Kidney Health
As this issue goes to press, I find myself somewhat obsessed with the concept of time. Time in the long term is on my mind as I approach a certain milestone birthday. Time in the short term is on my mind as I struggle with trying to manage my time to be effective as your elected leader and at my nursing job while I pursue my advanced degree in nursing. I’m also kinda disappointed that it is 2015 and we don’t have the hoverboards and flying cars that the Back to the Future movies prophesied.

As nurses it is a given that, based on our career choice, we dedicate a lot of our time to the care of others. As nurses we are natural teachers and leaders. While we face the same division of our time between work and home life that everyone else does, nurses are out there doing amazing things, often donating precious time to interests that we are passionate about.

Nurses are donating their time as leaders in their communities in conjunction with specialty organizations like the American Heart Association, the March of Dimes, and the National Kidney Foundation. We bring awareness to these healthcare issues by planning, sponsoring and participating in events such as the Kidney Walk, the Heart Run and Go Red for Women.

One local nurse we know serves as a Clinical Coordinator for Operation Smile. She has traveled to more than 30 countries on medical missions that have helped thousands of children and adults with craniofacial defects. One of our board members, Phi Tran, spent her Thanksgiving this year donating her time in Cambodia on a medical mission to provide eye surgery for children.

Nurses are also demonstrating leadership in areas outside of nursing. I know a nurse who has created a nonprofit organization to advocate for the walrus sanctuary on Round Island. We have other colleagues who tirelessly donate time to political issues, reducing environmental toxins, domestic violence, and children’s education.

Nurses are increasingly involved as a leading voice in healthcare policy. As the new legislative session starts, nurses are working or donating their time to advocate for you – our members – at the bargaining table, in the legislature, and in the community. Your nurse leaders here at the AaNA give their time to advocate for you, our members, at the bargaining table, in the legislature, and in the community. We give our time to provide professional development and recognition.

Nurses are “doers and fixers.” It is natural for us to see a need and step up to help, come up with workable solutions to problems, and provide leadership. So as I continue to obsess about how I utilize my time, I want you all to ask yourselves: “How am I managing my time?” and “Am I stepping up and giving of my time to be a leader?”
Healthy Initiatives

by Kristie Lemmon
Executive Director, Alaska Kidney Patients Association

After Mark Brody passed away in 2009 from renal failure, his family established a memorial fund. Last year, the Brody family approached the Alaska Kidney Patients Association wanting to contribute to a kidney patient program that would have an impact on dialysis patients. As they considered the AKPA programs, they immediately decided on the Healthy Initiatives program. To them, it addressed what Mark, as a 20 year dialysis patient, had struggled the most with. The Brodys believed there needed to be more education and demonstrations for dialysis patients so they really grasped that there is a direct correlation between their labs and nutrition. While they respected Mark’s desire to be independent, watching him grapple with his food (lack of taste, no energy to cook, not having the funds to buy ‘good’ protein on a limited budget) and ultimately see him choose fast food was heartbreaking.

With a $2,000 check, the Mark Brody Healthy Initiatives program was established. The Brodys and the AKPA agreed assisting dialysis patients improve their lab values would be a great addition to the programs of the AKPA. The AKPA committed to the Healthy Initiatives program with $2,000 every year from the Kidney Walk. The Kidney Walk was also renamed the Mark Brody Memorial Kidney Walk. The diabetics in Alaska will now have $2,000 each year to create innovative programs to assist dialysis patients in discovering a correlation between the results of their labs and the food they are eating.

As the Healthy Initiatives program started in 2013, a Fairbanks dialysis center dietician started a program to encourage her dialysis patients to progress ‘up the ladder of health’. Each step was earned by reaching their phosphorus and albumin goal or moving towards their goal. Prizes were given in recognition of the patients monthly and quarterly that made the most steps up the ladder – immersion blenders for protein shakes, containers of protein, etc. Out of 47 dialysis patients, 17 patients made it to the top rung in six months. Throughout the program, demonstrations and tastings of protein smoothies, either with protein power or LiquiCel, alternative seasoning,

(See Healthy page 5)
Just the Facts: Connections between Cardiovascular Disease & Kidney Disease

by Andrea Nutty

- Chronic kidney disease is both a consequence of and a cause of cardiovascular disease.
- Heart disease is the leading cause of the death for patients with chronic kidney disease, accounting for more than 50% of deaths among people with chronic kidney disease.
- According to the American Society of Nephrology, death due to cardiovascular disease is 10-30 times more likely in patients undergoing kidney dialysis than in the general population.
- A 2004 study found that 65-70% of end-stage renal disease patients also experienced congestive heart failure.
- Even among patients with early or mild kidney disease there is a higher occurrence of cardiovascular disease than in the general population.
- By the same token, those with heart failure commonly have kidney defects. One recent student showed that the majority of heart failure patients also had decreased kidney function.
- Cardiovascular disease, kidney disease, and diabetes often are comorbid conditions. Cardiovascular disease is seen frequently in diabetes patients; according to the American Heart Association, adults with diabetes are 2-4 times more likely to have cardiovascular disease. Renal disease is also frequently seen in diabetes patients; 30% of patients with Type 1 diabetes end up with renal failure, as do 10-40% of patients with Type 2 diabetes according to the National Kidney Foundation.
- Hypertension is also a major risk factor for cardiovascular disease and kidney disease. Severe hypertension can rapidly progress kidney disease and cause extensive kidney damage. Blood pressure medications slow the rate of damage only by 50%.
- Only 4 out of 10 major cardiovascular disease trials have included patients with chronic kidney disease. 9 out of 10 cardiovascular disease trials do not provide adequate information on the kidney function of patients enrolled in the trials.
- There is a strong need for research designed specifically for patients with comorbid diagnoses of cardiovascular disease and renal disease.

AaNA Continuing Education Committee Announces 2015 Focus

by Caitlin Kovacevich, BSN, RN, AaNA Nurse Planner

AaNA’s Continuing Education Committee is proud to announce that the focus of our continuing nursing education opportunities for 2015 will target the promotion, exploration, and empowerment of Nursing Leaders in our communities. As our primary stakeholders, you have identified your interest in nursing leadership through your responses to surveys and previous educational event participation. This will be an ongoing, multidisciplinary effort throughout the year. Expect to see leadership-focused offerings through our annual conference, other live continuing education events, and webinars. The Continuing Education Committee welcomes your input and participation in this year’s educational offerings. It is our view that any nurse can be a nurse leader. Are you the nurse that shares information, mentors new nurses, and empowers coworkers and patients? YOU are a nurse leader!

Chronic Kidney Disease: A Big Problem That Can Often Be Silent

by Rachael Carlson, ANP

CKD refers to irreversible damage to kidneys that generally results in a GFR (glomerular filtration rate) <60. Since kidney disease often does not have symptoms till a patient nears dialysis, it is often found very late. Less than 50% of those with severe chronic kidney disease (GFR<30) are aware of their low kidney function. About 10% of Americans currently have chronic kidney disease and almost 60% of us will develop chronic kidney disease in our lifetime. It is for these reasons and so many more that we should increase awareness of kidney disease, get those at risk tested, and fight to help reduce its impact.

Testing for kidney disease is often done with blood and urine tests. A creatinine is used to calculate the GFR (glomerular filtration rate) with the MDRD equation. This equation takes a person’s age, race, and gender into account in the estimation of how well the kidneys are filtering. Urinalysis or measurement of urinary protein is also important as it can help indicate the cause of chronic kidney disease and evaluate one’s risk of worsening kidney function. The more proteinuria, the higher the risk of end-stage renal disease and dialysis. A common cause of proteinuria is diabetic kidney disease.

Multiple issues have increased the prevalence of chronic kidney disease in the past few decades. We are living longer than previous generations and, due to age related kidney function loss, it is more likely we will develop reduced kidney function in our lifetime. Also, the primary causes of chronic kidney disease are diabetes and hypertension. These two diseases are directly responsible for nearly 75% of people who end up on dialysis. As diabetes and hypertension become
more prevalent in our overweight and under-exercised culture, the risks of chronic kidney disease also increase. Other causes of chronic kidney disease include gout, cardiac dysfunction, chronic urinary obstruction, autoimmune disease (such as lgA nephropathy and Lupus), polycystic kidney disease, liver dysfunction, and multiple myeloma among others.

While prevention is key, appropriate treatment is imperative to reduce the risk or delay End Stage Renal Disease (ESRD) and the need for dialysis. Treating the causes of kidney disease (diabetes, hypertension, or both) is important to help prevent further damage. Avoidance of kidney toxins such as NSAIDs (ibuprofen, motrin, advil, aleve, and naproxen) and IV contrast are important as well to reduce further injury. If the patient has proteinuria (a risk factor for progression to ESRD), Ace Inhibitors (i.e. Lisinopril) or Angiotensin Receptor Blockers (i.e. Losartan) can help preserve kidney function while controlling blood pressure. It is also important to understand the kidney’s impact on blood cell creation and bone metabolism. Anemia and secondary hyperparathyroidism are common complications of chronic kidney disease that warrant monitoring and treatment.

If kidney disease progresses to ESRD, dialysis is indicated. ESRD can happen anytime the GFR is <15 but is generally diagnosed when the patient has symptoms of uremia (fatigue, nausea, confusion, metallic taste, and/or tremor). Dialysis is a needed treatment but generally expensive (Medicare costs of $24 Billion in 2007) and these patient populations have a significantly increased mortality rate compared their peers due to a multitude of factors. A 20 year old on dialysis has the same cardiovascular risk as an 80 year old in the general population. Whenever possible, transplant generally results in improved outcomes so it is the preferred treatment of kidney failure. Many patients are currently on a wait-list for an organ and have been for years.

Through healthy life-style choices, avoidance of kidney toxins, and aggressive treatment of conditions such as diabetes and hypertension we can reduce the impact of chronic kidney disease on the individual and society as a whole. I also encourage people to consider organ donation in their end-of life discussions with family members or sign up when they renew their driver’s license. These efforts save money, lives, and give me hope that we may one day have less impacts from kidney disease.

More information can be found here:
The National Kidney Foundation:
www.kidney.org
The Centers for Disease Control:

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Fast Facts about Kidneys

by Kristie Lemmon
Executive Director, Alaska Kidney Patients Association

- Kidney disease is the 9th leading cause of death in the United States.
- More people die each year from kidney disease than breast and prostate cancer combined.
- An estimated 31 million people in the United States (10% of the adult population) have chronic kidney disease (CKD).
- Diabetes is the leading cause of kidney failure, causing 44.9% of all new cases of kidney failure in the US.
- In Alaska diabetes caused 44.4% of new kidney failure cases. (2014)
- High Blood Pressure is the 2nd leading cause of kidney failure, causing 28% of new cases of kidney failure in the US.
- In Alaska high blood pressure, caused 22.2% of new kidney failure cases. (2014)
- Approximately 1 of 3 adults with diabetes and 1 of 5 adults with high blood pressure has CKD. Among adults with diabetes, 35% have chronic kidney disease. Among adults with high blood pressure, 20% have chronic kidney disease.
- Taking certain over-the-counter pain-relieving medicines, can also cause kidney failure.
- Hispanics are about one and a half times more likely to develop ESRD than non-Hispanics.
- African Americans are about three and a half times more likely to develop ESRD than whites.
- CKD is more common among women.
- Men with CKD are 50% more likely than women to have kidney failure.
- Because kidney disease often has no symptoms, it can go undetected until it is very advanced.
- Early detection and treatment can slow or prevent the progression of kidney disease.
- Those at risk should have simple blood and urine tests to check if their kidneys are

Healthy (continued from page 3)

smart shopping tips along with recipes encouraged patients to look at alternatives.

Dialysis patients are challenged on many levels to comply with the renal diet which is high in protein and low in sodium, potassium, and phosphorus and a restricted fluid intake. 85% of dialysis patients are on Medicare and are unable to work and the financial constraints add another level of difficulty. The reality is that many dialysis patients struggle to afford the foods renal dietitians recommend. One contributing factor is the high protein requirements of dialysis patients with the high cost of better quality protein foods. Better quality protein, such as leaner cuts of meat, costs more. One reason for increased protein intake is to maintain albumin levels in the blood, because protein contributes to albumin production. Higher albumin levels are associated with fewer hospitalizations and a lower risk of death. Often dialysis patients just don’t feel like eating, they find food tastes different, creating a catch 22 situation between the loss of appetite and the need to get enough protein and calories to stay healthy.

Other factors that can effective dialysis patient’s nutritional intake are: lack of transportation options to get to stores, not having the energy to search out good proteins at a reasonable price, and inadequate kitchen facilities.

The Mark Brody Memorial Kidney Walk is the AKPA’s major fundraiser and will be held on Sunday, March 8th which allows all dialysis patients to attend. It is a fun, inspiring community fundraiser that calls attention and allows engagement of the Anchorage community to learn about kidney disease, its risk factors, and the need for increased availability of all organs for transplantation. It also presents an opportunity to create lasting community advocacy for kidney disease and organ transplantation.

To register and/or fundraise for the walk, go to www.alaskakidney.org.

The Alaska Kidney Patients (AKPA) has been providing the kidney patients of Alaska with support, education, and advocacy since 1999. In 2012, the AKPA expanded their mission to include promoting organ donation, public education, and the prevention of kidney disease. The AKPA is committed to providing support, education, and advocacy to kidney patients and their families, promoting organ donation, public education and the prevention of kidney disease.
working properly.
- The Alaska Kidney Patients Assn. holds free kidney health screenings in Anchorage for individuals with diabetes and high blood pressure.
- Chronic kidney disease (CKD) is a gradual loss of kidney function.
- End-stage renal disease (ESRD) is defined as a total or near-total loss of kidney function, or kidney failure.
- Heart disease is very common among people with Chronic Kidney Disease.
- CKD patients are more likely than the general population to develop heart condition.
- Patients with kidney dysfunction commonly develop anemia as a result of decreased hormone production in kidneys.
- Dialysis and Kidney Transplantation can extend the lives of people with Kidney failure.
- Dialysis is the most common therapy for people suffering from end stage kidney failure.
- There are two types of Dialysis – hemodialysis and peritoneal dialysis.
- Hemodialysis removes waste, extra chemicals and fluid from your blood using a hemodialysis machine and usually requires three treatments lasting 3 to 4 hours weekly in a monitored dialysis center.
- In peritoneal dialysis, your blood is thoroughly cleaned within your body through a plastic tube into your abdomen where sterile fluid is infused and wastes and excess fluid are removed. Usually done at home on a daily basis.
- Heart attacks are the leading cause of hospitalization and death among dialysis patients.
- The first successful human kidney transplant was performed in 1954.
- Only one donated Kidney is needed to replace two failed Kidneys.
- A kidney transplant is not a cure, it is a treatment.
- 334 Alaskans received kidney transplants between 1/1/2000 and 6/30/2014 with 162 receiving a kidney from deceased donors and 172 from living donors.
- The yearly average number of Alaskans on the waiting list for a kidney transplant is approximately 150.
- If there were no Alaskans added to the wait list and no one died waiting, it would take almost 6.5 years for all to receive a kidney transplant.
- Over 90% of Alaskans receive their kidney transplant at one of the transplant centers located in Seattle. The average wait time for a kidney transplant at the Seattle centers is 24 to 28 months.
- The kidneys have a higher blood flow than even the brain, liver or heart.
- Every day, our kidneys filter about 50 gallons of blood through their 140 miles of ‘tubes’.
- Our total blood supply is filtered by the kidneys about once every five minutes.
- The kidneys reabsorb and redistribute 99% of the blood volume and only 0.1% of the blood filtered becomes urine.
- Each kidney is about 4 ½ to 5 inches long, weighing approximately 4 to 6 ounces.
- The kidneys put three crucial hormones into the body: erythropoietin, which stimulates red blood cell production; calcitrol, a type of vitamin D that helps keep bones strong; and renin, which helps to control blood pressure.
- High blood pressure can cause your kidneys to fail and your kidneys failing can cause high blood pressure.

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**What’s in the cloud?**

**Nicotine — Addictive**

**Ultra-fine particles — Asthma**

**Acetone — Nail polish remover**

**Lead — Brain damage**

**Formaldehyde — Embalming fluid**


Sources:


alaskaquitline.com
Fifteen Alaskans were honored at the March of Dimes Annual Nurse of the Year Awards Banquet on November 21, 2014. Nurses and other healthcare leaders from across the state gathered at the Egan Center to celebrate the momentous occasion. 104 Alaskan nurses nominated by their peers traveled to Anchorage to receive Nurse of the Year Awards in 14 different categories. Each nominee received a gift bag sponsored by the Alaska Nurses Association.

The March of Dimes Annual Nurse of the Year Awards banquet recognizes nurses who exemplify the highest standards of nursing practice and professional performance; enhance and elevate the image of nursing; and are leaders and change agenda in the workplace, community, or profession through their employment or volunteerism. Whether serving as a direct care provider, educator, researcher, mentor, or other nursing role, these nominees have played a critical role in improving the health of Alaska’s mothers and babies. The Nurse of the Year Awards celebrates outstanding Alaskan nurses and our profession, and creates awareness of the recent strides made in the growing field of maternal and infant health.

The Alaska Nurses Association congratulates the following March of Dimes Nurse of the Year 2015 Awards Winners:

- **Advanced Practice**
  An award recognizing exceptional Certified Nurse Midwives, Certified Registered Nurse Anesthetists, Advanced Nurse Practitioners, and Clinical Nurse Specialists
  Winner: Wendy Monrad, Alaska Native Medical Center

- **Case Management/Care Coordination**
  An award recognizing nurses who use a collaborative process to provide for, organize, and monitor care to meet health and human service for patients
  Winner: Thor Brendtro, Southcentral Foundation

- **Direct Care**
  An award recognizing outstanding nurses who provide direct patient care
  Winner: Jennifer Harlos, Alaska Native Medical Center

- **Education/Research**
  An award recognizing nurses who work in staff development, in-service, continuing education, academia, or research
  Winner: Lisa Marsden, Mat-Su Regional Medical Center

- **Friend of Nursing**
  An award recognizing non-nurses who support the advancement of the nursing profession (e.g. ancillary health staff, administrator, physician, public official, etc.)
  Winner: Kit Kennedy, 673rd Medical Group, JBER

- **Innovation**
  An award recognizing nurses who use innovative concepts and processes to plan and implement projects that are successful in improving nursing practice and patient care
  Winner: Ryan VanAustral, Mat-Su Regional Medical Center

- **Leadership**
  An award recognizing nurses who influence and lead others to improve nursing practice and patient care
  Winner: Carrie Doyle, Providence Alaska Medical Center

- **Legend in Nursing**
  An award recognizing nurses who have made outstanding contributions to the profession of nursing in Alaska over a period of 20 years or more
  Winner: Gwen Wolverton, Providence Alaska Medical Center

- **Maternal Child Health**
  An award recognizing nurses who work in family planning, gynecology, obstetric, or pediatric practices; homes; hospital maternity services (anteprtum, labor and delivery, postpartum, nursery/NICU) or other birthing facilities; or hospital pediatric services (pediatric unit, PICU)
  Winner: Debra Booysen, Fairbanks Memorial Hospital

- **Mentoring**
  An award recognizing nurses who share their experience and wisdom with intention, supporting and guiding nurses with less education and/or experience to advance their professional development
  Winner: Tina Anliker, Southcentral Foundation
Samuel Simmonds Memorial Hospital (SSMH) in Barrow, Alaska is a facility unlike most others; it is located in the northernmost city of the United States and serves a population that spans across a region larger than the state of Washington.

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Patient & Family Centered Care
An award recognizing nurses who go above and beyond the call of duty to advocate for patients and their families to ensure quality care
Winner: Capt. Kathleen Bell, 673rd Medical Group

Rising Star
An award recognizing nurses who, within the first 18 months of graduation, demonstrate excellence in practice
Winner: Lisa Kozina, Fairbanks Memorial Hospital

Rural Nursing
An award recognizing outstanding nurses who work in rural or Bush Alaska or otherwise isolated areas
Winner: Kory Popiel, Norton Sound Health Corporation
Winner: Lauryl Torkelson, Yukon Kuskokwim Health Corporation

Spirit of Nursing
An award recognizing nurses who work to improve the lives and condition of children and their families, exemplified by a spirit of volunteerism and compassion towards humanity
Winner: Sonya Mortenson, Providence Kodiak Island

The mission of the March of Dimes is to work together for stronger, healthier babies by leading prematurity awareness and reduction activities. March of Dimes promotes maternal and infant health by awarding community program grants, supporting legislative and policy actions, funding and conducting research, and participating in statewide and national committees and initiatives.

The Alaska Chapter of the March of Dimes will be conducting multiple events throughout 2015 in order to raise funds and awareness for improved maternal and infant health. The annual March for Babies will be held in Anchorage and Ketchikan on May 16th and in Fairbanks on September 12th. “High Heels for High Hopes” will be held in the Mat-Su Valley (Date TBA – keep your eyes peeled!) and Fairbanks residents can look forward to an all-new event: Fairbanks Signature Chefs on March 11th.

The annual Nurse of the Year Awards Banquet will be held on November 20, 2015 at the Egan Center in Anchorage. The nominations period will open in August and nomination information and packets can be located on the Alaska Chapter of the March of Dimes’ website: www.marchofdimes.org/alaska.

The Alaska Nurses Association extends a round of applause and heartfelt congratulations to all of the exceptional nurses who were nominated for these prestigious awards in 2014. AaNA looks forward to being part of the 2015 March of Dimes Nurse of the Year Awards to see the many new outstanding nurses leading the way for our great profession in our great state.

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Patient Safety Series Part Two: Patient Safety is Not the Flavor of the Month

Carlie Holmberg, RN, CPHQ & Lynette Savage, PhD, RN, CPHQ

In 1994, at Harvard’s Dana Farber Cancer Center, an accidental chemotherapy overdose killed the Boston Globe health care reporter Betsy Lehman. As the fatal dose of chemotherapy was being prepared and administered to the patient, the work passed through multiple checkpoints that could have prevented the patient from receiving the wrong dose (Commonwealth of Massachusetts (2014)).

In 1995, at a Tampa, Florida hospital, 52-year-old Willie King, after a series of errors, had the incorrect leg surgically amputated. There were insufficient processes in place to prevent this type of error (New York Times, 1995).

In 1999, in Washington, D.C., the Institute of Medicine reported 44,000 to 98,000 Americans die each year as a result of medical errors. At the time this information was published, many in healthcare felt this was a conservative estimation (Kohn & Corrigan, 2002).

In 2001, at Johns Hopkins hospital, Josie King a healthy eighteen-month-old girl was recovering well from a burn. Unidentified dehydration, faulty communication between physicians and nurses, dismissal of a mother’s concerns, and a fatal dose of methadone killed this child (King, 2010). By the fall of 2002, Sorel King shared her story publically for the first time with healthcare providers and leaders with a plea to work on preventing medical errors in order to save lives.

In 2002, in a central Texas hospital, John Alexander James the son of a physician, and healthy 19 year-old college student died as a result of uninformed providers. His father struggled to piece together the events leading up to the untimely and seemingly avoidable death of his son (James, 2007).

In 2007, at Cedars-Sinai hospital in Los Angeles, actor Dennis Quaid’s newborn twins came close to death after mistakenly receiving a heparin dose 1000 times larger than intended. Since that time Quaid has challenged healthcare leaders to invest more time and money into patient safety (SafetyLeaders, 2010). He co-authored an article on story telling as a means to begin talking about patient safety (Quaid, Thao, & Denham, 2010).

In 2013, the Journal of Patient Safety referred to medical errors as quiet unseen tragedies that kill 210,000 to 440,000 Americans annually. Many of these considered to be errors that could have been prevented (James, 2013).

In July 2014, the United States Senate Subcommittee on Primary Health and Aging conducted a hearing to elevate the conversation about improving patient safety. The members of the subcommittee proposed the formation of a National Patient Safety Board similar to the current National Transportation Safety Board (United States Committee on Health, Education, Labor and Pensions, 2014, July 17). The entire hearing is available online at http://www.help.senate.gov/hearings/hearing/?id=478e8a35-5056-a032-52f8-a65f8bd0e5ef

Nurses can improve the culture of patient safety; there are many flavors of ice cream:

- Nurses and nursing leaders can impact teamwork, communication, and frontline nurse with patient safety. In her keynote speech to the 2014 Nebraska Hospital Association, she reviewed the need for nurses and nurse leaders to move away from the old healthcare hierarchical structures and begin focusing on the critical elements or flavors to improve the culture of safety.
- Invest in education and training (Bartholomew, 2014)
- Nurses and nursing leaders can impact the culture of patient safety. Bartholomew described the need to support major trends from:
  - Reactive to Proactive
  - Preventive to Predictive
  - Parent to Partner
  - Trust to Transparency
  - Satisfaction to Outcomes (2014)
Patient Safety is Not the Flavor of the Month

It is imperative for nurses to realize that patient safety is not just a new ‘catchphrase’ or flavor of the month initiative. It is a growing problem that requires all nurses to incorporate all the ice cream flavors into one large batch of blended possibilities that saves lives. It is not enough to merely look at some factors involving patient safety, nor to endorse that we will get around to patient safety soon, when we have more time.

We must continue to actively pursue changing the culture of safety in every healthcare environment whether it be in a hospital setting, a clinic, skilled nursing facility, or home health agency. The challenge Don Berwick (2006, para. 1) gave to healthcare leaders and providers in his opening remarks introducing the Institute of Healthcare Improvement’s 100,000 Lives Campaign still rings true today.

“The names of the patients whose lives we save can never be known. Our contribution will be what did not happen to them. And, though they are unknown, we will know that mothers and fathers are at graduations and weddings they would have missed, and that grandchildren will know grandparents they might never have known, and holidays will be taken, and work completed, and books read, and symphonies heard, and gardens tended that, without our work, would never have been...”

...some is not a number, soon is not at time bed to the evils of cancer. I lost my mentor, my rock-solid support, and my Daddy. The deep painful ache in my chest is indescribable. The swirling feelings of sadness, anger, and helplessness make it difficult to concentrate. The waves of despair wash over me, making me feel cold and paralyzed. At times the waves drown me making me feel breathless and paralyzed.

An Important Story to Tell:

Three years ago, an inattentive pathologist made a horrible assumption about what he saw under the microscope. Later, he would unapologetically admit his mistake. He had assured my father and my father’s physicians that the small kidney tumor was benign. He recommended surgical removal of the tumor. No further treatment was necessary because these tumors never return. At the time, it was glorious news to my father and our family. We could breathe again.

Twelve months after surgery, three new tumors each larger than the original, were discovered. The original set of pathology slides were sent to Boston for a second opinion. The benign tumor was not benign, it was a treatable cancer. Twelve important months of treatment time had passed. The invisible and voracious cells leftover from the surgery were allowed to uncontrollably proliferate. The miracles of modern medicine sat on a shelf presumably unneeded for a year. Two years of more surgeries, aggressive chemotherapy, and radiation treatments weakened the once strong man.

An Avid Patient Safety Advocate:

Before the cancer, my father had become a huge supporter of patient safety initiatives. He scoured the internet and was an unrelenting patient self-advocate. Ten years ago, through his own research and some pressure on his physician to test him, he had discovered his own hemochromatosis. This easily treated blood condition, if left unattended has injurious and sometimes fatal results.

My father and I were a dynamic duo. We were like patient safety cheerleaders (minus the cute skirts and pom-poms). Dad could have easily written all of the entries in my blog “Airborne Patient Safety” (airbornepatientsafety.wordpress.com). He fed me volumes of information about patient safety that fueled the flames of my patient safety passion. He was an incredible man. He understood the connection between aviation and patient safety. He had signed copies of Atul Gawande’s The Checklist Manifesto, as well as John Nance’s Why Hospitals Should Fly, and Charting the Course.

What would my father want you to know? What would my father want you to do?

As a patient, my father would want you to talk about the importance of self-advocacy, researching your own situation, and paying attention to the fact that all healthcare workers are human. Humans are not perfect, they cannot be perfect. He would want you to keep questioning your doctors and healthcare providers until you truly understand. He would want you to tell a healthcare worker to wash their hands before touching you. He would want you to understand your medications. He would want you to teach your loved ones about the dangerous realities in healthcare. He would want you to ask questions and speak-up.

As a healthcare provider, my father would tell you that you are the first line of defense in keeping patients, clients, or residents safe. He would want you to follow the National Patient Safety Goals set forth by The Joint Commission (2014). He would encourage you to read the literature through websites such as the Agency for Healthcare Research and Quality (AHRQ) or the National Patient Safety Foundation (AHRQ, 2014; McTiernan, 2014). He would want you to ask questions and speak-up.

Saying Good-Bye:

The last conversation with my father was over the phone. He was very ill and in pain. At the end of the very brief call he said, “I love ya kid, I’m gonna miss you for a long, long time”, he then quickly passed the phone to my mother. Those words echo in my soul.

It’s been 310 days without my father. That is a long, long, long time.

In the next issue of The Alaska Nurse, Patient Safety Series Part Three – Patient Safety: Seriously, What are the Connections Between Patient Safety and Aviation Safety?

Most nurses have heard the correlations made between patient safety and aviation safety. Many nurses have not had the opportunity to review the science and evidence-based comparisons. In the summer of 2014, an Anchorage RN-to-BSN cohort of five students studied and presented the topic. The impacts, inspirations, and excitement were impressive.

Read about the research and hear what these students have to say.

References:


United States Committee on Health, Education, Labor and Pensions (2014, July 17). More than 1,000 preventable
Ketchikan CRNAs Vote to Join Bargaining Unit

by Andrea Nutty

A group of certified registered nurse anesthetists (CRNAs) at PeaceHealth Ketchikan Medical Center elected to join the Alaska Nurses Association’s (AaNA) Ketchikan Registered Nurses (KTN) Bargaining Unit in a vote that passed December 16, 2014.

The CRNAs met with unit leaders from the Ketchikan-based bargaining unit earlier in the year and proceeded to file a petition for special election with the National Labor Relations Board in October 2014.

“As part of the Alaska Nurses Association’s Ketchikan Registered Nurses Bargaining Unit, PeaceHealth’s CRNAs will receive professional advocacy that will help to ensure the best possible workplace conditions as well as protection of benefits and pay,” said Donna Phillips, AaNA Labor Council Chair. “Nurse anesthetists have an extremely important and demanding job to perform and it is crucial they are allowed to focus on their work and the safety of their patients. We are thrilled to welcome them to the union and look forward to advocating on their behalf.”

Certified registered nurse anesthetists are advanced-practice nurses who specialize in providing anesthesia. CRNAs are the primary providers of anesthesia to the armed forces and often are the sole providers of anesthesia in rural hospitals.

The Ketchikan Registered Nurses Bargaining Unit of AaNA is currently in contract negotiations with PeaceHealth Ketchikan Medical Center. AaNA established its labor program in 1974 and has bargaining units in Ketchikan, Anchorage and Soldotna and represents 1,367 nurses across the three units.

Fun Fact: AaNA’s Ketchikan Registered Nurses (KTN) Bargaining Unit has joined Facebook! Follow them to support Ketchikan’s Nurses through their bargaining process by visiting www.facebook.com/KTNnurses.

Nurses Top Gallup’s “Most Ethical” Poll for 15th Year

by Andrea Nutty

Congratulations, nurses! According to Gallup’s annual poll “U.S. Views on Honesty and Ethical Standards in Professions” nurses were once again ranked as having the highest honesty and ethical standards. Nurses began being included in the profession list in 1999 and have topped the list every year except 2001 – when firefighters were included in response to their bravery and work during the 9/11 terrorist attacks. Since 2005, at least 80% of Americans rated nurses as having very high or high honesty and ethics. The 2014 Gallup poll marks the 15th year that nurses have topped the chart.

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### U.S. Views on Honesty and Ethical Standards in Professions

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<th>Profession</th>
<th>% Very high or high</th>
<th>% Average</th>
<th>% Very low or low</th>
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Dec. 8-11, 2014
Rated in order of % Very high or high

Apply for Loan Repayment

The federal NURSE Corps Loan Repayment Program is now accepting applications! This program is open to registered nurses who are working full time at a Critical Shortage Facility, which can include critical access hospitals, Indian health service health centers, home health agencies, skilled nursing facilities, disproportionate share hospitals, rural health clinics, and state and local public health or human services departments. In FY 2014, the NURSE Corps Program awarded a total of $38 million to nurses. The application deadline is Thursday, February 26th. For more information on this program, visit www.hrsa.gov/loanscholarships/repayment/nursing or call 1-800-221-9393.
Ketchikan Nurses Ratify Contract

by Andrea Nutty

On February 2nd, the Alaska Nurses Association’s Ketchikan Registered Nurses bargaining unit unanimously voted to ratify a labor contract agreement reached with PeaceHealth Ketchikan Medical Center, following several rounds of negotiations that ended with two days of bargaining overseen by a mediator.

The contract negotiations, which lasted over four months, were accompanied by informational picketing as the Ketchikan nurses rallied for the community’s support of their needs for increased clinical support and higher wages to help train and retain new nurses hired at the hospital.

The new three-year contract aims to improve nurse retention, decreases the need for nurse recruitment and promotes nurse and patient safety, thanks to several major issues agreed upon by the bargaining unit negotiating team and the medical center. Major milestones include higher wages for nurses, comparable to wages paid to nurses in PeaceHealth’s facilities in the Lower 48. Currently, the nurses receive lower salaries despite the higher cost of living in the small Southeast Alaska community. The contract also provides for improved orientation and training as well as the development of a new mentorship program and additional hours of clinical support during the night shift.

“As a bargaining unit, we entered negotiations with the goal of raising the bar at PeaceHealth Ketchikan Medical Center, and to ensure the future of quality healthcare for our community,” said Shawna Strouth-Shaw, Ketchikan Registered Nurses bargaining team member. “We are pleased with the contract and look forward to working as a collaborative team to fulfill our continued commitment to excellence in patient care.”

Ketchikan Registered Nurses (KTN) is a local bargaining unit of the Alaska Nurses Association (AaNA).

“We congratulate the Ketchikan Registered Nurses bargaining unit on reaching an agreement that will support them in providing quality care to their patients, who in a small town like Ketchikan, are also their families, friends and neighbors,” said Donna Phillips, AaNA Labor Council Chair. “Being able to not just attract new nurses but also retain them and provide them with proper mentorship and training will translate to increased safety and satisfaction for our nurses as well as better patient care for the Ketchikan Community.”

Fairbanks’ First and Only Dedicated Outpatient Surgery Center

We have openings available for the right candidates. No weekends, no on-call responsibilities, competitive salaries and bonuses. Sign-On bonuses may also be negotiated.

Applications are being accepted for RN’s to fill Recovery Room, Pre-op, and Stage II Post-op levels of care. Because we are an outpatient ambulatory facility, our patients are typically healthy and do not require intensive nursing care that are seen commonly in full in-patient hospital environments. This creates a pleasant work environment with low stress.

For RN’s interested in periodic work, we have occasional overnight observation patients that require nursing during those stays. If you would be interested in being on our list of float pool for those occasional overnight patients, please call us.

If these opportunities sound interesting to you, please visit our website at www.scfairbanks.com or call Rudy Martinez at 907-350-4306.
Workplace Violence, One Employee’s Perspective

by Paul Mordini, MS, BSN, RN-BC

I come to work, every day, expecting to be spit on, yelled at, swung at, even bitten or punched. I do my best to use the training provided and my experience to keep that from happening, but I’m not always successful. Do you think I work as a policeman? At the jail? Taxi driver? Maybe a boxing or wrestling referee? No, I’m a nurse at a (psychiatric) hospital. Unfortunately, this trend is a national problem and nurses are one of the most likely professions these days to be assaulted by the very people you are trying to help.

In emergency rooms, mental health institutions, and on nursing floors, bad behavior has become a norm and has evolved into criminal behavior. It is against the law to harass or assault someone, period. Approximately 30 states have laws that make it a felony to assault a nurse. Unfortunately, for me and my co-workers, Alaska is not one of them. However, there are harassment and assault laws in place in Alaska and there should be a very low tolerance for anyone that crosses that line. Police, law enforcement and prosecutors should also be on board to help in any way. Hospitals should have violence prevention programs and, if I feel, signs that tell patients and family it is a crime to harass or assault staff and that
it will be reported. Clients should also sign an acknowledgement/understanding of the same when admitted. Patients being held legally against their will for a mental health evaluation often take out their frustration on health care workers. A sage psychologist once told me “mental illness is no excuse for bad behavior.” I have been a nurse for 31 years and I’ve never seen it quite like this.

What’s the solution? It starts with advocacy and data gathering. The Alaska Nurses Association passed a resolution at the 2014 General Assembly to look into legislation and hospital programs to curb workplace violence against nurses. Nurses, Hospital Administrators, Legislators, Law Enforcement, Union leaders and prosecutors need to become aware of the problem and enact programs and legislation to curb this issue. You can help by taking a quick survey of your personal experience with workplace violence at www.aknurse.org. Also ask your leadership what programs are in place to prevent these issues. How will you deal with the next irate client that starts threatening

AaNA Board of Directors Meeting
4th Wednesday each month
4:30 to 5:30 pm

AaNA Labor Council Meeting
4th Wednesday each month
5:30 to 6:30 pm

AaNA Legislative Committee
Every other Tuesday (2/10, 2/24, 3/10, 3/24) 5:30 to 7:00 pm
- AaNA Professional Practice Committee
- AaNA Health and Safety Committee
- AaNA Editorial Committee
- AaNA Continuing Education Committee
- AaNA Special Events Committee
Contact andrea@aknurse.org for times

Providence Registered Nurses
3rd Thursday of each month
4:00 to 6:00 pm

RN’s United of Central Peninsula Hospital
Contact for times: 907-252-5276

KTN Ketchikan General Hospital
Contact for times: 907-247-3828

Alaska State Board of Nursing Meeting
Upcoming Meetings:
April 1-3, 2015 - Juneau agenda deadline March 11, 2015
July 8-10, 2015 - Anchorage agenda deadline June 17, 2015
October 21-23, 2015 - Fairbanks agenda deadline September 30, 2015

The Alaska Board of Nursing has a listserv that is used to send out the latest information about upcoming meetings, agenda items, regulations being considered, and other topics of interest to nurses, employers, and the public. To sign up for this free service, visit www.nursing.alaska.gov. Inquiries regarding meetings and appearing on the agenda can be directed to:
Nancy Sanders, PhD RN, Executive Administrator, Alaska State Board of Nursing
550 West 7th Ave, Ste 1500, Anchorage, AK 99501 • Ph: 907-269-8160 • Fax: 907-269-8156
Email: nancy.sanders@alaska.gov

FREE Webinar Offering from AaNA!
You are invited to a free continuing nursing education webinar provided by the Alaska Nurses Association: Child’s Play… Or Not? A webinar introducing an evidence-based practice tool for identifying child maltreatment. Available 24/7, online. Earn 2.0 contact hours. aknurse.telspanexam.com

Two-Day Emergency Nursing Pediatric Course
Multiple Dates (January-April 2015) and Locations (Bethel, Palmer, Anchorage) www.alaskaena.org/enpc.html

2015 NWGEC Winter Geriatric Healthcare Series
January-March 2015 • www.akcache.org

Mothers, Infants and Families with Substance Dependence: Advances and Challenges Conference
April 15-16, 2015, Anchorage www.aknurse.org/index.cfm/education

Alaska School Nurses Association Annual Conference
“Positioning Ourselves as Professionals”
April 24-26, 2015 www.alaskasna.org/conferences.html

2015 Alaska Kidney Walk
March 8, 2015
Join Team AaNA and stop by our booth! www.alaskakidney.org

2015 Alaska Heart Run
April 25, 2015 • Join Team AaNA and stop by our booth! www.aknurse.org

Remember to visit:
www.aknurse.org/index.cfm/education for frequent updates and information on local nursing contact hour opportunities and conferences!
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