Sharon K. Dingman, DNP, MS, RN

## PRODUCTION

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Articles and letters for publication are welcomed by the editorial committee. UNA Editorial Committee reserves the right to accept or 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  
4505 S. Wasatch Blvd., Suite 330B  
Salt Lake City, UT 84124  
[office@utnurse.org](mailto:office@utnurse.org), 801-272-4510

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

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# PRESIDENT'S MESSAGE

**Sharon K. Dingman, DNP, MS, RN**

The beginning few months of 2020 is a good time to review our individual and collective goals and opportunities as Utah nurses across various roles of practice. In reflection of the New Year, I was inspired by this quote: **"It doesn't matter how much we do – it is how much love we put into the doing."** – **Mother Teresa.** As nurses in Utah we have multiple opportunities to reflect and act in our important role for health care outcomes, patient and family well-being and satisfaction, and our collective contributions to the well-being of others across multiple venues in which we provide care. I invite you to join with me in reflection of your decision to become a nurse. Thank You!

The year 2020 is the **YEAR OF THE NURSE** as announced by Ernest J. Grant, PhD, RN, FAAN, President of American Nurses Association, and will include during the month May celebration and appreciation of influential roles nurses play in all venues of patient care delivery. The Year 2020 is also the 200 Year Anniversary of the birth of Florence Nightingale as announced by The World Health Organization (WHO). ANA has announced the **"Year of the Nurse and Midwife"** in the spirit of inclusivity and participation of all nurses in this landmark year of activities" (ANA Enterprise, 2019).

**ANA Enterprise – Year of the Nurse and Midwife.** Retrieved from [https://pages.nursingworld.org/yearofthenurse?utm\\_campaign=221202-Year%20of%20the%20Nurse%20and%20National%20Nurses%20Week&utm\\_source=ppc&utm\\_medium=HubSpot%20Landing%20Page&utm\\_term=YON](https://pages.nursingworld.org/yearofthenurse?utm_campaign=221202-Year%20of%20the%20Nurse%20and%20National%20Nurses%20Week&utm_source=ppc&utm_medium=HubSpot%20Landing%20Page&utm_term=YON)

**The Utah Nurses Association and Utah Nurses Foundation invite Utah nurses to attend the UNA Education Conference and Celebration**

**of the "Year of the Nurse and Midwife" on Wednesday, May 6, 2020.** For additional information about the conference event location and registration, please refer to the Utah Nurses Association Website at <https://una.nursingnetwork.com/contact>.

## Update and Focus: Leadership Summit Meeting

On December 3-5, 2019, Dr. Liz Close and I attended the 2019 Leadership Summit in Washington, DC, which encompassed the meeting of the Leadership Council and professional development for the State Nursing Organizations' Presidents, Executive Directors, and Chief Executive Staff. The Leadership Council is a representative advisory body that provides informed guidance, advice, and/or recommendations on professional issues and organizational matters via collaboration with the ANA Board of Directors. The Leadership Council reports to the Membership Assembly.

We participated in one full day of professional development and two full days of Leadership Council meetings. This event led to the ANA Board of Directors Executives and Open Business Session meetings that took place on Friday, December 6. The Leadership Summit Annual Meeting is a forum for planning at the National level that includes State level inclusion in the dialogues regarding process and function of roles and responsibilities for both the National and State organizations.

## Summary of this three-day Leadership Summit Meeting

**Day One.** Professional development with all Presidents and Chief of Staff Officers included networking with the State Organizations presentations/dialogue about "Thinking about Our Thinking:" The impact of Unconscious Bias presented

by Marsha Hughes-Rease, MSN MSOD, PCC. Being aware of personal bias and the impact on organization practice can shift ingrained thinking to allow an organization to become aware and help identify the impact on our organizations' thinking and action. The goal was "to identify biases as they emerge and counteract them on the fly to reduce their impact" (Hughes-Rease, 2019 verbal presentation).

We identified common biases including: Similarity (better than another); Expedience (this feels right, it must be true); Experience (my perception is accurate); Distance (near is stronger than far); and Safety (Bad is stronger than good.) (H. G. Grant Halvorson & David Rock, Strategy+Business, Beyond Biases, 2019 Leadership Summit). The summary from this activity included: Diversity and inclusion generates better business outcomes. We need both diversity and inclusion to be successful and to create a culture of trust, respect, valued, belonging, and intention with a sense of connectedness by belonging to a group. Better business outcomes are realized when participants feel highly included and trusted.

This experience was very valuable for participants as we used introspection on the learning from our own experiences of fairness, respect, valued, belonging, safety, openness, empowerment, and growing in team performance, decision making, and collaboration. Being an inclusive leader may well be the first important step for healthcare organizations in the changing environments we experience.



*President's Message continued on page 5*

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# FROM THE MEMBERSHIP COMMITTEE



**Peggy H. Anderson,  
DNP, MS, RN**



**Anmy T. Mayfield,  
DNP, APRN, FNP-C**

Welcome to our new members and renewing members. Please encourage your colleagues to join UNA this year (nursing students can join for free!)

The 2019 goals for the Membership Committee include the following: (1) Increase UNA member acquisition; (2) Provide services and maintain communication with members; and (3) Increase extent and quality of UNA relationships with professional nursing organizations in Utah.

Here is what we do: The UNA Membership Committee assists the Board and Executive Director (in alignment with ANA) in creating value for membership, nurse engagement, nurse excellence support, nurse health and well-being, and healthy work environments. The Membership Committee is responsible to recruit, retain, and increase Utah nurse awareness about the benefits of ANA/UNA membership and their active participation with the organization.

Along with increasing membership, we would like to “grow” our Membership Committee!

**We are seeking three (3) registered nurse members from different geographical areas in the state to join the UNA Membership Committee from inpatient/outpatient clinical care, education, and management. For questions about joining the Membership Committee, please contact:**

- Dr. Peggy Anderson, or Dr. Anmy Mayfield, UNA Membership Committee Co-Chairs, at [membership@utnurse.org](mailto:membership@utnurse.org)
- Dr. Liz Close, UNA Executive Director at [execdirector@utnurse.org](mailto:execdirector@utnurse.org)
- Contact the UNA Office at (801) 272-4510.

## Membership Benefit Information Online

Being a member of ANA/UNA makes a powerful statement about you and your commitment to nursing.

Membership provides a way for nurses across the United States and Utah to speak on behalf of nurses and patients for safe and consistent quality care. Continuing Education and member programs provide access to learning opportunities keeping nurses up-to-date on nursing knowledge and career advancement. Membership provides information about personal health and healthy work environments that are safe, empowering, and satisfying.

As a member, you have access to up-to-date journals and publications such as The American Nurse Journal; The Online Journal of Issues in Nursing (OJIN) by using a member log-in; E-News Letters: ANA SmartBrief, ANA Nurse CareerBrief, Nursing Insider, and Member News. You can also network and connect through social media with your state and national associations by visiting the UNA Website <http://www.utnurse.org>.

Please take a few minutes to review the current benefits of ANA/UNA Membership Information online.

Join or access through your MyANA account at <https://www.nursingworld.org>  
Visit Utah Nurses Association at: [www.utnurse.org](http://www.utnurse.org)

## IMPORTANT LINKS/CONTACTS AT-A-GLANCE

- ANA Membership Services: 1-800-923-7709, FAX: 1-301-628-5355, Mail: American Nurses Association, 8515 Georgia Avenue, Suite 400, Silver Spring, MD 20910
  - Update your Profile: <https://ebiz.nursingworld.org/Login/>
  - ANA E-mail Address: Membership: [memberinfo@ana.org](mailto:memberinfo@ana.org)
- ANA-PAC: <https://ana.aristotle.com/SitePages/pac.aspx>
- Ethics Issues: <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/>
- Lobbying – Federal and State: <https://www.nursingworld.org/practice-policy/advocacy/federal/>

## Professional Development and Networking Resources Online:

- ANA Careers Center: <https://www.nursingworld.org/education-events/career-center/>
- Navigate Nursing: <https://offers.wherenurseslearn.org/anamembers/>
- American Nurses Credentialing Center: <https://www.nursingworld.org/ancc/>
- For additional local information contact UNA via the website: [www.utnurse.org](http://www.utnurse.org) or send correspondence to Utah Nurse Association, 4505 S. Wasatch Blvd. Suite 330B, Salt Lake City, UT 84124.

## The Division of Occupational and Professional Licensing & The Utah Board of Nursing

**Jeff Busjahn, Bureau Manager  
Dr. Sheryl Steadman, Chair, Board of Nursing**

Greetings from the Division of Occupational and Professional Licensing (DOPL) and the Utah Board of Nursing (BON). The BON is a vital partner with DOPL in safeguarding the public health, safety and welfare of all people in Utah. DOPL utilizes the expertise within the members of the BON for guidance on various issues. The Board meets monthly and meetings are open to the public. The Utah Public Notice website can be reviewed for meeting dates/times, agendas, and minutes and audio recordings of past meetings. The BON meeting information can be found on the Utah Public Notice website (<https://www.utah.gov/pmn/index.html>) by selecting “State” in the Government tab, then “Department of Commerce” in the Entity tab and then “Board of Nursing” in the Body tab.

The BON consists of 11 members of which nine are nurses and two members from the public. Board members are appointed by the Governor’s Office and each Board member can serve up to (2) four year terms. Anyone interested in serving on the Board can

submit a CV and a letter of interest to the Bureau Manager (Jeff Busjahn) at DOPL.

### Duties and Responsibilities:

Duties and responsibilities of the BON include the following: a) recommend to the division minimum standards for educational programs qualifying a person for licensure or certification; b) recommend to the division denial, approval, or withdrawal of approval regarding educational programs that meet or fail to meet the established minimum standards; c) assist the division in reviewing complaints concerning the unlawful or unprofessional conduct of a licensee; d) advise the division in its investigation of complaints; e) recommend to the director appropriate rules; f) recommend to the director policy and budgetary matters; g) approve and establish a passing score for applicant examinations; h) screen applicants and recommend licensing, renewal, reinstatement, and relicensure actions to the director in writing; i) assist the director in establishing standards of supervision for students or persons in training to become qualified to obtain a license in the occupation or profession it represents; and j) act as presiding officer in conducting hearings

### Additional Functions:

Additional functions of DOPL in collaboration with BON include: 1) define which schools, colleges, universities, departments of universities, military educational and training programs, or other institutions of learning are reputable and in good standing with the division; 2) prescribing license qualifications; 3) prescribing rules governing applications for licenses; 4) provide for a fair and impartial method of examination of applicants; 4) define unprofessional conduct, by rule, to supplement the definitions within Code; 5) establishing advisory peer committees to the board and prescribing their scope of authority; and 6) establishing conditions for reinstatement and renewal of licenses.

Jeff Busjahn may be contacted regarding additional questions via email ([JBusjahn@Utah.gov](mailto:JBusjahn@Utah.gov)) or by phone 801-530-6789. DOPL and the Board of Nursing look forward to providing upcoming articles on the following topics: Scope of Practice issues, the how and why of the Nurse Practice Act and Rule and the Controlled Substance Database.

## Utah Nightingales – Utah’s First Honor Guard

Utah Nightingales is a Nursing Honor Guard to honor and recognize men and women who have dedicated their lives to the nursing profession. The Nursing Honor Guard pays tribute to individuals at the time of their death who dedicated their lives to helping others.

Active and retired nurses volunteer their time to travel the area and honor their fellow nurses. It is a privilege for the members of the Honor Guard to recognize nurses and help bring peace to mourners and family during their time of loss. Our volunteers serve any Registered Nurse, Licensed Practical Nurse, or Advanced Practiced Registered Nurse in the State of Utah.

The families choose what service will be performed by the Honor Guard but includes a group of at least three to six nurses dressed in the honor guard uniform. The uniform consists of the traditional white uniform, blue cape, and nurses cap. The honor guard can stand guard at the nurse’s casket or simply provide a presence at the visitation. “A Nurse’s Prayer” is recited at the funeral or during a special service and a Florence Nightingale nursing lamp is presented to the family. A white rose is placed on the nurse’s casket or next to the urn at the end of the service, which signifies the nurse’s devotion to his or her profession. The nurse is officially released from their duties at the end of the ceremony.

Utah Nightingales is being registered as a 501 C Non-profit organization. We are asking for a membership fee of \$20.00 to become a Utah Nightingale. This fee will provide the oil lamp, white roses given to the family and pay for the website. The service we provide is free to the family. Our goal is to eventually sponsor a scholarship opportunity for a single parent trying to obtain their nursing degree.

For more information, please find us on our Facebook Page: Utah Nightingales. Our website is [www.utahnightingales.org](http://www.utahnightingales.org). Or you can email us at [utahnightingales@hotmail.com](mailto:utahnightingales@hotmail.com)



## COME GROW WITH US!

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*President's Message continued from page 3*

The day ended with a panel discussion by nurses who have built a reputation through strong leader profiles; Having a strong message and tips for effective delivery; Having a media presence and trust as a go to media source at the state level; and Created personal next steps for message development and effective delivery of clear and concise messaging with a call for action.

**Day Two.** Discussions included work synergy between State organizations and ANA; An overview of best practices and collaboration; Advisory Groups and Mentoring Programs for new Presidents & Executive Directors; Strengthening the relationships; Flow of information, and synergies between ANCC Credentialing Program and C/SNA at state levels; and Opportunities for networking.

**Day Three.** Leadership Council Meeting began with a networking breakfast; Update on nurse staffing; implications and key considerations of LPN C/SNA Membership; and Year of the Nurse plans; Membership Assembly Preparation Dialogue Forms; Review of the Leadership Council Operating Guidelines and approval; and Election results of new ANA Leadership Council Executive Committee (LCEC) Members elections were announced for 2020-2021.

**Nurses as Problem Solvers and Innovators**

"Nurses are incredible problem-solvers" and can be celebrated as health care innovators and collaborators. There is an opportunity for nurses to become involved in problem solving and brainstorming creatively in their roles within their place of employment, with other healthcare disciplines within their organizational systems, and formally with nurse-lead teams in nursing operations, and/or with their State Nursing Organizations.

Take time to read and join with other UNA members in collaboration utilizing opportunities to improve care delivery. Nursing Organizations can join the ANA Enterprise, Leading by Example Newsletter for Nurse Leaders.

Retrieved from: [https://nursefocus.org/nurses-are-problem-solvers/?utm\\_term=NurseFocusNewsletter&utm\\_campaign=209500\\_Newsletter%20%26%20Blog%20Management&utm\\_source=hs\\_email&utm\\_medium=email&utm\\_content=80654160&hsenc=p2ANqtz-8U8sYleO2HV5235B7cdo6fXoA\\_qtL9FjB X9BJya75ZuqUE2g7dnTKn5OBte8N-M9aiH8TILn1KXkV0tnBLbv5w1COSKA&hsmi=80654160](https://nursefocus.org/nurses-are-problem-solvers/?utm_term=NurseFocusNewsletter&utm_campaign=209500_Newsletter%20%26%20Blog%20Management&utm_source=hs_email&utm_medium=email&utm_content=80654160&hsenc=p2ANqtz-8U8sYleO2HV5235B7cdo6fXoA_qtL9FjB X9BJya75ZuqUE2g7dnTKn5OBte8N-M9aiH8TILn1KXkV0tnBLbv5w1COSKA&hsmi=80654160)

**Creating a Culture of Sustained Excellence**

View ANCC Pathway to Excellence™ Program to learn about "Creating a Culture of Sustained Excellence" framework for health care settings by nurses. Nurses lead from the bedside to the Boardroom!

Retrieved from: [https://nursefocus.org/creating-a-culture-of-sustained-excellence/?utm\\_term=NurseFocusNewsletter&utm\\_campaign=209500\\_Newsletter%20%26%20Blog%20Management&utm\\_source=hs\\_email&utm\\_medium=email&utm\\_content](https://nursefocus.org/creating-a-culture-of-sustained-excellence/?utm_term=NurseFocusNewsletter&utm_campaign=209500_Newsletter%20%26%20Blog%20Management&utm_source=hs_email&utm_medium=email&utm_content)

**Organizational Opportunities and Commitment to Remember**

As we begin the new year of 2020, we are reminded the value of collaboration is more than just being friendly – *it is inclusive leadership with intentional and effortless processes.* Collaboration will empower others and create the conditions for team cohesion and promote diversity of thinking.

As the workforce becomes more diverse and inclusive, leadership is critical to success. Middle managers are vital to the success of organizations' diversity and inclusion strategy for team performance that leads to success or failure. One size will not fit all for the way information is delivered; Patient care experiences are shaped by interactions of care providers; and misconceptions need to be addressed for our organizations to be successful.

The future of health care requires making tough decisions when needed to ensure our values are upheld vs anything goes. We may need to walk in another's shoes to make tough decisions for the future of health care recipients including their perspectives of outcomes and the success of their care experience.

Diversity and inclusion of the health care workforce is essential and is powerfully essential for all patient care outcomes across all venues of health care delivery. Clear and concise messaging of both personal and organizational messaging is essential for nurse leaders in today's health care environments.

Thank You to all Utah nurses for your efforts on behalf of those we provide care and services to in our roles as nurses. Take Care!

**UNA President NOTE: Due to the timing of the UTAH NURSE editions and the scheduling of Year 2020 Board Meetings, additional information on the Utah Nurses Organization Annual Review and selection of UNA Organizational Goals will be placed on the UNA Website in February 2020 and in the May, June, and July issue of the UTAH NURSE.**



**Liz Close, PhD, RN, Ernest J. Grant, PhD, RN, FAAN, Sharon Dingman, DNP, MS, RN Leadership Summit Meeting, 2019**

# NURSES ON THE LOCAL FRONT

## Project Homeless Connect

On October 25, 2019, the Salt Lake City Annual Project Homeless Connect was held at the Salt Palace. It is a one-day event providing all services for those experiencing homelessness in one place staffed completely by community volunteers.

Some UNA members volunteered and collaborated with business leaders in the medical industry and a medical student, who started the non-profit Bags to Beds.



**Erin Mellas, Kaitlin McLean, Claire Schupbach, BSN, RN, CPC**



**Kaitlin McLean, Aimee McLean, MSN, RN**

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# Healthy Nurse Healthy Nation Year Two Highlights

Reprinted from American Nurse Today

On May 1, 2017, ANA Enterprise launched a bold initiative — Healthy Nurse, Healthy Nation™ (HNHN) Grand Challenge—to transform the health of our nation by first improving the health of its 4 million RNs. As we go to press, more than 117,000 individuals and 510 partner organizations have joined this exciting movement.

## Year in Review

### What is HNHN?

This grand challenge focuses on improving the health, safety, and wellness of nurses and nursing students, leading them to be more effective role models, advocates, and educators.

HNHN:

- connects and engages individuals and organizations to act within five domains: physical activity, rest, nutrition, quality of life, and safety
- provides a web platform to inspire action, cultivate friendly competition, provide content and resources, gather data, and connect nurses, nursing students, employers, and organizations.

When participants join, they create a profile page, make a health commitment, join challenges, engage in discussion, access resources and blogs, and take a health-risk appraisal (HealthyNurse® Survey)—all available on the interactive HNHN Connect platform. A private Facebook community and text-to-join option are also available. Nurses and nursing students can be chosen or nominated for #healthynurse spotlights that showcase their wellness journey in blog, social media, and newsletter content. Contests for health and wellness prizes are offered.

Newsletters go out monthly in two groups, one for HNHN partners and another for HNHN individual participants. Newsletters emphasize hot topics in HNHN social media and discussion boards.

Relevant wellness news stories and announcements are shared. Nurses' and nursing students' stories are showcased, as well as the health initiatives offered by their employers, organizations, and schools.

This second annual report summarizes HNHN's activities as well as statistical analyses of nurse and nursing student respondents' data related to the five domains as part of the HealthyNurse Survey. Partners' and participants' stories are highlighted, and specific features of HNHN, such as awards, challenges, and new offerings are featured.

### HealthyNurse Survey

The electronic HealthyNurse Survey focuses on nurses' health, safety, and wellness risks. Question categories include demographics, occupational health, employee and personal wellness, individual safety, and overall health. This institutional review board-reviewed survey takes about 15 minutes to complete. Participants receive their confidential results immediately in the form of an interactive heat map and link to the national average, ideal standard, and resources for most survey questions.

The HealthyNurse Index Score is a numeric representation of the heat map, based on the individual's answers to specific questions. Since the survey is slated to reset later in 2019, this Index Score will allow for ease in comparing survey scores year to year. In the past two years, over 20,000 participants have taken the survey. The results in this report are based on data received between February 2, 2017, and May 28, 2019, for a total of 18,537 completed survey responses, with invalid responses removed. (Note: Participants could skip several of the questions.)

### HNHN partnerships

Most organizations can join HNHN at three different partnership levels: Connector, Collaborator, and Champion. All levels agree to share information about HNHN with their employees and encourage nurses to join; in return, organizations are recognized on [hnhn.org](http://hnhn.org). A fourth category, Catalyst, is available by invitation only. At the highest level of engagement, Champions are asked to make a specific commitment to their nurses and to set metrics for success. They submit quarterly progress reports and engage in the web platform. As an example, Integris Southwest Medical Center reports, "Integris is initiating an employee resiliency training program in 2019. We expect to see improvement in multiple domains of self-care including nutrition, physical activity, rest, safety, and quality of life. Our goal for 2019 is to increase the number of employees who complete the [HealthyNurse] survey."

Champions' successes are highlighted in blogs, social media, and the HNHN newsletter. Collaborators and Champions can receive quarterly organization-specific data reports. These data are pulled from participants' HealthyNurse Survey results (de-identified) that are affiliated with their organization. At least 25 participants from the affiliated organization must take the survey to ensure anonymity of the aggregated, de-identified data before a report is issued. Partners find this data vital—Mayo Clinic Arizona (MCA) notes, "Being a Champion with ANA Enterprise in regards to HNHN gives MCA access to the

health survey data from our own staff. We use this data to help focus future seminars on areas where we have seen a need for change. The survey data shows how the health of MCA nurses is compared to the health of the nation's nurses. On future surveys we can use the data to see improvements in the health of MCA nurses."

During late 2018, HNHN held the Partners All In Awards, made possible, in part, by Stryker. The winners, the Medical University of South Carolina and the New Jersey State Nurses Association, were those organizations that had the most employees and/or members join HNHN from July 16 through December 15, 2018. Honorable mentions included CarolinaEast and the Texas Nurses Association.

### Nursing students

In 2019, a half-day HNHN workshop was held at Emporia State University, Emporia, Kansas, for the university's nursing students and other local nurses. Participants learned about HNHN and put together their own self-care plan.

In addition, they shared their thoughts on what HNHN's future direction and offerings should be.

Also in 2019, ANA Enterprise partnered with the American Association of Colleges of Nursing (an HNHN Catalyst partner) to launch the HNHN Student Ambassador program. This program is designed to increase nursing student and school of nursing participation in HNHN, to improve nursing student health, safety, and wellness.

### Everyone's a winner!

ANA Enterprise won the 2018 ASAE "Power of A" Silver Award for HNHN, recognizing the organizational work being done to advance the health of the nursing profession. Later that year, HNHN hosted the Join the Movement contest, which encouraged nurses to enroll in HNHN. The grand prize winner won an exercise bike. Hundreds of other HNHN participants won gift cards, delivery meal subscriptions, and other prizes. The HNHN e-store opened in 2018. It offers reasonably priced, attractive fitness wear and accessories, with bulk pricing available.

Although HNHN is designed predominately for nurses, it's open to everyone and is free of charge. HNHN can be found on social media, including:

Twitter: @HealthyNurseUSA  
Instagram: HealthyNurseUSA  
Pinterest: HealthyNurseUSA  
Facebook: Healthy Nurse, Healthy Nation

Join us at [hnhn.org](http://hnhn.org) and text *healthynurse* to 52-886 to get challenge tips today. HNHN is an ongoing initiative of ANA Enterprise.

## Physical Activity

### Data Points

#### From the community

Physical activity remains the most popular commitment domain for Healthy Nurse, Healthy Nation™ (HNHN), with nurses pledging to increase the amount and duration of their exercise. Several challenges, supported by Humana, addressed physical activity, including Move More! (focused on tips for boosting daily activity), Move 4 a Cause (participants used activity to support causes they felt passionate about), and the Renew Challenge (designed to renew both mind and body). Nurses' comments on the Move More! Challenge included:

- "I feel great, exercise is medicine." — CEM
- "Patients are encouraged and inspired when they see wellness in action." — JS
- "So I did it!!!! The goal was 750,000 steps from Oct 1, 2018, to January 31, 2019. I made 751,904!!!! GOAL!!!!!!!" — RR

Here are suggestions from experts and your nurse colleagues to boost your physical activity.

- Strengthen your muscles and prevent bone and muscle loss with resistance training. Consider resistance bands, free weights, weight machines, and classes.
- Get out into nature by taking up the Japanese practice of forest bathing. Turn off your phone and tune into the views, sounds, scents, and feel of nature.
- Start a wellness team at your organization. In addition to helping you be more active, you'll build connections that can enhance your mental health.

### Success spotlight

#### #healthynurse spotlight

"Currently, I have a goal to run a half marathon in all 50 states, and I have 18 more states to complete. You do not have to be a runner, but I encourage everyone I encounter to pick one activity and just do it. A mantra I say daily is 'move something.' As a result of my passion

for physical activity, I became a group fitness instructor in June 2018, taught myself how to swim in December 2018, and started studying aqua fitness and body pump. I would like to bring others on this journey" — Latonia Ford, MBA, BSN, RN (<https://engage.healthynursehealthynation.org/blogs/13/3060>)

"I paddleboard at least once or twice a week. It makes me want to see how much more I can push myself to go faster and farther." — Lauren Rodriguez, RN (<https://engage.healthynursehealthynation.org/blogs/13/3279>)

Lauren has completed the longest nonstop paddling race in the world—more than once.

Participants are allotted 88 hours to cover 340 miles.

"I was a bookish kid and not into sports. As I became an adult, I discovered I enjoyed exercising, biking, and swimming and incorporated those activities into raising young children. I became a nurse at 36 years old, and two years of night shift found me 25 pounds heavier and less active. A divorce became the impetus to hike, after trying alcohol and crying. My therapy of hiking a mountain became a love and now a necessity of life. Age 44 gave me a new love in my life and along with him, I discovered my passion for skiing! The message is it's never too late to bloom!" — Dionne Allen, BSN, RN ([engage.healthynursehealthynation.org/blogs/13/2023](https://engage.healthynursehealthynation.org/blogs/13/2023))

### Champion Partner spotlight Stepping up for heart health

UT Southwestern Medical Center employees shattered their goal of the Heart Month 2 Million-Step Challenge. Not only did they hit the 2 million-step goal—they walked right past it to collectively walk an impressive 3,122,017 steps. More than 600 employees also participated in a 10-minute walk, held during a heart healthy fair, and over 3,275 employees actively participated in the 2018 Dallas Heart Walk. Read more at [engage.healthynursehealthynation.org/blogs/24/3243](https://engage.healthynursehealthynation.org/blogs/24/3243).

### Promoting health

University of Mississippi Medical Center (UMMC) nurses can take advantage of healthier lunch/vending options, discounted membership to several locally owned UMMC gyms, a local farmers market, and an employee health-improvement program. Learn more at [engage.healthynursehealthynation.org/blogs/24/3059](https://engage.healthynursehealthynation.org/blogs/24/3059).

### Innovative offerings

INTEGRIS Southwest Medical Center offers unique options in its reward-based wellness program, including a rowing team, couch to 5K, mind/body therapies, volunteering opportunities, and on-site fitness coaching. Employees also receive a 40% discount on all foods designated as Eat Well options and can access a Facebook page for employees to communicate, inspire, and strategize in their pursuit of health and wellness. Read more at [engage.healthynursehealthynation.org/blogs/24/1922](https://engage.healthynursehealthynation.org/blogs/24/1922).

### On the go

NewYork-Presbyterian/Weill Cornell Medical Center (NYP-WC) nurses Elizabeth Laporte, MPS, BSN, RN, NE-BC, and Shirley Ames, MS, RN, served as volunteers at the 2018 New York City Marathon. They provided crowd and runner control during the event and ensured that everyone was safe. Read more about NYP-WC activities at [engage.healthynursehealthynation.org/blogs/24/3061](https://engage.healthynursehealthynation.org/blogs/24/3061).

### Putting nurses' health first

Humana is supporting three 2019 HNHN Challenges as it also supports its employees' health, including the Go365 wellness and rewards program where members earn points for completing healthy lifestyle activities like preventive screenings and fitness activities. Other initiatives include earning WOW (Work On Well-Being) points, and Take 10 (10-minute activities sent during the workday to remind associates to take a break and work on some physical activity, mindfulness, meditation, or other health-related activity.) The company also has an annual 100 Day Dash Step Challenge, where associates across the enterprise work on increasing steps for 100 days. Find out more about Humana's HNHN and wellness programs at [engage.healthynursehealthynation.org/blogs/24/3275](https://engage.healthynursehealthynation.org/blogs/24/3275).

## Quality of Life

### Data Points

#### From the community

Many Healthy Nurse, Healthy Nation™ challenges focused on growing resiliency, including Stress Less, Renew, Get Your Gratitude On, and Bring in the Joy! Participants committed to making more time for themselves and doing those things that bring them happiness. Leaving work on time and taking breaks were key.

Participant suggestions for growing resiliency included, playing with children, spending time on enjoyable hobbies, and talking with trusted mentors, coworkers, friends, or



family. Others noted that if the environment is too toxic, it's time to move on.

### Success spotlight A game changer

"Over the years, I would discover that health was more than the physical, it involved the emotional, the psychological, and the spiritual. I eventually decided to take my educational journey in nursing in a different direction when I enrolled in a master's degree in narrative medicine at Columbia University. This program was a game changer, transforming the way I approached my life and my patients.... It allowed me to see parts of myself that had shaped my journey and showed me the qualities that made me unique." – *Kimberly La Force, RN* ([engage.healthynursehealthynation.org/blogs/13/3254](https://engage.healthynursehealthynation.org/blogs/13/3254))

### Art of nursing

"I took the HNH challenge further by creating an HNH Mosaic. This was an original life-size oeuvre measuring 18 feet by 7 feet. The artwork showcased favorite exercises and sporting activities of our Philippine Nurses Association of New Jersey Bergen Passaic Subchapter Executive Board (EB). Mindful words that resonate for each EB [member] were outlined along the shape of each person. The mosaic was displayed in the Philippine Nurses Association National Conference." – *Jocelyn Espejo, BSN, RN, CCRN-CMC* ([engage.healthynursehealthynation.org/blogs/13/2425](https://engage.healthynursehealthynation.org/blogs/13/2425))

### Champion Partner spotlight Walking for wellness

The University of Texas MD Anderson Cancer Center tackles quality of life from a variety of perspectives through its WellNurse Program, including employee assistance, wellness-themed self-care baskets, and tranquility rooms with chair massages and mindfulness resources. These efforts have reduced staff call-off hours, and 80% of participants said the program influenced them to make healthy lifestyle changes. Other activities include group walks. Read more at [engage.healthynursehealthynation.org/blogs/24/3262](https://engage.healthynursehealthynation.org/blogs/24/3262).

### Renewing for health

In the Renewal Center at the Hospital of the University of Pennsylvania, nurses can take a breather and recharge. Over a year, there were 22,000 visits by nearly 3,000 individuals to the center; most were for respite, meditation, computer use, and lactation. Read more at [engage.healthynursehealthynation.org/blogs/24/2974](https://engage.healthynursehealthynation.org/blogs/24/2974).

### Team compassion

At Northwell Health's North Shore University Hospital, the interdisciplinary Team Lavender provides staff an opportunity for timely emotional, spiritual, and physical support. The team also can explore coping mechanisms and offer additional mental well-being resources as needed. Strategies were used to increase the use of Team Lavender over two quarters, doubling on five.

### Nutrition

#### Data points

According to the HealthyNurse® Survey, the nurses' average body mass index (BMI) is 28.5, which falls into the overweight category.

#### From the community

Nutrition is a popular commitment domain for Healthy Nurse, Healthy Nation™, with top pledges including controlling portions; reducing intake of nutrition-poor foods such as processed foods, sugar, and soda; ensuring adequate hydration; and embracing a plant-based or vegan diet. A popular challenge was Curb Your Sweet Tooth.

### Success spotlight #healthynurse spotlight

"I believe that each of us must pursue our own plan to lose weight and be healthier. What worked best for me was to journal my daily food intake and try to do some type of exercise five days a week. I use MyFitnessPal, which is a free app that allows me to track my food. For exercise regimen, I alternate between exercise videos and just plain walking. I lost 30 pounds in a year's time and have managed to keep most of it off." – *Pamela Cipriano, PhD, RN, NEA-BC, FAAN* ([engage.healthynursehealthynation.org/blogs/13/3179](https://engage.healthynursehealthynation.org/blogs/13/3179))

"We [my wife and I] always give ourselves a little treat at the end of the day. We know our bodies crave sugar, and we've never cut it out completely. We found options, like an 80-calorie ice cream treat, that fit... Anyone can do this." – *Danny Jimenez, BSN, RN, CNRN, SCRNP* ([engage.healthynursehealthynation.org/blogs/24/3218](https://engage.healthynursehealthynation.org/blogs/24/3218))

*Danny lost more than 80 pounds on his weight-loss journey, which included a food diary and portion control.*

"I had to learn to be happy in my journey, to be happy along the way, instead of only finding happiness in the end goal." – *Denise Norris, RN* ([engage.healthynursehealthynation.org/blogs/13/3280](https://engage.healthynursehealthynation.org/blogs/13/3280))

*Denise lost 235 pounds over eight years; she now eats a plant-based diet.*

### Champion Partner spotlight More fruits and vegetables

When the Medical University of South Carolina (MUSC) decided to focus on nurses' nutritional health, they started offering takeaway, fresh, seasonal, locally sourced food items through its Simply-to-Go program (supported by Sodexo). The organization's efforts paid off. Nurses tripled their daily consumption of fruits and vegetables, with 17% now consuming the recommended five servings and 72% consuming three or more servings. Read more at [engage.healthynursehealthynation.org/blogs/24/2053](https://engage.healthynursehealthynation.org/blogs/24/2053) and [engage.healthynursehealthynation.org/blogs/13/2225](https://engage.healthynursehealthynation.org/blogs/13/2225).

### Innovative diet approach

The Kentucky Nurses Association offered conference attendees the opportunity to have APOE gene testing at a significant discount so they could receive a diet based on their genetics; 75 took up the offer. When a person fuels the body with the right combination of healthy fats, carbohydrates, and proteins based on APOE, inflammation is reduced, reversed, and prevented. Read more at [engage.healthynursehealthynation.org/blogs/24/3151](https://engage.healthynursehealthynation.org/blogs/24/3151).

### Safety

#### Data Points

The HealthyNurse® Survey reveals a significant number of hazards for nurses at work.

#### Top 10 work hazards

Nurses reported they were at "significant level of risk" for the following (respondents could choose more than one):

Fortunately, those threats apparently don't always result in action; 12% of respondents had been assaulted by a patient or a patient's family member in the past year.

#### From the community

A popular safety challenge for Healthy Nurse, Healthy Nation™ (HNHN) was No More Distracted Driving, with an emphasis on no more texting behind the wheel. Although 40% of HNHN respondents said they never text while driving, and 38% said they seldom do it, 19% admitted that they sometimes text while driving, and 3% said they nearly always or always do it. Avoid the temptation by turning off cell phone notifications and being prepared (for example, begin your playlist before starting to drive).

The challenge Don't Get Stuck focused on avoiding sharps injuries. In all, 13% of HealthyNurse Survey respondents had sustained one or more sharps injuries within the last five years.

Other challenges included Celebrate Civility and #EndNurseAbuse. Access nurses' thoughts on bullying here and review tips for addressing nurse abuse here. Remember to be aware of your surroundings at all times, and proactively diffuse or remove yourself from a situation that could become violent. Employers should implement and enforce a zero-tolerance policy for violence.

### Success spotlight #healthynurse spotlight Leading in health

Peter Stoffan is a trained Pilates instructor, so it's not surprising that he's incorporated health into his leadership role as patient care director of the preop and postanesthesia care units at New York-Presbyterian/Weill Cornell Medical Center. Peter started Wellness Wednesdays, which have included nutrition, meditation, and aromatherapy, and launched Holiday Health Reset for a full week after Thanksgiving, which helps staff recharge for the continued holiday season. Most, if not all, of Peter's health initiatives are easy, cost little to nothing, require minimal planning, and can be incorporated into any unit. – *Peter Stoffan, MPA, BSN, RN, CCRN, NEA-B* ([engage.healthynursehealthynation.org/blogs/13/3063](https://engage.healthynursehealthynation.org/blogs/13/3063))

### Champion Partner spotlight Building healthy communities

Greater Baltimore Medical Center (GBMC) recognizes that building a healthier community starts with building their own employees' health. As part of its Greater Wellness programs, it provides a fitness center for staff and offers many community wellness initiatives such as a flu shot drive and skin checks. Read more at [engage.healthynursehealthynation.org/blogs/24/2377](https://engage.healthynursehealthynation.org/blogs/24/2377).

### Resources portal

Keeping staff safe includes safeguarding their health at Regional Health in South Dakota. The organization makes it easy for staff to engage in well-being activities by offering comprehensive resources that include an online portal and provides support for stopping unhealthy habits such as smoking. Caregivers can earn a Well-Being Contribution Credit after completing a series of voluntary steps. In addition, Regional Health has a robust, interdisciplinary network of approximately 85 Well-Being Champions from all five of their markets. The champions are an integral part in increasing participation, motivation, and visibility of the organization's LiveWell programming. Read more at [engage.healthynursehealthynation.org/blogs/24/1320](https://engage.healthynursehealthynation.org/blogs/24/1320).

### Supporting nurses' safety

The Maryland Nurses Association (MNA) has a practice and education committee workgroup that focuses on workforce issues. These issues can include, but aren't limited to, nurse staffing, the work environment, and occupational safety and health. The committee collaborates with appropriate stakeholders, identifies and enlists subject matter experts, and analyzes current data trends on these topics. Read more at [engage.healthynursehealthynation.org/blogs/24/2222](https://engage.healthynursehealthynation.org/blogs/24/2222).

### Promoting growth

The International Nurse Coach Association (INCA) has incorporated the HNH mission into its strategic vision. The organization states that the five domains challenge integrative nurse coaches to engage in deeper self-reflection, self-assessment, self-evaluation, and self-care, and to embrace personal responsibility, integral to enhancing personal growth, overall health, and well-being. In addition, INCA points out that the domains lead to wholeness and healing, noting that healing is a lifelong journey of seeking harmony and balance. Read more at [engage.healthynursehealthynation.org/blogs/24/2180](https://engage.healthynursehealthynation.org/blogs/24/2180).

### Rest

#### Data points\*

#### From the community

The Healthy Nurse, Healthy Nation™ Healthy Sleep Challenge encouraged nurses to get the rest they need, with increasing sleep hours topping the list of commitments related to rest. Visit the discussion on "What helps you get quality sleep" ([engage.healthynursehealthynation.org/discuss/viewtopic/35/12](https://engage.healthynursehealthynation.org/discuss/viewtopic/35/12)) for ideas that can help you improve your resting potential.

### Action Plan

You can use an action plan to help you start (or continue!) your own journey to health. Here's an example of an action plan worksheet filled out for physical activity.

### Success spotlight Support system

"Healthy Nurse, Healthy Nation™ started around the time when I started lifting weights. Because of my trainer and a new online nursing support system, I didn't feel alone. Suddenly I had people around me who were dedicated to living a healthy lifestyle. I felt a new responsibility to myself—I need to eat right, work out, and sleep well to feel healthy." – *Mary Alice Anderson, MS, RN, CNOR* ([engage.healthynursehealthynation.org/blogs/13/1771](https://engage.healthynursehealthynation.org/blogs/13/1771))

### Champion Partner spotlight Staying healthy under stress

In preparation for Hurricane Florence, the Pathway Taskforce at CarolinaEast Health System prepared goody bags for the nursing staff who would be staying in the facility throughout the storm. The goody bags contained treats such as fuzzy bedroom slippers, toiletries, and snacks. Each bag came with a handwritten note thanking the nursing recipient for his or her commitment to the health and safety of the New Bern community. The bags were placed in the nurse sleeping quarters along with a mint on each pillow. Read more at [engage.healthynursehealthynation.org/blogs/24/2684](https://engage.healthynursehealthynation.org/blogs/24/2684).

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# “MUSINGS OF CARING”

## Self-Reflective Moments of Nurses

**Sharon K. Dingman, DNP, MS, RN**

Being part of the story of others caring experience is a privilege we have as nurses. Thanks to those who have shared their experiences in this edition of *UTAH NURSE*. We are certainly part of a most rewarding profession.

Caring stories are part of our own history as individuals, however, collectively it is a history of our experiences in caring for others as we teach, uplift, inform, guide, develop and elevate the care of patients, their families and others. When we individually reflect on our shared moments with others in our care, the stories become part of our nursing history individually and collectively.

A musing is defined as a self-reflection or personal introspection of our caring actions and those of others on behalf of another person... our patients! Our own well-being influences our presence in the moments of care delivery. Patients and families know we have knowledge and we care about them (Dingman, 2019).

Connections with patients/families include aspects of respect, engagement, well-being, and are measured by patient satisfaction and patient care outcomes. Nurse to Nurse interactions are also a measure of our interactions with one another as colleagues. We are reminded that our well-being as nurses impacts moments of interactions with one another and the patient/family.

By sharing our caring experiences, we are able to reflect on integral parts of our professional/personal nursing experiences. Experiences of caring shared with colleagues is known to be a major influence on our own well-being as nurses, and contribute to patient engagement, satisfaction, and better patient outcomes.

### Musing of Caring #1: Caring is Memorable – Catherine Collins, BSN, RNC

Approximately twenty years ago I had shoulder surgery, which was supposed to be same day; afterward, however, they were unable to wake me. The general anesthesia was started at 11:30am and the next thing I remember was being transferred into a hospital bed on the floor after midnight. The anesthesiologist had tried, multiple times, unsuccessfully, to get a scalene block, but I have no memory of that.

A few days later, I had a strange, yet pleasant, warm sensation of someone touching my left hand and arm and calling my name, telling me to wake up. It was a woman with a British accent and, no, I was not on heavy-duty pain meds. Because the surgery was extensive, I had to be off work for three months.

When I returned to work, as an RN in NICU, I could not pass by Same Day Surgery without asking whether there was a female nurse there with a British accent. Indeed, she was there and remembered me because of the unusual situation.

Never underestimate the power of touch and the peace and calm it can provide; I will never forget that experience of being on the receiving end of the care I strive to emulate.

### Musing of Caring #2 – Emelinda Comer, DNP, MS RN

I am blessed to have been influenced by caring nurses early in my career. My first job as a nurse was at a long-term care facility in Pennsylvania where I had a glimpse of caring nurses in action. One nurse would promptly attend to a patient (who refused help from other nurses) that called out her name for immediate help (even if it meant a shorter lunch break). When she arrived at the patient's room, she found the need was to pick up a book off the floor. The nurse would smile and tell her patient to let her know if she needed anything else. Another nurse would patiently explain each time a patient with Alzheimer's brought up the same question throughout her shift.

At our end of shift report, these nurses continue to demonstrate caring behaviors by never complaining or saying negative things about patients or their “annoying” families. These nurses were also caring towards other nurses. They helped when other nurses were behind schedule and would volunteer to cover shifts for others who were sick or having personal emergencies. There was no gossiping, belittling, insulting remarks, or incivility. These caring behaviors were quite contrary to what I experienced as a nursing student.

During my student clinicals in an acute care setting, many of the seasoned nurses and nursing assistants appeared uncaring towards us. We were yelled at, insulted, and gossiped about. I often overheard nurses say how dumb students are and how glad that they were not like us. Each time we arrived for clinicals, we would hear them say, “Oh you're here again” in a condescending tone. I did my best to get out of their way and never raised questions or asked for help. Luckily, our clinical instructor was always nearby. I often wonder if my nursing clinicals would have been less stressful if nurses cared about us. But the experience however, was a lesson for me. I vowed to never be an uncaring nurse. I have kept this promise as I mentor new nurses or when I teach students in my role as an instructor. I continue to demonstrate this caring attitude as a faculty member in the academic setting while explicitly and implicitly teaching my students how to be caring in both their professional and personal life.

### Musings of Caring #3 – Claire L. Schupbach, BSN, RN, CPC

One of my most memorable moments as a new CPC, Certified Professional Coder, reviewing healthcare claims for fraud, waste and abuse was an appeal submitted by a patient's spouse for a healthcare claim with part of the charges denied. (I was already a bachelor prepared and practicing nurse.)

Our company applied correct coding rules to claims sent to us by insurance payers. The ethics of reimbursing healthcare claims accurately are aligned between the nursing

and coding professions. As a CPC I am ethically and morally bound to accurately apply regulations specific to reimbursing healthcare procedures and service.

Typically, appeals for service denied for additional medical information are submitted by the providers, typed and printed from a computer; not the patients. I opened the next appeal in my queue; the first thing I noticed was that it had been written on notebook paper, by hand.

The spouse of a sick patient had no other avenue but to write and submit their own appeal for part of a doctor visit that had been denied. The doctor's office had told the patient and their family that it was the insurance company that wouldn't reimburse the entire bill; however, it was the doctor's office that was charging twice for the same item.

Let me explain how this works. Similar to when you go to a hamburger joint for a burger, fry and drink deal, the price includes everything. They cannot charge you for the ‘meal deal’ and then also add a charge for the drink. That is called ‘unbundling.’ There is a similar concept in healthcare, as well. Unbundling is one of the primary drivers of healthcare cost waste and abuse, in coding and billing.

That afternoon, I took an extra hour to ensure I researched and documented for the patient's spouse, every regulation and guideline with the sources demonstrating the provider's overbilling. I hope they were able to successfully educate the billing office at the providers, who should have then adjusted the bill. I still think about that patient's spouse today, sitting at their kitchen table, worried about every penny and the health of their spouse and being forced to navigate the complex world of healthcare reimbursement regulations, unnecessarily.

### Summary

Thanks to each of you for your contribution to your self-reflective moments as nurses. This year as we celebrate the YEAR OF THE NURSE with ANA and all State Organizations, may we be mindful of the care we provide as professionals and the role of nurses every day. As we celebrate the Year of the Nurse 2020, may we be reminded of our own contributions to nursing by sharing our Musings with one another. We all have experiences to share that have been defining moments of caring in behalf of another.


You are invited to send your nurse caring story to be published in an edition of *UTAH NURSE* to me at [unapresident@utnurse.org](mailto:unapresident@utnurse.org). UNA looks forward to sharing your insights and experiences with Utah nurses and others. Thanks!

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# Death with Dignity Laws in Utah

**Tiffany L. Hood PhD(c), MSN, RN, CNE**  
**Utah Nurse Association**  
**Government Relations Committee Member**  
**Utah Nurse Association**  
**Education Committee Member**

## Death with Dignity Laws in Utah

Ten jurisdictions in the United States legally allow physician-assisted death. Eight states and the District of Columbia have active Death with Dignity laws, also called End of Life Options Acts, or Aid in Dying for the Terminally Ill laws, and one state has exercised the death with dignity right through court ruling. This type of legislation offers terminally ill patients the option of ending their own life at a time that is chosen by the patient. Though controversial, these laws have allowed for a dignified death for over one thousand terminally ill patients in the United States (Caparo, 2018; Death with Dignity, 2019; Resources, 2019; Simmons, 2018).

Death with dignity (DWD) laws allow for physician aid in dying through a prescribed dose of life-ending medication. Criteria for participation in states with these laws requires that the patient have a diagnosed terminal illness with an estimated six months or less to live, verified by at least two different physicians. Prior to obtaining DWD prescriptions, patients must participate in counseling and mental health examinations, and are provided alternatives, such as hospice care or palliative sedation. The patient must also be of clear, sound mind, and be able to self-administer the medication. Once a prescription is given, the patient is able to decide when to take the medication, and can change their mind at any time (Campbell & Cox, 2012; How Death with Dignity Laws Work, 2019; Orentlicher, Pope, & Rich, 2016; Reynolds, 2014).

## The History of DWD Legislation in Utah

In Utah, a DWD bill has been introduced five times: HB-391 Utah Death with Dignity Act in 2015, HB-264 End of Life Options Act in 2016, HB-76 End of Life Options Act in 2017, HB-210 Utah End of Life Options Act in 2018, and HB-121 End of Life Prescription Provisions in 2019. All five bills failed to make it past the House Health and Human Services Interim Committee (H. B. 121 End of Life Prescription Provisions, 2019; H. B. 210 End of Life Options Act, 2018; Utah Current Status, 2019). Four of the five bills (2015-2018) were sponsored by Utah House District 24 representative Rebecca Chavez-Houck.

## Opposition

**2015.** Since 2015, many arguments opposing DWD legislation have been voiced in the Utah legislature. The primary argument in 2015 was that of religious belief (R. Chavez-Houck, personal communication, July 16, 2019). The majority of adults in Utah practice Christianity. Of those, 13% are Protestants, 5% are Catholic, and 55% are members of the Church of Jesus Christ of Latter-Day Saints (LDS) (Major Religions, 2018). These religions vary in their views of ending one's own life. The protestant church believes that the individual has the right to control end of life care. The Roman Catholic church believes the act of taking one's life to be a sin, and the LDS Church also discourages the act but does not believe that the act of taking one's own life prevents salvation. (R. Chavez-Houck, personal communication, July 16, 2019; Renlund, 2018; Reynolds, 2014). During the 2015 legislative session, polls revealed that the LDS church was not against withdrawal of care and/or palliative sedation, but church members were against the idea of a physician providing the means for a terminally ill patient to end his/her life before the time of natural death (Schott, 2015).

**2016.** During the 2016 session, legislators voiced concern about normalizing suicide, feeling that if an end of life provision was passed, suicide might be seen as 'normal,' potentially leading children to think that suicide is okay. The 2016 session also brought up concerns about coercion by family members or physicians and protecting vulnerable patients from being influenced to make treatment decisions (R. Chavez-Houck, personal communication, July 16, 2019). A large body of research on states who allow DWD shows that there has never been a case of coercion by a physician or family member. All DWD laws currently in place, including those previously drafted in Utah, include strict consequences for coercion (Battin et al., 2007; R. Chavez-Houck, personal communication, July 16, 2019; Reynolds, 2014).

**2017.** The 2017 legislative session brought up concerns about the influence on family members, potentially leading to suicidal thoughts in loved ones of the terminally ill, and concerns about the grief process. Research shows that in states with DWD laws, suicide rates in the general population have been unaffected (R. Chavez-Houck, personal communication, July 16, 2019; Reynolds, 2014).

**2018, 2019.** Utah State Representative Rebecca Chavez-Houck introduced HB 210 Utah End of Life Options Act in 2018, and Utah State Representative Jennifer Dailey-Provost introduced HB 121 End of Life Prescription Provisions in 2019. Both bills, as well all previous Utah DWD bills, did not make it past the rules committee of the House of Representatives (HB 210, 2018; HB 121, 2019).

## House Bill 86- Manslaughter Amendments

In 2018, Utah House Representative Mike McKell drafted House Bill (HB) 86 entitled Manslaughter Amendments. HB 86 was signed into law in March of 2018 making the act of aiding another person in ending their own life a second-degree felony (Bill Status/Votes, 2018; Manslaughter Amendments, 2018). The intent of the bill was to prevent someone from assisting another person in suicide or coercing someone into suicide. The bill was inspired by the death of Jchandra Brown, a teenage girl who was encouraged by a young man to kill herself in 2017 in the woods in Payson County, Utah. Through investigation, it was discovered that the young man encouraged Brown's depressive and suicidal thoughts, encouraged her to commit suicide, planned a location and method for the suicide, purchased the rope that Brown hanged herself with, helped her perform the act, and videotaped Brown until she was no longer responsive.

When HB 86 was sponsored, pro-family and pro-life groups supported the bill, as did religious organizations. According to McKell, Utah is not ready to accept the idea of assisting with another person's death. McKell stated that as a society, Utahns value the sanctity of life (M. McKell, personal communication, June 27, 2019). McKell urged that societies need to protect the vulnerable, including patients, who may not be making clear decisions and may be influenced by family members, healthcare providers, and others around them. McKell emphasized the risk that beneficiaries may urge the patient to ask for DWD medications, and the risk that the patient's healthcare provider may inadvertently, or even purposefully, recommend a life-ending prescription, influencing the patient's decision, although to date the literature does not demonstrate that this has happened in other DWD states (Mike McKell, personal communication, June 27, 2019; R. Chavez-Houck, personal communication, July 16, 2019; Reynolds, 2014).

Though Death with Dignity acts are enacted for the terminally ill, and are utilized by adults with an estimated six months or less to live, HB 86 affects the ability to pass a Death with Dignity act in Utah. In order to pass legislation of this kind in Utah, HB 86 would need to be overturned.

## Why Death with Dignity?

The literature describes reasons why patients choose to participate in DWD laws. The most commonly cited reasons include the loss of autonomy, severe pain, loss of dignity, decrease in quality of life, and the desire to control the circumstances of death; wanting to die before the pain and/or indignity becomes too much to bear, or before the terminal illness causes the patient to no longer be able to care for themselves. One of the most commonly cited reasons is the prevention of suffering. (Campbell & Cox, 2012; Caparo, 2018; Ganzini, Goy, & Dobscha, 2007; Loveland, 2016; Reynolds, 2014; Simmons, 2018). At this time, in Utah, a legal Advanced Directive document can be used in the decision to stop life-sustaining treatment, but advanced directives do not allow the patient the choice of how long their illness progresses (Frequently Asked Questions, 2018).

## The Future of Death with Dignity in Utah

At this time, there is no mention whether a bill of this nature will be introduced during the 2020 legislative session. Should a bill be introduced, clarification and education is needed in order to ensure that the public, as well as legislators, are fully aware of the differences in DWD legislation and assisted suicide. Further education is needed in order to help the public understand the safeguards behind the legislation, criteria for participation, and the experiences of those who are suffering with a terminal illness in order to make informed decisions (See Appendix A). Death with Dignity can provide a solution for a dignified humane death for the terminally ill, as long as legislation includes safeguards for both patients and healthcare providers.

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## Appendix A - DWD/PAD Law Safeguards

- Patients must meet stringent eligibility requirements, including being an adult, state resident, mentally competent, and having a terminal diagnosis with a six-month prognosis as confirmed by two licensed physicians.
- Only the patient him or herself can make the oral requests for medication, in person. It is impossible to stipulate the request in an advance directive, living will, or any other end-of-life care document.
- The patient must make two oral requests, at least 15 days apart.
- The written request must be witnessed by at least two people, who, in the presence of the patient, attest that to the best of their knowledge and belief the patient is capable, acting voluntarily, and is not being coerced to sign the request. One of the witnesses cannot be a relative of the patient by blood, marriage or adoption; anyone who would be entitled to any portion of the patient's estate; an owner, operator or employee of a health care facility where the eligible patient is receiving medical treatment or is a resident or the patient's attending physician.
- The patient must be deemed capable to take (self-administer and ingest) the medication themselves, without assistance.
- The patient may rescind the request at any time.
- Two physicians, one of whom is the patient's attending physician, familiar with the patient's case, must confirm the diagnosis. Each physician must be licensed by the state to practice medicine and certified to prescribe medications.
- If either physician determines the patient may be suffering from a psychiatric or psychological disorder or depression causing impaired judgment, they must refer the patient for evaluation by a state licensed psychiatrist or psychologist to determine their mental competency. Medication cannot be prescribed until such evaluation determines the patient is mentally competent.
- The attending physician must mail or hand-deliver the prescription to the pharmacy.
- The patient must wait 48 hours from their written request to fill their prescription.
- The request process must be stopped immediately if there is any suspicion or evidence of coercion.
- The physicians must meet strict reporting requirements for each request.
- Anyone who falsifies a request, destroys a rescission of a request or who coerces or exerts undue influence on a patient to request medication under the law or to destroy a rescission of such a request commits a Class A felony. The law also does not limit liability for negligence or intentional misconduct, and criminal penalties also apply for conduct that is inconsistent with it.

(Frequently Asked Questions, 2018, para. 68)



# GRC REPORT

**Kathleen Kaufman MS, RN, GRC Co-Chair**  
**Diane Forster-Burke, MS, RN, GRC Co-Chair**

After consideration of issues we have monitored through August, we proposed the following list to our BOD (Board of Directors) as priority issues to be followed by the Government Relation Committee during the 2020 general session. The UNA BOD concurred with these choices:

1. Full Medicaid expansion
2. Air Quality improvement
3. Increasing the number of school nurses
4. Surgical Smoke-Free ORs
5. Opioid Epidemic
6. Gun Safety (support thorough criminal background checks before purchase of any gun, and extreme risk protection orders or "red flag" laws)

Note the potential purchase of drugs at lower cost from Canada is not on this list. Rep. Thurston explained this issue has become important in at least seven other states and the states are collaborating to see how best to explore this cost saving option.

Considering the content of the Interim HHS hearings in October and November, we have decided it will be important to add one more category of legislation that will merit scrutiny and possible support for mental health care throughout Utah. Several new bills will address various aspects of Utah's lack of mental health services for most of its citizens (See November Interim Report).

## October HHS Interim Hearing (Oct. 16, 2019)

This hearing covered important issues from developing a new health care spending transparency tool to the body of behavioral health recommendations arising from the Governor's Summit.

## Healthcare Spending: Price Transparency Tool for Consumers

This was a lengthy discussion describing an evolving tool to possibly be active for the public in beginning of 2020. However, many gaps still exist. First, the points presented by Rep. Brad Daw. He defined the cost of MD's care as an internal cost and payment/cost for the patient as the actual amount paid. The purpose of the bill is to present a healthcare pricing tool that is clear and accurate for the consumer.

Daw intends the process and prices to be determined with input from all stakeholders. This tool does exclude anyone on Medicaid or Medicare. The tool is also based on a survey that collects information from the median level providers. Prices of those facilities or providers who perform either low or high volumes of procedures are excluded to avoid skewing the data. (This makes sense from a statistical perspective but does not help the patient living near a hospital with a low volume of procedures, find out the cost of those procedures at the local hospital.)

At this point the creating body has analyzed 190 procedures involving medical care. (At this time, care provided by APRN's is not included.)

Daw asked the state auditor to report the percent of total procedures included in this tool. Question: Does the review of costs also look at the success of procedures? Rep. Eliason referring to the overlay of what insurance will bill the patient and suggested that cash pay information for the uninsured or those with high deductibles be included. Brian King noted

while it is good to know the providers' cost, the real problem lies with not knowing what the insurers will pay. He noted people with commercial insurance have no idea what this will be until AFTER the procedure is done. Those on PEHP do know a procedure, say a colonoscopy, will be paid at from \$900 to \$2700.

Eliason also asked if pharmacology costs are covered. They are not yet included.

## Behavioral Healthcare – Report from Stakeholders:

(Read full Kem C. Gardner Institute report posted at Legislature website for August Interim meeting re: Utah's needs in mental health care.)

## Tier I A Beginning Place: Identify and recommend what an ideal system would look like:

1. Integrated mental and physical services available in a timely manner.
2. Mental health screenings to assess and ID risk leading to early interventions.
3. People in need of mental health care have resources to access necessary services as well as safe, appropriate places to live.

Greg Bell (ED of the UHA) stated the mental health system is a Rube Goldberg system. He went on to say the frontline is public education: teachers and counselors. Of note, he made no mention of nurses at all yet, as we all know, education is a significant part of nursing practice.

## Early Mental Health Parity Act:

Brian King remarked the best mental health care will be afforded to those who either qualify for Medicaid, or are wealthy. He states the problem is for middle class, especially those with high deductible plans.

## Tier II to Tier IV: Records are going to be a sustained process.

1. Gaps exist across the entire continuum
2. Prevention and early intervention are vital
3. System should be patient and family-centered

Greg Bell's perspective is with increased problems we see increased tragedies and this early intervention will make a profound impact.

Rep. Sandra Hollins (an LCSW) questions the practice of MCOT (Mobil Crisis Outreach Team) if the person has a substance abuse issue and a mental health problem. Her observation is that MCOTs are well-equipped to deal with substance abuse, but not well-equipped to deal with mental health issues.

She adds that people on the street with severe mental health problems can't make appropriate decisions.

Rep. Brian King: We can't expect patients who are stabilized in an inpatient setting to maintain this stability without affordable housing. He went on to note the shortage of psychiatrists, but also a lack of therapists and other practitioners such as LCSWs.

Ray Ward asked two key questions:

1. Given the good economy, why are mental health problems more common and apparently more severe now? (Utah is 51<sup>st</sup> in providing mental health care to adults.)
2. What are measures we can use to know if we are making a difference in mental health care in Utah?

Rep. Steve Eliason summed up with an Apollo paraphrase: "Utah, we have a problem." He went on to advocate for a coordinated crisis system. He presented a report "Mental Health in Utah" that grew out of a mental health summit recently held by the Governor. (This report is available in the meeting materials for this meeting at the legislative website calendar.)

Eliason referred to the Community Mental Health Act of 1963 that effectively deinstitutionalized majority of mentally ill in the US. He noted that by 1973 the mentally ill had essentially been re-institutionalized – in jails or prisons. (As noted in other HHS meetings, most of mental health care occurs in jails or prisons in Utah.) He also noted that 20 counties in Utah have no psychiatric providers.

Eliason called for major support for increasing community education and awareness and called for funding two more psychiatric residencies in the state. Perhaps we should make him aware of the contribution nurses can provide to this community education, awareness, and treatment.

Spirited discussion followed detailed presentations with many questions asked by the committee members. Virtually no public comment occurred at this meeting. However, Michelle McComber, ED of the UMA, had arranged to comment and she pointed out the Governor's Summit of "stakeholders" included no actual mental health providers such as representatives from the UMA or from the Utah Psychiatric Association. (This is essentially true, the list of stakeholders was almost exclusively administrative heads of hospitals, systems, mental health programs.) McComber urged that more providers needed to be included in any further study, or in any future summit.

Throughout the discussion no mention of nurses as participants in any level of mental health care occurred. Those who are psychiatric APRNs are either too few in number to be counted or they have not recently contacted HHS members. Greg Bell, ED of UHA did finally briefly acknowledge the contribution to mental health care by APRNs, PAs, LCSWs, and up trained PCPs.

## Substance Misuse: Controlled Substances Advisory Recommendations

Rep. Paul Ray called for a new Spice formula to be added to the list of substances overseen by this committee. This and some personnel additions to the committee will be part of a committee bill and all passed unanimously.

## Substance Misuse: Medical Record Falsification

Rep. Brad Daw proposed to make falsification or changes in patient records a point of professional misconduct in ALL health care practice acts. He said, "if it is good enough for the nurses, it should be good enough for all health care professionals." This passed the committee unanimously and will go forward as a committee bill in 2020.

## Family Planning Services: Administration of Title X Funding

Another discussion centered on the federal government's recent restriction of Title X funding. Family planning funding which went into place in 1973 for facilities providing family planning for low income women including underage teens without parental permission. Planned Parenthood has been the recipient of these funds in Utah but will no longer be able to receive these funds given they teach and counsel about abortion as a choice for women. No facility can receive these funds if they teach or refer for abortions. Even though PPA has performed few abortions, they will no longer receive federal funding. It is not clear whether any other agency has been able to pick up the funding in Utah. Utah has lost a possible \$2.5M in funds for low income women's family planning. Rep. Lisonbee asked who would not be covered given passage of HB12 in 2018, where Medicaid was expanded to provide contraceptive services. The answer is women who are uninsured and earn less than 138% of federal poverty level. (still a sizeable number of women in Utah) Sen. Allen Christiansen equates all family planning with abortion and stated he likely would not support any family planning coverage.

## Substance Misuse: Youth Prevention

A working group will be formed to study the effects of e cigarettes and vaping on youth, with a report back to the legislature. Rep. Eliason suggested that "Parents Empowered" be used to cover all substance misuse based on the success with underage alcohol abuse.



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**November HHS Interim Hearing (Nov. 20, 2019)****Substance Misuse: Youth Prevention**

Rep. Paul Ray addressed Sen. A. Christensen's bill focused on e-cigarettes. The bill would establish a committee to oversee the problem of vaping (collect and analyze data) for UDOH. The focus will include all ages, but particularly focus on youth. This Youth Electronic Cigarette Committee will develop a prevention program and future funds for implementation of the prevention program. J Dailey Provost moved to make this a committee bill.

**Medical Cannabis: Treatment Guidelines**

Medical Cannabis Treatment program report: Dr. Ed Redd is chair of the committee which is the Cannabinoid Product Board. This board is charged with looking at side effects, benefits, and treatment guidelines. They incorporate multiple sources for their review work, including guidelines from Canada. Patients vary in their response to medical cannabis. They have looked at studies done outside the US. Even though foreign IRBs may be different, their data on effects etc. is still valid. Sen. Vickers (pharmacist) thanked the committee for their work. He asked where they are on pharm information. They hope to have the document ready to send to DOPL by March for distribution to providers.

Dr. Redd stated the guidelines will be available to providers at UDOH and at a website. UDOH will have this document available to providers and pharmacists. Rep. Dailey-Provost asked if an MD can be comfortable asking a pharmacist for dosing. The answer was yes, this is done on many occasions. Sen. Barlow suggests a package insert for patients would be helpful.

**Behavioral Health Care: 2020 Legislation**

Rep. Steve Eliason presented Utah's Coordinated Crisis System report, a report on/crisis response treatment and resources. The Legislature funded a study with the Utah Hospital Association (UHA) for an analysis by Kem Gardner Institute of mental health in UT. Utah is 51st in the nation for adult mental health care needs. We are 5th in the nation for suicides, although there is a slight downward trend in suicide rates. UHA formed a behavioral health workgroup. Studies were also done on our crisis system. We don't have adequate subacute services for mental health clients. Urban areas are doing better but rural areas do not have sufficient services.

Rep. Eliason said the number one reason for a visit to the UUMC ED is a mental health issue. Chris Stewart has a bill in Congress to access mental health services at 988 phone number, providing a single national phone number for crisis calls.

A focus on Eliason's bill for this year is to fund mobile crisis units in rural areas. They are available in many urban areas. (MCOT = Mobile crisis outreach team) Calling an MCOT is more appropriate to call than 911 where the police/ambulance/fire departments respond. MCOTs are unmarked vehicles decreasing stress on the patient. UNA supports use of MCOTs. The plan is to have the lowest level of crisis care as a 23-hr receiving center for observation and stabilization at UUMC or Intermountain Healthcare. This would be less expensive and more effective than an ED visit. The patient would begin treatment, therapy, and stabilization. If needed, subacute hospitalization would consist of a three day stay in a subacute unit, with the last resort being acute in-patient hospitalization.

Eliason is proposing a "Warm Line" telephone for crisis intervention. This would save law enforcement from having to determine ED or jail for person in mental health crisis. Police using this system can delay criminal charges if an individual participates in treatment. If the patient does not stick with treatment, then charges start. In AZ, this type of system saved the FTE time of 37 officers instead of having them holding individuals waiting to be seen in EDs or jails. Davis County will begin this process December 5th. Senator Hollins asked about services for youth. This bill would address youth, funded by Intermountain Healthcare. If someone calls dispatch, an officer may be sent out who then can call MCOT and begin crisis intervention. The fiscal impact to both establish the MCOTs state-wide and the short stay units is \$6 million. This proposed bill passed favorably out of committee with a unanimous vote.

**Medicaid Expansion Update****Medicaid Expansion has come to Utah !!!**

While the federal government has indicated they will not approve the waivers Utah has asked for in SB 96, Utah's version of Medicaid partial expansion, there is no guarantee they won't change their position. **However, on December 23rd, Utah received word that full Medicaid Expansion will occur in Utah starting January 1, 2020!!!**

A surprisingly high number of public comments came in concerning the proposed waivers. More than 6,000 people took the time to respond to this call for public comment in the UHPP survey. All comments submitted were in favor of full expansion. Thanks to all of you who sent in a public comment, called your legislator, or discussed this with colleagues, patients, and friends.

Implementing full expansion now will save up to \$6.6 million per month and will answer to the will of the people in providing access to our low-income citizens. Stay engaged and check the UNA and the UHPP websites for any further action needed or progress made.

Next step is to encourage all people making less than \$17,236/year for one person or less than \$35,535/year for a family of four to sign up for Medicaid coverage. This can be done by contacting Take Care Utah at 801-433-2299 to set up an appointment to complete the application. There is a work requirement which may affect some people but there are many exemptions for those unable to work. This requirement entails the Medicaid recipient to make 48 work related contacts, not necessarily full applications, within a 3-month period. Both the UNA and UHPP will post the full list of exemptions on our websites for your review.

Many previously ineligible for Medicaid, may now be eligible. Encourage your patients to apply.

**New Focus for Legislation to Protect Nurses and OR Teams**

National AORN office is focused on passing surgical smoke free operating room legislation state by state. The National AORN has hired Foxley & Pignanelli as the lobbyists for this bill. Senator Kathleen Riebe will be the sponsor of the Surgical Smoke Free bill with Sen. Jani Iwamoto, Rep. Suzanne Harrison, and Rep. Carol Spackman Moss as co-sponsors. The GRC has contacted multiple legislators describing the health risks of surgical smoke. A few legislators have inquired why this needs to be legislation and the answer we have provided is that OSHA identified the health risks of surgical smoke in 1988 with recommendations to have a policy to evacuate the smoke. Most hospitals have not adopted operating room surgical smoke free policies. Most legislators will not commit to support until they see the bill language. In Utah, Shriners Hospital has gone smoke free and Intermountain Healthcare is piloting smoke free in their ORs at Park City and Bear River. St. Mark's Hospital is making progress towards smoke free operating rooms. Sen. Riebe is working with Foxley & Pignanelli to get the bill written by Legislative Research. When

we have bill language and a bill number, it will be posted on the UNA and AORN websites.

We have learned a lot about surgical smoke risks from our AORN colleagues. We learned 86% of all surgeries involve cauterization producing smoke. The smoke affects all staff (RNs, surgical techs, MDs) in the OR as well as any patient who is not intubated. Think of a woman undergoing a C-Section. She, her partner, and her newborn baby are all exposed in the OR to the surgical smoke produced by cauterization during her procedure.

We have letters of support from the CRNA Association, Utah Physicians for a Healthy Environment, and will also have the support of Utah Nurse Practitioners. Utah Hospital Association's lobbyist, Dave Gessel, said they have not heard from staff about their concerns for exposure to surgical smoke. So, all surgical nurses need to speak to their administrators to let them know we must "Go Clear" or "Smoke Free."

Please join our colleagues at our annual **Nurses Day at the Legislature** to be held in the Governor's Hall of the Capitol on Friday February 28<sup>th</sup> from 0800 to 1200. See website for any updates.

# A Voice for Nursing

UNA leaders represent your interests in a wide variety of meetings, coalitions, conferences and work groups throughout the year, anticipating and responding to the issues the membership has identified as priorities. *In addition to many meetings with legislators, regulators, policy makers and leaders of other health care and nursing organizations, the following is a partial list of the many places and meetings where you were represented during the past three months...*

- UNA Executive Committee Meeting
- UNA Conference Committee Meeting
- Health and Human Services Committee Interim Meetings
- Utah State Board of Nursing
- WEX Leadership Meeting
- Utah Health Policy Project Roundtable
- Sigma Theta Tau Nu Nu Chapter Board Meeting
- ANA National Quarterly President's Policy Call
- UNA Membership Committee Meeting
- Sigma Theta Tau Iota Iota Chapter Board Meeting
- ANA Value Pricing Plan Call
- Department of Professional Licensing Meeting
- ANA and Constituent and State Nurses Associations VPP Collaboration Meeting
- ANA Policy and Government Affairs with Constituent and State Nurses Associations Conference Call
- ANA and Constituent and State Nurses Associations Executive Leadership Conference Call
- Annual BYU Nurse Practitioner/Admin Reunion
- 2019 ANA Leadership Summit, (D.C.)
- Project Homeless Connect SLC
- Eagle Gate and Provo College Inaugural 2019 Utah Annual Conference



**Blaine Winters, DNP, ACNP-BC, Patricia Ravert, RN, PhD, CNE, ANEF, FAAN, Sabrina Jarvis, DNP, FNP, ACNP-BC, FAANP - BYU Annual Nurse Practitioner/Admin Master's Program Reunion**



**Liz Close, PhD, RN, Jean Watson, PhD, RN, AHN-BC, FAAN, Sharon Dingman DNP, MS, RN - Eagle Gate and Provo College Inaugural 2019 Utah Annual Conference**



# Surgical Smoke is a Problem in Utah's Operating Rooms

Steven Grant BSN, RN, CNOR

Surgical smoke is produced by using energy generating devices (electrosurgery units – aka the 'bovie,' lasers, ultrasonic devices, and powered surgical instruments). These devices raise intracellular temperatures so high that the cells vaporize producing surgical smoke. The smoke is visible and has a noxious smell. The smell is caused by the release of toxic particles into the air. These particles include over 150 chemicals, blood fragments, bacteria, and live virus. Tomita et al, conducted a study in 1981 that compared surgical smoke to cigarette smoke. They found that inhaling the smoke produced by an electrosurgery device to vaporize one gram of tissue was like smoking six unfiltered cigarettes in 15 minutes. This study, corroborated by later studies, showed surgical smoke to be mutagenic, cytotoxic, and genotoxic.

OSHA estimates that over 500,000 healthcare workers are exposed to surgical smoke. This exposure has been linked to adverse health effects including eye, nose, and throat irritation, headaches, cough, nasal congestion and other respiratory illnesses. The particles in surgical smoke can be as small as one micrometer – small enough to enter the respiratory system and settle in the alveoli. The effects of smoke exposure are cumulative; the longer the exposure, the higher the risk. If you can smell it, you are being exposed to the potential hazards. A common misconception is that surgical masks offer protection. In reality, an N-95 or higher respirator is required to protect against the tiny respirable particles.

OSHA, The Joint Commission, NIOSH (CDC), and many other national, and international organizations have recommendations in place regarding Local Exhaust Ventilation (LEV) evacuation of surgical smoke. This can be achieved in a variety of ways including smoke evacuation systems or inline filters on existing suction systems. Whatever solution is used, the smoke should be removed from the environment as close to the site of production as possible. The recommendations have unfortunately **not** been widely adopted in the past three decades. The lack of action necessitates a stronger response from those affected, their colleagues, patients, and the public. This is a public health hazard that can be mitigated with reasonably priced equipment that many facilities already own, but have not yet put into place.

Please join the Utah Nurses Association and the Association of periOperative Registered Nurses in supporting Senator Kathleen Riebe's 2020 bill requiring all Utah hospitals and ambulatory surgical centers to have a policy regarding the evacuation of surgical smoke from their operating rooms. Your Utah legislative senator and representative need to hear from you as you support this bill. Together we can make a safer environment for the patients and healthcare workers of Utah!

Steven Grant BSN, RN, CNOR

Contact: [aornofnorthernutah@gmail.com](mailto:aornofnorthernutah@gmail.com)

Updates and additional information: [una.nursingnetwork.com](http://una.nursingnetwork.com) or [aornofnorthernutah.nursingnetwork.com](http://aornofnorthernutah.nursingnetwork.com)

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In 2010, the Institute of Medicine released a landmark report, *The Future of Nursing: Leading Change, Advancing Health*, which recommended increasing the number of nurse leaders in pivotal decision-making roles on boards and commissions that work to improve the health of everyone in America. The Nurses on Boards Coalition (NOBC) was created in response to this, as a way to help recruit and engage nurses to step into leadership roles.

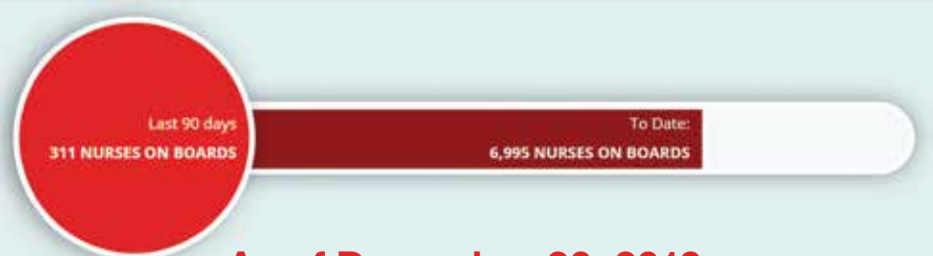
The NOBC represents nursing and other organizations working to build healthier communities in America by increasing nurses' presence on corporate, health-related, and other boards, panels, and commissions. The coalition's goal is to help ensure that at least 10,000 nurses are on boards by 2020, as well as raise awareness that all boards would benefit from the unique perspective of nurses to achieve the goals of improved health in the United States.

We encourage each and every one of you, over three million strong, to visit [www.nursesonboardscoalition.org](http://www.nursesonboardscoalition.org), sign up to be counted if you are on a board and read more about the efforts being made to help build the future of our profession.



## NURSES ON BOARDS

### 10,000 Nurses in 2020



As of December 20, 2019

6,995 nurses on boards counted to date

311 in the last 90 Days

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# UTAH NURSES FOUNDATION

## Nursing Grant-in-Aid Scholarship Guidelines

The guidelines listed below shall assist in ensuring the best possible coordination 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 1st or October 1st** of each calendar year to be considered.
- Applicants will receive notice of the Board's recommendations by July 15th and October 15th 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 that 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,
  - All must be signed and addressed to the UNF scholarship committee.
- Narrative statement describing applicant's 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 asked by UNF, provide personal pictures and narratives to be published in **The Utah Nurse** indicating that UNF scholarship funds were received.
- 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.

See [www.utnurse.org](http://www.utnurse.org) under the Utah Nurses Foundation menu tab for application packet. Completed forms should be submitted electronically to UNF at the UNA Office email [office@utnurse.org](mailto:office@utnurse.org).

## Nursing Research Grant Proposal

This form is to be used to request research funding assistance from Utah Nurses Foundation (UNF). See [www.utnurse.org](http://www.utnurse.org) under the Utah Nurses Foundation menu tab for application packet. Completed forms should be submitted electronically to UNF at the UNA Office email [office@utnurse.org](mailto:office@utnurse.org). Requests will be evaluated based on need, support for nursing and the nursing profession, and available UNF funds.

Those receiving funds may be asked by UNF to provide personal pictures and narratives to be published in **The Utah Nurse** indicating that UNF funds were provided for this project.

Title of project: \_\_\_\_\_

Applicant's Name and credentials: \_\_\_\_\_

Professional Association/Affiliations (if any): \_\_\_\_\_

Are you currently a nursing student? Yes No

If a student, what nursing school? \_\_\_\_\_

Pursuing what degree? \_\_\_\_\_

Have you received funding for this project from any other source? Explain:

- 1) Describe the proposed work, paying particular attention to the evaluation criteria listed in the proposal writing guidelines (one page maximum).

#### **Project Overview:**

#### **Research Process and Desired Outcomes:**

#### **Benefits to Patient Care and Education, Nursing Education, and /or Nursing Profession:**

- 2) Describe the proposed budget for this project and how you would use the funds provided (1 page maximum):
- 3) Provide contact information for you as well as someone who can attest to this project
  - a) Personal contact information:
  - b) Contact Information for individual at the School or Facility where research will be conducted:

Each proposal will be evaluated according to the following criteria. Please address these criteria in your description of both the proposed work and the budget.

- 1) The proposed activity benefits patient care, advances nursing education or research.
- 2) The proposed activity demonstrates merit with regarding to enhancing the discipline of nursing.
- 3) The proposed activity clearly describes the desired results or outcomes.
- 4) The proposal delineates the efficient use of resources, utilizing a complete and understandable budget narrative.
- 5) The proposed work offers students and nurses involved a quality, meaningful research opportunity that will merit submission for publications in a professional journal.

#### **Utah Nurse Foundation use only**

Committee discussion of proposal: \_\_\_\_\_

Committee decision: Award \_\_\_\_\_ Do not award \_\_\_\_\_

Amount Awarded \$ \_\_\_\_\_

Is applicant eligible to apply for funds again? Yes \_\_\_\_\_ No \_\_\_\_\_

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# NURSES ON THE NATIONAL FRONT

## Supporting ambitious new goals to end the HIV epidemic

Reprinted from *American Nurse Today*

**Carol Dawson-Rose, PhD, MS, RN, FAAN, and  
Carole Treston, MPH, RN, ACRN, FAAN**

World AIDS Day was first observed on December 1, 1988, to bring greater awareness to the devastating impact of HIV and to show solidarity with those living with or lost to AIDS. The late 1980s was a time of fear, when wearing the red ribbon was a bold statement against stigma. Even to this day, World AIDS Day reminds us that HIV persists and a vital need still exists to increase awareness, to fight discrimination, and to support people living with HIV with quality healthcare.

Since the beginning of the HIV and AIDS pandemic, nurses have been at the center of the response. Nurses provided compassionate, holistic, and high-quality care when there were no effective medications. Nurses prioritized dignity and provided a caring touch to people dying from AIDS at a time when few others did. And nurses pushed to expand the definition of family and patient-centered care in institutions that some-times pushed back. The nurses on Ward 5B at San Francisco General Hospital were some of the pioneers of this movement, and we are thrilled that their story is being told in the film *5B*.

Today, scientific advances in treatment and prevention have provided us with the tools to end the epidemic. New medications allow people diagnosed with HIV to live long and healthy lives. Effective antiretroviral (ARV) treatment can reduce the amount of circulating HIV to undetectable levels that, if sustained, make it effectively impossible to transmit HIV to others. Known as Undetectable = Untransmittable (U = U), this has been a

game-changing development. Additionally, pre-exposure prophylaxis (PrEP)—one ARV pill taken once a day by an HIV-negative person—reduces the risk of acquiring HIV through sexual contact by 99%. These treatment and prevention technologies have been proven to work and allow us to imagine an end to the HIV epidemic.

But not everyone is benefiting equally from these advances. New infections are highly concentrated among men having sex with men, among racial minorities, and among those who live in the southern United States. This is compounded by the persistence of HIV stigma, which continues to be a debilitating barrier to accessing the HIV prevention, care, and treatment continuum that all individuals deserve.

As a nation, we are about to embark on an ambitious plan to end the HIV epidemic. The U.S. Department of Health and Human Services (HHS) plan to end HIV (Ending the HIV Epidemic: A Plan for America) is a large-scale collaborative effort to reduce the number of new HIV infections in the country by 75% within five years, and by at least 90% within 10 years ([hiv.gov/federalresponse/ending-the-hiv-epidemic/overview](http://hiv.gov/federalresponse/ending-the-hiv-epidemic/overview)). This plan focuses on epidemiologic data, biomedical advances, and targeting resources in high incidence areas. We have excellent tools that will go a long way toward ending the HIV epidemic, but involving nurses as an integral part of these efforts will be critical to their success. Nurses are the educators, influencers, and implementers who engage and retain people in healthcare and who build trust with entire communities, all while not losing sight of the individual patient's needs, strengths, and challenges.

As nurses, we can take part in ending the HIV epidemic, from educating others that the epidemic is not over, to screening 5B for students, to conducting professional development sessions on U=U, or to correcting the colleague who uses stigmatizing language about HIV patients. We all have a role to play.

### Prevention and Care for HIV and Related Conditions

The American Nurses Association (ANA) agrees with the Association of Nurses in AIDS Care, an organizational affiliate of ANA, that nursing care is central to achieving HIV treatment and prevention goals. This year, ANA approved updated policies and positions on Prevention and Care for HIV and Related Conditions ([nursingworld.org/globalassets/practiceandpolicy/nursingexcellence/ana-position-statements/prevention-care-hiv.pdf](http://nursingworld.org/globalassets/practiceandpolicy/nursingexcellence/ana-position-statements/prevention-care-hiv.pdf)) that support a treatment-as-prevention approach and prioritize solutions that meet the needs of diverse groups of people living with HIV and AIDS. The policies also highlight the advanced practice registered nurse's role with prescriptive authority to treat and prevent HIV and calls for full practice authority at the federal and state levels.

Carol Dawson-Rose is professor and chair, community health systems, James P. and Marjorie A. Livingston Chair in Nursing Excellence at the University of California, San Francisco, and president, Association of Nurses in AIDS Care. Carole Treston is executive director, Association of Nurses in AIDS Care in Washington, DC.

## Reiki: Hand in Hand with Nursing

Caring for your patients and yourself

Reprinted from *American Nurse Today*

**Cynthia Walters, DNP, RN, AHN-BC;  
Heather Konstanzer, BSN, RN, HIHC-CSp; and  
Julia Rodriguez, BSN, RN**



REIKI (pronounced "ray-key" and defined as "spiritual energy" or "life-force energy") is a complementary therapy (often partnered with other healing practices, such as massage, meditation, and yoga) that can include the soothing comfort of human touch — an important aspect of nursing. You can experience the benefits of Reiki as a recipient, suggest it to patients, or receive training to become a practitioner to promote patients' physical, psychological, and spiritual healing.

Reiki is grounded in the transmission of energy through a practitioner's hands. It's based on five principles or universal truths: "Just for today: I release angry thoughts and feelings, I release thoughts of worry, I'm grateful for my many blessings, I practice expanding my consciousness, I'm gentle with all beings including myself."

### Reiki as energy medicine

Understanding how Reiki works begins by acknowledging that the human body is composed of energy. Remember Einstein's equation ( $E = mc^2$ ) — all mass (or matter), including the human body, is equal to energy. Energies within the body make continual adjustments to maintain homeostasis.

Just as Western-trained healthcare professionals understand that the physical body contains blood vessels,

### Energy therapies

In addition to Reiki, nurses can use these three other energy therapies as complementary patient treatment or as part of their own self-care.

**Healing touch** (or therapeutic touch) is a technique developed by a nurse to open the recipient's energy blocks. It's similar to Reiki, but no waiting period is needed between training levels. (See *Reiki training*.) Also, this is a hands-on technique; Reiki is most often performed without touching.

**Emotional freedom technique** is a meridian-based energy healing in which a person is taught to tap on body meridians to help clear energy blocks and restore the body to homeostasis.

**Qigong** (sometimes referred to as "moving meditation") incorporates meditation, breathing awareness, and body movements to enhance energy flow in the body. For example, opening and closing posture helps balance energy pathways. To start, the hands are opened to shoulder width. The person then breathes out, pushing the hands towards each other as close as possible without touching, while gently bending the knees. He or she continues opening and closing the hands several times, and completes the exercise by stretching the hands forward, and then returning to the starting position and straightening the knees. Throughout, the person imagines a gentle magnetic force between the palms. He or she pulls against this resistance when breathing in and pushes against it when breathing out. The mouth is gently closed, and the tongue lightly touches the upper palate.

lymph vessels, and organs, Reiki practitioners recognize the body's pathways, meridians, and chakras. Energy medicine is based on the premise that disease is an imbalance occurring in the energy pathways. When a pathway is chronically out of balance, or when several systems aren't in harmony, illness or disease may occur. *Meridians* serve as the body's energy highway and *chakras* as its energy centers. Each *chakra* corresponds to a particular group of organs and the physical, emotional, and spiritual aspects associated with them. For example, if the heart chakra is out of

### Reiki training

Before performing Reiki on patients, you must receive training from an established Reiki Master. Training usually is separated into three levels (degrees) and students must practice from several months to a year or more before advancing to the next level.

- **First-degree:** Students gain the ability to perform Reiki on themselves and family members. They learn self-Reiki hand positions as well as hand positions to treat others.
- **Second-degree:** Students learn the ethics of Reiki and how to design a Reiki session. They also learn about and receive "Reiki symbols" (attunements), which allow them to connect more deeply to universal energy and draw on the symbols' qualities.
- **Third-degree:** Students become Reiki Masters and learn about additional symbols to further elevate their energy level and help them to provide more powerful treatments. Reiki Master-level students also can opt to attain Reiki Master Teacher designation. They learn how to impart Reiki wisdom onto others and how to conduct attunement ceremonies.

### Attunement

Before imparting an attunement, a Reiki Master performs a Reiju (ray-joo) ceremony to open and expand the student's main energy channels, allowing universal energy to flow more freely and deeply throughout the body. During attunement, the student receives symbols that raise his or her vibrational awareness and energy level. Once attuned, students will always have this higher vibrational frequency, even if they never practice Reiki.

balance, the patient's heart rate may be rapid, he or she may express feelings of sadness or loneliness and may feel less able to give or receive compassion or love to or from others. The calming effects of Reiki may assist in decreasing the heart rate, and the patient may experience calmness and be more open to love and compassion.

Reiki works by restoring the body to homeostasis. While the patient is fully clothed, the practitioner places his or her hands on or near the patient's body in a series of positions around the neck,



abdomen, and feet (other positions can be used depending on patient needs). Energy then flows from the practitioner's hands into the patient. Hand positions vary, depending on the area being treated. For example, when providing Reiki to the eyes, the practitioner's hands are together with thumbs touching, while the palms hover over the top of the forehead. If the practitioner is providing Reiki to the abdominal area, the fingers of one hand are placed at the base of the other hand with either hand on top.

Reiki can help people manage illness and disease, reduce anxiety, relieve stress, and improve sleep. It goes hand-in-hand with nursing because it's easy to learn, can be performed without touching patients who aren't comfortable with physical contact, and can be readily implemented during regular patient care. (See *Energy therapies*.)

**Reiki in hospitals**

Reiki can benefit hospital patients of all ages. It can be used to promote relaxation during childbirth, decrease pain perception in patients with sprains and fractures, stimulate wound healing, alleviate anxiety during the dying process, and assist with emotional burnout, shock, loss, and grief. It can benefit patients of all ages.

In outpatient settings, a session can last from 30 minutes to hours. In the hospital, however, shorter sessions (lying down or sitting) are offered to avoid interfering with other scheduled medical care. What a person feels during a session varies. Some describe extreme warmth or coldness, while others see colors, hear music, or feel buzzing sensations. Some recipients cry, while others may laugh. Many patients fall asleep or enter a relaxed dreamlike state.

Reiki doesn't cure disease, so carefully explain this to patients when you offer this as a treatment option. Emphasize that it's a tool that can be used to assist with medical treatment and shouldn't be substituted for a provider's prescribed care plan. Reassure patients that Reiki hasn't been shown to have any negative side effects.

If you're interested in providing Reiki to patients, you'll need to receive training from knowledgeable Reiki Masters. (See *Reiki training*.) And if your organization doesn't already have a Reiki program, you'll need to get approval from leadership. Reiki in hospitals is becoming mainstream, but every organization has its own framework. For example, some hospitals employ full-time nurses to work in the spirituality department and provide Reiki, along with other complementary and alternative therapies. Other hospitals train interested nurses and grant them a set number of hours per month to step away from their regularly assigned jobs to provide Reiki to patients.

**Reiki and nurse self-care**

Nurses in U.S. hospitals report that their work is mentally and physically exhausting and that they suffer from burnout. Many nurses worry that their fatigue will affect patient care and consider resigning.

Once you are trained in Reiki, you can perform self-Reiki (conducting a series of hand placements on yourself) as a way to aid relaxation and improve resilience. Incorporating self-Reiki and adhering to the Reiki principles may help alleviate the stress, anxiety, sleeplessness, and pain related to the physical demands of patient care. (See *Reiki and self-care*.)

**Attention and devotion**

Reiki practice with patients can be a useful complement to Western medicine. With careful attention and devotion to each of the Reiki principles, you can provide adjunctive patient care and improve your own well-being.

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**For more information**

To learn more about Reiki and how you can incorporate it into your nursing practice, visit these websites:

- International Association of Reiki Professionals®: [iarp.org](http://iarp.org)
- The Center for Reiki Research: [centerforreikiresearch.org](http://centerforreikiresearch.org)
- The International Center for Reiki Training: [reiki.org](http://reiki.org)

# UNA 2019 Annual Conference and Advocacy Day

The UNA's annual conference and advocacy day was held on Friday and Saturday, September 20<sup>th</sup> and 21<sup>st</sup>. We were honored to have our colleagues from around Utah and the world come together to collaborate, share, listen and learn. In addition to the pictures of the colleagues here, a contingent of nurses from the Republic Medical College, Izhevsk, Russia joined us as well.

We look forward to all of you joining us in the fall of 2020.



**D Judd, DNP, APRN, FNP-C, Weber State, J Gee, PhD, RN, Weber State**



**J Busjahn, MBA, LNHA, UDOPL, S Steadman, PhD, MSN, RN, Westminster College**



**L Close, PhD, RN, J Gallegos, MSW, RN, Comagine Health**



**P Gee, PhD, RN, Intermountain Healthcare**

## Reiki and self-care

Nurses can apply the five Reiki principles to promote self-care.

Reiki principle	How to implement the principle
Just for today, I release angry thoughts and feelings.	<ul style="list-style-type: none"> <li>• Recognize anger and take a time out.</li> <li>• Pause and take a deep breath.</li> <li>• Decide what the anger means (for example, insecurity, fear, resentment).</li> <li>• Take any action that may be helpful (for example, if you're always angry with a specific person, try spending less time with him or her).</li> <li>• Meditate to get to the root of the anger, which may be a sign that you have an imbalance or conflict.</li> </ul>
Just for today, I release thoughts of worry.	<ul style="list-style-type: none"> <li>• Live in the present.</li> <li>• Release worrisome thoughts by sharing your feelings with a trusted friend, family member, or colleague.</li> <li>• Take any action that may be helpful (for example, if you're worried about your health, begin by making one change to improve it).</li> <li>• Pray or meditate.</li> <li>• Let go of the worry by writing it on a piece of paper and then burn the paper to release the worry.</li> </ul>
Just for today, I'm grateful for my many blessings.	<ul style="list-style-type: none"> <li>• Keep a gratefulness journal and add to it every day.</li> <li>• Spend time in nature.</li> <li>• Tell someone how much you appreciate him or her.</li> <li>• Smile often.</li> <li>• Develop strong and meaningful friendships.</li> </ul>
Just for today, I practice expanding my consciousness.	<ul style="list-style-type: none"> <li>• Think before you speak.</li> <li>• Simplify your statements so that others clearly understand your message.</li> <li>• Consider both sides of an issue to demonstrate objectivity.</li> </ul>
Just for today, I'm gentle with all beings including myself.	<ul style="list-style-type: none"> <li>• Accept all aspects of yourself.</li> <li>• Be loving and kind to all living things.</li> <li>• Respect yourself.</li> <li>• Get plenty of rest.</li> <li>• Choose healthy foods.</li> </ul>



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## Help Celebrate Florence Nightingale's 200th Birthday!

2020 is the "Year of the Nurse and Midwife," honoring the 200th birth anniversary of Florence Nightingale. Celebrate by printing our bicentennial adventure list, taking a scene picture with you and the Nightingale logo, then posting your image with the hashtag #LiveLikeFlo. Details at <http://bit.ly/2N1UBYs>



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