



2024 Second Quarter Newsletter

Presidents Message: Mary V. Muse, MS, RN, FAAN, CCHP-A, CCHP-RN

Every day we celebrate the incredible nurses who embody the spirit of compassion and care demonstrated by correctional nurses. The right of justice involved persons to access health care has been federally mandated for approximately fifty-eight years, and yet health care access remains fragmented and is dependent on the philosophy and culture of the individual jails and prisons. Correctional nurses indeed have influence, starting with access to care. It is the nurse who typically does the initial receiving screening and performs the health care intake. Patient assessment, obtaining medical history and previous medical record reviews are often initiated by the correctional nurse. Completing the first assessment and plan of care begins with the nurse. Indeed, the correctional nurse Makes the Difference.

The impact of Nursing on the delivery of quality health care is visible throughout the correctional experience, whether it is medication administration, sick call, triage of health requests or responding to emergencies on the housing unit it's the nurse, who makes the difference.

Correctional nurses are uniquely positioned to have a significant impact and contribute positively to the health of justice individuals. Our knowledge, professional practice, skills, critical thinking, problem-solving, teaching and compassion translate to improved health outcomes, and yes, this and more makes the difference.

In preparing my message, I went to the literature to ask how correctional nurses are celebrated on a national level, only to find little information is available. I did identify the recognition of Correctional Nurses by Washington State. Over the past few years, I have paid attention to ads highlighting and recognizing nurses, specifically listening and looking for the recognition and adoration for correctional nurses. Unfortunately, it has been less visible than I would like. The silence and absence of correctional nurse recognitions

inspire me to challenge correctional nurses to tell the stories of how they have impacted correctional health care. To tell their stories of patient advocacy. Let us share with others how as professional nurses we Make a Difference in caring for a vulnerable population, address health inequities and disparities, and how we contribute to the public health of our community and nation.

The American Correctional Nurses Association would like to give voice to the nurses who tirelessly contribute and Make the Difference. Please share your positive stories with us!

Thank you for your passion and caring. We salute you for all you do.

Respectfully,

Mary Muse, MS, RN, FAAN, CCHP-RN, CCHP-A

President, ACNA

Come Join ACNA's Leadership Team

Dear ACNA Members,

Please consider joining ACNA's leadership team! Being an ACNA Board member is a fantastic way to support your organization and connect with great colleagues and mentors. Please read about the tremendous opportunities for leadership in ACNA and the key dates below.

Treasurer

- The ACNA Treasurer is elected in each even year and serves a two-year term. Responsibilities of the Treasurer are:
 - Receives and disburses funds upon direction from the Board according to the budget approved by the Board.
 - Keeps an accurate record of all receipts and disbursements, provides the membership with a written summary of receipts and disbursements and the balance of each account maintained by the ACNA at annual meetings.
 - Provides the Board with a detailed report of receipts, disbursements, and account balances at each meeting of the Board, which will be maintained in the permanent file of the ACNA.
 - Ensures deposit of all funds in the ACNA bank account within two (2) weeks of receipts and meets all financial obligations within 30 days of designation by the Board and/or receipt of a bill.
 - Provides financial records for audit to persons designated by the Board. The audit will be conducted each even year.
 - Serves as the chair of the Finance Committee of the ACNA.

Member at Large

- The Member at Large serves a two-year term and represents the interests of the general membership. Responsibilities of the member at large are:
- Serves as a member of one of the standing committees.
- Performs such duties as the President may direct.

Update on Nurse Licensure COMPACT

Did you know that there has been a change in the 60-day primary residency rule? Effective January 2, 2024, Rule 402(2) which speaks to a multistate licensee who changes primary state of residence to another party state now needs to apply for a multistate license in the new party state within 60 days. There is a FAQ available: see https://www.nursecompact.com/files/60_day_rule_faqs.pdf. If you need further information please see the website at: NCSBN.org. Nurses and employers of nurses can utilize a FREE service called NURSUS e-Notify which will send you updates on any license you hold across the country.

Nursing Practice Pearl:

Prioritizing Sick Call Complaints

When patients present with multiple sick call complaints, consider asking the patient to indicate his/her most important complaint - regardless of what you think the most important complaint is. Then prioritize the remainder of the patient's complaints according to what you think the most important complaint is. This gives the patient a small bit of control and often gains more cooperation from them. Contributed by: Elissa Brody – Director of Education for Health Services, Adult Correction Medical, NC Department of Public Safety

The Pitfalls of Empty Phrases in Health Record Documentation

In the world of healthcare, meticulous documentation is the cornerstone of effective patient care. Every word written in a health record carries significant weight, providing a snapshot of the patient's condition, guiding subsequent care, and influencing treatment plans. However, amidst the quest for precision, there's a prevalent yet overlooked issue: the use of seemingly meaningful, but ultimately empty, phrases.

Let's look at three commonly used phrases – “will continue to monitor,” “no acute distress,” and “within normal limits” – that often find their way into health records and discuss their shortcomings and advocate for more precise and meaningful documentation practices.

“WILL CONTINUE TO MONITOR”

This phrase, learned and adopted as a protective measure in nursing practice, often lacks the necessary specifics to be truly effective. Monitoring is a crucial aspect of patient care, but stating an intention to monitor without specifying what, how, and how often is like painting an incomplete picture. Take, for instance, a patient at risk for withdrawal. Rather than a vague commitment to monitor, precise documentation would entail specifics: “Continue to monitor every shift with a CIWA evaluation per the Withdrawal Protocol.” This clarity not only signifies responsibility for patient care, but also ensures a clear plan for subsequent evaluations and actions.

“NO ACUTE DISTRESS”

While seemingly straightforward, this phrase lacks universal definition unless it is described within an agency's policy or procedure. Rather than relying on a generic statement, documenting the patient's presentation and behavior provides a clearer picture. Describing observable signs – a steady gait, verbalizing with appropriate responses, or specific symptoms like severe pain – paints a vivid picture of the patient's state at that time, enabling a more comprehensive understanding of their condition. These indicators can then be used in subsequent evaluations to determine if the patient's condition is improving, deteriorating, or staying the same.

“WITHIN NORMAL LIMITS”

This phrase, commonly used to indicate a patient's health parameters, falls short without defining what constitutes “normal.” Precision in healthcare documentation necessitates clarity, like stating whether measurements fall within expected norms based on protocols or individual patient history. For instance, a pulse of 104 beats per minute might be within a patient's expected parameters but doesn't fall within the general “normal” range. Detailing past vital signs and patient history allows for a more nuanced understanding, aiding in tailored treatment plans. The intention behind these phrases isn't flawed; it's the lack of specificity that poses a challenge. Precision matters because it impacts subsequent care and treatment plans. Each word in a health record should serve the purpose of accurately conveying the patient's condition at the time of evaluation to ensure seamless continuity of care. Ultimately, precise documentation isn't an exercise in nitpicking; it's a fundamental component of responsible healthcare practice. By getting rid of empty phrases in favor of specific, descriptive language, healthcare professionals can ensure that each entry in a health record contributes meaningfully to comprehensive patient care.

Lori Roscoe

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Don't forget to mark your Calendars!

ACNA Upcoming Educational Activities- Free for members

[Register on the ACNA Website.](#)

- Nursing Management of Psychiatric Emergencies: July 16, 2024 1:00 PM ET
- ACNA Open Forums are held the third Thursday of every month at 7:00 ET. June's topic is: The effects of Homelessness on Correctional Nursing Practice.

Did you hear the news?

Congress approves \$5 million Increase for Title VIII Nursing Workforce Development

Congress has approved a \$5 million increase for Title VIII Nursing Workforce Development Programs in the Fiscal Year 2024 appropriations package. This increase is an important win that demonstrates strong Congressional support for nursing as most other programs in health care received flat funding. This funding will specifically support grants to expand the supply of registered nurses, specifically in long-term and acute care settings and in states having the greatest shortages. Title VIII Nursing Workforce Development Programs also provide loan repayment assistance, scholarship options for nurses, grants for advanced education nursing programs, nursing workforce diversity grants, and loans for nurse faculty development.

Submitted by: Deborah Shelton, PhD, RN, NE-BC, CCHP, FAAN



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