















These organizations are members of the Idaho Center for Nursing.

Nurses Day at the Capitol 2024

On February 15th, 2024, nurses from across Idaho congregated at the Capitol in Boise to celebrate Nurses Day at the Capitol, an occasion dedicated to providing nurses the opportunity to better understand the legislative process and their role as advocates. The event provided an invaluable opportunity for nurses to engage directly with legislators, fostering a dialogue on healthcare policies and the challenges faced by the nursing profession.





Talking points included the consistent and increasing shortage of nurses across the state and concerns regarding workplace violence. Throughout the day, nurses participated in activities aimed at enhancing their understanding of the legislative process. They gained insights into how laws are formulated, and the role nurses can play in advocating for changes that positively impact patient care and the nursing community. The event was attended by nearly 100 professional nurses and nursing students.



One of the highlights of the event was attending a committee hearing, where nurses observed firsthand how legislation pertaining to healthcare is deliberated upon and shaped. Dr. Nicki Chopski presented the proposed legislation (HB437) that would move the Midwifery board under the Board of Nursing, adding two certified midwives and one additional APRN to the board. Dr. Chopski did a fabulous job and it was a great opportunity to see the process.

Witnessing the democratic process in action encourages nurses to voice their concerns and perspectives on issues affecting their profession. Additionally, nurses had the opportunity to tour the Capitol, immersing themselves in its rich history and significance in shaping Idaho's governance. The event served not only as a platform for advocacy but also as a celebration of the dedication and resilience of nurses who tirelessly serve their communities, embodying the spirit of compassion and excellence in healthcare.





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FROM THE EDITOR'S DESK



Sara F. Hawkins PhD, RN, CPPS | Editor

Since our first publication in 1932, The Gem State Nurse, to the first print publication of RN Idaho in 1977, our partnership with publishers like Arthur L. Davis Publishing and Health eCareers have ensured we stay relevant, timely, and informative.

Several years ago, ANA-Idaho & the Idaho Center Nursing (ICN) adopted environmentally friendly



Sara F. Hawkins

approach to events and meetings. In August 2020, our partnership with Health eCareers, allowed us to successfully launch RN Idaho as a fully digital publication. It has been a remarkable endeavor, as we not only reduced the use of paper, but we have also experienced growth in our reach and engagement with our readers.

Well, our lives are defined by constant motion and change. And, from change, comes new beginnings and new growth opportunities. This issue marks the end of our partnership with Health eCareers. The decision to no longer publish state nursing association newsletters allows Health eCareers to pursue and focus on other aspects of their mission.

In the coming months, ICN will finalize an agreement with a new publisher, and you can look forward to a stand-out edition in August 2024! We may have a new look, but I'm confident you will find the new publication encapsulates everything our readers expect!

In the meantime, we have plenty of interesting stories in this latest issue. In our feature, read about a project designed to build mutual trust in a Just Culture. In Practice Matters, read advice on team nursing. And as always, celebrate numerous recognitions across

Thank you for reading and watch for the next issue of RN Idaho.

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ANA Idaho Welcomes New & Returning Members

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http://nursingworld.org/joinana.aspx

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EXECUTIVE DIRECTOR REPORT



Teresa Stanfill DNP, RN, NEA-BC-OB Executive Director, Idaho Center for Nursing tstanfill@nurseleaders.org

Membership organizations, particularly within the nursing profession, stand at a critical juncture in adapting to the diverse needs and expectations of each generation within their ranks. The landscape of nursing has evolved significantly, with the emergence of new technologies, changing healthcare policies, and a more diverse workforce composition. Amidst these shifts, membership organizations must recognize the imperative to engage with each generation in a manner that resonates with their unique values and aspirations.

Traditionally, nursing membership organizations have often focused on providing professional development opportunities, networking platforms, and advocacy



Teresa Stanfill

for members. While these remain crucial aspects, the approach to delivering them must evolve to cater to the distinct preferences and priorities of different generations. Baby Boomers, for instance, may value established networks and mentorship programs, whereas Millennials and Gen Z nurses might seek out innovative digital platforms for networking and continuous learning.

To move forward effectively, nursing membership organizations must adopt a multi-faceted strategy that embraces inclusivity and flexibility. This involves not only acknowledging the diverse needs of different generations but also actively involving them in shaping the organization's offerings and direction. Creating avenues for intergenerational collaboration and dialogue can foster a sense of belonging and mutual respect, ultimately strengthening the fabric of the nursing community. **Thank you to the ANA-Idaho members** who have engaged in providing feedback on the stand Idaho takes on national issues sponsored by ANA, such as the Nurse Overtime & Patient Safety legislation and the OSHA letter regarding Workplace Violence Prevention Standards. **Thank you to the NLI members** for supporting the recent Foundations of Leadership Excellence course. You all make a difference!

Demonstrating the desired value proposition to each generation requires a nuanced understanding of their motivations and aspirations. Generation X nurses, for example, may prioritize work-life balance and opportunities for career advancement, while younger generations may place greater emphasis on social impact and technological innovation in healthcare. By aligning their initiatives and messaging with these values, membership organizations can effectively communicate their relevance and value to nurses across the generational spectrum.

Moreover, embracing technological advancements is essential for modernizing membership organizations and catering to the preferences of digitally native generations. This may involve leveraging social media platforms for outreach and engagement, offering virtual events and webinars for continuous learning, and developing user-friendly mobile applications for accessing resources and networking opportunities. Embracing a tech-savvy approach not only enhances accessibility but also demonstrates the organization's commitment to staying current and relevant in an increasingly digital world. Watch the Idaho Center for Nursing for a stronger and more inclusive social media presence.

The future success of nursing membership organizations hinges on their ability to adapt to the evolving needs and preferences of each generation within the profession. By fostering inclusivity, embracing technology, and aligning their initiatives with the values of different age cohorts, these organizations can ensure their continued relevance and effectiveness in serving the diverse needs of nurses across the continuum of care. Through strategic engagement and meaningful connections, membership organizations can navigate the complexities of generational diversity and propel the nursing profession forward into a new era of excellence and innovation. My goal is to meet each nurse where they are, when they are – so we can leverage our numbers to influence truly meaningful change in our profession.

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SAVE THE DATES

ANA-Idaho and Nurse Leaders of Idaho National Nurses Week May 6-12

Nurse Practitioners of Idaho Advanced Practice Provider

Sept. 18 | Nashville, TN

Leadership Summit

School Nurses of Idaho

National School Nurses Day May 8

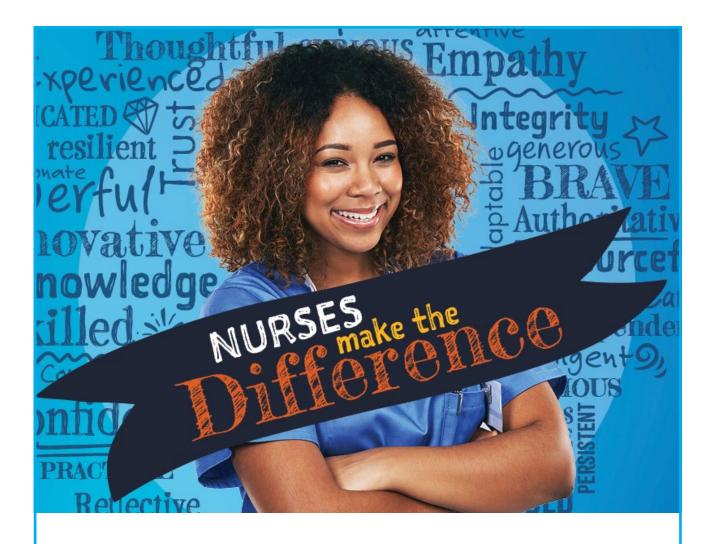
Building Our School Nurse Community

June 12 | Idaho Falls, ID

Idaho Board of Nursing 2024 Meeting Dates

DOPL 11341 W. Chinden Blvd Boise, ID 83714

- July 25, 2024
- October 25, 2024



Happy Nurses Week, Idaho Nurses!





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BOARD OF NURSING REPORT





State of Idaho
Division Of Occupational and Professional Licenses
Board of Nursing

APRN – Who Can I Treat?

The Idaho Board of Nursing receives multiple questions from nurse licensees on a regular basis. Most often the questions have to do with their scope of practice. Although the number of questions can be overwhelming at times, the Board would rather you ask a question than inadvertently do something that may jeopardize your license or the health of a client.

An important question that has come up several times in the last couple of months is: "As an Advanced Practice Registered Nurse (APRN), who can I treat?"

The Rules of the Idaho Board of Nursing (<u>IDAPA 24.34.01</u>) state that an APRN must have established a bona fide APRN/patient relationship as indicated by §54-1733 prior to treating a patient. That relationship shall include:

- Documentation of an adequate patient evaluation to determine a valid diagnosis.
- Identification of any underlying conditions or contraindications to treatment.
- Assumption of responsibility for the health care of the patient.

Until the APRN/patient relationship has been established, the APRN may not prescribe or dispense pharmacologic agents to that patient.

In addition, there are very specific rules concerning controlled substances APRNs need to be aware of. APRNs may not prescribe, dispense, or sell any medication classified as a controlled substance to a family member. A family member is defined as the APRN's spouse, child (biological, adopted, or foster), parent, sibling, grandparent, grandchild, or the same relation by marriage (IDAPA.24.30.01.300.02.a).

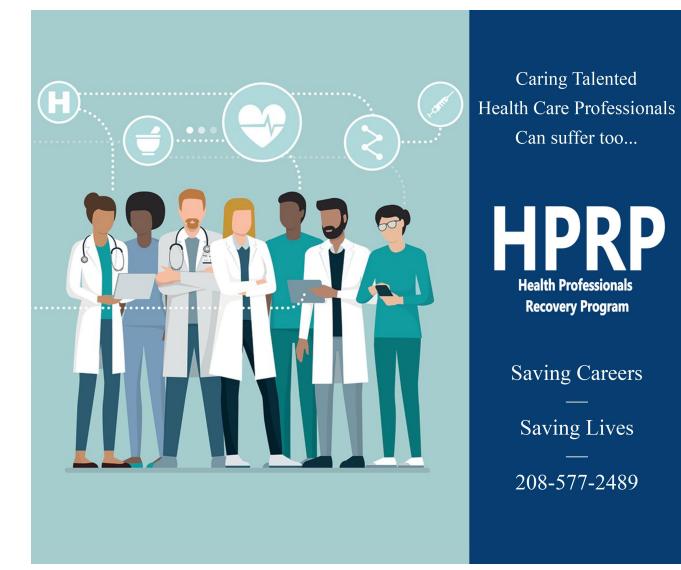
It is best practice to know the statutes and rules that govern your profession. The Nursing Practice Act, The Rules of the Idaho Board of Nursing, along with the Idaho Virtual Care Access Act, the Uniform Controlled Substance Act, and guidance documents for Licensure Policy, Practice Policy and more can be found on your Idaho Board of Nursing website. If you are unable to find the answer there, contact the Idaho Board of Nursing via email at https://hp-licensing@dopl.diaho.gov or phone at 208-577-2476.

Hyperlinks to the law and rules cited above are provided for convenience. If additional clarification is needed as to how the law applies to the specific acts, licensees are encouraged to consult with independent legal counsel. It is the licensee's responsibility to ensure they are acting consistently with those laws and rules.

Idaho Board of Nursing Updates

New Licensing System: The Division of Occupational and Professional Licenses (DOPL) is implementing a new licensing system for all licensees. The new system will be in place by July 1, 2024. You can expect an email with more details from DOPL prior to the change.

Nurse Intern Program: The Idaho Board of Nursing established a Nurse Intern Pilot program to provide students in the final year of their accredited nursing education program with more opportunity for growth. Information can be found on the Idaho Board of Nursing Website under Additional Board Information.



NLI PRESIDENTIAL REPORT



Kevin K. McEwan, DNP, RN, NEA-BC

As leaders, the most important skill and activity we perform is communication. We can be exemplary clinicians, highly educated and certified in our areas of expertise, but if we don't communicate well, we will suffer, and our teams will likely be left in peril. It is said that communication is the difference between clarity and confusion. Clear communication helps align



Dr. Kevin McEwan

individual and team efforts, reducing confusion and enhancing productivity through clarity of work and purpose of a common mission. Strong relationships of trust are built on good communication and are the foundations of successful relationships and teams. Leaders who communicate effectively foster open and honest rapport with their team members.

We have grown overly dependent on written communication in all its many forms: Text, email, memos and flyer, even professional association newsletters, such as the one you are currently reading. I hesitate to even suggest a phone call as a form of communication. Have you tried to get a young person to answer a phone call? And those of us on the other side of 45+, can't hear the ring or feel the vibration in our pocket. Virtual communication methods are amazing. But, even with video interface helping us to read non-verbal cues, it's just not the same. Video communications are a distant second best and far inferior to in person interactions. Nothing can replace face-to-face communication and conversations.

As leaders we are busy. Scheduling time to talk to your peers, direct reports, and staff is essential to yours and their success. These can be in the form of formal regularly scheduled touch-bases or informal rounding and drop ins. Either way, if they aren't scheduled and deliberate, they are not likely to occur. By scheduling these conversations to happen face-to-face we are much more likely to experience meaningful dialogue. The Studer Group teaches that the right communication builds trust and the importance of intentional communication. That's why scheduled communication with a purpose is essential. (https://www.studereducation.com/the-rightcommunication-builds-trust/)

I recently heard from frontline staff that leaders are rounding but seem to be asking the same things repeatedly, and when feedback is provided, there doesn't seem to be a response or follow through. So even scheduled rounding can go wrong if there's not the appropriate focus, follow through and follow-up. Making notes of follow up items and sending a calendar reminder can help leaders to remember to follow up on requests or enquiries is ideal. If the follow-up can be delivered in person, that's even better.

Building trust through effective face-to-face communication must be set as a priority for every leader. The other critical component is to schedule these conversations to be distributed across the organization consistently and evenly. If you are like me, you have times, areas or people that are easier to drop in on. These are often out of comfort or convenience. The obvious challenges are evenings, nights, weekends and offsite areas. Which means a greater emphasis on scheduling these areas for conversations, rounding or drop-ins. Scheduling these times around more convenient moments to talk is also important. We would want to avoid the busy end of or beginning of shifts. Break times might be the most effective times for some areas.

I encourage each of us as leaders to be more intentional in our communication. Not just what we say, but how often and how effective. Make time for meaningful face to face conversations. Scheduled informal rounding and drop ins will help you not miss areas that are less convenient. Communication is your most valuable leadership skill. You and your team members will be happier and more successful as you work to make effective communication a priority.

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FEATURE



Using Just Culture to Increase Organizational Trust: A Project Proposal

Kristi Caldera MSN, RN, CCRN | <u>Kristi.Caldera@hcahealthcare.com</u> Sara F. Hawkins PhD, RN, CPPS | <u>Sara.hawkins@hcahealthcare.com</u>

Each year, approximately 400,000 hospitalized patients experience preventable harm (Rodziewicz et al., 2022). Many of these harmful events result from human error. The examination of errors and specifically, near-misses (or errors that do not reach the patient) reveal that systems issues and a learning mindset improve institutional safety, reliability, and resilience (Yang & Liu, 2021; van Baarle et al., 2022). However, the highly publicized conviction of a nurse for homicide in 2022 illustrates that healthcare workers may be justified in believing they will be punished for human error. Such events erode healthcare professionals' trust that they will be supported when they report errors (Paradiso, 2022). Subsequently, patient safety is improved when organizations focus on system design and behavioral choices rather than outcomes of error (Marx, 2019).

Unfortunately, the reality of what happens in daily practice may be different- even a mismatch in perception between hospital leaders and staff may exist (Barkell & Snyder, 2021; Kim & Yu, 2021; Mazurenko et al., 2019; Paradiso & Sweeny, 2019). In fact, several studies demonstrate that nurse leaders overestimate the safety culture of their units (Barkell & Snyder, 2021; Kim & Yu, 2021; Mazurenko et al., 2019; Paradiso, 2022).

An important aspect to consider is that nurse leaders may not receive formal onboarding or training about the resolution of errors. Frequently, nurse leaders are promoted based on clinical expertise and reputation. Once they are in leadership roles there may be assumptions made that they would understand the management of people and relationships. With a lack of formal onboarding specific to error resolution and corrective actions, new nurse leaders are left to rely on more tenured leaders for real-time mentoring.

These concerns have led us to develop an integrative plan for a nurse-driven educational program and tool, inspired by just culture strategies and the framework of Human Centered Leadership in Healthcare. Therefore, the present proposal aims to improve clinical staff's perception of safety culture, close the gap in perception between leaders and staff, and increase trust in nurse leaders by introducing this plan.



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Just Culture Strategies

Support structures for nurse leaders are essential for organizational change (Morrison & Jensen, 2022). An algorithm that will help to categorize behavior choices, ensures that event investigation is transparent, fair, and focused (Paradiso, 2022). This algorithm or tool will be developed to facilitate nurse leaders' abilities to assign behavioral choices to the appropriate category: human error, at-risk behavior, or reckless behavior.

At-risk behaviors occur when team members are unaware of the risk of their choice. Reckless behavior occurs when team members are aware of the risks of their choices and consciously disregard the risk of harm. When an error is categorized as a human error, the organization's systems should be altered to prevent the error from happening again. This may include providing education or re-education about a specific topic. When an error is categorized as the result of at-risk behavior, the team member will be counseled about their choice, the reasons for their choice should be examined, and organizational systems should be improved if appropriate. When an error results from reckless behavior, there must be disciplinary action.

Theoretical Framework

Human-Centered Leadership in Healthcare defines the attributes of nurse leaders who effectively balance the needs of their teams and their patients while achieving excellent patient outcomes, attaining operational metrics, and creating a healthy work environment (Leclerc et al., 2021). In the Human-Centered Leadership in Healthcare theory, an effective nurse leader is an awakener, an upholder, and a connector. A nurse leader is an awakener by establishing a culture of ongoing learning and high expectations where team members are provided with honest feedback, growth plans, and resources to achieve best practice standards. A connector unifies others around a shared vision and mission, builds mutual respect and trust, and embraces change (Leclerc & Pabico, 2023). An upholder recognizes the humanity in others and leads with an open mind, and supports others with kindness, respect, and empowerment (Leclerc & Pabico, 2023).

The leaders described in Human-Centered Leadership in Healthcare work to create a just culture and a healthy work environment. Using this leadership theory as a guide ensures that the proposed intervention will recognize the worth of the nurse leaders working to make the change and supports them in their efforts to operationalize a just culture in the organization.

Project Implementation

For this project, a hands-on curricular unit to promote the integration and application of knowledge of the safety sciences and a just culture algorithm is proposed. While this project is designed for a target population of nurse leaders, it may be adapted to respond to the specific need for other ancillary leaders, executives, and human resource business partners. The project will be implemented in a medium sized tertiary medical center in the Northwest and will utilize survey methodology, institutional data and interviews. To implement this project, the following steps are suggested:

Step 1: Project Approval and Preparation

Project approval process will be initiated following organizational guidelines to include Institutional Review Board submission. Pending approval, key documents, including hospital policies, will be examined for gaps with the goal of alignment to the just culture framework.

Step 2: Organization of Project Teams and Distribution of Material

2.1. Project Teams

Project teams will be composed of five directors and managers from each nursing service line and one facilitator. Each team will be provided live education on just culture strategies.

2.2 Just Culture Algorithm

A standardized culture algorithm will be introduced to ensure consistent, objective investigation and decision making. The algorithm will classify employee behaviors into three distinct categories: human error, at-risk behavior, and reckless behavior.

2.3 Case Studies

A variety of case scenarios will be distributed to the groups. Participants will be assisted to evaluate each scenario using the algorithm to assign behaviors to the best category. Reliable use of the algorithm among leaders in this setting may best ensure a standardized and fair approach to event management (Tasker et al., 2023).

Step 3. Data Collection and Analysis

3.1 Culture of Safety Survey

Evaluation of the curricular impact on nurse leader learning and application of the algorithm will be done using secondary analysis of pre-/post- biannual culture of safety survey results. Results in 2022 which demonstrated a gap between the nurse leaders' and staff nurses' agreement with the statement, "When an event is reported in this unit, it feels like the person is being written up and not the problem" will serve as the baseline.

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FEATURE



Using Just Culture continued from page 5

3.2 Organization Event Reporting

Facility event reports of near misses will be tracked and trended. Nurses who trust their leaders will handle mistakes appropriately are likelier to report errors and near-misses (Paradiso & Sweeny, 2019).

3.3 Leadership Reflection

Unstructured interviews with nurse leaders will be conducted and analyzed to understand their experiences with handling errors using the algorithm. Evaluating errors without bias or judgment can close the potential disparity between staff nurses' and nurse leader' beliefs in safety culture at our organization.

Discussion

Implementing just culture into the organization and improving quality and care experience are demonstrated in the literature. Hardwiring the elements of a just culture can increase trust throughout the organization, leading to improved safety (van Marum et al., 2022). Janes et al. (2021) found a correlation between staff engagement, safety culture scores, and adverse event reporting. Kim and Yu (2021) reported that just culture and empowerment of nurses increase patient safety. Mazurenko et al. (2019) found a correlation between patient experience scores and clinicians' perceptions of safety culture. A supportive work environment focusing on learning increases nurses' intention to report near-misses (Yang & Liu, 2021).

Nurse leaders are responsible for leading organizational change and are the most effective at leading change when they understand the rationale and the change aligns with their values (Morrison & Jensen, 2022). Nurse leaders can lead change by having positive relationships with their staff, motivating them to commit to continuous professional growth, and ensuring their teams operate using best practices (Leclerc et al., 2021).

Limitations

It is acknowledged that it may not be possible to create an organizational culture where all events are handled perfectly. Nor is it possible to develop a system that prevents all mistakes. Having just culture in place does not guarantee that there are no trust issues. Paradiso and Sweeny (2019) found that even in an organization that considers itself to have a just culture, there are differences between clinical nurses and nurse leaders' perception of safety. There are practitioners within the medical community that question the validity of just culture. Reis-Dennis (2018) opined that future-looking responses to error were disrespectful to all participants in the healthcare system and tilted the moral field in favor of the perpetrator. Opinions such as this are in the minority, but present in peer-reviewed literature.

Conclusion

Overall, this proposal can generate interest among nurse leaders, which might help to build mutual trust and complement existing leadership development programs. Offering this evidence-based approach to patient safety initiatives could improve overall reporting rates and provide valuable insights into factors contributing to human error.

Disclosure of Interest

The authors declare that they have no competing interest.

Author Contributions

All authors have agreed on the final version and meet at least one of the following criteria: a) Substantial contributions to conception and design; b) Drafting the article or revising it critically for important intellectual content.

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PRACTICE MATTERS



Courtney Sant, MSN, RN Assistant Nurse Manager, Canyon View Behavioral Health St. Luke's Health System

As a new nurse in 2007, I lacked education or experience with mental healthcare. The medical floor in which I worked admitted patients with mental health diagnoses, and the unit was dubbed "Skid Row". Thus began a pattern of stigmatization in our unit where the nurses felt punished if they had to care for more than one patient with a mental health diagnosis. As medical-surgical nurses, we ignored the mind-body connection, and embarrassingly, we also forgot our empathy.

When members of my family began to suffer from mental illness, I felt helpless. Eventually, I lost five family members to suicide or alcoholism. Some years later, after a manager from Canyon View approached and asked me to consider working at the inpatient

psychiatric facility. Initially, I said no! He encouraged me to shadow a unit leader, and when I did, I witnessed immense suffering. From that point forward, I felt a calling to serve those with mental health concerns and pivoted to a new career path.

Since working at Canyon View, many nurses have asked why I work there with distinct judgment in their tone. Others say they are sorry for my career choice. I respond by saying I love my job because of the people I meet and how my team makes a life-changing difference. We care for people in despair, help shift their perspectives, and set them on a path to recovery. We advocate for those who are afraid or cannot speak for themselves.

I have dedicated my life to helping others feel safe expressing their feelings and seeking help. It is time to eradicate mental health stigmas, treat people with kindness and respect, and deliver trauma-informed care. Let us stop saying, "What is wrong with you!" and instead ask, "What has happened to you?" This is our duty.

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PRACTICE MATTERS



Team Nursing: Strengthening our Nursing Workforce at St. Luke's

Robyn Beall MSN, RN, NE-BC St. Luke's Director of Nursing Practice, Center for Nursing Excellence

Nursing care delivery models have seen little change over the years. It's time to change that — for myriad reasons.

At St. Luke's, the most widely used care model has been a version of primary care nursing with registered nurses assigned to patients, assisted by certified nurse assistants, with a focus on continuity of RN assignments from shift to shift. While this standard has worked well in the past, several factors have fueled the need to find a more sustainable model moving forward.

Industry projections along with emerging workforce challenges such as increased turnover, opportunities for experienced nurses to work from home or travel for lucrative assignments and an inconsistent pipeline for new graduate nurses are just some of the challenges we currently face.

To meet these challenges head on, the Nursing and Patient Care Center of Excellence at St. Luke's constructed a team nursing model designed to adapt to unit size and caregivers at all levels of education and experience. The goal was to create a nursing model that provides flexibility for use in a variety of settings and fosters an environment that elevates the care experience for both patients and staff.

"Because team nursing utilizes a team of care providers to deliver care to a group of patients, the model can adapt and flex to leverage skills and knowledge of team members at the height of their licenses and competencies," said Elizabeth Steger, St. Luke's senior vice president and chief nurse executive.

"Intentional team leadership allows for mentoring of nurses, delegation, bridging knowledge gaps and time management challenges."

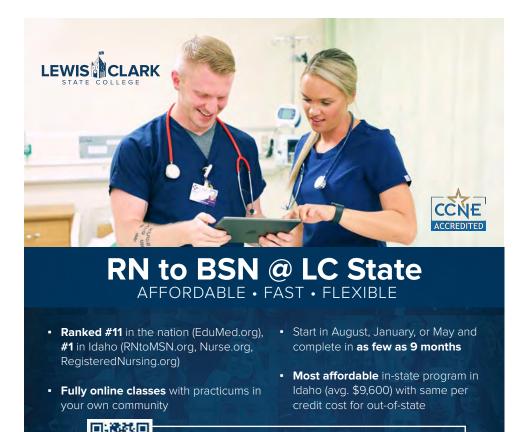
When fully executed, team nursing provides a shared responsibility model with defined roles that promote increased collaboration, intentional mentoring opportunities, improved confidence in graduate nurses and opportunities for leadership development.

Arlen Blaylock, St. Luke's Magic Valley chief operating officer and CNO, said that with this model, "many of the tasks currently assigned to RNs can safely and effectively be completed by licensed practical nurses."

"Much like nurse practitioners support physicians, LPNs have been trained to support much of what falls under the RNs scope of practice."

St. Luke's implemented a pilot for two telemetry units at two care sites in early 2023. The new model utilized the team lead role to support two or three RNs and CNAs caring for a group of patients, with the team lead taking a smaller patient assignment.

In this model, the charge nurse role was not altered, and initial assignments, patient flow and overall supervision of the unit remained unchanged. Prior to the launch of the pilot, both units evaluated financial impact and adjusted roles as needed to stay within set targets. The percentage of RN contract productive hours was also measured with the knowledge that this would decrease over time with the onboarding of new nursing graduates.



Nursing & Health Sciences Division

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To prepare the pilot units for the change in care model, a proactive change management model was used to help staff understand why the change was needed, what was changing, what was staying the same and how the new model would benefit patient safety and satisfaction and improve the practice environment.

Leaders and educators created a packet of interactive education modules to introduce the team nursing model to staff and leveraged in-person trainings using gamification and tabletop simulations to train charge nurses, team leads and other key staff. Unit influencers were selected to increase peer understanding and highlight benefits of the new model.





Measures of success were outlined and included financial neutrality or improvement, practice environment and nursing sensitive quality indicators. Practice environment was measured to reflect staff commitment to the workplace and improvement in unit function, belonging and intention to stay two to three years into the future. Evaluation of the percentages of lunch taken indicated the team was sharing the workload and enabling staff to have a meaningful break period.

Nursing sensitive quality indicators, measured on a monthly and quarterly basis, included catheter associated urinary tract infections, central line associated blood stream infections, hospital-acquired pressure injury and falls with injury. Patient satisfaction and how well the team worked together were used as key metrics in evaluating success of the pilot.

During each pilot period, leadership rounding was conducted around the clock for two weeks. Leaders used electronic surveys and real-time interviews to get feedback on the model and unit function. Several changes were adapted in the first two weeks in response to the vigorous feedback loop and staff acknowledged the importance of this two-way communication to improving workflow.

The team nursing project used lessons learned from the two pilot units to create an iterative, sustainable framework for other St. Luke's nursing units to transition to the team nursing model of care. This framework includes

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PRACTICE MATTERS



leadership and facility requirements for transition, education and training support from system shared services and required baseline and trending data to demonstrate value.

Using this framework, a third St. Luke's site implemented the model in May 2023. The medical surgical unit took advantage of the flexibility of the model and launched using LPNs as part of their team.

Additional education was created to address this role and increase understanding of the LPN scope and elements of delegation.





Expansion of the team nursing model continues with two more St. Luke's sites currently in the planning stages. A health system-wide steering committee has been established with representative members from all team nursing sites and those preparing for a move to the new model. The steering committee provides governance for expansion, sharing best practices and resources and monitoring outcomes.

Steger, St. Luke's chief nursing executive, has praised the new model.

"Effective teamwork among colleagues creates a culture that enhances wellness, a sense of belonging and retention," Steger said.



Joining Your Professional Organization

"The rising tide raises all ships..." Engaging with your professional organization has many benefits for both you and the profession as a whole. No one is expected to join every organization but choose the one that best meets your professional needs and join it. Membership is important and it sustains the organizations which in turn benefits every professional nurse and helps promote and benefit the profession as a whole.

Joining is easy! It can be accomplished on the organization website. Visit the website HOME PAGE of the association you want to support and follow the instructions how to join. All of the nursing organizations listed below participate in the Idaho Center for Nursing.



idahonurses.nursingnetwork.com/



Nurse Practitioners:

npidaho.enpnetwork.com/



CRNAs:

idahoana.org/



Nurse Leaders of Idaho: nurseleadersidaho.nursingnetwork.com/



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DAHO NURSING AWARDS AND RECOGNITIONS

RN Idaho recognizes nurses who make significant contributions to the advancement of nursing from the bedside to the boardroom. We are extremely proud of Idaho Nurses and congratulate you for the positive effect you have on patient and professional outcomes!

DAISY AWARDS



Angie Peterson
Eastern Idaho Regional Medical
Center
Idaho Falls

Angie is an RN in EIRMC's Labor & Delivery, and our latest DAISY honoree. She was nominated by a recent patient, who had this to say: "My whole

delivery did not go as planned- from the epidural not working just before delivery to complications with the baby. Angie helped me so much through the pushing and then was right there as I needed her when they quickly took my baby to the NICU. In a moment of feeling desperate and overwhelmed, she held onto me as I struggled to breathe deeply and calm down without my husband or baby. Angie was proactive in getting updates for me and getting me to the NICU as fast as possible. She truly was a blessing for me during delivery."



Myranda Harting

Eastern Idaho Regional Medical Center Idaho Falls

Myranda received an incredible NINE different nominations last year! Reading through her nominations there was a common theme: compassion,

humor & knowledge. Myranda's manager, Melissa Hall, sums up the sentiment of the many nominations. Miranda is one of our top clinical performers on the Progressive Floor. She spends quality time with her patients, carefully explaining to them everything that is happening and earning their trust through her care.

Myranda is an active member in our Unit Based Council and has participated in educational videos for our community explaining what patients and families may encounter in the hospital. She is currently collaborating with an ICU nurse on educational videos for nurses to improve the report process. Myranda was PCU's first Flame of Excellence award winner, which is an award given for clinical excellence based on peer nominations.

When you look at the nursing role as a whole, between being a patient advocate, a family resource, serving on committees, providing community education and serving as an outstanding preceptor and source of knowledge for other nurses, Myranda exemplifies nursing excellence deserving of the Daisy Award.

Following what one of her patients stated, I think everyone who knows Myranda can agree that for such a small package, she is a GIANT of a nurse. Congratulations Myranda on such a well-deserved award!



Tammee M. DavenportMadison Health
Rexburg

I was a patient on the Med Surg Floor after my Total Hip Replacement. My overall care while admitted to Madison Memorial Hospital was very good; with that being said, I

want to mention one particular nurse, Nurse Tammee, who went above and beyond necessary care and

needs to be recognized for her stellar nursing skills and personal traits of kindness, compassion, empathy, and patience. Not only is Nurse Tammee a professional, but she is the REAL DEAL.

There is always much trepidation associated with a hospital stay. However, all my concerns and fears disappeared when my angel nurse, Tammee, walked through my hospital room door. There was an aura of light that surrounded her, radiating a peaceful tranquility and assurance that all was well as she attended to my needs.

I recently read that the word nurse means to "support or nourish.;" and that the nursing motto is "To do what nobody else will do in a way that nobody else can do." This defines Nurse Tammee. With so many daily challenges and patient demands, Tammee was consistently calm, positive, and reassuring. She administered not only to my needs but to the needs and concerns of my two daughters, who were with me during my stay.

Tammee met my emotional and physical needs with empathy and compassion, earning my trust and that of my family. Ever kind and competent, she created a safe environment for my healing.

Always even-tempered, with unending stamina, Tammee was nearby to provide care and reassurance. She is a devoted, caring, compassionate individual and nurse who quickly became our family angel of mercy and dear friend.

We will always be indebted to Tammee for her commitment to the nursing profession and for recognizing that the individual patient requires attention to heart, mind, and soul, as much as nursing skill to the body to promote emotional well-being and, thereby, physical healing.

Thank you, Angel Nurse Tammee. We love you.



Adriana Castillo St. Luke's Health System Nampa



Brea Mikolajzyck St. Luke's Health System *Boi*se



Haley Orr
St. Luke's Health System
Twin Falls



Christina Bates
St. Luke's Health System
Twin Falls



Laura Taylor
St. Luke's Health System
Roise



Cara Peterman
St. Luke's Health System
Boise



Harmony Jackson
St. Luke's Health System
Boise

NURSING EXCELLENCE AWARDS



Hayleigh Armstrong Sunshine AwardSt. Luke's Health System **Boise**





Wednesday October 18, at an Operating Room staff meeting, Paige Potratz RN was awarded the American Red Cross Certificate of Extraordinary Personal Action Award.

Rachel Gonzales from the national Red Cross joined the group via teams platform to describe the history of the award

and congratulate Paige on her extraordinary commitment to saving lives. Robyn Beall Nursing and Patient Care Center of Excellence Nursing Director/Magnet Program director assisted Rachel by presenting the certificate and pin. Paige was joined by her family, husband and son & daughter.

Paige was nominated for the award by St. Luke's after hearing about her story by a colleague. Paige demonstrated lifesaving skills in the field performing excellent quality CPR on an arrest victim in a grocery store until first responders arrived (really second in this case). The person survived and made a full recovery thanks to the quick thinking and skill of Paige.

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IN MEMORIAM

RN Idaho is pleased to honor Registered Nurses and Licensed Practical Nurses who served the profession and are now deceased. The names are also submitted annually for inclusion in the Idaho section of the nursing memorial of the American Nurses Association. Inclusion dates are 1 December 2023 through 29 February 2024.



Atwood, Debra, 1963-2024, Caldwell.

Debbie worked as a Licensed Practical Nurse caring for the elderly and those in need for 41 years.



Roberts, Dawnelle Lynn, 1962-2024, Chubbuck.

Dawnelle was a registered nurse and found so much pride and joy in serving others, even inspiring two of her nieces to go into the medical field. Her kindred spirit had a

way of making you feel welcomed and at home and will live on in the lives of everyone she touched forever.



Freddi, John, 1935-2024, Coeur d'Alene.

John earned two degrees, with honors, one in Animal Husbandry, from Cal Poly, San Luis Obispo and a nursing degree. For thirty years he worked by day on the ranch

and nights working as a nurse caring for people. He retired from his nursing career in 2004.



McClaskey, Carol, 1953-2024, Idaho Falls.

Carol worked as a nurse for Riverview Hospital in Idaho Falls.



Ahlstrom, Anna, 1927-2024, Idaho Falls.

Anna pursued a career in nursing, being trained in the Naval Cadet Corps at Idaho Falls. As a registered nurse she worked in pediatrics at Kansas City General in

Missouri, and LDS and Sacred Heart hospitals in Idaho Falls. Marie also worked at the Good Samaritan Nursing Home. She loved using her nursing skills. She always said nursing was the best profession a wife and mother could have.



Moore, Mavis Kay, 1945-2024, Shelley.

Mavis worked as a hospital nurse for a short period of time.



Lesh, Margaret "Peggy" Jean, 1946-2024, Meridian.

After graduating from Burley High School, Peggy enrolled at Holy Cross Nursing School and became a Registered Nurse. Amongst others, she worked at Mercy Hospital

in Nampa and the Elks Rehab in Boise. While employed at the Elks, she met her husband of 48 years. Nursing just came natural to her as she was so caring and compassionate.



Swisher, Leona D., 1936-2024, Chubbuck.

After High School, Leona attended St. Anthony's Nursing School in Pocatello. She began her career as a Registered Nurse in the days of the iron lung. Leona dedicated her life to the care of others and helped pioneer coronary and critical

care in Pocatello. Opening, and eventually managing both care units. As such she was also a preceptor to many new graduate nurses and shared her skills with many through teaching and mentoring. In the final years of her forty-year career, she worked as an Administrative Hospital Supervisor on the night shift. Her career brough more joy to her life than she could have ever imagined.



Lundgren, Marilyn K., 1937-2024, Nampa.

Marilyn worked in the medical field as a nurse for several physicians.



Schneider, Patricia Mildred, 1929-2024, Coeur d'Alene.

After receiving her bachelor's degree, Patricia worked as a nurse for many years.



Deleonard, Michael D., 1956-2023, Boise.

Michael graduated from the Boise State University Licensed Practical Nurse program in 1980. He worked for the Idaho Department of Corrections for 27 years, starting as a Correctional Medical Specialist and LPN and working his way

up to CMS supervisor and QA director. Michael retired in 2006 and went to work at Centennial Jobcorps as a nurse.



Feierfeil, Sharon Elaine, 1947-2023, Caldwell.

Sharon graduated from Kaley Medical in Caldwell and became a nurse. She was so proud of that accomplishment. She took her love for kids and nursing

and became the school nurse at Wilson Elementary School in Caldwell through the 90's. She was known as "Nurse Sharon."

Thorsen, Norma, 1958-2023, Meridian.

Norma went to nursing school while in New York and became a registered nurse. She had a long career as an RN working in California and Idaho, taking a break for a bit to raise her kids. She cared for many patients as a nurse, positively affecting the lives of thousands.



Lawrence, Patricia Ann, 1952-2023, Post Falls.

Trisha had a successful career as a registered nurse, serving patients for 28 years. She spent seven of those years working as a Nurse for Hospice of North Idaho.



Raymond, Barbara Ann, 1934-2023, Shelley.

Barbara graduated from Eastern Idaho Vocational-Technical School as a Licensed Practical Nurse (LPN).

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PARTING WORDS



Shared Governance: The Voice of Nursing

Miah Bockenstette, RN | West Valley Medical Center

It is 7 o'clock. We clock in. We see the current shift, eager to pass the baton. We

see looks of exhaustion. Staff hurrying to finish last-minute tasks. We might see laughs, and smiles...Maybe it was a good night? All around us, we observe, we assess.

Then it's time to complete the shift hand-off. We walk into our patient's room, greet them and continue to observe. We observe the way they look. The way they feel. We observe the way they talk. Watching each rise and fall of the chest. We observe. We assess.

We listen. We listen to the call lights, the ringing of the phone. We listen to the concerns, to the jokes, the small talk, we are listening. We listen when silence is the only answer. We listen to the thump of the heart. The swirling of the stomach. The inhale and the exhale. We listen. We assess.



Miah Bockenstette

Our eyes and ears may carry us through the day. But our voices-- that is what creates change. We voice concerns, we advocate, we educate and with our voice, and we strengthen our team by doing so. Shared Governance creates a place where we share what we have heard and witnessed daily. Topics are patient centered. Shared Governance focuses on employees, the way they participate in processes, the workflow and the goals and accomplishments of each role. It allows us to focus on the good, bad and ugly and how to make it better.

I have attended many Shared Governance meetings. This serves as my biggest resource. So often we have patients that come to the hospital in critical condition. They do not plan to be there. Some live many miles away. Some patients don't have family members or friends that can visit and bring them the essentials for everyday care. It is so easy as a nurse to focus on just the illness, the surgery and the medications of the patient that we often forget these patients are people who need more. They need routine. Ensuring that all their medical needs are met. It is vital that we as nurses realize there is more, we can do. Through trials and new processes, we can see what works best and

observe how the progress. When taking care of the whole patient, mentally, physically, and emotionally, we can ensure they are receiving the highest quality of care.

Being part of shared governance has allowed me to broaden my perspective of nursing's purpose. It has strengthened my nurse autonomy and allowed me to realize I am not done learning and never will be. As Florence Nightingale said, "let us never consider ourselves finished nurses...we must be learning all our lives" It has also shown me to always be open to change, as change can be uncomfortable, but it is necessarily inevitable. Not only does shared governance consider our patients' experience, but it also justifies the staff's experience. It is a middle ground. A place where we can come together. We can say our "wows" and "pows". It is a place where we can use our voices and build relationships. Shared Governance is where change can happen.



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