The Alaska Nurse

AaNA

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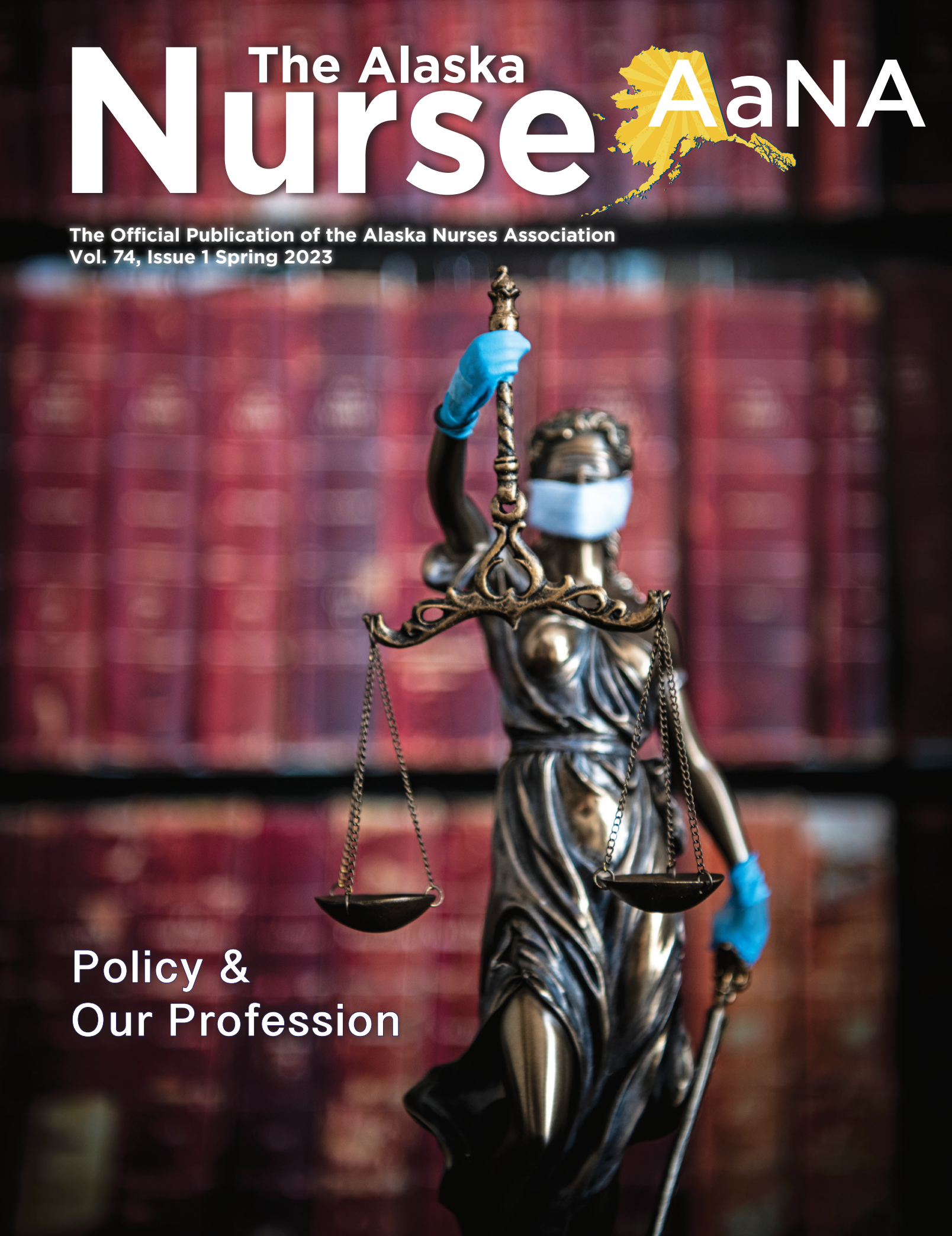

Policy & Our Profession

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From our President

We're back with another issue of our magazine, and this time we're exploring the impact of policy on the nursing profession. Although most of us don't spend much time thinking about policy in our day-to-day work lives, nursing is heavily influenced by policies and regulations at the local, state, and federal levels, as well as by those in the workplace. In fact, some of the most pressing issues facing our profession are directly tied to policy.

Now, what do I mean when I talk about policy? It's just an umbrella term for a set of rules, laws, or guidelines that are put in place to govern a specific area or issue. Policy includes legislation, regulations, legal precedent, contracts, and workplace standards and procedures.

When it comes to the nursing profession, policies can cover anything from workplace safety to staffing levels, and good policy can help ensure that nurses and patients are protected and supported. So, policies are incredibly important, omnipresent, and have a big impact on how we work and care for our patients.

One of the most significant issues affecting nurses today is workplace violence. Nurses face an alarmingly high risk of physical and verbal abuse from patients and their families, and policies and regulations are critical to protecting nurses from harm. In this issue, we've included an article on how workplace violence in healthcare facilities is handled from a legal perspective, and discuss how we can continue to advocate for safer working conditions.

We'll also examine policy surrounding the biggest issue affecting nurses right now: the worsening staffing crisis. Insufficient staffing puts tremendous pressure on nurses and negatively impacts patient care. Safe staffing laws are critical to ensuring that nurses have manageable workloads and that patient care is not compromised. We take a deep dive into the impact of the staffing crisis and the advocacy efforts that nurses are undertaking to push for safe staffing levels.

As nurses, we are not just affected by policy – we also play an essential role in shaping it. Nurses bring a unique perspective to the policymaking process, and we must have a seat at the table. We hope that this issue will inspire you to get involved and advocate for policies and regulations that will benefit the nursing profession and our patients. As always, we welcome your feedback and suggestions for future issues.

Stay safe and take care!

Jane Erickson

Jane Erickson, ADN, RN, CCRN
President, Alaska Nurses Association

In This Issue

AUTHOR GUIDELINES FOR THE ALASKA NURSE: The Editorial Committee welcomes original articles for publication. Preference is given to nursing and health-related topics in Alaska. Authors are not required to be members of the AaNA. There is no limit on article length. Include names and applicable credentials of all authors. Articles should be Microsoft Word documents. Photos are encouraged and should be high resolution. Please include captions and photo credits at time of submission. All content submitted to The Alaska Nurse becomes property of the Alaska Nurses Association. Submit all content by email to Andrea@aknurse.org.

A Union of Professionals

AFT Nurses and Health Professionals News Roundup

ABOUT AFT

AFT is a union of 1.7 million professionals that champions fairness, democracy, economic opportunity, and high-quality public education, healthcare and public services for our students, our families and our communities. AFT is the national affiliate of the Alaska Nurses Association.

VERMONT HEALTH PROFESSIONALS READY TO BARGAIN FIRST CONTRACT

Now that the support and technical staff at the University of Vermont Medical Center have joined the Vermont Federation of Nurses and Health Professionals/ AFT Vermont, they are ready to negotiate their first contract. After a year of organizing, the workers voted to join the union on January 27. "Everyone at the hospital was ready for change because they were tired of being called heroes and getting spit in the face," says Brett Rhodes, a licensed nursing assistant who has worked at the hospital for five years. Staffing, a minimum wage of $20 per hour, and improved training are some of the new bargaining unit's biggest priorities for negotiations. The Vermont federation, which already represents 2,500 healthcare professionals in the hospital, nearly doubled in size by adding 2,200 more support and technical workers.

READ ABOUT THEIR NEW UNION: www.aft.org/news/newly-organized-vermont-health-professionals-are-ready-negotiate-their-first-contract

AFT teams up to buy generators for Ukrainian preschools

Thanks to the AFT Disaster Relief Fund, together with the Ukraine Children's Action Project, our members have bought and delivered 20 generators, with another 30 on the way—one for each kindergarten and pre-K education center in Lviv, Ukraine. The generators are being used in bomb shelters, giving light and heat to kids. AFT Vice President and Cleveland Teachers Union President Shari Obrenski was on-site helping deliver the generators. "Our commitment to children and to their learning in safe and welcoming environments does not stop at our nation's borders," says AFT President Randi Weingarten. "We are glad to offer what we can to curb the suffering and restore some hope amid darkness."

LEARN ABOUT THE EFFORT TO HELP UKRAINE: www.aft.org/press-release/aft-and-ukraine-childrens-action-project-join-forces-purchase-and-deliver-life

Healthcare workers implore lawmakers to enact staffing laws

Legislative sessions are underway across the country, and AFT healthcare members in Alaska, Connecticut, Montana, New Jersey, New Mexico, Ohio, Oregon and Washington are expected to lobby their state legislators to pass laws that would alleviate staffing shortages. Nurses and other health professionals have been warning about staffing shortages for years, saying that it endangers them and their patients.

SEE THE ENDEAVOR FOR SAFE STAFFING: www.aft.org/news/healthcare-workers-implore-lawmakers-enact-staffing-laws

Maryland School for the Deaf votes 'union YES'

It is rare to get 99% of people to do anything these days, unless it's unionization at the Maryland School for the Deaf. At the beginning of February, faculty and staff overwhelmingly cast their votes, 158-2, to unionize and win collective bargaining. For years, the workers have appealed to school administrators and the governor to restore step increases and make efforts to recruit and retain a more diverse workforce, but their pleas have been ignored. Now, administrators and state officials must meet with the workers and negotiate in good faith over pay, benefits, and working conditions at the school.

WATCH THIS INSPIRING VIDEO TO SEE WHY WORKERS VOTED YES: https://bit.ly/3ShCdeN

AFT's Weingarten joins the call for healthcare workplace safeguards

AFT President Randi Weingarten was among a group that gathered with legislators from the Connecticut General Assembly's Public Health Committee and U.S. Sen. Richard Blumenthal to advocate for legislation that would benefit hospital workers, the Hartford Courant reports. This important legislation at both the federal and state levels would improve working conditions for healthcare workers, including creating staffing requirements at hospitals, bans on mandatory overtime for nurses, and protections for nurses against violence in the workplace.

READ ABOUT THE IMPORTANT LEGISLATION: http://bit.ly/3KyjZUB

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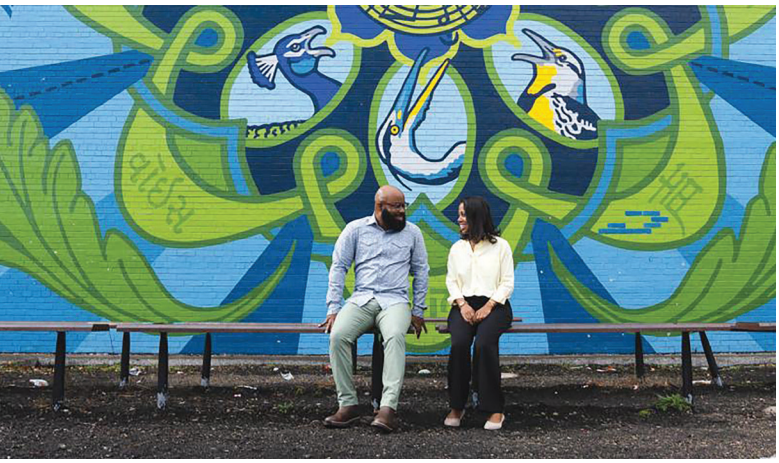
Recruiting the talent within

Paraprofessionals have the school knowledge, experience and meaningful student relationships to become successful teachers, but financial and educational roadblocks can make career advancement challenging. The Philadelphia Federation of Teachers has helped create a paraprofessional-to-teacher program to remove those roadblocks for paraprofessionals who want to become teachers. In an American Educator article, LeShawna Coleman, an architect of the program, and Gemayel Keyes, an early advocate and current teacher resident in the program, discuss how it came about and the value of promoting from within to address the teacher shortage and support students' needs.

CHECK OUT THE PROGRAM: www.aft.org/ae/winter2022-2023/coleman_keyes



AFT report: Healthcare staffing has reached a crisis point, but there are solutions

A new report from the AFT's Nurses and Health Professionals division examines how staffing shortages in the healthcare industry are affecting the way many health professionals work. The study finds that nurses and other healthcare professionals are fatigued, burned out, anxious and quitting the industry in droves, because decades of understaffing has reached a crisis point. Healthcare workers have been warning of staffing shortages for years. "Even before COVID, there was an issue with staffing," says registered nurse Jon Olson. "COVID just blasted [staffing issues] out of the water."

VIEW THE NEW REPORT AND YOUTUBE VIDEO: www.aft.org/healthcare/healthcare-staffing-shortage-task-force-report

Student loan relief, one program at a time

Recent changes to the student loan system are lowering many borrowers' monthly payments by half and adding to the improvements that have begun to chip away at the monumental student debt so many Americans face. The changes have to do with income-driven repayment plans. "This is a big piece of the extreme makeover we need to fix the $1.7 trillion college affordability crisis that plagues America's families," says AFT President Randi Weingarten, who adds there is much more to be done.

FIND OUT HOW THE LOAN SYSTEM HAS IMPROVED: www.aft.org/news/student-loan-relief-one-program-time

Keeping students safe from gun violence

The winter issue of American Educator includes an adaptation of "How to Stop Shootings and Gun Violence in Schools: A Plan to Keep Students Safe," by the Everytown for Gun Safety Support Fund in partnership

with the AFT and the National Education Association. Together, we are "working to ensure our approach to safer schools is driven by evidence, expertise and care." The full report, available in English and Spanish, includes a plan to prevent active shooter incidents and, more broadly, to address gun violence in all its forms in America's schools.

SEE THE ARTICLE IN AMERICAN EDUCATOR: www.aft.org/ae/winter2022-2023/everytown

AFT Book Giveaway Is Fulfilling Dreams

AFT President Randi Weingarten has a new column about the AFT's successful distribution of 1 million books this year to children, families and educators through our Reading Opens the World campaign, and our commitment to give away another 1 million in the coming year. "Amid an alarming rise in efforts to ban and censor books, we are giving away books that are both mirrors and windows—titles that reflect students' own identities and experiences, introduce them to the experiences of others, and inspire them with compelling stories and characters," Weingarten writes. "Our goal is for students to love to read and to read well."

READ RANDI'S COLUMN: www.aft.org/column/reading-opens-world-0

Union Talk Podcast: How to Fix the Healthcare Staffing Shortage

With hospitals reaching capacity nationwide and a shortage of healthcare professionals, AFT President Randi Weingarten assembles a roundtable of nurses and nurses' union leaders to discuss the most immediate and tangible solutions to prevent dangerous conditions for patients and healthcare professional alike. Listen as January Belcher, RN; Howard Sandau, RN; and David Keepnews, Executive Director of the Washington State Nurses Association, get honest about what needs to be done.

LISTEN TO THE PODCAST: www.aft.org/latest-news/union-talk-podcast

AFT Nurses and Health Professionals: Safer, Stronger, Together

AFT nurses and healthcare workers convened in person for the first time since 2019 for the professional issues conference in Chicago. The union's healthcare members had the chance to bond over the course of the two-day event, which took place November 12-13. The Alaska Nurses Association sent several nurses to learn new tactics for building their power and influence and successfully resolving issues they encounter on the job every day.

CHECK OUT THE CONFERENCE: www.aft.org/news/aft-nurses-and-health-professionals-safer-stronger-together

DOING HARM
THE CONSEQUENCES OF UNSAFE STAFFING

It's an unpleasantly familiar scene: Overworked nurses, rushing from one patient to another, trying to be in ten places at once. Stretched to the brink and dealing with burnout and exhaustion, they confront the Sisyphean task of providing adequate care to all of their patients. Meanwhile, patients suffer from falls, infections, and medication errors because there simply aren't enough nurses to go around. This not only harms those in direct care, but also disrupts the efficiency of the entire healthcare system, leading to longer hospital stays, higher readmission rates, and skyrocketing healthcare costs.

Nurses today are grappling with a crisis that has far-reaching consequences for both themselves and their patients: inadequate staffing. This persistent and growing problem occurs when healthcare organizations fail to provide enough nurses to meet the needs of their patients, often due to cost-cutting measures or in pursuit of profit. Despite the tireless efforts of nurses to advocate for safe staffing ratios and other solutions, progress has been slow, and the issue remains a ticking time bomb in the healthcare industry.

In this article, we will examine the impact of unsafe staffing on nurses and patients, and explore the role of policy and regulation in shaping these outcomes.

The Effects of Unsafe Staffing on Nurses

The effects of inadequate staffing on nurses can be profound, leading to a variety of negative mental and physical health outcomes. An overwhelming

workload can force nurses to make difficult decisions about patient care, leading to a unique form of psychological distress known as "moral injury." It's the feeling of helplessness and frustration that occurs when dedicated healthcare workers are unable to provide the level of care they know their patients deserve because of external factors like unsafe staffing.

Unsurprisingly, this can take a toll on nurses' mental and emotional wellbeing. A staggering number of nurses – at least 40 percent, and as high as 90 percent, according to recent surveys – are believed to suffer from burnout, characterized by emotional exhaustion, a feeling of detachment, and decreased sense of personal accomplishment. A survey conducted by the National Institute for Occupational Safety and Health revealed that nurses who work in understaffed units are more likely to experience anxiety, depression, and stress-related disorders. These mental health challenges not only affect the personal lives of nurses, but also have wider consequences for patient care, including increased absenteeism, high turnover rates, and greater likelihood of medical errors.

Research has shown that when staffing levels are insufficient, nurses are at an increased risk of musculoskeletal injuries and other physical ailments. The reasons for this are many, including overexertion, fatigue, and the need to rush through tasks. A survey conducted by the National Institute for Occupational Safety and Health revealed that nurses working in hospitals with high patient-to-nurse ratios are more likely to suffer from needle-stick injuries, verbal abuse from patients and their families, and workplace injuries. Moreover, nurses who experience high levels of job strain, often as a result of inadequate staffing, have a heightened risk of developing cardiovascular disease. These findings paint a stark picture of the physical toll that inadequate staffing can take on nurses, and highlights the need to prioritize nurse safety and wellbeing in the workplace.

In addition to the physical and mental health consequences, unsafe staffing levels erode job satisfaction and contribute to a negative work environment. A study of hospital-based nurses found a strong connection between perceived staffing adequacy and job satisfaction, with inadequate staffing serving as a significant predictor of dissatisfaction. When nurses feel that their concerns are not being heard by management or that staffing policies are insufficient, the situation only worsens. The result is a vicious cycle of high turnover rates and continued staffing problems. A survey of over 10,000 nurses revealed that a mere 13 percent felt they had enough staff to provide safe and effective care to their patients, with 37 percent of respondents considering leaving their job.

The Implications for Patient Care and Outcomes

While the impact of understaffing on nurses is clear, evidence of its harm to patients is equally overwhelming and alarming. Numerous studies have documented the dire consequences of unsafe staffing on patient outcomes, including higher rates of hospital-acquired infections and prolonged hospital stays.

Researchers in one study found that for every additional patient assigned to a nurse, there was a 7 percent increase in likelihood of a patient dying within 30 days of admission. "For years we have known that there is a relationship between nurse staffing levels and hospital variation in mortality rates," commented Dr. Jane Ball, the study's principal research fellow. "These results give the clearest indication yet that RN staffing levels are not just associated with patient mortality, but that the relationship may be causal."

The economic implications of unsafe staffing are also significant. High rates of nurse turnover, a direct result of understaffing, can wreak havoc on healthcare organizations' budgets, with recruitment, training, and onboarding of new nurses incurring substantial costs. A study published in the Journal of Nursing Administration pegged the average cost of turnover for a bedside RN at around $52,100, encompassing both direct and indirect expenses. This not only represents a financial burden for healthcare organizations but can also lead to disruptions in continuity and accessibility of care. Addressing the issue of inadequate staffing in nursing is not only important for the well-being of nurses and patients, but also for the economic sustainability of healthcare organizations and the broader healthcare system.

The Role of Staffing Policies in Addressing the Issue

Few states in the U.S. have enacted legislation addressing healthcare staffing. In California, nurses won legislation mandating nurse-to-patient ratios in acute care hospitals. Other states, such as Massachusetts, have established advisory committees to make recommendations for staffing standards and guidelines. But most states have done nothing. This near-complete absence of regulations has created a Wild West state of affairs in healthcare

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staffing. Most healthcare organizations have developed their own staffing policies and guidelines. However, the implementation and enforcement of these internal staffing policies can vary widely and are generally insufficient to address the staffing challenges faced by nurses.

An important aspect of staffing policies is determining their effectiveness. Research has shown that nurse-to-patient ratio laws can have a positive impact on patient outcomes and nurse job satisfaction. A study of California's nurse staffing ratios found that after the implementation of the law, there was a decrease in patient mortality rates and nurse burnout, and an increase in job satisfaction among nurses. Another study found that a lower patient-to-nurse ratio was associated with a lower incidence of adverse events and medical errors in the intensive care unit.

In addition to nurse-to-patient ratio laws, other approaches to staffing regulation have been explored. Some states require healthcare organizations to publically report their nurse staffing levels, which proponents say increases transparency and accountability. Other locations have implemented staffing committees, comprised of bedside nurses and other healthcare professionals. As a collaborative process, these committees develop staffing plans and make recommendations based on patient needs and acuity.

Research on the effectiveness of staffing committees in addressing inadequate nurse staffing is limited, and the evidence is mixed. Some studies have found that staffing committees can improve nurse staffing levels and patient outcomes. For example, a study conducted in a large academic medical center found that the use of a staffing committee was associated with a significant increase in nurse staffing levels and a decrease in nurse burnout and job dissatisfaction.

However, other studies have found staffing committees ineffective and lacking authority to make staffing decisions. In one study, nurses reported that staffing committees often had little influence on staffing decisions and that their recommendations were not always followed. More research is needed to determine the optimal structure and function of staffing committees and their impact on nurse staffing levels and patient outcomes.

Listen to the Nurses

As nurses, we have a responsibility to advocate for our patients, and for our profession. We cannot wait for someone else to fix this problem – we must take action ourselves. By getting involved with nurse-led advocacy efforts and speaking out about the need for safe staffing, we can make a real difference in the lives of our patients and our fellow nurses. Let's work together to demand change and create a brighter future for nursing.

You can make a difference for our profession.

Find out how at aknurse.org/advocacy

Stronger Together

THE ROLE OF COLLECTIVE BARGAINING IN NURSING

From long hours without breaks to unsafe staffing and workplace violence, nurses confront a range of difficulties on a daily basis. For an individual nurse, effecting meaningful progress on these systemic issues is unattainable. This is where collective bargaining comes into play.

Collective bargaining serves as a platform for nurses to join forces and tackle these challenges by negotiating with their employers. By acting as a united front, nurses can wield their collective power to secure workplace policies that benefit both nurses and the patients they care for.

The roots of collective bargaining in the nursing profession can be traced back to the early 1900s, when the first nurses' unions were formed. By the 1920s, nurses were using collective bargaining as a tool to fight for fair pay and improved working conditions. However, it wasn't until the 1970s that nurses' unions truly gained momentum. During this period, nursing shortages and unfavorable working conditions fueled the growth of unionization among nurses, and many states passed laws granting nurses the right to engage in collective bargaining.

Since then, nurses' unions have continued to play a central role in advocating for the rights of nurses. They have negotiated for better pay, benefits, and working conditions, and have been instrumental in shaping healthcare policy at all levels of government. Today, nurses' unions continue to be an important platform for nurses, helping to ensure that their voices are heard and that their concerns are addressed.

In the United States, the legal framework for collective bargaining in the private sector is established by the National Labor Relations Act (NLRA). (An important note: For public sector workers, collective bargaining rights vary substantially between states. In Alaska, these rights are governed by our state's Public Employment Relations Act and are largely similar to the NLRA.)

Under the NLRA, employees have the right to form and join unions and to engage in collective bargaining with their employers. The law also requires employers to negotiate in good faith with unions on mandatory subjects

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of bargaining – the terms and conditions of employment, such as wages, benefits, and working conditions.

The NLRA acts as a shield, protecting employees from employer interference with their right to unionize and bargain collectively. At the same time, it requires unions to represent their members fairly and with their best interests in mind. While the NLRA provides a legal framework, collective bargaining can still be a complex and challenging process. Many unions work with experienced negotiators and labor attorneys to ensure their members' rights are fully represented during bargaining.

Before negotiations, the union's bargaining team conducts research and gathers data to support their proposals, including information on comparable wages, benefits, and working conditions at similar healthcare organizations. The negotiation process begins with the union and management exchanging their initial proposals. Proposals are passed back and forth as both parties engage in a give-and-take process to reach an agreement.

The negotiation process can be a tough road, and it's essential for both parties to come to the table with a willingness to work together and find common ground. Effective communication and collaboration are essential for a successful negotiation process. The end result of successful negotiations is a collective bargaining agreement (CBA) that outlines the terms and conditions of employment for the bargaining unit.

These terms and conditions of employment include wages, benefits, working conditions, job security, and grievance procedures. Wages and benefits are often the most contentious issues in bargaining, as they provide the most tangible and immediate benefits to union members. Working conditions and job security also play a crucial role in the quality of life for union members. Finally, the grievance procedures outlined in the collective bargaining agreement are critical to ensuring that union members have a mechanism for resolving disputes.

Collective bargaining is the best way for nurses to receive fair compensation and safe working conditions. Research has shown that union nurses earn on average 20 percent more than non-unionized nurses. They are also more likely to receive benefits such as health insurance and retirement plans, ensuring that they have the resources to take care of themselves and their families.

When it comes to paid time off, union nurses also tend to receive more generous benefits than non-union nurses. In 2020, 97 percent of unionized healthcare workers had access to paid leave, compared to only 75 percent of non-union workers. These benefits are a crucial component of a healthy work-life balance, and they are often a major factor in workers' decision to unionize.

Collective bargaining has been an effective way for nurses to advocate for their patients. In some instances, nurses have successfully negotiated for policies protecting patients from medical debt and unscrupulous collection practices. With the rise of ambulatory care centers and as hospitals increasingly look to cut unprofitable services, nurses and their unions have fought against planned closures of essential units such as maternity centers.

In terms of safety, collective bargaining has resulted in improved measures such as protective equipment and policies to prevent workplace violence. A study published in the Journal of Nursing Administration found that unionized nurses had a lower incidence rate of musculoskeletal injuries and slips, trips, and falls compared to non-union nurses. By giving nurses more control over their work schedules and the number of hours they work, collective bargaining has also been associated with lower turnover and higher job satisfaction.

The power of collective bargaining is undeniable when it comes to ensuring that nurses receive the support and resources they need to provide the best care possible. The benefits of bargaining also highlight the importance of advocacy and mobilization in advancing the nursing profession. Successful negotiations rely heavily on the participation and engagement of union members, who are able to make their voices heard and advocate for their needs during the bargaining process.

Though the process of collective bargaining may seem daunting, nurses are intimately familiar with the issues and challenges facing the profession, and are well-positioned to advocate for themselves and their colleagues. Nurses can participate in the collective bargaining process in a number of ways, such as serving on the bargaining team or contract action team. They can also provide input on key issues to be addressed in the bargaining process, such as staffing, compensation, and benefits.

In addition, nurses can help to build support for their union among their colleagues and within their communities. This can include educating others about the issues at stake, organizing rallies and demonstrations, and engaging with local media to raise awareness of the negotiations and the issues at stake. By standing together and speaking with a unified voice, nurses can leverage their collective might to secure fair compensation, safe working conditions, and policies that prioritize patient care.

The Nurse Licensure Compact

A BAD FIT FOR ALASKA

By Andrea Nutty, AaNA Programs Director

At first pass, joining the compact might sound like a great idea, something that could bring more nurses to our state to practice and fill open jobs in communities in need. After a closer look, we've broken down some key reasons why staying out of the compact will make Alaska a better and safer place to give and receive healthcare.

What is the Nurse Licensure Compact?

The Nurse Licensure Compact was created by the National Council of State Boards of Nursing, a private, non-regulatory, non-governmental trade association. The compact acts as a multistate license, allowing nurses licensed in compact states to practice in all other compact states under one license. If Alaska became a compact state, anyone licensed in other compact states could practice here without obtaining a separate Alaska license. Sounds like an intriguing idea, right? Let's take a closer look at why this could actually be a bad idea for Alaska's nurses and patients.

Loss of state sovereignty

Under our current system, local experts right here in Alaska get to make local decisions that are best for our state. Under the compact, we'd be handing over important decisions to a private, non-regulatory, non-governmental, out-of-state trade group. The commission in charge of the compact can adopt rules and assess payments from states… and decisions are binding.

Another consequence of joining the compact: Alaska would lose the ability to establish rules that cover all nurses working in the state, such as the continued competency requirements Alaska nurses have to fulfill biennially to renew their license. These lowered standards for nurses will result in worse care for patients.

Bottom line, there's no question that Alaskans know what's best for Alaskans. Handing over important decisions to out-of-state agencies is not what's best for our state.

Threat to public health and safety

This is a big one. The purpose of the Alaska Board of Nursing, which administers Alaska nursing licenses and oversees regulations, is to protect the health and safety of Alaskans.

In January 2023, "Operation Nightingale" unearthed a scheme that sold fraudulent nursing degrees to over 7,600 individuals. Fortunately, because Alaska is not part of the compact, the Alaska Board of Nursing can take immediate action to bar these individuals from working in our state. Compact states, on the other hand, must wait for other member states to investigate and take action against these individuals – and meanwhile, would have no way of knowing if any fake nurses were working in their state.

One of the most important functions of the Board of Nursing is to investigate complaints for nurses working in the state and take action on a nurse's license if there's been unsafe or inappropriate conduct. Under the compact, Alaska would have to investigate complaints for all nurses working here, regardless of where they are licensed, but wouldn't have the ability to directly discipline compact nurses. Instead, the only actions Alaska could take are drastic: we could bar the nurse from working here, or let the nurse keep practicing as if nothing had happened. There's no middle ground. Issuing discipline would be left to the nurse's home state, and there are sometimes worrisome inconsistencies between states in relation to discipline is handled, including:

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- ***Each state has different criteria for disciplinary action.***
- ***Each state is able to make its own case-by-case determination of offenses and to decide whether – and what type of – disciplinary action should be taken.***
- ***Criminal offense statutes are not standardized across states. What constitutes a misdemeanor in Arkansas may arise to the level of a felony under Alaska law, yet there would be nothing stopping that nurse from coming to Alaska and caring for patients in our state.***

In fact, we decided to do some research to see just how differently states treat discipline for nurses. We looked for similar cases – where a nurse was accused of patient abuse – in three states. Here's what we found:

In State #1, a nurse was angry, raised her voice, and spit at a patient. The nurse received a public reprimand, was ordered to complete additional education within 30 days, paid a $3,000 fine, and had her license put on probation for one year. This discipline was issued just 2.5 months after the incident.

In State #2, a nurse pushed an elderly patient to the ground. The nurse received a public reprimand and was ordered to complete additional education within 6 months. The nurse did not pay a fine, and their license was not put on probation or suspended. This discipline was issued 12 months after the incident.

In State #3, a nurse placed a disabled toddler in scalding bathwater, causing severe burns to the patient. The toddler died two days later. The nurse was originally charged with second-degree murder, but eventually reached a deal to instead plead guilty to felony assault and serve four years in prison. The nurse did not receive any discipline for this incident, continuing to hold an unencumbered license that eventually lapsed without license action being taken.

Can you guess which state Alaska is in the above example? We are likely all appalled by the lack of action against the nurse's license in State #3. Fortunately, that didn't happen here. Alaska is State #1, which had the fastest resolution to the investigation and handed down necessary discipline to correct the nurse's knowledge and behavior. Alaska has high standards and local enforcement for a reason: to protect the health and safety of Alaskan patients.

Loss of revenue and increased burden to Alaska nurses

A whopping 47 percent of nurses licensed in Alaska live out-of-state. Since compact nurses working in our state wouldn't have to pay for an Alaska license, the Alaska Board of Nursing would see a significant loss of revenue, making it harder for it to carry out its duties and potentially forcing it to increase Alaska licensing fees, already among the highest in the nation. Calculations show that fees would increase by $46 to $83 at renewal periods for Alaska nurses. The only winner here? Deep-pocketed travel nursing corporations that would increase profits at the expense of Alaskans.

Compact will not solve workforce needs

On the surface, it seems like joining the compact would bring a flood of nurses into the state, but it is important to note that there is no evidence to suggest that joining the compact would help with the staffing crisis we currently face. The nursing shortage exists nationwide and joining the compact will not suddenly or magically create a pool of nurses to fill staffing vacancies at needy facilities. No state that is currently part of the compact has had its staffing issues solved upon joining.

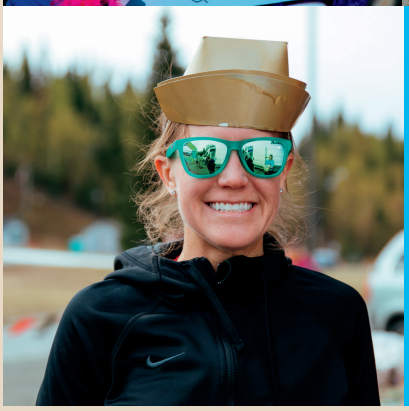
Nurses who want to practice here already do so because Alaska is a great place to work, with higher wages than most states, and it's a dream travel destination for many. Licensing costs for travel nurses are covered by nurse staffing agencies and other employers. And while the Alaska Board of Nursing has been experiencing licensing delays compounded by short staffing, this is a simple issue with a simple solution. With smart tweaks to regulation, processing improvements and innovation, and by investing in our Board of Nursing and its staff, Alaska can once again claim the top spot in licensing turnaround times. Plus, our Board of Nursing has the ability to expedite the licensing process if needed, or grant temporary licenses or courtesy licenses in times of emergent needs – just like it did successfully during the height of the pandemic.

We need effective regulatory measures that are workable and realistic, offer real solutions, and respect state sovereignty. None of this, unfortunately, describes the Nurse Licensure Compact. We can and must work toward better approaches that put Alaskans first.

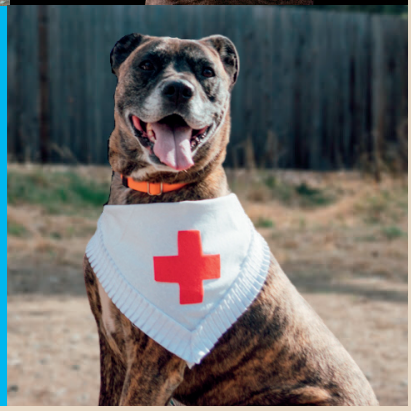
ALL YOUR FAVORITES — JOIN THE FUN

CELEBRATE

NURSES WEEK 2023



STRONGER TOGETHER



THE BEST TIME OF THE YEAR

MAY 6-12

WWW.AKNURSE.ORG | @ALASKANURSES

Twenty-four nursing students graduated from Alaska Pacific University in December 2022, including the first LPN cohort to complete their studies in the university's Institute of Health & Wellness.

In Bethel, the four LPNs-to-be earned certificates from APU's new practical nursing undergraduate program. Twenty students graduated from the university's associate degree program in Anchorage, the second cohort to do so.

The associate degree program spans three full-time semesters, and students must first complete eight pre-requisite courses. In Anchorage, a new cohort begins each fall, and the university hopes to add a spring cohort next year. A Juneau cohort is starting this spring, and Utqiagvik will see its first cohort for the fall semester this year.

The LPN program has a unique focus on cultural safety and quality care for rural and Alaska Native populations. During the two semesters of the program, students complete a preceptorship and learn to work as part of a healthcare team. It is now offered in four locations across the state:

- Bethel, in partnership with Yuut Elitnaurviat
- Fairbanks, in partnership with Foundation Health Partners
- Juneau, in partnership with Samuel Simmonds Memorial Hospital
- The Mat-Su Valley, in partnership with Yungcarista of Alaska

2022 Congratulations

DECEMBER GRADUATES!

Nursing Grads Make the Grade at Alaska Pacific University

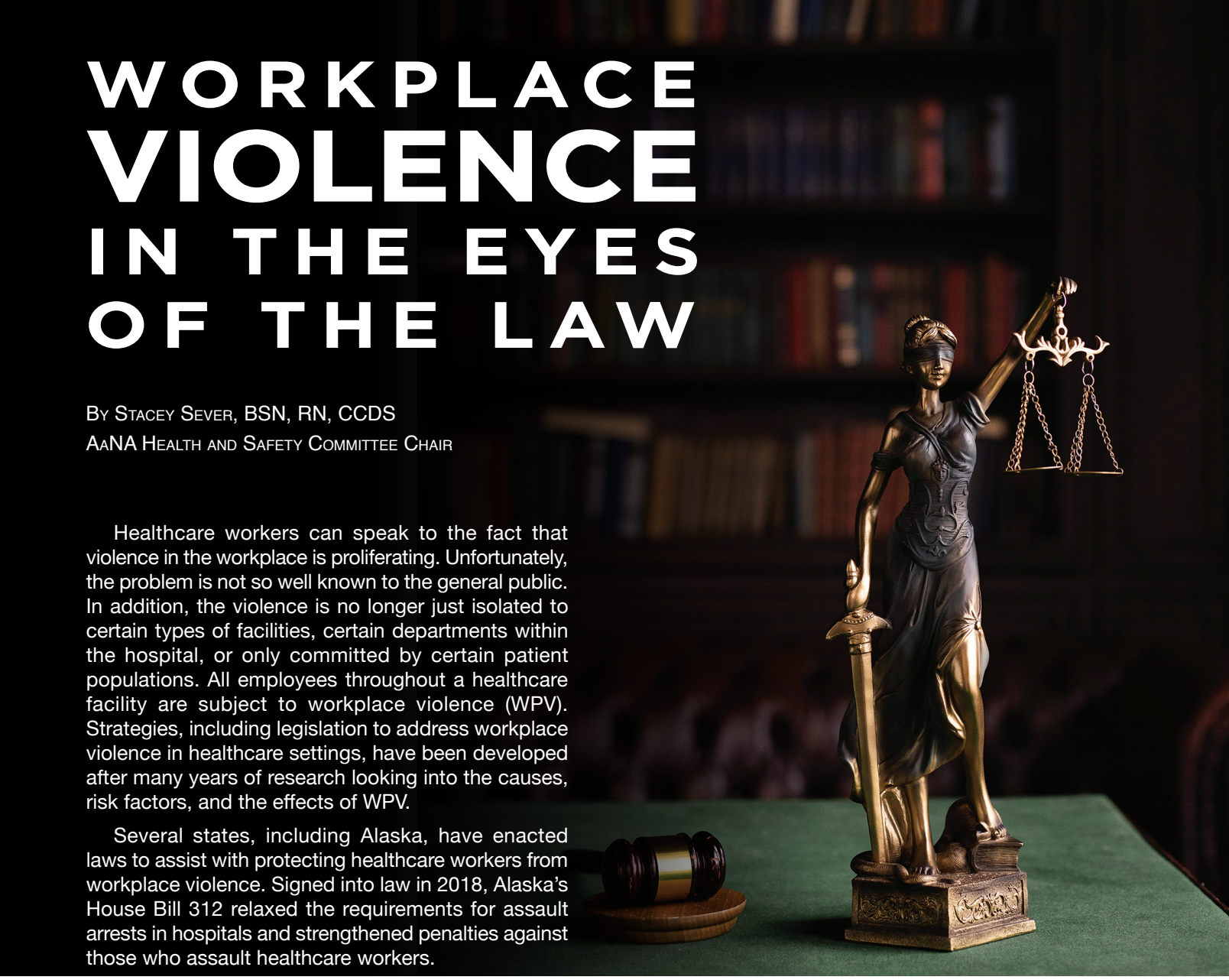
Associate Degree in Nursing
Anchorage, AK

Rachael Carboneau
Rachel Corona
Malia Eldridge
Olivia Gaskins
Gabrielle Grice
Andrew Hickman
Taylor Anne Isom
Florydalia Jimenez
Jaime Martinez Chicas
Manya Montanelli
Ruby Paranda
Michelle Sara
Juliana Siegfried
Hailey Silcott
Sarah Soder
Lilia Stiller
Rica Jarmaine Ting
Bintou Touray
Alexis Ward
Jamarah Wright

Practical Nursing Undergraduate Certificate
Bethel, AK

Kwadwo Nartey Adonu
Sonya Beaver
Lawrence Miiz Martin
Minnie Carter-Sharp

WORKPLACE VIOLENCE IN THE EYES OF THE LAW



By Stacey Sever, BSN, RN, CCDS
AaNA Health and Safety Committee Chair

Healthcare workers can speak to the fact that violence in the workplace is proliferating. Unfortunately, the problem is not so well known to the general public. In addition, the violence is no longer just isolated to certain types of facilities, certain departments within the hospital, or only committed by certain patient populations. All employees throughout a healthcare facility are subject to workplace violence (WPV). Strategies, including legislation to address workplace violence in healthcare settings, have been developed after many years of research looking into the causes, risk factors, and the effects of WPV.

Several states, including Alaska, have enacted laws to assist with protecting healthcare workers from workplace violence. Signed into law in 2018, Alaska's House Bill 312 relaxed the requirements for assault arrests in hospitals and strengthened penalties against those who assault healthcare workers.

The new law allows law enforcement officers to arrest and remove perpetrators who commit assault in the fourth degree at a healthcare facility. There must be probable cause for believing that the perpetrator committed a fourth-degree assault (a violation of AS 11.41.230), and the perpetrator must either (a) not be seeking medical treatment at the facility (a non-patient), or (b) must be stable for discharge if a patient. The bill also allows prosecutors to pursue tougher penalties for felony assault when the victim is a healthcare professional assaulted on the job.

I spoke with Captain Sean Case at the Anchorage Police Department to get a better understanding of what happens from a law enforcement perspective when a healthcare worker experiences workplace violence. When someone is a victim of a physical assault, Captain Case describes that one of two types of evidence need to be present: 1) physical injury, or 2) witnesses that can corroborate the assault when there is no physical injury. Assault in the fourth degree, which is a Class A misdemeanor and the only non-felony-level class of assault in Alaska statute, encompasses three types of situations.

The first type of fourth-degree assault is when a person recklessly causes physical injury to another person. The key here is the person's recklessness, which means that while they did not specifically intend to harm someone, they were aware of the unjustifiable risk of their actions but consciously disregarded the risk, taking the action anyway. This also applies to an intoxicated person who, while perhaps unable to be aware of the risk of their actions while intoxicated, would have been aware of the risk if not intoxicated.

The second would be when a person acts criminally negligent and causes physical injury to another person by means of a dangerous instrument. For example, when the perpetrator is acting out and throws a chair,

not directly at anyone in particular, but that the chair happens to strike another person, causing them injury.

The third example would be when the words or threatening conduct by the offender recklessly puts the victim in fear of imminent physical injury.

I recall an episode several years ago when a colleague shared their experience of an encounter with a former patient. This nurse was at a public location and approached by this former patient who started to be verbally assaultive, using offensive language that was followed up with a death threat if the former patient ever saw this nurse again. Visibly shaken and crying, another colleague and I encouraged this nurse to notify hospital security of this incident in case this person were to show up at the hospital.

Assault in the fourth degree does not include a conditional threat, such as when a patient threatens to punch a healthcare worker if they don't receive their Jell-O. This is because the conditional nature of the threat eliminates the element of immanency, which must be present to count as an assault.

I shared with Captain Case that some nurses have voiced frustration about calling law enforcement after being assaulted by a patient or visitor and nothing happening to the offender. He explained that in most lower-level misdemeanor crimes – which include the most common crimes, such as shoplifting and petty theft – the bail schedule directs judges to release defendants without posting bail.

Referred to as the "paper arrest," some law enforcement officers felt increasing resentment of arresting an individual only to have that individual turn around and walk out the door after the arrest report was completed. This led to some officers no longer arresting people for these types of crimes. "What was the point?" was the attitude adopted by some in APD. The bail schedule is set by Alaska's four presiding judges and establishes the amount and circumstances under which a person who is arrested without a warrant can be released from jail before a trial.

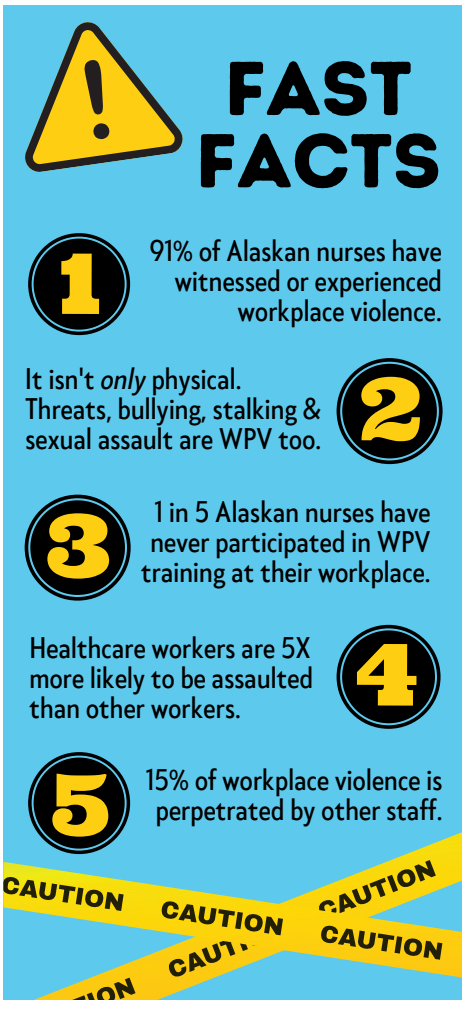
Healthcare workers don't always feel comfortable about calling law enforcement when they are victims of violence for a variety of reasons. That may be related to the patient's condition, lack of support from management or security staff, or the misconception that violence is part of the job. Captain Case shares some advice about when the decision is made to contact law enforcement:

1) ***Keep the information simple. Frequently, too much information is given over the phone about the circumstances. Give only necessary information such as whether the person is actively violent at the time of the call, if they are medically cleared (ready for discharge), and some basic background information on what the responding officers will be "walking in to" when they get there.***

2) ***If the person is actively violent and/or there are weapons involved, Captain Case recommends that law enforcement be contacted using 911. The non-emergent number may be used in other situations where imminent danger is not present. Many communities are now using 311 for the non-emergent number.***

HIPAA does permit covered entities (such as healthcare institutions) to disclose protected health information (PHI) about a suspected perpetrator of a crime to law enforcement officials without the individual's written authorization under specific circumstances such as when the report is made by the victim who is a member of the covered entity's workforce.

While some may feel that HB 312 doesn't do enough to protect healthcare workers that are victims of WPV (and they would be correct), others may recognize that this is just one step leading towards developing additional legislation on workplace violence against healthcare workers. With HB 312, at least the public will be aware that hospitals and other healthcare institutions in Alaska are places where violence will no longer be tolerated and that people that are violent towards staff will be held accountable for their actions.



ALASKA NURSES ASSOCIATION MEMBERS "FLY-IN" TO JUNEAU

Seasoned leaders from the Alaska Nurses Association Labor Council and Legislative Committee joined state union leaders in February at the Alaska AFL-CIO's legislative fly-in. The annual Juneau gathering is an opportunity for union leaders to discuss issues of common interest, particularly those related to the economy and collective bargaining in the state.

The Alaska Nurses Association has been an affiliate of the Alaska AFL-CIO since 1999. AaNA has always sent representatives to the Juneau meeting, and this year we were fortunate to have several members return for a second or third time.

Attendees included Jane Erickson, Vice President of the Providence Registered Nurses (PRN) bargaining unit and President of the AaNA Board of Directors; Terra Colegrove, President of Providence Registered Nurses and Vice Chair of the AaNA Labor Council; Brittany Mackey, Grievance Officer for Providence Registered Nurses and an AaNA Labor Council member; and Sara Massmann and Shannon Davenport, Co-Chairs of the AaNA Legislative Committee.

During the fly-in, nurses met with their legislators and staff to make important connections and share our unique knowledge of healthcare in Alaska. Many

of the legislators we knew from the previous session were very welcoming and open to hearing our opinions, and we also enjoyed the opportunity to meet with new legislators making their way through the first month of their new positions. Legislators and their staff work hard to vet and pass many important bills during the short 90- to 120-day session.

Our Alaska Nurses Association members were very fortunate to meet Congresswoman Mary Peltola during the Alaska AFL-CIO legislative fly-in. They were thrilled to chat with her about the nursing profession and share their passion for providing quality healthcare to Alaskans. We are so thankful to Representative Mary Peltola for taking the time to connect with our hardworking nurses.

While in Juneau, our delegation also met with the AaNA lobbyist team, Caren Robinson and Mark Hickey. Our lobbyists have represented the interests of Alaska nurses through our Legislative Committee for over 15 years. The Legislative Committee is composed of AaNA members, leaders, and nurses from our affiliate organizations. We appreciate all the hard work and dedication it takes to keep track of the many bills that may affect our profession and our patients.

An additional enjoyable aspect of the annual fly-in is getting to meet with other labor leaders who also represent registered nurses in Alaska. Many nurses, such as state workers at Alaska Psychiatric Institute, public health nurses, and school nurses in the school districts, also benefit from having a union behind them. We have received great support from the labor community when we needed it in the past. We are thankful for the long-standing relationship we have had with others in the labor community in Alaska and the unions that represent other nurses in our state.

This exciting and informative annual event allows AaNA nurses to meet with legislators and hear many opinions and updates on the issues that affect Alaska's workforce and healthcare industry. The Alaska Nurses Association would like to thank the Alaska AFL-CIO for organizing the 2023 legislative fly-in and keeping our union members informed of important legislative and regulatory updates.

Calendar of Events

Book Club virtual
Hosted by AaNA
Ongoing, meets every other month
Contact hours available
www.aknurse.org

Perinatal ECHO Series virtual
Hosted by UAA Center for Human Development
Ongoing, one session per month
www.akecho.org

Home Visiting ECHO Series virtual
Hosted by AaNA, UAA CHD & AK DOH
September 2022 – May 2023
One session per month
Contact hours available
www.akecho.org

School Health ECHO Series virtual
Hosted by UAA Center for Human Development
October 2022 – May 2023
Two sessions per month
Contact hours available
www.akecho.org

AaNA Legislative Committee virtual
January – May 2023
Meets every other Tuesday
www.aknurse.org

TUESDAY TALKS virtual
Hosted by AaNA
March 21 @ 6 PM
Public Health Nursing
Contact hours available
www.aknurse.org

Alaska Governor's Health & Safety Conference in-person
Hosted by Alaska Safety Advisory Council
April 4-5, 2023
Anchorage
www.akgshc.com

TUESDAY TALKS virtual
Hosted by AaNA
April 18 @ 6 PM
Topic TBD
Contact hours available
www.aknurse.org

Alaska School Nurses Association Conference in-person
April 14-16, 2023
Aloft Hotel Anchorage
www.alaskasna.nursingnetwork.com

Alaska Breastfeeding Coalition Conference
May 1-3, 2023
www.alaskabreastfeeding.org

Nurses Week 2023
May 6-12, 2023
www.aknurse.org

Nursing Narratives in-person
Hosted by AaNA
May 11, 2023
Beartooth Theatrepub
www.aknurse.org

2023 Love a Nurse Run
Hosted by AaNA
May 13, 2023
www.aknurse.org

TUESDAY TALKS virtual
Hosted by AaNA
May 16 @ 6 PM
Topic TBD
Contact hours available
www.aknurse.org

Wheezin', Sneezin' & Itchin' in Alaska in-person
Hosted by AAFA Alaska Chapter
September 2023
Girdwood
www.aafaalaska.com

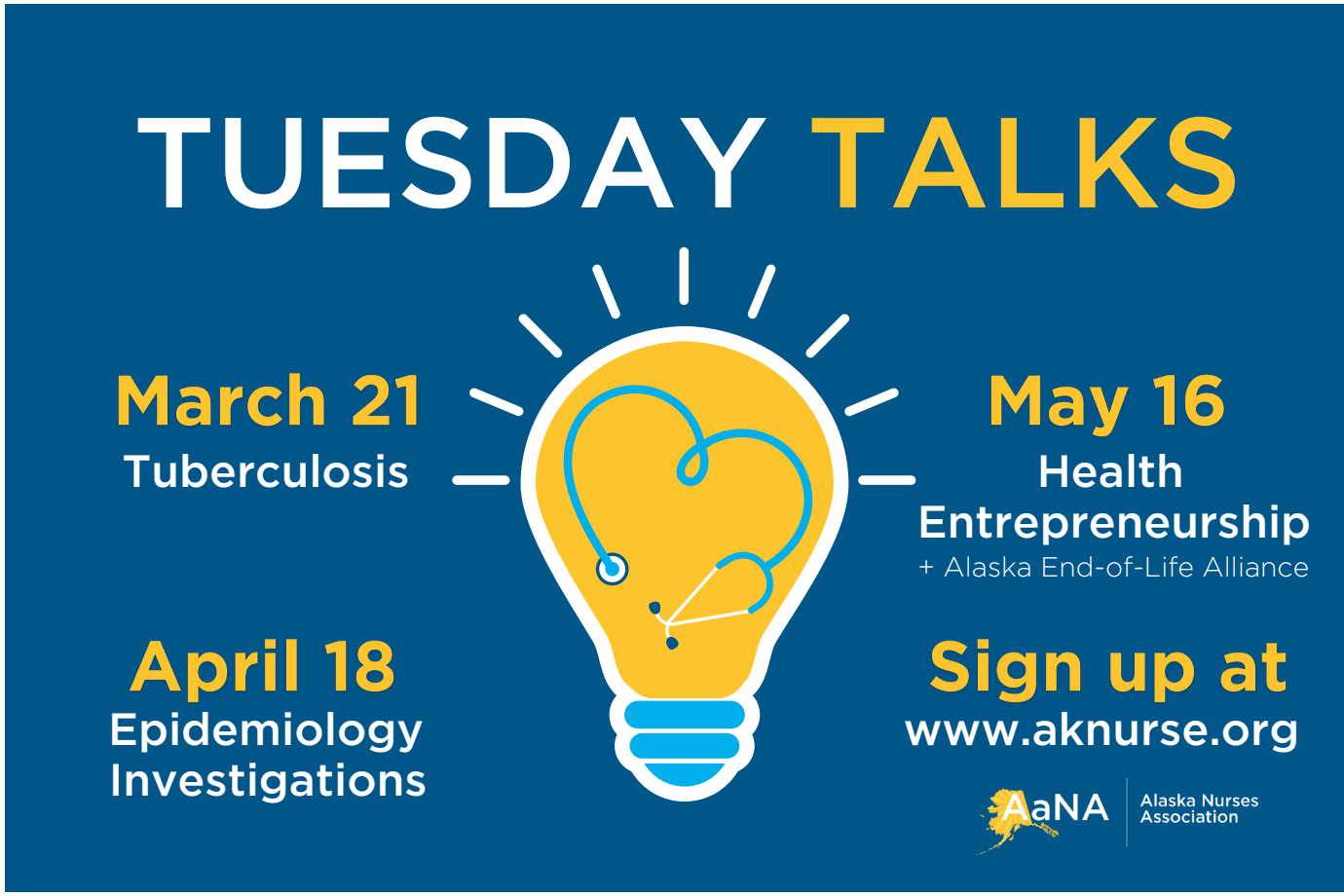
Nursing Narratives in-person
Hosted by AaNA
October 12, 2023
Beartooth Theatrepub
www.aknurse.org

2023 Trending Topics in Nursing Conference hybrid
Hosted by AaNA
October 12 & 13, 2023
Anchorage & Virtual
www.aanaconference.org

2023 General Assembly hybrid
Hosted by AaNA
October 14, 2023
Anchorage & Virtual
www.aknurse.org

Visit www.aknurse.org/events for frequent updates and information on AaNA events and local continuing education opportunities.

Want to list your event in The Alaska Nurse Calendar of Events and at www.aknurse.org? Send information to andrea@aknurse.org




ALASKANS STAND TOGETHER 6FT. APART