Most everyone knows that professional nursing is the largest group of healthcare workers in the United States and that Nursing has been voted the most honest and ethical profession by the Gallup Poll for many years running. Healthcare systems would be unable to function without the engagement of professional Registered Nurses at all levels within those organizations. Our communities would be diminished if Registered Nurses chose not to be involved or engaged in health care issues. Most importantly though, when Registered Nurses are not at the table where decisions are being made about health care, then the best possible solution will not be realized. My question to you is how do we harness and utilize our nursing power to reach its fullest potential?

Stop and think about the current issues in Michigan that need a nursing perspective and input to realize the optimal health status for all of us. Gun safety, texting and distracted driving, Flint's water crisis, controversies over vaccinations, sedentary lifestyles and obesity, climate changes. We have a lack of walkable communities, a scarcity of school nurses—at a time when more and more childhood conditions would benefit from those services, reductions in food stamps and limited availability of fresh fruit and produce in disadvantaged neighborhoods, teenage mothers not finishing high school due to a lack of available assistance and resources.

Now, ask yourself where you—as a Registered Nurse—fit in these scenarios. Are you the interested observer, episodic participator or are you actively involved in promoting professional nursing knowledge and viewpoints whenever you see an opportunity? All Michigan Registered Nurses must be engaged in some aspect of this process. Yes, we must speak for nursing, yet we must also add our voices to the many issues facing the communities where we live and work. I frequently hear “How do I start the process?” or “I don't think I know enough to say anything” or even “I really don’t have the time right now because of my other responsibilities.”

My response is straightforward: Start slowly, take small steps and continuously stay engaged and up-to-date. Be mindful of what goes on in your community, read your local paper, talk to neighbors and coworkers to see what they're concerned about. Engage and educate where you can and make it known that you are a RN. All those skills that you learned as a nurse translate very well to other areas. Assess, triage, plan and implement.

As a member of ANA-Michigan, you have access to resource materials on a variety of issues through the ANA website, www.nursingworld.com, with just a click of your mouse. Attend your ANA-Michigan Regional meetings, discuss your concerns and propose an action plan. Get involved with a community committee or board taking action on issues you're concerned about. Develop relationships with community leaders, write letters to the editor or legislators to voice your opinion, participate in health encouraging behaviors and encourage others to join you. Small steps, to be sure, but all these experiences will begin to build your leadership skills and professional nursing visibility in your local community. By working together, change can happen.
ANA-Michigan Member Named ANCC Nurse of the Year

ANCC Nurse of the Year, named in November, 2015, is Michelle Witkop, DNP, FNP-BC, a member of ANA-Michigan Region 2.

The American Nurses Credentialing Center (ANCC) named Northern Regional Bleeding Disorder Center nurse practitioner Michelle Witkop, DNP, FNP-BC, its nurse of the year for transformational leadership. In giving her the transformational leadership award, the ANCC recognized Witkop for her ground-breaking research related to pain management in hemophilia patients.

“She conducted research with adult hemophilia patients in a tristate regional survey and then progressed to several national surveys,” the organization stated. “The results were published in the highly acclaimed World Journal of Hemophilia, presented nationally and internationally, and have been cited by authors and presenters around the world. As the lead clinician in the only bleeding disorder center in the United States that is medically managed by nurse practitioners, she provides primary care and education to patients and their families on how best to live with hemophilia.”

Witkop recently completed a federally funded demonstration project comparing a nurse practitioner-led blood disorder treatment center to a physician-led center. She shared the results at a national meeting in Chicago. More information on the Magnet Nurse of the Year awards can be found at nursecredentialing.org/2015-NationalMagnetNurseoftheYear-Winners.
During our February Board meeting, the ANA-Michigan Board of Directors approved the new strategic plan. ANA-Michigan will have five (5) key strategic focuses throughout 2016-2018:

1. Organizational Viability
   a. Governance Structure
   b. Activate Regions
   c. Engage Membership
2. Empower Nurses
   a. Nurse Leader Focused Education
   b. Promote Mentoring
3. Strengthen Brand Identity
   a. Self-Promote the Value of ANA-Michigan
   b. Dynamic Communications
4. Advance the Profession
   a. Activate Grassroots
   b. Invest in Advocacy
5. Engage Partnerships
   a. Enhance Nursing Synergy
   b. Develop Community Partners

ANA-Michigan’s goal is to exist to create an environment where:
• All nurses see themselves as competent, confident leaders.
• Our nursing community engages in efforts to improve the well-being of nurses.
• Our nursing community works together to advance the profession and quality healthcare in Michigan’s public policy environment.
• Decision makers recognize the essential voice of nursing in their healthcare debates & discussions.
• Our nursing expertise is integrated in healthcare design and transformation.

Throughout the year, I will focus my editorial section around the advancement and progress that ANA-Michigan is making on each one of these strategies.

ANA-Michigan believes that the nursing profession is at the core of quality healthcare and that we have a vital role as partners in healthcare.

Nurses must make decisions about nursing.
Nurses must be involved in decisions that affect nursing.
Nurses must lead nursing.
We believe in challenging the status quo.
Because of these beliefs, we stand together to advance the profession of nursing.

Your membership holds the power to leverage the advancement of nursing in Michigan, so take the time to join for only $22 a month and become a member of ANA-Michigan!

Save the Date
ANA-Michigan Annual Meeting and Conference will be held on Friday, November 4, 2016 at the Johnson Center at Cleary University in Howell, Michigan.

RN Opportunities
metrohealth.net/careers
• Nursing jobs available
• Login & create a profile
• Search job postings
• Apply online

So make sure your patients hear about 1-800-QUIT-NOW
As a nurse, you can empower your patients to live a healthier life. That’s why it’s important to give them the tools they need to quit using tobacco. The Michigan Tobacco Quit Line provides extra support, including a Quit Coach who will create a personal plan that will help free your patients from tobacco dependence. Your encouragement makes a difference, so have your patients call 1-800-QUIT-NOW (1-800-784-8669) today.
The Future of Nursing in Michigan

PUBLIC POLICY COUNCIL MICHIGAN LEGISLATIVE UPDATE

Jeanette Klemczak, Chair

The Council meets monthly and monitors key legislation related to nursing and health care issues. Recommendations are made to the ANA-MI Board regarding our Association’s positions on legislation.

Immunization Bills
Currently, House Bills 5126 and 5127 have been introduced by Rep. Thomas Hooker (R). These bills propose to override the Michigan Department of Health and Human Services (MDHHS) rule requiring parents seeking a non-medical vaccine waiver for their children to receive balanced education about immunization from their local health department. The bills would also take away the ability of local health departments to exclude children from daycare or school if they have a communicable disease or have not been vaccinated.

The Board recommended that ANA-MI take a position of OPPOSITION to HB5126 and HB5127. The following may be helpful to members in discussing these bills with legislators.

• Michigan already has the 4th highest number of state immunization waivers in the nation.
• Lack of high vaccination rates in a population also has financial considerations. When one child’s lack of immunization potentially affects a majority of classroom students, health insurers (including the state’s own health insurance programs for children) will be forced to pay for additional services delivered to patient populations they have invested their time and money to keep healthy.

MI Air MI Health Coalition (MAMH)

The Board asked the Public Policy Council to review a request from this Coalition to consider a partnering relationship on public policies that improve outdoor air quality in Michigan. The Council reviewed the MAMH website and written materials, held an information session with the MAMH Director and reviewed benefits and risk of entering into a relationship with MAMH. The partnership is also consistent with the ANA-MI criteria of the Policy on Public Position Statements document. The Council recommended that ANA-MI enter into a Memorandum of Understanding for partnership. The Board approved the recommendation the February Board meeting.

Talking Points:
- These bills put more people at risk for contracting a vaccine preventable disease.
- Vaccine education and other disease control measures allow health departments to protect the most vulnerable members of the community, including infants who are too young to be vaccinated and immune-compromised children and adults such as those receiving treatment for cancer.
- Vaccine preventable diseases have very real consequences and can result in hospitalization, lifetime disability or even death.

Legislation and preparing a recommendation to the ANA-MI Board for action. It would be helpful if members could provide input into this discussion. Some questions for your consideration:

- What has been your experience in contacting the MI Board of Nursing? What is the quality of customer service? Please share any other comments or concerns you may have with this legislation regarding the increase in the licensing fee, as well the other provisions in HB 5400. You can read the bill at: https://www.legislature.mi.gov/documents/2015-2016/billintroduced/House/pdf/2016-H18-5400.pdf.
- The council meets the third Monday of the month, please send comments or concerns to jklemczak@gmail.com.

Breaking News (House Bill 5400)
This bill has been introduced in the Michigan House and referred to the Health Policy Committee. The bill is a new version of a bill to increase the scope of practice for advance practice nurses (APRNs). However, the bill also includes a provision that increases the licensing fee for ALL nurses (and nursing assistants). The relicensure fee would now be $120 (double from the current $60). The informal rationale given for this increase is that the cost of managing nursing licenses at the Michigan Department of Licensing and Regulatory Affairs (DLARA) is not covered by the current fee. The Public Policy Council will be reviewing this legislation and preparing a recommendation to the ANA-MI Board for action. It would be helpful if members could provide input into this discussion.

- Continue to use filtered or bottled water for cooking and drinking. Call 211 to get a filter.
- If you are using powdered formula for babies, prepare it with bottled water. Pre-mixed or ready-to-feed formula is also available at WIC (810-237-4537).
- Feed your family nutritious, fresh foods. Foods high in iron, calcium and Vitamin C (such as lean meats, dairy products and green leafy vegetables) can help fight lead. If you need assistance with food, programs like WIC can help (810-237-4537).
- See your doctor. Health professionals can give you advice about how to keep your family healthy and strong. Talk with your child’s doctor about any concerns that you may have. You can also ask your doctor for a blood lead test for your child. A blood test can help determine if your child was recently exposed to lead. If you don’t have a doctor or if you need health insurance, call 211.
- Don’t let worries about healthcare costs get in the way. Nearly all children in Flint are eligible to be covered by health insurance. Coverage can help you access all the services your child needs and make sure that your children are growing as they should.
- Read, talk and sing with your children. These are the easiest ways to help them learn.
- Support each other. You are not alone and families in difficult situations can benefit from helping each other. For additional support, call Genesee County Crisis Line 810-257-3740.

American Academy of Pediatrics celebrates and supports the strong and determined families living in Flint. We are working with pediatricians, government officials and community leaders to find short- and long-term solutions for the health and wellbeing of the children, their families and their city. These families are our heroes.

Sincerely,

Jeanette Klemczak, Chair

CELEBRATING NURSING EXCELLENCE

Congratulations to the winners and runners up of the 2016 Oakland University School of Nursing Nightingale Awards for Nursing Excellence.

To learn more about the amazing accomplishments of these quintessential nurses, visit oakland.edu/nightingale.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

A Letter to Parents in Flint, Michigan:
As a mother and a pediatrician for over 30 years, I know that being a good parent means caring for your children, keeping them safe and healthy, and giving them hope to live their dreams. Sometimes this can require courage when times are tough. Flint, Michigan is filled with courageous and strong parents. Mothers, fathers, grandparents and other caregivers in Flint are facing these uncertain times by loving their children and doing their best to care for their families.

The families of Flint, who have always put their children first, are truly heroes. To keep children healthy, families of Flint will need to work with their pediatricians and neighbors in the coming months and years to improve the community – making it a place where every child can thrive.

In the meantime, parents can:
- Continue to use filtered or bottled water for cooking and drinking. Call 211 to get a filter.
- If you are using powdered formula for babies, prepare it with bottled water. Pre-mixed or ready-to-feed formula is also available at WIC (810-237-4537).
- Feed your family nutritious, fresh foods. Foods high in iron, calcium and Vitamin C (such as lean meats, dairy products and green leafy vegetables) can help fight lead. If you need assistance with food, programs like WIC can help (810-237-4537).
- See your doctor. Health professionals can give you advice about how to keep your family healthy and strong. Talk with your child’s doctor about any concerns that you may have. You can also ask your doctor for a blood lead test for your child. A blood test can help determine if your child was recently exposed to lead. If you don’t have a doctor or if you need health insurance, call 211.
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Sincerely,

Dr. Karen Remley
CEO/Executive Director
American Academy of Pediatrics

DF-0000172992
Beth Van Dam, MSN, BSN, RN-BG, CNL
Research and Evidence Based Practice Council Chair

ANA-MI has four councils to assist in fulfilling the mission and goals of the professional organization. One of the councils, the Research and Evidence Based Practice council, addresses concerns of nursing professionals around quality improvements and nursing research.

The key work of the council is to challenge nurses to lead in quality improvement or nursing research. One of the ways this is achieved is through council members encouraging and mentoring nurses to share their work by submitting an abstract for Poster Presentation at the annual ANA conference in the fall. Showcasing the work nurses have done creates a venue for nurses to network with other members of the profession around quality and research.

This year the council is focusing on increasing the number of poster abstracts submitted. We are encouraging nurses in all areas-clinical, academic, acute care, psychiatric, community etc—to submit an abstract to be considered for a Poster Presentation at the conference.

An individual or team of nurses can submit what they have worked on in the past or work that is in progress. The request for Poster Abstracts will be available late June. The final week of July the council will confirm which abstracts have been selected for a Poster Presentation at the conference. Posters presented will be judged on whether each area—Purpose, framework setting, method, procedure, results and conclusion is clearly identified on the poster.

Now is the time to start thinking about what you want to present! It is also the right time to start encouraging other Michigan nurses (ANA-Michigan membership not required) as well as nursing students to share the awesome work they are doing as nurses. We are looking forward to receiving many of your abstracts!! Have you ever thought of submitting an abstract for a Poster Presentation but hesitant and unsure of how to start? To be in contact with a member of the Research and Evidence Based Practice Council who can answer questions or serve as mentor in the process of completing an abstract and putting together a poster contact Beth Van Dam nurse@ana-michigan.org.

MEMBERSHIP APPLICATION

MEMBER DATA

NAME_________________________ RN LICENSE #_________________________ BIRTH DATE_________________________

HOME ADDRESS_________________________ CITY, STATE, ZIP_________________________

COUNTY_________________________ HOME PHONE_________________________ ALT PHONE_________________________

EMAIL_________________________ EMPLOYER_________________________

MEMBERSHIP [Choose ONE membership option that best describes you!]

☐ Full ANA-Michigan and ANA Member
☐ ANA Michigan Only Member
☐ New RN Graduate Membership
☐ Senior Retired Member
☐ $358 annual/$32.00 monthly EDPP*
☐ Employed, full or part time
☐ $532 annual/$50.10 monthly EDPP*
☐ First year as an RN
☐ $290.00 annual/51.25 monthly EDPP*
☐ 62 or over, retired
☐ $49.00 annual/4.58 monthly EDPP*

PAYMENT OPTION [Check the box or circle for the desired payment option.]

☐ Annual payment by check: Please enclose check in the amount of annual membership total with application.

☐ Monthly Electronic Direct Payment Plan (EDPP) through checking account:

☐ Please read, sign the authorization below and enclose a check for the 1st month EDPP payment. Subsequent payments will be debited from your account. AUTHORIZATION to provide monthly electronic payments to ANA/Ironwood ANA to withdraw 1/12 of my annual dues and any additional service fees from my checking account designated by the enclosed check for the first month’s payment. ANA is authorized to change the amount to the undersigned may cancel this authorization open receipt to ANA/Ironwood notification of termination 30 days prior to the deduction date as designated above. ANA charges an annual fee for members paying by EDPP. ANA charges a $5.00 fee for any return drafts.

☐ Signature for EDPP Authorization

☐ Payment by Credit Card: (MC or Visa) ☐ Monthly Charge to Card ☐ Annual Charge to Card

Card number & expiration date ___________________________ Signature ___________________________

TO BE COMPLETED BY ANA Michigan or the ANA office

State_________________________ Date_________________________ Exp. Month/Year_________________________ Amount Enclosed: $_________________________ Check #:_________________________ Region ___________________________

Being a member of ANA-Michigan/American Nurses Association has many benefits! For only $22/month you get professional benefits from multiple publications, free monthly webinars, provide support and information regarding federal and state advocacy, receive professional learning to advance your career, and many personal benefits such as discounts on malpractice insurance, life insurance and others. Join Today!
Grand Rapids and Muskegon Region 3

Grand Rapids and Muskegon area Region 3 members meet on Tuesday, February 2nd for dinner and presentation on “Caring for the Spirit” by guest speakers Alina Chourrot and MarKay Riippa.

On May 3rd from 5:30 – 7:30pm at the Helen DeVos Children’s Hospital, Dr. Bruce Springer, a renowned addictionologist, will be the guest speaker. He will address the topic of how addiction affects healthcare providers. He will discuss both the neuro-physiology of addiction as well as treatment and recovery resources available to healthcare providers. Dr. Springer describes his plan for this evening as “a supportive talk that gives nurses and families information, removes stigma and permission to ‘get well.’”

Region 3 is proud to co-host with Munson Medical Center, the spring ethics conference. Featured speaker will be Dr. Guy Maytal of Massachusetts General Hospital where he is a Senior Member of the MGH Ethics Committee. Dr. Maytal has completed additional training as the Psycho-Oncology fellow at the Dana Farber Cancer Institute and is an instructor at Harvard Medical School. Dr. Maytal lectures and publishes on the psychosocial aspects of cancer, the interface of spirituality and psychiatry, psychiatric aspects of ethics consultation and physician patient communication.

Program target audience: Doctors, nurses, case managers, social workers, residents, nursing students, allied health professionals, clergy

6.25 CME’s awarded.

• $40 registration fee for Munson employees, ANA members, and students.
• $60 registration fee for others

To Register: https://www.munsonhealthcare.org/CREG/ClassDetails.aspx?id=901&sid=1&ClassID=3408

Participants will learn to:
• Enhance communication techniques to assist in the clarification, prevention and resolution of ethical dilemmas.
• Develop strategies for ethical approaches to challenging clinical situations.
• Utilize tools and techniques to identify, clarify and resolve ethical dilemmas.

Saturday, April 23, 2016
8:00am – 4:00pm
Hagerty Center, Great Lakes Campus
715 East Front Street, Traverse City

Northern Michigan Region 2

“Approaching Clinical Ethics with Courage and Confidence”

Grand Rapids and Muskegon Region 3

Susan Ercia, Linda Buck and Julie Bulson.

Carrie Eichenberg, Joann Hoganson, Suzanne Keep and Pat Hornick.

Beth VanDam, MacKenzie Swanson, Leda Evans and Marcy DeMarco. MacKenzie and Leda are DNP students.


This was the title for the continuing education program on November 4, 2015 sponsored by ANA-MI Region 6. A great deal of attention is given to childhood immunization which is important. However, adults (sometimes even nurses) lose track of their own immunization status and updates. Region 6 invited Wendy Ridenour, RN BSN who is the Ingham County Immunization Program Coordinator to bring members up to date and refresh our knowledge and skills around immunization.

Here are a few highlights of the presentation on: Adult Immunization Update for 19 years and older for 2015. The objective were to: Discuss vaccine storage and handling principles, Discuss the recommended vaccines for adults and identify 6 steps in the immunization process.

The Six Steps in the Immunization Process include: Assess the Immunization Record, Check the Recommended Schedule, Ask the Screening Questions, Educate the Client, Administer the Vaccines and Document What You Have Done.

Key reasons why adults are under immunized include adults are not aware of immunization needs, they are influenced by myths about vaccines (“I got the flu from the flu vaccine” or “Getting ‘natural’ immunity to chickenpox is best”), adults rely on providers to keep them up to date on immunizations and providers fail to assess immunization status at every encounter.

Nurse Ridenour brought attention to the recent resurgence of measles in Michigan, the U.S. and globally. In 2004, in the U.S., there were only 37 cases of measles, 664 cases in 2014 and in the first 6 weeks of 2015, there were 141 cases. In the Philippines, there were more than 57,000 cases in 2014. Note: See Centers for Public Health Coordination in this issue regarding Michigan House Bills 5156 and 5172 that propose to remove several safeguards to increase immunization rates in our state and protect schoolchildren from exposure to unimmunized students during disease outbreaks.

The Influenza Immunization Recommendation is Everyone! Every Year! All persons 6 months of age and older should receive flu vaccine every year; continue to ensure that persons with higher risk for influenza-related complications are vaccinated (for example, pregnant women); vaccinate close contacts of those at high risk to provide another layer of protection. Close contacts examples are health care personnel and parents and caregivers of infants less than 6 months of age.

Pneumococcal disease complications include pneumonia, bacteremia and meninigitis. 68.6% of Michigan adults age 65 and older had received a vaccine dose in 2013 (Healthy People 2020 goal is 90%). In Michigan, 2013 the state behavioral risk factor survey showed that 70.6% of whites over age 65 had received Pneumovax while only 52.5% blacks over age 65 had received Pneumovax.

Local Health Departments are a resource for immunization information and updates. The state web site is www.michigan.gov/ immunize.

BONUS: The local health department immunization program brings its own CE of 1.25 contact hours for the Adult Immunization Update. If you are interested in a similar presentation for your Region, contact the Immunization Program Coordinator at your local health department. Region 6 highly recommends this program!
also save between $120-330 billion in health care particularly coal, would not only save lives but save thousands of American lives and provide the evidence for the direct health effects of climate change is clear. Climate change related weather events coupled with poverty contribute to detrimental health effects on the individual and the community, and lead to an increased need for health care as well as increased health care costs. Nurses can work to promote healthy lifestyles that decrease carbon emissions within their work settings, their communities and their own homes, as well as raise our trusted voices to affect public policy that encourages a rapid transition to a “made in America” low carbon economy. We must be on the forefront of caring for our patients, families and communities as our global climate continues to change.

About the Authors:
Sue Anne Bell is a Clinical Associate Professor at the University of Michigan School of Nursing, where her area of expertise surrounds emergency preparedness and response activities. She has practiced nursing in multiple settings throughout the US and globally including Ghana, Ethiopia, India, Cambodia and the Philippines.

Elizabeth (Lisa) Del Buono is a surgical pathologist with expertise in GI and breast pathology at Munson Medical Center in Traverse City. She has been co-leader of the Northern Michigan Chapter of Citizens’ Climate Lobby since 2015, is trained as a Climate Reality Leader, and given numerous presentations throughout Northern Michigan about climate change, its health impacts, and ways to address the changing climate.

Sources:
1) 2015 Lancet Commission on Health and Climate: https://drive.google.com/file/d/0B5ItisGwt7E0aWl5UVpYY3FHUzg/view?userIsAuthenticated=false&deniedAccessCustomisedMessage
2) Centers for Disease Control: https://www.cdc.gov/climateandhealth/

Clean Energy is Healthy Energy.

Historic blizzards on the East Coast. The worst drought in decades in California. Crocuses popping up in Michigan in January. Summer weather in New York City on Christmas Day. All of these events are symptoms of a changing climate globally that are already having direct and profound effects on human health. Climate change has been called the most pressing health concern of our time, and patients affected by climate change related health issues are already presenting to our hospitals and clinics.

Detroit frequently suffers from poor air quality which contains fine particulate matter produced by the incomplete combustion of fossil fuels. These particles are a major source of respiratory irritants that exacerbates asthma and other respiratory illnesses. The EPA estimates that fine particulate matter (PM 2.5) results in 63,000-88,000 deaths annually in the United States. Transitioning away from fossil fuels, particularly coal, would not only save lives but save between $200-330 billion in health care costs annually in the United States.

The burning of dirty fuels is also a major contributor to human-induced climate change. The 2015 Lancet Commission on Health and Climate refers to climate change as a “medical emergency.” While no one is immune, the American Academy of Pediatrics (AAP) states that “children represent a particularly vulnerable group that is likely to suffer disproportionately from...adverse health effects of climate change.” The Centers for Disease Control (CDC) and the American Academy of Pediatrics (AAP) list extreme heat and weather events among potential health impacts. It is estimated that by mid-century, Detroit may see as many as 291 deaths each summer due to extreme heat.

Not only are the very elderly particularly vulnerable, but also young infants and high school athletes. Warming temperatures change the distribution of mosquito and tick carrying diseases, such as West Nile Virus, Chikungunya Virus, and Lyme disease. In addition, Detroit, like many mid-west urban areas, is likely to see more flooding events, similar to those in 2014, which exposes residents, particularly children, to water-borne diarrheal disease. Longer pollen seasons, more frequent wildfires, and higher ozone levels because of warming temperatures are all respiratory irritants that can exacerbate allergies and asthma.

Most concerning, however, is that in a world with a sky-rocketing global population, our food and fresh water supplies are at risk. Rising coastal waters in populated urban areas, coupled with food and water insecurity and ongoing cycles of poverty that many in Michigan experience, will lead to large numbers of “climate” refugees. No wonder the Department of Defense describes climate change as a “threat multiplier.”

The health of the community will always have direct effects on nursing care, and the more proactive nurses are in reaching out to the community, the better the health of their patients will be. Working towards the establishment of climate resilient health care systems requires commitment and a group focus – nurses must be part of the leadership that makes these needed changes in health care. We can promote healthy lifestyles that decrease carbon emissions within our work settings, our communities and our own homes. Advocacy and activism is key to advancing these changes. Because nurses are “trusted messengers,” our role in affecting public policy is critical.

One way to rapidly transition to clean, healthy energy is to advocate for federal carbon pricing legislation. The Lancet Commission on Climate and Health states that: “(global) carbon pricing (is) the single most powerful strategic instrument to inoculate human health against the risks of climate change” (pg. 2, 45). The US Congress has the power to lead the world in carbon pricing by introducing the Shultz/Becker carbon fee & dividend plan.

This plan is transparent, equitable, and protects economically disadvantaged families during the transition to clean, healthy energy. Holding polluters accountable by placing a steadily increasing fee on dirty emissions will save thousands of American lives and provide the market incentive necessary to embrace a “made in America” low carbon economy. If all the revenues are returned to American households, not only will the most vulnerable families have more money in their pockets, but in 20 years, 2.8 million entry-level jobs would be created, many right here in Michigan.

Michigan Nursing Students Association

ANA-Michigan was a sponsor and exhibitor during the Michigan Nursing Students Association (MNSA) 65th annual convention from January 29-30, 2016 in Ann Arbor. Several ANA-Michigan leaders also represented the association at the event.

Saturday evening’s keynote presentation was from Miss Colorado, Kelley Johnson, who did a monologue about nursing at the Miss America 2015 contest. Miss Johnson presented on the power of nurses and the need for nurses to be involved and speak up. Her message to the nursing student was great - she rarely spoke about herself - saying the stethoscope controversy has given her a platform to speak out about the importance of nursing.

ANA-Michigan Members: Linda Taft, MaryLee Pakieser, Jeanette Klemczak, and Martin Rivera-Salas.

Zika Virus: Guidance Updates

The Centers for Disease Control and Prevention (CDC) has updated its interim guidelines for healthcare providers caring for infants and children with possible Zika virus infection. The guidance, which has been expanded to cover children up to 18 years old, includes:

- A new recommendation that infants with typical head size, normal ultrasounds, and a normal physical exam born to mothers who traveled to or lived in areas with Zika do not require any special care beyond what is routinely provided to newborns.

- A new recommendation to suspect Zika virus disease in children, in addition to infants, who have traveled to or lived in an area with Zika within the past 2 weeks and have at least two of these symptoms: fever, rash, red eyes, or joint pain. Because transmission of Zika virus from mother to infant during delivery is possible, this recommendation also applies to infants during the first 2 weeks of life whose mother traveled to or resided in an affected area within 2 weeks of delivery.

Parents in families traveling to or living in areas with Zika can help protect their children by strictly following steps to prevent mosquito bites. Based on what we know now, Zika virus disease in children, as for adults, is usually mild. As an arbovirus, Zika is a nationally notifiable condition; healthcare providers should report suspected cases to their local, state, or territorial health department.

In related news, the Food and Drug Administration (FDA) has recommended that people who have visited areas with active Zika virus transmission or who have a confirmed or potential case of the virus defer from donating blood. According to the new guidelines:

- In areas without active Zika virus transmission, donors at risk for Zika virus infection should be deferred for four weeks.

- In areas with active Zika virus transmission, whole blood and blood components obtained for transfusions should come from areas of the United States without active transmission.

- Blood establishments should update donor education materials with information on the mosquito-borne illness, including symptoms, and ask potentially affected donors to defer donation.

In addition to these recommendations, the FDA is prioritizing development of blood screening tests to help identify the virus. Thus far, no known instances of the Zika virus entering the U.S. blood supply have been reported.

For further information:
- CDC Updated Guidelines Infants and Children: www.cdc.gov/mmwr/volumes/65/wr/mm6507e1er.htm
- ANA Zika Virus Website: www.nursingworld.org/Zika-Virus-Information
- Questions or comments: sharon.morgan@ana.org

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regionals.MiamiOH.edu/nsg
Questions to Ask in Making the Decision to Accept a Staffing Assignment for Nurses

Reprinted with permission of the American Nurses Association

1. What is the assignment? Clarify the assignment. Do not assume. Be certain that what you believe is the assignment is indeed correct.

2. What are the characteristics of the patients being assigned? Do not just respond to the number of patients; make a critical assessment of the needs of each patient, his or her age, condition, other factors that contribute to special needs, and the resources available to meet those needs. Who else is on the unit or within the facility that might be a resource for the assignment? Do nurses on the unit have access to those resources? How stable are the patients, and for what period of time have they been stable? Do any patients have communication and/or physical limitations that will require accommodation and extra supervision during the shift? Will there be discharges to offset the load? If there are discharges, will there be admissions, which require extra time and energy?

3. Do I have the expertise to care for the patients? Am I familiar with caring for the types of patients assigned? If this is a “float assignment,” am I cross-trained to care for these patients? Is there a “buddy system” in place with staff who are familiar with the unit?

4. Do I have the experience and knowledge to manage the patients for whom I am being assigned? If the answer to the question is “no,” you have an obligation to articulate limitations. Limitations in experience and knowledge may not require refusal of the assignment but rather an agreement - regarding supervision or a modification of the assignment to ensure patient safety. If no accommodation for limitations is considered, the nurse has an obligation to refuse an assignment for which she or he lacks education or experience.

5. What is the geography of the assignment? Am I being asked to care for patients who are in close proximity for efficient management, or are the patients at opposite ends of the hall or on different units? If there are geographic difficulties, what resources are available to manage the situation? If my patients are on more than one unit and I must go to another unit to provide care, who will monitor patients out of my immediate attention?

6. Is this a temporary assignment? When other staff are located to assist, will I be relieved? If the assignment is temporary, it may be possible to accept a difficult assignment, knowing that there will soon be reinforcements. Is there a pattern of short staffing, or is this truly an emergency?

7. Is this a crisis or an ongoing staffing pattern? If the assignment is being made because of an immediate need on the unit, a crisis, the decision to accept the assignment may be based on that immediate need. However, if the staffing pattern is an ongoing problem, the nurse has the obligation to identify unmet standards of care that are occurring as a result of ongoing staffing inadequacies. This may result in a request for “safe harbor” and/or peer review.

8. Can I take the assignment in good faith? If not you will need to get the assignment modified or refuse the assignment. Consult your individual state’s nursing practice act regarding clarification of accepting an assignment in good faith. In understanding good faith, it is sometimes easier to identify what would constitute bad faith. For example, if you had not taken care of pediatric patients since nursing school and you were asked to take charge of a pediatric unit, unless this were an extreme emergency, such as a disaster (in which case you would need to let people know your limitations, but you might still be the best person, given all factors for the assignment), it would be bad faith to take the assignment. It is always your responsibility to articulate your limitations and to get an adjustment to the assignment that acknowledges the limitations you have articulated. Good faith acceptance of the assignment means that you are concerned about the situation and believe that a different pattern of care or policy should be considered. However, you acknowledge the difference of opinion on the subject between you and your supervisor and are willing to take the assignment and await the judgment of other peers and supervisors.

Questions to Ask in Making the Decision to Accept a Staffing Assignment for Nurses


2016 Nurses Week Theme Announced

Join ANA in celebrating the important role nurses play in health care during National Nurses Week, May 6 - 12. This year’s official theme is “Culture of Safety: It starts with YOU!” Visit the National Nurses Week at www.nursingworld.org.

National Nurses Week begins each year on May 6 and ends on May 12, Florence Nightingale’s birthday. These permanent dates enhance planning, and position National Nurses Week as an established recognition event. As of 1998, May 8 was designated as National Student Nurses Day, to be celebrated annually. And as of 2003, National School Nurse Day is celebrated on the Wednesday within National Nurses Week each year.

The nursing profession has been supported and promoted by the American Nurses Association (ANA) since 1896. Each of ANA’s state and territorial nurses associations promotes the nursing profession at the state and regional levels. Each conducts celebrations on these dates to recognize the contributions that nurses and nursing make to the community. The ANA supports and encourages National Nurses Week recognition programs through the state and district nurses associations, other specialty nursing organizations, educational facilities, and independent health care companies and institutions.
Silber Spring, MD — American Nurses Association (ANA) President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, commended Representative John Conyers (D-MI) and Senator Al Franken (D-MN) for the reintroduction of the Nurse and Health Care Worker Protection Act, (H.R. 4266/S. 2408). The bill would establish a national occupational safety standard that would eliminate the manual lifting of patients by registered nurses (RNs) and health care workers through the use of modern technology and safety controls. Additionally, health care employers would be required to implement a comprehensive safe patient handling and mobility program and educate and train their workers in proper use and practices.

"Every day, nurses and other health care workers suffer debilitating and often career-ending musculoskeletal disorders when they manually lift or move patients, and work in pain. Manual lifting is an unacceptable risk and practice when we have the technology and knowledge to significantly reduce injuries. This bill signals that workers are not expendable and injuries are not tolerable as just ‘part of the job.’ It is a much needed step in the right direction to implementing safer programs that will help to save and extend the careers of thousands of registered nurses." said Cipriano, noting that safe lifting technology and simple devices also prevent injuries to patients and preserve their dignity.

National occupational safety figures show RNs ranked sixth of all occupations in the number of cases of musculoskeletal injuries resulting in days missed from work. This rate can be reduced considerably through widespread adoption of safe patient handling and mobility programs. In an ongoing ANA survey, 42 percent of nurses said they are at a "significant level of risk" to their safety from lifting or repositioning patients, and more than half said they experienced shoulder, back, neck or arm pain at work.

The bill incorporates principles from Safe Patient Handling and Mobility: Interprofessional National Standards, a framework developed by an expert ANA panel to establish a comprehensive program for creating a culture of safety in health care settings and professions and eliminating the manual handling of patients. In addition to the cultural and educational components, the standards emphasize architectural design principles; methods for selecting technology; integration of patient care plans; and evaluation of the effectiveness of the program.

The American Nurses Association (ANA) is the premier organization representing the interests of the nation’s 3.4 million registered nurses. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. ANA is at the forefront of improving the quality of health care for all.
The Michigan Department of Corrections is seeking qualified women and men for positions throughout Michigan.

Candidates must meet the following criteria:

Must be 18 or older and possess a current LPN or RN licensed for the State of Michigan. 1 year of clinical experience preferred, but not required.

Applicants must not have any felony convictions or any conviction for domestic violence or drugs.

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