Greetings, nurse colleagues! I hope your 2018 is going great! This is an unusual note to each of you. It’s about all nurses... you and me.

Are you part of the Healthy Nurse, Healthy Nation initiative? I am! I have successfully gotten in 10,000 steps almost every day for about a year. Sometimes I lap my house over and over again (and get totally bored), but I have succeeded most days...at least six or seven days / week. That’s the good news.

The bad news is that I am at my maximum weight. I decided to lose 20 pounds about 20 years ago, and I have still not succeeded. That’s my challenge for 2018... continue my steps and lose 20 pounds.

I improved my sleeping pattern about four years ago (out of necessity), when I was testing out an automatic sphygmomanometer that I use at a program for people with diabetes. I tried it out on myself and nearly dropped dead when I saw 200/100. My mom and dad had been a bit overweight (5-10#) and both had high blood pressure, so I considered the possibility that I would just have to take meds. Then I decided to try to change my lifestyle. I used to get about 4 hours of sleep a night and drank about 12 cans of Diet Coke / day – the diet coke probably explains the endless energy I had and my not requiring much sleep! The combo was deadly and resulted in my high blood pressure! Now I drink fewer than four diet cokes a week, and usually get at least six hours of sleep. The sleeping was a necessity, once I weaned myself off the diet coke caffeine fix! When I went to the dentist office a couple of weeks ago, my BP was 123/84. I am pretty tickled... IF I could get this 20 pounds off, I might even be able to brag more about the BP.

Maybe I will start lifting weights and get rid of my floppy arms in 2019.

We at KNA committed our organization to the Healthy Nurse, Healthy Nation campaign as well. We worked on our food at the Education Summit in 2017; this year we are carrying it way further for the 2018 Convention.

The five major areas of health defined by ANA’s Healthy Nurse, Healthy Nation initiative include physical activity, rest, nutrition, quality of life, and safety. Which one do you want to work on?

This year, the KNA convention will also focus on you and me – it will be Nov 1 and Nov 2, in Louisville. The first day will be devoted to the healthy nurse, titled: The Nurse’s Role in Personal Health-Transforming Ourselves. The second day will be devoted to the role nurses can play in population health: The Nurse’s Role in Population Health Transforming Healthcare.

November 1st will be filled with ideas and filled with relaxation. Our holistic nurses are heading this up, with Kim Spahn as chair of the Events Committee. We had 30 nurses volunteer for this committee! Wow! That tells us something. There will be presenters discussing how to manage lateral violence, how to cope with life’s everyday stressors, how to manage sleep, eat healthy, be safe, and find quality of life. We will address nurse satisfaction and nurse retention, two concepts closely linked!

Day two, the day we have designated for transforming healthcare, will cover initiatives around Kentucky that show the commonwealth what nurses can do. Special interest groups (SIGs) will highlight nurses that have addressed helping communities with access to healthcare; approached population health through perinatal care or school nursing; provided care for veterans or the homeless population; highlighted methods for infection control.
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KNA BLUEGRASS CHAPTER
The Bluegrass Chapter has been very busy. In November, we hosted Jill Keys, MD, ED, BSN, RN, from the Lexington-Fayette County Health Department who presented an update on immunizations and the new state and CDC guidelines that impact children and adults. We also learned about the state database that will be used to help track the immunizations that children receive.

In December, the board met for our annual Christmas ornament exchange. At that time, the board voted to work across the state on human trafficking and infection control projects. Consistent with our service project, we raised $126 for The Well of Lexington. The Well is a not for profit organization in Lexington that provides supportive housing and comprehensive services free of charge for adult female survivors of sexual exploitation, prostitution and addiction in Fayette County, Kentucky and surrounding areas. We did not meet in January.

KNA GREEN RIVER CHAPTER
The Green River Chapter met on January 11th and February 8th. Officers were installed in January and planning was completed at both for the Second Annual NCLEX challenge. We will soon begin planning for a fall CE event about disaster preparedness involving nurses.

KNA HEARTLAND CHAPTER
The Heartland Chapter hosts its meetings at 6:00 pm (EST) at Hardin Memorial Hospital in the third floor conference room. The 2018 Heartland Chapter will meet on May 24th, August 23rd, and November 15th.

The chapter continues to plan events for the year, with one event being a NCLEX trivia fun night for nursing students. The specific date for this event has not yet been determined, but the plans are to host this event in the spring.

Two Heartland Chapter members, Janice Elder and Rhonda Vale, attended the State Leadership Retreat at My Old Kentucky Home in Bardstown, KY on December 1, 2017. For more information on meetings or if interested in joining the chapter, please email us at heartlandkna@gmail.com, or contact Denise Alvey at alveylex2@aol.com for further details and an application.

KNA NIGHTINGALE CHAPTER
The Nightingale Chapter will award a $500 scholarship for the spring semester at the May chapter meeting. To be eligible, applicants must be enrolled in an ADN, BSN, masters or doctoral program and must reside or be employed as an RN within the chapter boundaries. Candidates must submit a short essay on the benefits of belonging to the chapter and must reside or be employed as an RN within the chapter boundaries. Candidates must submit a short essay on the benefits of belonging to the chapter and must reside or be employed as an RN within the chapter boundaries. Candidates must submit a short essay on the benefits of belonging to the chapter.

KNA NORTHERN KENTUCKY CHAPTER
The Northern Kentucky Chapter hosted its first quarterly meeting on March 28th at the St. Elizabeth Training & Education Center from 5PM-6:30PM. Monica Meier facilitated a presentation about aromatherapy and free contact hours were provided. We are looking forward to what this new year brings, and we would love for you to join us! Future meetings will take place on June 13th, September 12th and December 5th.

KNA REACH CHAPTER
KNA REACH has been busy over the last few months. In November we hosted a continuing education dinner featuring Melanie Plum from Hospaus Barren River. Members learned about end-of-life care and hospice options. Chapter members received continuing education about anticoagulant/antiplatelet therapies in February and will learn about social media basics for nurses on April 17th.

At our meetings, we continue to collect items for local charitable causes including Toys for Tots, foster children, and the Center for Courageous Kids. We are also looking forward to hosting an NCLEX Review Game Night for graduating ASN/BSN students on April 12th. In addition, Anne Alton and Kim Bourne represented KNA REACH at the Day on the Hill event in Frankfort in February.

The REACH Chapter has facilitated elections. See a list of our new incoming officers:
Chair- Kim Bourne
Vice Chair- Matthew Garvey
Secretary- Myria Harris
Treasurer- April Riney
Membership Committee Chair- Jennifer Shoemake

KNA WEST KENTUCKY CHAPTER
During 2017, the West Kentucky chapter sponsored the Annual Nursing Research Forum at Baptist Health Paducah. This year, we are sponsoring the 2018 nursing research forum and a nursing scholarship in memory of Bailey Holt, a victim of the Marshall County High School shooting in January 2018.

KNA WEST KENTUCKY CHAPTER UPDATE
December 5th at the Center for Health Education and Research in Morehead, KY. The chapter would like to welcome Theresa Jackson, the newly elected chapter treasurer.

2018 Kentucky Statewide Trauma and Emergency Medicine Symposium
October 25-26, 2018
Galt House Hotel, Louisville
Pre-conference day offerings: October 24
Keynote speakers
Paul J. Chestovich, MD, FACS
University Medical Center (Las Vegas)
Oscar Guillumontegui, MD, MPH
Vanderbilt University Medical Center

Save the Date
2018 Kentucky Statewide Trauma and Emergency Medicine Symposium
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Vanderbilt University Medical Center
Kentucky Nurses Foundation

Letter to the Editor
The Kentucky Nurses Foundation Highlights Activities and Accomplishments

Jo Singleton, DNP, RN-BC
Kentucky Nurses Foundation President


If you haven’t heard about what’s going on with the Kentucky Nurses Foundation (KNF), let me bring you up to speed about how your donations are making a difference to nurses and all residents throughout the Commonwealth.

Recently, the KNF approved funds, in collaboration with Murray State University, to name a scholarship after Bailey Holt, a student whose life tragically ended during the Marshall County High School shooting. In the past two years, the KNF has funded six scholarships for a total value of $23,000 for research and education for Kentucky nursing students.

What many KNA members may not know is that the KNF also sponsors the Nightingale Tribute. The Tribute is a ceremony to honor any deceased Registered Nurse (RN) or Licensed Practical Nurse (LPN) for their years of commitment and dedication to nursing. This tribute, a complimentary public service, is given by a designated nurse colleague. The tribute may include the lighting of a white candle; a summary of the individual’s nursing career; the Nightingale poem and the presentation of a white rose given to the family. Please help us spread the word about this commemorative program. If you would like to remember a nurse in this special way, please contact the KNF.

The KNF, a non-profit 501(c)(3) organization, has a long history of promoting the health of all Kentuckians by advancing the practice of nursing through nursing scholarships and healthcare research.

For the first time in its 43-year history, the KNF recently launched its first ever fundraising campaign, “Honor a Nurse – Remember a Nurse.” Although that campaign ended on March 5, we continue to seek donations to further the mission of KNF, the philanthropic arm of the Kentucky Nurses Association (KNA). On behalf of all Kentucky nurses, I encourage you to donate to the KNF. Make your tax-deductible contribution today:

Make your check payable to the KNF, 305 Townepark Circle, Suite 100, Louisville, KY 40243

Information for Authors

- Kentucky Nurse Editorial Board welcomes submission articles to be reviewed and considered for publication in Kentucky Nurse.
- Articles may be submitted in one of the following categories:
  A. Personal opinion/experience, anecdotal (Editorial Review)
  B. Research/scholarship/clinical professional issue (Classic Peer Review)
  C. Accent on Research (Editorial Review)
  D. Cultural Diversity (Editorial Review)
  E. Health Matters (Editorial Review)
  F. Student Spotlight (Editorial Review)
- Information about IRB or Ethical Board approval is a requirement for Quality improvement projects, evidence practice based projects, and research studies.
- All articles, except research abstracts, must be accompanied by a signed Kentucky Nurse transfer of copyright form (available from KNA office or on website www.Kentucky-Nurses.org) when submitted for review.
- Articles will be reviewed only if accompanied by the signed transfer of copyright form and will be considered for publication on condition that they are submitted solely to the Kentucky Nurse.
- Articles should be typewritten with double spacing on one side of 8 1/2 x 11 inch white paper and submitted in triplicate. Maximum length is five (5) typewritten pages.
- Articles should also be submitted electronically.
- Articles should include a cover page with the author’s name(s), title(s), affiliation(s), and complete address.
- Monetary payment is not provided for articles.
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## Calendar of Events

### KNA Governmental Affairs Cabinet:
First Monday of every Month, 11:30 am-12:30 pm (EST), conference call

### KNA Chapter Board of Directors Meeting:
First Friday of the Month

### KNA Chapter Leadership Conference Call Meetings:
Third Monday of every month, 1:30 PM (EST)

### Kentucky Nurses Foundation Board of Trustee Meetings:
Fourth Tuesday of every month at the KNA office, 12:00 – 4:00 PM (EST)

### KNA Membership Recruitment & Retention Committee Meetings:
Second Monday of every Month 11:00 AM- 11:30 AM (EST)

### KNA Professional Nursing Practice & Advocacy Cabinet Meetings:
First Thursday of every month 6:30 PM- 7:30 PM (EST)

### KNA Event Planning Committee Meetings:
Second Friday of every month 12:30 PM EST- 2:30 PM (EST)
KNA office/Conference Call

### KNA Finance Committee Meetings:
Fourth Wednesday of every month 12:00 PM- 1:00 PM (EST)

***All nurses are welcome to attend any nursing event. These are open to KNA members and non-members***

### April 2018
- **15** Call for Presenters (see more on page 10)
- **16-21** Kentucky Coalition of Nurse Practitioners & Nurse Midwives Annual Conference, Lexington, KY
- **17** (tentative): KNA REACH Chapter - 5:00 PM-7:00 PM (CST); WKU/ Medical Center Health Sciences Complex, Bowling Green. Will be collecting for the Center for Courageous Kids.
- **17** KNA Bluegrass Chapter Board of Directors meeting - 5:30 PM EST- 8:00 PM EST Chophouse Lexington, KY, 2640 Richmond Rd.

### May 2018
- **7** Materials due to the KNA office for July Issue of KY Nurse
- **10** KNA Editorial Board Meeting - 1:00 PM (EST) Conference Call
- **10** KNA Nightingale Chapter Meeting - 6:30 PM - 8:00 PM Chophouse Lexington, KY
- **15** Bluegrass Chapter Meeting - 5:30 PM (EST)- 8:00 PM Chophouse Lexington, KY
- **24** KNA Heartland Chapter Meeting 2nd Quarter - 6:00 PM - 7:00 PM
- **25** KNA Ethics and Human Rights Committee - 2:00 PM - 4:00 PM
- **28** KNA Office Closed

### June 2018
- **13** KNA Northern Kentucky Chapter Meeting, Location & Time: TBD
- **19** KNA Bluegrass Chapter Board of Directors Meeting - 5:30 PM- 8:00 PM Chophouse Lexington, KY
- **21** ANA Lobby Day
- **22-23** ANA Membership Assembly

### July 2018
- **4** KNA Office Closed
- **17** KNA Bluegrass Chapter Meeting - 5:30 PM EST- 8:00 PM Chophouse Lexington, KY
- **27** KNA Ethics & Human Rights Committee Meeting - 2:00 PM- 4:00 PM

### August 2018
- **6** Materials due to the KNA office for October Issue of KY Nurse
- **9** KNA Nightingale Chapter Meeting - 6:30 PM- 8:00 PM Chophouse Lexington, KY
- **21** KNA Bluegrass Chapter Board of Directors Meeting - 5:30 PM- 8:00 PM
- **23** KNA Heartland Chapter Meeting - 6:00 PM- 7:00 PM

### September 2018
- **3** KNA Office Closed
- **12** KNA Northern Kentucky Chapter Meeting, Location & Time: TBD
- **18** KNA Bluegrass Chapter Meeting - 5:30 PM-8:00 PM Chophouse Lexington, KY
- **28** KNA Ethics & Human Rights Committee Meeting - 2:00 PM- 4:00 PM (EST)

### October 2018
- **11** KNA Nightingale Chapter Meeting - 6:30 PM- 8:00 PM
- **15** KNA Bluegrass Chapter Board of Directors meeting - 5:30PM- 8:00 PM Chophouse Lexington, KY

### November 2018
- **1-2** KNA Annual Conference, Holiday Inn Louisville East
- **5** Materials due to the KNA Office for the Jan 2019 issue KY Nurse
- **13** KNA Bluegrass Chapter Meeting - 5:30 PM- 8:00 PM Chophouse Lexington, KY
- **15** KNA Heartland Chapter Meeting - 6:00 PM- 7:00 PM
- **22-23** KNA Office Closed
- **27-29** ANA Leadership Conference
- **30** KNA Ethics & Human Rights Committee Meeting - 2:00 PM- 4:00 PM

### December 2018
- **5** KNA Northern Kentucky Chapter Meeting, Location & Time: TBD
- **7** KNA New Officers Meeting & Dinner - 7:00 PM- 9:00 PM
- **8** KNA Leadership Retreat - 8:00 AM- 4:30 PM

### April 2019
- **22-27** Kentucky Coalition of Nurse Practitioners & Nurse Midwives Annual Conference, Covington, KY

### November 2019
- **8** KNA Education Summit, Four Points by Sheraton Lexington

### November 2020
- **5-6** KNA Annual Conference, Holiday Inn Louisville East

### November 2021
- **5** KNA Education Summit, Four Points by Sheraton Lexington
Corrie Karas, Amy Troxell, and Johanna Snyder, BSN students at Bellarmine University, Louisville, Ky.

Smoking is a major public health issue; in Kentucky, 26% of residents report they smoke, which is the second-highest rate in the country (Sayers, 2016). In 2008, The Joint Commission (TJC) required that hospitals adopt non-smoking policies and document patients’ smoking status. In addition, TJC suggested that hospitals offer cessation support programs with follow-up after discharge. These changes created a “temptation-free zone” in hospitals for those wishing to quit smoking and spurred the creation of cessation programs. However, while these health promotion policies were an important starting point, there is little evidence to support that hospitals are providing effective cessation programs.

Nurse researchers in Louisville, KY recently conducted a study to understand the barriers to quitting and participating in smoking cessation programs among hospitalized patients who smoke. The study took place on the medical-surgical units of a community-based acute care hospital. The study was conducted over a period of two months, with a final convenience sample of 79 current smokers. Participants were asked to complete a 27-item assessment tool that was developed based on previous cessation surveys and stakeholder interviews.

The researchers found that the majority of subjects indicated that they wanted to quit smoking, with approximately 50% having tried unsuccessfully to stop in the previous year. There was a significant and strong correlation between readiness to quit and current motivation to quit. The biggest fears about quitting included becoming anxious, mood swings, fear of failure, and weight gain. But while most subjects said they would be willing to talk with a nurse about smoking once they left the hospital, only 40% were willing to attend free smoking cessation classes.

The study found that patients were more accepting of smoking cessation efforts while in an environment where smoking was prohibited and while feeling vulnerable due to illness. This suggests that brief, initial cessation support interventions should be offered early in a hospitalization. Additionally, since health concerns were identified as motivators to quit, cessation interventions should provide information about the short-term and long-term health benefits of quitting.

Smokers who are willing to give up smoking, whether they are hospitalized or not, face many barriers to quitting. However, knowing about the severity of their illness and the potential health consequences associated with smoking are not enough to aid smoking cessation without the support of significant others. For example, lack of family support lowers morale and decreases the likelihood of quitting, and increases the fear of failing or being judged. So social support should be incorporated into any cessation efforts.

To improve a patient’s readiness to quit, scheduled visits by cessation counselors and/or trained nurses should be started in the hospital, then offered after discharge in multiple forms, including online materials, phone calls, and in-person services. Cessation education should be provided to both patients and significant others. Information about nicotine replacement therapies should also be given, as these reduce some of the negative effects of quitting. Healthcare professionals should provide educational resources for the patient and their significant others. With the support of professionals and significant others, smoking cessation is possible.

Sources:
Healthy Workplaces: Supporting Nurses and Patient Care

Author: Karen S. Hill, DNP, RN, NEA-BC, FACHE, FAAN

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Nurses know the importance of health. Most of us have committed our careers to helping patients achieve and advance their health. Applying the concept of healthy work environment is less well-reported but essential to nurses, both for our patients and ourselves. The benefits of a healthy work environment include personal and professional satisfaction among employees, improved quality of care and retention of nursing staff (1).

Characteristics of a healthy work environment include:
1. Collaboration among care providers
2. Mutual respect at all levels
3. Zero tolerance for hostility in the environment including bullying and horizontal hostility
4. A mechanism for effective decision-making
5. Adequate staffing support
6. Meaningful recognition
7. Authentic leadership including communication.

Beginning with the Interview Process
As nursing shortages increase due to new opportunities and impending retirements, employers should consider adopting policies supporting the characteristics above to retain and attract staff. Before the interview process begins, staff colleagues should develop behavioral interview questions to identify personality traits and relationships skills of an applicant that will fit well with other department staff and the patient population. Diversity among work teams is an advantage in creating a high performing team however, a similar commitment to patient care, an interest in the patient population served, and support of the mission of the organization are important to discuss in the interview process.

Orientation to a Healthy Work Environment
Many units or organizations have developed employee code of conduct or behavioral expectations, which should be discussed during the interview process and reviewed with new nurse employees. During the orientation process, new nurses should be provided tools for decision-making and training on purposeful communication as well as skill and competence validation. After hiring, the new nurse employee should see evidence of collaboration in the care planning, provide interdisciplinary communication starting with their orientation. Peers should role-model behaviors including direct and timely communication, and mechanisms to access additional resources for support.

Role of Nursing Peers and Leaders
Both nursing peers and leaders have accountability to contribute to the development of a healthy work environment. Nurses want environments to reflect accountability behaviors (2). Data gathered at Baptist Health Lexington identified that clinical nurses valued three primary attributes to support engagement and retention (3). These leadership behaviors were: A) Clinically competent leaders; B) Engagement and support of employees demonstrated through relationships and support for resources and staffing; and C) Visible presence of leaders on their units (p. 308). These findings support other data on healthy work environments because they reflect authentic leadership.

Sellers, Millenbach, et al. (4) summarized the challenge for leadership, “The nurse manager sets the tone and expectations in the work environment, which can create a healthy environment for staff and patients” (p. 486). Senior leaders, department directors, and peers each play a role in the development and sustainment of a healthy work environment.

References

For additional information about the university visit WWW.KYSU.EDU

KENTUCKY STATE UNIVERSITY

Kentucky State University is seeking qualified nurses for Tenure, Non-Tenure and Adjunct positions in the Graduate and Undergraduate programs.

• All nursing specialties
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Contact Kentucky State University School of Nursing at schoolofnursing@kysu.edu or 502.597.5957 for more information

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Please visit our website at www.hopkinsville.kctcs.edu/Job-Seekers for additional information.
Application deadline is April 15, 2018.

KCTCS/KCTCS is an equal educational and employment opportunity institution.
Hopkinsville Community College is committed to achieving excellence through cultural diversity. It actively avoids candidates of color, women, veterans, persons with disabilities and other individuals.

Human Touch Collection: EMPATHY

“EMPATHY” is a fine jewelry signature piece of the Human Touch Jewelry Collection. The title connotes caring, compassion, affinity, sympathy and understanding between two people — “What comes from the heart touches the heart” (Don Sibet)

EMPATHY was designed by professional nurses working in concert with nationally renowned silversmith Joseph Schmidlin. All proceeds from the sale of the jewelry will go toward scholarships for individuals who are currently pursuing a nursing degree.

Can be worn as a Pin or a Pendant.
There are three options available to choose from:

<table>
<thead>
<tr>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sterling Silver</td>
<td>14k gold vermeil over sterling silver</td>
<td>Sterling silver with a 14k gold heart</td>
</tr>
<tr>
<td>Cost</td>
<td>$27.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>LESS 25%</td>
<td>-19.25</td>
<td>-25.00</td>
</tr>
<tr>
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<td>$4.50</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$64.22</td>
<td>$79.58</td>
</tr>
</tbody>
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Exp. Date: / 
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Phone Number:
Send Payment to:
Kentucky Nurses Association
305 Townsparks Circle, Suite 100
Louisville, KY 40243
FAX: (502) 245-2844

For more information, contact KNA at (502) 245-2844

April, May, June 2018

Kentucky Nurse • Page 7
Approximately 200 nurses and nursing students from around the state attended and met with legislators and discussed 10 bills (see summary right) that impact our profession and practice. Following our meetings, we gathered in the Rotunda for a rally. Legislators that serve our Commonwealth were featured speakers at the rally. Senator Ralph Alavardo, who is a physician and Representatives Wuchner, Moser and Marzian, who are nurses, discussed issues that they are working on such as opioid use awareness, telehealth and expansion of nurse practitioners practice.

Following our rally, nurses attended sessions in both the House and the Senate where we were recognized with a proclamation acknowledging the work of the Kentucky Nurses Association.

As the 2018 legislative session continues, it is important for all nurses to stay informed and involved. Please utilize the information provided about the bills we are working on this session and reach out to your legislator today.

Nurses Day at the Capitol

We Can Help Your Patients Quit Tobacco
Bill Not Filed Yet - A Nurse in Every School, kindergarten-12th grade
SB 89 Removes the Collaborative Agreement for Prescriptive Authority for Controlled Substances (CAPA-CS) for APRNs after four years of prescribing controlled substances with a CAPA-CS
SB 94 Allows employers to access KASPER reports on controlled substance prescribing by employees as part of a bona fide investigation
HB 58 Establishes Palliative Care Council and program; Includes nursing, APRNs
HB 124 Requires Cabinet for Health & Family Services to establish quality standards for licensure for treatment and recovery services for substance use disorders

SUPPORT – Tobacco
Control/Smoking Cessation
SB 29 Raises tax on cigarettes a minimum of $1 & taxes other tobacco products; establishes a fund for tobacco cessation & treatment of related illnesses
SB 51 Prohibits tobacco use in schools and on school property, kindergarten - 12th grade
SB 93 Allows city or county government to control tobacco sales; removes pre-emption

SUPPORT – Reimbursement/Payers
SB 5 Makes KY Department for Medicaid Services responsible for administering outpatient pharmacy benefits
SB 112 Requires coverage of telehealth services by Medicaid and private insurers; prohibits any restriction not applied to in-person service
HB 69 Requires changes by managed care organizations in credentialing, network adequacy, appeals & timeframes

SUPPORT – State Budget
HB 190 Target funding for district health departments

OPPOSE – Invasion of Privacy; Costly
HB 35 Require periodic substance abuse screening for adults receiving any public assistance

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The Kentucky Nurses Association (KNA) is seeking dynamic, engaging and knowledgeable presenters for the 2018 KNA Annual Conference. KNA members and non-members are welcome to submit an application to present.

THEMES
Thursday, November 1  The Nurse’s Role in Personal Health - Transforming Ourselves
Friday, November 2  The Nurse’s Role in Population Health - Transforming Healthcare

TARGET AUDIENCE
• The primary conference audience of more than 500 attendees will include multiple levels of professional nurses, LPNs, health care students, and senior level managers.
• Health care professionals, educators and entrepreneurs will also attend.
• General Session and Workshop content and instruction should be geared to a level that is appropriate for the target audience.
• Continuing Education Units will be offered. Presentation content must include expected outcomes, presenter’s vita, and a teaching plan.

SUBMISSION DETAILS
April 15  - Presenter proposal application deadline (No exceptions). Signed application and 5-minute PowerPoint presentation demo video. Failure to include all of these items will result in the proposal not being considered.

TIMELINE
June 15, 2018  Acceptance/Regret/Wait listed Notification Sent
June 30, 2018  Presenters notified by email when their sessions are scheduled and time allotted for the presentation

CONFERENCE CURRICULUM
When developing your presenter proposal application, please provide a balanced program that meets the following program themes:

For Thursday’s theme:
• Healthy Nurse: The Nurse’s Role in Personal Health
• Physical activity (yoga, walking, breathing, running, sports, etc.)
• Healthy sleep
• Healthy weight
• Nurse fatigue
• Nutrition
• Quality of life/ work life balance
• Safety
• Substance use among nurses

For Friday’s theme:
• Healthy Commonwealth: The Nurse’s Role in Population Health
• School nurse initiative
• Perinatal health
• Homelessness
• Veterans
• Access to health care and health insurance

CALL FOR PRESENTERS
“Reclaim Nursing: Heal, Empower, and Inspire.”

July 15, 2018  Head shot, (high resolution 300 dpi JPEG file, cropped head to shoulder).
July 15, 2018  KNA/KBN Continuing Education Planning Form due
July 15, 2018  Full presentation – PowerPoint and handouts (Once submitted, the content on the slides will not be altered.)

DRAFT AGENDA
The 2018 conference is in the early planning stages, but a conference agenda draft is attached.

FORMAT
• Poster presentations and/or oral presentations
• Panel presentations
• Time length: 50-minute segments
• Sessions may be lectures, research based, hands on, interactive, creative, dynamic and feature best practices in nursing and health promotion.

OBJECTIVES
• Attendees should leave with specific knowledge and skills about various aspects of the topic as stated in the KBN contact education form and how it relates to the future development of the attendee or nursing practice.
• Presentations should provide attendees with educational value and refrain from promoting a specific business, product or service. (Please note that the Exhibitor Hall offers opportunities for product or service promotion.)

CONFERENCE CURRICULUM
When developing your presenter proposal application, please provide a balanced program that meets the following program themes:

For Thursday’s theme:
• Healthy Nurse: The Nurse’s Role in Personal Health
• Physical activity (yoga, walking, breathing, running, sports, etc.)
• Healthy sleep
• Healthy weight
• Nurse fatigue
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• Safety
• Substance use among nurses

For Friday’s theme:
• Healthy Commonwealth: The Nurse’s Role in Population Health
• School nurse initiative
• Perinatal health
• Homelessness
• Veterans
• Access to health care and health insurance

Call for Presenters continued on page 15

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Helping the Healers: Identifying and Halting Lateral Violence in Nursing

Amanda Murray
Norton Healthcare

Amanda Murray MSN, APRN, AGCNS-BC, CMSRN, Clinical Nurse Specialist-Medical Surgical Division, Norton Women's and Children's Hospital, Louisville KY. Correspondence concerning this article should be addressed to Amanda Murray, 618 Davenport Dr, Louisville, KY 40245. Email: amanda.murray@nortonhealthcare.org

The new nurse that you are orienting is trying to get into the medication room and her badge doesn't work. At the station, a group of nurses and attendants are sitting, watching her struggle, and giggling. She is turning red and becoming flustered. You are practically running down the hallway to get to her. It's only day two of her orientation and you feel like you have failed her.

Many nurses can probably tell a similar story. In fact, incivility in the workplace, especially in the field of nursing, is far from a new concept, although it continues to plague the nursing workforce (Griffin & Clark, 2014). Lateral or horizontal violence describes the abuse of an employee via means that are physical, verbal, or emotional, and has also been identified as being “nurse to nurse” aggression (Academy of Medical Surgical Nurses [AMSN], 2017). This behavior can be described anecdotally with phrases such as “nurses eat their young” and units having a “mean girl” mentality (although both men and women are impacted). Lateral violence has been shown to have a significant impact on retention, nursing engagement, and patient safety (American Nurses Association [ANA], 2015b).

Estimates of impact vary based on methods, and range from 23.7% of respondents reporting being bullied within the last six months (AMSN, 2017) to 90% reporting any experience of lateral violence in the workplace (Major, Abderrahman, & Sweeney, 2013) with a presence in every type of setting, including acute care, ambulatory care, and even nursing academia (Germann Abderrahman, & Sweeney, 2013) with a presence in every type of setting, ranging from 44% to 90% reporting any experience of lateral violence in the workplace (Major, Abderrahman, & Sweeney, 2013). The implication for patients is also undisputed, with lateral violence being a contributing factor to everything from missed patient care to medication errors, falls, and other lapses in quality (ANA, 2015b).

For as many ways as there are to perpetuate lateral violence, there are just as many ways to stop it. A “Zero Tolerance” policy and education are good places to start. They set the tone that must be reinforced by leaders both in official and covert ways, which can make it challenging for staff and leaders to identify behaviors and participants. Since some of these behaviors are subtle, it may have become the culture on the unit for some to even be acceptable. For example, nursing units that publicly post an individual's misses related to documentation or care may be encouraging public humiliation in a well-meaning attempt to improve patient safety (AMSN, 2017). Additionally, an organizational culture that encourages staff to “touch it out” or go through a tedious process to report lateral violence can also inadvertently send the message that this behavior is acceptable or expected (Chu & Evans, 2016).

"I heard that they were going to ask her to retire soon. I mean, come on, she just can't keep up with the pace of the floor. It just isn't the same now." You’ve given so much to this profession, to your patients. You can feel your heart break just as much as you can feel your heart break before they even look up to see you standing there.

Lateral Violence Ends Here
For as many ways as there are to perpetuate lateral violence, there are just as many ways to stop it. A Zero Tolerance policy and education are good places to start. They set the tone that must be reinforced by leaders both in official positions and by leaders in informal roles (preceptors, respected staff members). It is worth noting that policies and education alone are not effective without additional strategies (Coursey, Rodriguez, Diedrickmann, & Austin, 2013).

It can also help to look at interventions focused on each participant in lateral violence: the perpetrator, the victim, and the bystander.

Recognizing Lateral Violence
Recognizing behaviors associated with lateral violence, as well as those behaviors being normalized in a work environment, are some of the most significant barriers to combating lateral violence. This is why education and awareness are some of the first steps in combating lateral violence (Dahly & Herrick, 2014). Eight behaviors are most frequently cited as typifying lateral violence (see Table 1). Each of these behaviors can be seen in both overt and covert ways, which can make it challenging for staff and leaders to identify behaviors and participants.

Since some of these behaviors are subtle, it may have become the culture on the unit for some to even be acceptable. For example, nursing units that publicly post an individual's misses related to documentation or care may be encouraging public humiliation in a well-meaning attempt to improve patient safety (AMSN, 2017). Additionally, an organizational culture that encourages staff to “touch it out” or go through a tedious process to report lateral violence

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive Criticism</td>
<td>Nitpicking, providing criticism without the attempt to elevate practice and support a peer, fault finding, unfair evaluation of work</td>
</tr>
<tr>
<td>Intimidation</td>
<td>Using physical space to scare others, yelling, threatening, abusive language/tone; using nonverbal cues to discourage communication</td>
</tr>
<tr>
<td>Blaming</td>
<td>Unfairly attributing failures to a person/group, scapegoating</td>
</tr>
<tr>
<td>Fighting</td>
<td>Angry outburst, physical altercations, discourteous behavior (cursing, name calling, put-downs)</td>
</tr>
<tr>
<td>Withholding Assistance</td>
<td>Inequitable assignments, refusing to help others or to mentor and guide, withholding information</td>
</tr>
<tr>
<td>Backstabbing</td>
<td>Gossiping, betraying confidences, sabotaging, anything that lessens trust among a staff member, taking credit for another’s work</td>
</tr>
<tr>
<td>Public humiliation</td>
<td>Teasing or mocking, publicly posting criticisms/feedback, haz ing</td>
</tr>
<tr>
<td>Isolating</td>
<td>Excluding individuals from being a part of the group, creating an “us vs. them” mentality (shifts, units, cliques, etc.)</td>
</tr>
</tbody>
</table>

Note: Adapted from AMSN, 2017; Coursey, Rodriguez, Diedrickmann, & Austin, 2013; Griffin & Clark, 2014. See reference list below.

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Credentials
Phone Number Circle preference: Home/Work
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ANA-PAC Contribution (optional) $...........................
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Credit Card 
Credit Card Information
Visa Mastercard AMEX Discover
Credit Card Number Expiration Date (MM/YY)
Authorization Signature

Required Information

Printed Name

Ways to Join:
ANA and State Membership Dues: $15.00 Monthly or $174.00 Annual

Membership Dues

ANA-PAC Contribution (optional) $............................
ANP Contribution (optional) $............................
Total Dues and Contributions $............................

Authorization Signatures

Name _________________________________
Signature ______________________________

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Electronic copy of the KY Nurse please visit, nursingald.com

KNA Centennial Video
Lest We Forget
Kentucky’s POW Nurses

This 45-minute video documentary is a KNA Centennial Program Planning Committee project and was premiered and applauded at the KNA 2005 Convention. “During the celebration of 100 years of nursing in Kentucky—Not To Remember The Four Army Nurses From Kentucky Who Were Japanese prisoners for 33 months in World War II, would be a tragedy. Their story is inspirational and it is hoped that it will be shown widespread in all districts and in schools throughout Kentucky.

POW NURSES
Earleen Allen Frances, Bardwell
Mary Jo Oberst, Owensboro
Sallie Phillips Durrett, Louisville
Edith Shacklette, Cedarflat

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"the celebration of 100 years of nursing in Kentucky—Not To Remember The Four Army Nurses From Kentucky Who Were Japanese prisoners for 33 months in World War II, would be a tragedy. Their story is inspirational and it is hoped that it will be shown widespread in all districts and in schools throughout Kentucky.

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To access
Helping the Healers continued from page 11

The perpetrator: There are a number of theories as to why someone may become a bully in the workplace. Some theories focus on past harms to the individual, such as the Conti-O’Hare’s Theory of the Nurse as a Wounded Healer where the nurse under intense stress, strain, and trauma, seeks an outlet, which can be the victim. Other theories associate lateral violence with behaviors associated with lateral violence (Christie & Jones, 2014). Other perspectives, such as Oppression Theory, attribute lateral violence to the traditional hierarchical structure of the healthcare workplace, where nurses may be perceived as being powerless, and therefore prone to taking out frustrations on those in a similar position (Chu & Evans, 2016). Addressing burnout, stress, and fatigue can impact lateral violence by reducing the need to turn to ineffective coping mechanisms.

The victim: Including content related to lateral violence and coping strategies in education and onboarding has become relatively common. Teaching cognitive rehearsal allows those at risk to practice effective responses to typical lateral violence behaviors (Griffin & Clark, 2014). Developing effective communication skills to facilitate better understanding among peers (Major, Abderrahman, & Sweeney, 2013) has also demonstrated value as a means to support staff in resisting lateral violence behaviors.

The bystander: In many instances of lateral violence, there is an audience of colleagues. In fact, some behaviors, such as gossiping, require a willing public. By refusing to participate or by standing with the victim and seeking solutions, a bystander can contribute to reducing the culture of lateral violence in the workplace. Supporting colleagues in making good behavioral choices, supports both the victim and the perpetrator and moves both parties closer to safe communication and collaboration (ANA, 2015b).

It has been a long shift and you are more than ready to clock out and get out of here. The nurse relieving you finally appears - late, again. You take a deep breath and… let it out. You can address it in private later, when you are less tired and irritated. You know that you can’t be professional about it in your current mood, so why risk it?

Lateral violence undermines the basic ethical responsibility of nurses as set by the Code of Ethics for Nurses in the very first provision: “Affirming Health through Relationships of Dignity and Respect” (ANA, 2015a). This provision covers the nurse’s responsibility to patients, as well as to his or her colleagues. Nurses are expected to avoid perpetrating lateral violence, and are accountable for working with leaders, other disciplines, and each other to build environments where lateral violence is not welcome. Nurses interested in halting lateral violence and its impact can start by looking at their own behavior. What have I done in the past to allow for working with leaders, other disciplines, and each other to build environments where lateral violence is not welcome. Nurses interested in halting lateral violence and its impact can start by looking at their own behavior. What have I done in the past to allow or halt lateral violence? What is the culture in my place of work? What else could we do to foster a supportive environment? Lateral violence can easily disrupt a nursing unit, but in responding to it, nurses may find a path to better understanding, collegiality, and a safer, kinder, health care workplace.

References:
Briefly Speaking

There’s so much going on with the Kentucky Nurses Association and the Kentucky Nurses Foundation that we wanted to offer you this brief recap of activities:

- The KNA launched its 2018 membership drive in early March with Chapter Challenges across the state. We will soon begin the Dean’s Challenge at Kentucky’s Schools of Nursing and we will conclude this initial membership push with a Nursing Leadership Challenge later this fall. Our goal is to recruit and retain 250 members by July 31.
- The KNF recently launched its first ever fundraising campaign, “Honor a Nurse – Remember a Nurse.” Although the campaign has ended, our fundraising efforts continue.
- Along with funding nursing scholarships, KNF funds support the Nightingale Tribute Foundation that we wanted to offer you this brief recap of activities:

Mountain Manor of Paintsville

Educator (CNE) is preferred. A Master’s of Science in Nursing (MSN) and a Certified Nurse

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Owensboro Community and Technical College

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For detailed job description and to apply visit:

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Check out our website www.thealtenheim.org

The Human Touch

“The Human Touch” is an original oil painting 12” x 16” on canvas which was the titled painting of Marge’s first art exhibit honoring colleagues in nursing. Prompted by many requests from nurses and others, she published a limited edition of full color prints. These may be obtained from the Kentucky Nurses Association.

Copyright 1980 | Limited Edition Prints by Marjorie Glaser Bindner RN Artist

Limited Edition Full Color Print: Overall size 14 x 18 | Signed and numbered (750)—SOLD OUT
Signed Only (1,250)—$20.00

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$60.01 to $200.00 ....... $30.00
$200.01 and up ......... $45.00

Shipping and Handling

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$30.01 to $60.00 ....... $10.95
$60.01 to $200.00 ....... $30.00
$200.01 and up ......... $45.00

*Express delivery will be charged at cost and will be charged to a credit card after the shipment is sent.
Call for Presenters continued from page 10

- Tobacco cessation
- Human trafficking
- End of life/palliative care
- Incivility
- Bullying and workplace violence

HANDOUTS & POWERPOINT PRESENTATIONS
- Handouts may be appropriate, depending on the complexity of the topic and most will be given to attendees electronically.
- Power Point Presentations are encouraged and will also be made available to attendees electronically.
- Materials must be presented to KNA by specific deadlines or they will not be accepted.

FEES & PRESENTER BENEFITS
- As a 2018 presenter, your conference session registration is complimentary. If you wish to obtain CE’s, you must be a paid conference registrant.

- All presenters will be listed in the fall *Kentucky Nurse* publication that is mailed to over 80,000 nurses in Kentucky and mentioned on the KNA Facebook page.

A NOTE CONCERNING HONORARIA
KNA has a tradition of using educational conference sessions as a platform for innovation in the spirit of networking and sharing. Therefore, we look for contributors who are willing to share their expertise without expectation of an honorarium or reimbursement of expenses.

PRESENTER EXPECTATIONS
By participating in the conference, presenters give KNA permission to record their session and take photos. Presenters will be available for press interviews if requested. Please note: Sponsorship or Exhibitor Hall participation is appropriate for groups or persons with commercial interests. More information will be sent out separately and at a later date.

KNA CONTACT
Email or mail your application, headshot, etc. to:
KNA
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