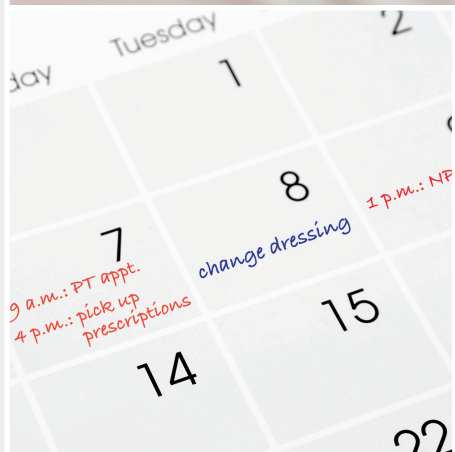


## Fulfilling the needs of caregivers



■ Antibiotic stewardship ■ Moral resilience ■ Defining hope

### A growing need

## School of nursing leaders take multi-pronged approach to support caregivers

By Susan Trossman, RN

Someone who must carry out a list of hospital discharge instructions or provide ongoing, complex care to a family member or friend can, at times, feel uncertain and overwhelmed by the caregiver role.

Nurse leaders at the Betty Irene Moore School of Nursing (SON) at the University of California, Davis, not only understand this, but also are engaged in a range of activities that offer a lifeline to family caregivers in need of support. Among their initiatives is the launching of the first-ever Family Caregiving Institute. It's aimed, in part, at developing systems and tools to educate and bolster family caregivers who are managing nursing tasks and to prepare health-care professionals to be more effective in supporting family care.

"[Support for caregivers] is an issue that continues to grow with the increasing number of older adults with chronic conditions who need functional support," said Heather M. Young, PhD, RN, FAAN, founding dean of the UC Davis SON and an ANA\California member. "But the greatest need is helping individuals who are being asked to manage the complex care of their family members who are being discharged quicker and sicker." For example, upon discharge, individuals may need multiple medications, including injections, complex dressing changes, and peritoneal dialysis, she noted.



Heather M. Young

Medication management in itself is complex, with tricky timing; some meds have to be given with food, some without food, and some after checking the heart rate, according to Terri Harvath, PhD, RN, FAAN, executive associate dean and lead researcher for the Institute. "We go to school to learn these things," said Harvath, an ANA\California member. "But caregivers may just be given cursory instructions and often not asked to do a return demonstration. And because family caregiving has gone on for ages, we [healthcare professionals] have not done as good a job in recognizing how alone family caregivers are."



Terri Harvath

Young added, "When I started as a nurse, we'd ask the family to step out of the room if we were providing care, such as dressing changes. But these days



Photo by AARP

caregivers need to learn how to do dressing changes and other [more advanced care]. So we need to change attitudes and practice."

Even if the person discharged qualifies for home care visits, training provided to a caregiver is not a covered insurance benefit, according to Harvath. That said, she added, "Good home health nurses will work with families."

But clearly more help for caregivers is needed.

### The caregiver population

In their 2015 *Report, Caregiving in the U.S.*, the AARP Public Policy Institute and the National Alliance for Caregiving noted that about 34.2 million Americans have provided unpaid care to an adult 50 years old and over in the previous 12 months.

Nearly one in 10 caregivers is 75 years old or older, and some 60% of all caregivers are women. Newer research has shown that besides assisting with activities of daily living, "family caregivers are increasingly performing tasks that nurses typically perform," according to the report. Roughly six in 10 caregivers assist with medical or nursing tasks, such as tube feedings, catheter and colostomy care, and other complex tasks.

Further, 22% of surveyed caregivers reported that their health had suffered because of their role, with that number increasing to 27% if they had to perform medical or nursing tasks. Those taking care of someone with a mental health issue, Alzheimer's or dementia, or a longstanding physical condition also described feeling particularly stressed emotionally.

## Existing resources to build on

In fall 2016, AARP led an initiative to create a series of tutorial videos aimed at helping family caregivers manage complex nursing activities. Through partnership with Harvath and SON faculty researchers, the first series of five videos was produced, featuring scenarios around medication administration. One video focuses on a caregiver who calls a nurse hotline seeking help with administering oral medications to her mother-in-law who has dementia and is refusing to take them. Another features a primary family caregiver, who was trained by a nurse, giving her sister step-by-step instructions on how to place a pain medication patch on their mother, as well as give her eye drops and insert a rectal suppository.

The videos are realistic—showing the satisfaction the younger sister experiences when administering the eye drops successfully and the emotional discomfort she expresses in having to give her mother a suppository.

“We didn’t want to send a message that it’s easy [to provide certain nursing skills],” Harvath said. “There’s a learning curve and an emotional component. It’s hard for adult children or spouses to bathe or toilet a family member. It changes the nature of the relationship.”

**Roughly six in 10 caregivers assist with medical or nursing tasks.**

— 2015 Report, *Caregiving in the U.S.*



Since the initial production, AARP’s Home Alone Alliance, along with Harvath and expert clinicians from the Veterans Administration, have completed five more videos that give practical, crucial tips on various aspects of mobility, including how to help a family member transfer between a car and wheelchair, and what to do when someone falls. A series designed to help caregivers with wound and ostomy care is in final edits.

AARP and the SON are working on distributing the videos—most of which are also available in Spanish—more widely. For example, one effort is to include the videos on hospitals’ closed circuit platforms, where patients and family caregivers can view them in conjunction with discharge planning.

## Four major areas of work

The Family Caregiving Institutes’s mission is to enhance the well-being and health of family caregivers and older adults with serious and chronic illnesses. Described by Harvath as “very much a work in progress,” the Institute’s creation is supported by a \$5 million grant from the Gordon and Betty Moore Foundation and will be established over the next 10 years.

Looking broadly at the Institute’s focus, nurse leaders at UC Davis are pursuing four focal areas that build on some of their ongoing initiatives and the strong partnerships they enjoy, such as with the UC Davis Alzheimer’s Disease Center and the Latino Aging Research Resource Center.

One goal is to identify a research agenda, including discovering gaps in knowledge and testing interventions, to better support caregivers. Another involves developing the research necessary to inform health policy changes, then collaborating with thought leaders to advance the needed changes, according to Harvath.

On the educational side, the Institute plans to develop competencies and courses to enhance the knowledge of practicing nurses and other healthcare professionals, as well as determine what should be taught to students to help them successfully engage with family caregivers.

“Part of the challenge is that we don’t give nurses all the skills or the time to work with families,” Harvath said. “It’s not a failure of nursing, but a growing need that we must pay attention to.

“My hope is that schools of nursing all across the country start to think about how to infuse content about family caregiving into their curricula.”

The fourth area of focus involves developing even more multi-cultural strategies and tools for caregivers, including use of the simulation facilities at the Betty Irene Moore School of Nursing featuring a one-bedroom apartment to prepare caregivers for the advanced skills they need.

“I’m very excited about the Institute,” Young said. “It fills a very important gap in healthcare delivery. It’s not only the right thing to do, but a necessity to improve the skills and well-being of all caregivers, whether within families or within broader communities as well.”

— Susan Trossman is a writer-editor at ANA.

## Resources

For information about the Family Caregiving Institute and UC Davis SON: [ucdmc.ucdavis.edu/nursing](http://ucdmc.ucdavis.edu/nursing)

For caregiver medication administration videos: [aarp.org/ppi/info-2016/family-caregiver-video-guide-to-managing-medications.html](http://aarp.org/ppi/info-2016/family-caregiver-video-guide-to-managing-medications.html)

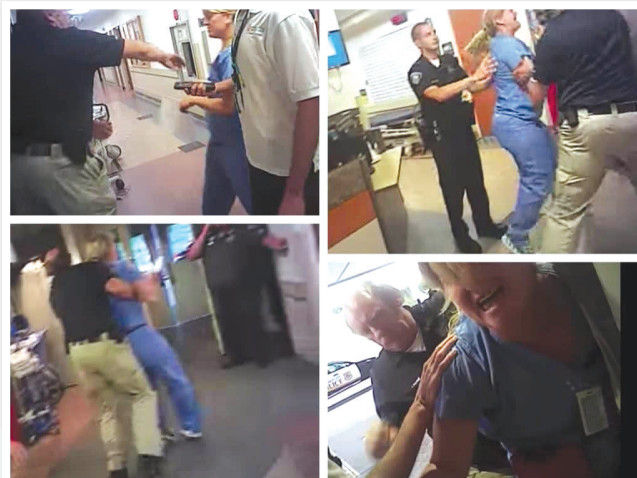
For videos and other related resources: [aarp.org/ppi/info-2017/home-alone-alliance.html](http://aarp.org/ppi/info-2017/home-alone-alliance.html)

## ANA calls for action in wake of police abuse of registered nurse

The American Nurses Association (ANA) expressed outrage that a registered nurse (RN) was handcuffed and arrested by a police officer for following her hospital's policy and the law, and immediately called for the Salt Lake City Police Department to conduct a full investigation, make amends to the nurse, and take action to prevent future abuses.

The incident occurred July 26 at University Hospital in Salt Lake City, Utah, and video footage of the incident was released on August 31. Registered nurse Alex Wubbels, a Utah Nurses Association member, was arrested after refusing to draw blood from an unconscious patient who had been injured in a collision and was a patient on the burn unit.

According to the video, Wubbels shared details about the hospital's policy with the police officers and consulted her supervisors in responding to the detective's request. Wubbels cited the hospital's policy, stating that blood could not be taken from an unconscious patient unless the patient is under arrest, a warrant had been issued for the blood draw, or the patient consents.



Screen capture via Deseret News

"It is outrageous and unacceptable that a nurse should be treated in this way for following her professional duty to advocate on behalf of the patient as well as following the policies of her employer and the law," said ANA President Pam Cipriano, PhD, RN, NEA-BC, FAAN.

According to ANA's *Code of Ethics for Nurses with Interpretive Statements*, "the nurse promotes, advocates for, and protects the rights, health, and safety of the patient."

Unfortunately, nurses often are victims of violence on the job. In 2015, ANA adopted a policy of "zero tolerance" for workplace violence and called on nurses and their employers to work together to prevent and reduce the incidence of workplace violence. (See [nursingworld.org/Bullying-Workplace-Violence](http://nursingworld.org/Bullying-Workplace-Violence).)

Wubbels' arrest was covered by national and international media, including CNN, ABC news, *The Washington Post*, *Huffington Post*, *Atlanta Journal Constitution*, and *Salt Lake Tribune*. In an interview with *Washington Post* columnist Petula Dvorak, Cipriano explained that a cultural shift is needed. "We have to dispel that notion," Cipriano said, "that being assaulted is just 'part of the job.' It is not." Since the incident, two officers involved have been placed on administrative leave, pending completion of an investigation. Wubbels received apologies from the city's mayor and police chief.

To date, investigations into the officers' conduct found that they violated a number of department policies. Additionally, the Salt Lake County District Attorney has opened a criminal investigation and asked the Federal Bureau of Investigation to review the case for any potential civil rights violations.

ANA is continuing its work to create additional tools and resources for nurses to help address workplace violence and achieve its goal of zero tolerance.

### ANA Quality and Innovation Conference *Tomorrow's great outcomes start with innovative ideas today*

A new twist on an old idea can be worth its weight in gold when it improves outcomes, cuts costs, or increases efficiency. At the ANA Quality and Innovation Conference, discover how to tap into your creative side and find approaches to enhancing everyday practices, transforming old systems, or solving stubborn challenges.

This high-energy conference, held at the Gaylord Palms Resort and Convention Center, March 21-23, 2018, in Orlando, FL, is brimming with strategies you can apply right away. You'll meet professionals from other healthcare organizations who will reveal the steps they took to make successful changes. Industry experts and peers will encourage fresh thinking through dynamic, interactive exercises.

ANA is pleased to bring world-renowned business futurist Nick Webb to the event. The author of the *Innovation Playbook*, *The Digital Innovation Playbook*, and his number one best-selling book, *What Customers Crave*, Webb will present insights on the future of innovation in healthcare and teach you how to recognize creative approaches to solving problems and improving customer experiences.

Secure your spot by October 20, 2017, to save \$200 with early-bird registration. Learn more and register at [anaconference.org](http://anaconference.org).

## Strengthening nurses' role in antibiotic stewardship

By Sharon A. Morgan, MSN, RN, NP-C

The recent worldwide outbreak of *Candida auris*, a multidrug-resistant fungus, underscores the criticality of robust institutional and community-based antibiotic stewardship programs. Improving antibiotic use is a patient safety issue. As frontline healthcare providers, nurses can become more engaged and take a leadership role to enhance a facility's antibiotic stewardship program. The nurse's role with patient and family as the hub of communication among all stakeholders in antibiotic delivery puts nurses in a unique and vital position to optimize antibiotic use. Unfortunately, the nurse's role in stewardship activities often goes unnoticed, even among nurses themselves. These points are highlighted in a new white paper from the American Nurses Association (ANA) and the Centers for Disease Control and Prevention (CDC), which details recommendations on how nurses can address this patient safety issue.

### A call to action

In late 2015, ANA sought members to collaborate with the CDC to better define the role of bedside nurses in acute care hospitals' antibiotic stewardship efforts. About 30 healthcare professionals were selected to serve on an expert advisory committee, which represented a diversity of geographic locations and expertise in acute care hospital settings. The workgroup held a series of virtual meetings, culminating in a 1-day in-person conference in July 2016. Attendees outlined key priorities: publish a joint position statement, identify and incorporate national nursing standards and metrics, identify educational gaps, and develop resources for nurses to seamlessly engage in hospital antibiotic stewardship programs.

Nurses already engage in stewardship activities, so the workgroup's goal was to help codify and strengthen the role of nurses in antibiotic stewardship. To that end, the ANA/CDC Workgroup proposed that the ANCC Magnet Recognition Program® endorse two clinical indicators specifically related to antibiotic stewardship. As a result, methicillin-resistant *Staphylococcus aureus* and *Clostridium difficile* infections will be added as optional unit- or clinic-level nursing-sensitive clinical indicators beginning with the 2019 Magnet Application Manual, as noted in the white paper.

### The ANA/CDC white paper

The first comprehensive snapshot of the problem was identified in the CDC report, "Antibiotic resistance threats in the United States, 2013." Using conservative estimates, the CDC determined that each year more than 2 million Americans develop serious infections with bacteria that are resistant to one or more antibiotics, and at least 23,000 people die each year as a direct result of these infections. According to the CDC report, improving antibiotic use is one of the most important needs in reducing antibiotic resistance.

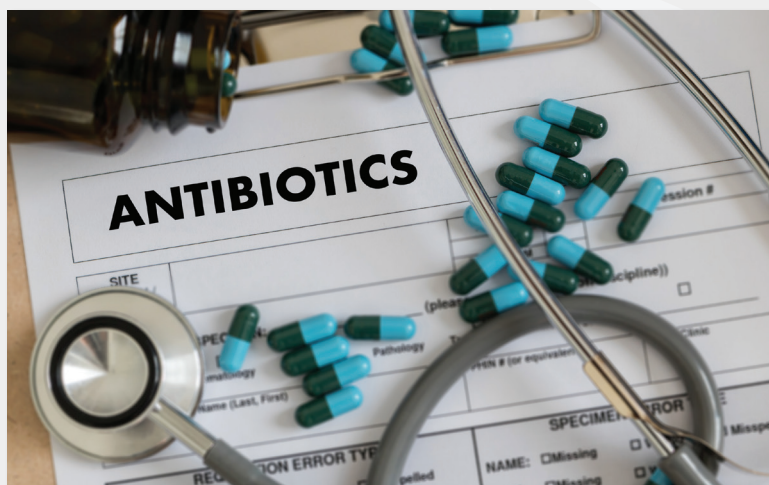
In the white paper, ANA and the CDC note a growing body of evidence that supports formalized stewardship programs as a viable avenue to decrease unnecessary exposure to antibiotics, improve infection cure rates, reduce adverse drug reactions, and slow the emergence of antibiotic resistance, with resultant significant cost savings for hospitals. To help hospitals implement antibiotic stewardship programs,

in 2014 the CDC developed the core elements of hospital antibiotic stewardship programs, outlining seven components that have been linked with other successful programs. Using the tasks or activities identified by the core elements, the workgroup was able to align the tasks with current, common nurse functions, thereby underscoring the unrecognized nurses' role in stewardship functions, the ANA-CDC white paper states.

While the ANA/CDC white paper is an excellent beginning, gaps exist in nurse perceptions of their roles in antibiotic stewardship initiatives. In nurse education, those gaps include microbiology and pharmacology, and in hospitals it's the need to involve nurses in antimicrobial stewardship. More work is underway. That said, the ANA/CDC white paper provides a playbook that illustrates how nurses can incorporate antibiotic stewardship into their daily activities and how nurses can take a leadership role in defining a robust stewardship program.

**Read the ANA/CDC white paper on the nurse's role in antibiotic stewardship at [nursingworld.org/ANA-CDC-AntibioticStewardship-WhitePaper](http://nursingworld.org/ANA-CDC-AntibioticStewardship-WhitePaper).**

— Sharon A. Morgan is a senior policy advisor in Nursing Practice & Work Environment at ANA.



# When trauma and multiple stressors take a toll

To: **Ethics Advisory Board**

From: **A distraught and concerned trauma nurse**

Subject: **PTSD**

**W**hen will post-traumatic stress disorder (PTSD) among trauma and emergency department (ED) nurses be addressed and recognized by employers? Nurses experience anxiety-provoking situations that can be caused by inadequate access to necessary physician or intensivist support, impacting patient care. Not being able to provide appropriate and timely care can take a toll on nurses, especially on those who often see the worst traumas. As a result, nurses feel helpless to do their best for their patients. This hidden problem in nursing needs to be brought to light.

A nurse's integrity may be compromised by patterns of institutional behavior or professional practice, thereby eroding the ethical environment and resulting in moral distress, compassion fatigue, burnout, and PTSD. However, there are coping strategies that you can do to develop and foster your individual moral resilience. Vicki D. Lachman, PhD, MBE, APRN, FAAN, defines moral resilience as "the ability and willingness to speak and take right and good action in the face of an adversity that is moral/ethical in nature."

A recent study by Meredith Mealer, PhD, RN, measured a group of ICU nurses and compared those who were identified as highly resilient with those who demonstrated symptoms of PTSD. The study revealed that highly resilient nurses valued "spirituality, a supportive social network, optimism, and having a resilient role model" to help cope with stress in the work environment. Yet, those nurses with PTSD had a "poor social network, lack of a role model, disruptive thoughts, regret, and lost optimism." This is an important reflection on what practical actions you can take now to help cope with stress in these fast-paced environments. Some actions include:

- Find a mentor or positive role model.
- Renew your optimism and commitment by reminding yourself why you became a nurse.
- Connect with a supportive social community with shared morals and values.
- Find your inner strength through healthy lifestyle behaviors.



From: **ANA Center for Ethics and Human Rights**

**T**hank you for your question regarding nurses experiencing secondary traumatic stress, compassion fatigue, and PTSD related to feeling constrained in the ability to provide safe and timely care for patients. These experiences focus on the impact of, and coping with, moral distress and moral resilience.

The American Nurses Association (ANA) *Code of Ethics for Nurses with Interpretive Statements* ([nursingworld.org/codeofethics](http://nursingworld.org/codeofethics)) provides guidance. "Nurses have a responsibility to express moral perspectives, especially when such perspectives are integral to the situation...whether or not those perspectives are shared by others and whether or not they might prevail."

In essence, you need to bring your concerns about inappropriate or untimely care to your organizational administrators as your moral integrity is being compromised when patient care and safety are threatened.

According to the Code, "The workplace must be a morally good environment to ensure ongoing safe, quality patient care and professional satisfaction for nurses and to minimize and address moral distress, strain, and dissonance." Nurses can improve and sustain such an environment by strengthening their own individual moral resilience to support high-quality patient care, safe practice environments, and the just economic and general welfare of nurses.

Response by Kathryn Schroeter, PhD, RN, CNOR, CNE, member of the ANA Ethics and Human Rights Advisory Board.

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Mealer M, Jones J, Moss M. A qualitative study of resilience and posttraumatic stress disorder in United States ICU nurses. *Intensive Care Med*. 2012;38(9):1445-51.

## Defining Hope: In theaters Nov. 1

**C**an you describe what a nurse does so that a patient or policymaker *really* gets it?

Words so often fail to do the nursing profession justice. A picture, though, is as good as a thousand words and a film—an honest, deep, look at what nurses do to help patients live their best lives—is worth all the words in the world.

That's why the American Nurses Foundation helped Carolyn Jones make her newest film *Defining Hope*. It is a part of the foundation's work to ensure that consumers, policymakers, healthcare colleagues, and nursing students have a front-row seat to view expert nursing in action.



Nurses' station at Calvary Hospital

own vulnerability and personal investment in helping patients face serious illness. Nurse Diane Ryan shares her own story of coping with cancer, and how she chooses to live fully, while helping her patients.

*Defining Hope* will be in theaters across the country on November 1, the first day of National Hospice and Palliative Care Month. Visit [hope.film/screenings](http://hope.film/screenings) to find a theater near you or to host a screening for your organization.

Thanks to a grant from the Rita and Alex Hillman Foundation, the American Nurses Foundation is making a corresponding set of short film vignettes available to teach students and showcase contemporary and outstanding nurses.



Nurse Diane Ryan and Kevin

The film tells the story of patients, their families, and their nurses, as they face life-threatening illnesses. Just as in her first film *The American Nurse: Healing America*, which the Foundation helped promote, Jones captures nursing excellence and its essential role in better care for everyone.

"When you see Nurse Gilbert Oakley with patient Bertie and his wife Lottie at home and hear Gilbert help them navigate end-of-life choices, you know in an instant—"that is exactly what I want for my mother, my husband, my child, myself. That is nursing," said Kate Judge, executive director of the American Nurses Foundation. The film also captures nurses'



Jose at Children's National



Nurse Gilbert Oakley with Bert and Lottie

"This film and the nurses in it speak directly to the American Nurses Foundation's mission to transform the health of the nation through the power of nurses," said Foundation Board Chair Tim Porter O'Grady, DM, EdD, APRN, FAAN. "We are grateful to support such a gifted storyteller, to help hold up extraordinary nurses like Gilbert, Diane, and Joanne, and to join like-minded foundations like the Hillman Foundation, the Jonas Center for Nursing and Veterans Healthcare, and the E. Rhodes and Leona B. Carpenter Foundation to highlight nurses' contributions as models for better care."

## Get prepared to fight the flu

The best way to prevent the flu is get vaccinated against this highly contagious respiratory illness as soon as the vaccine is available. The Centers for Disease Control and Prevention (CDC) and the American Nurses Association (ANA) urge nurses and other healthcare professionals to get vaccinated to protect themselves, their patients, and their families.



Although the exact timing and duration of flu season varies from year to year, activity often begins in October, peaks between December and February, and can last into May, according to the CDC. The agency recommends a flu vaccine for everyone 6 months and older, and the 2017-2018 influenza vaccine

has been updated to better match circulating viruses.

More specifically, the CDC recommends the use of injectable influenza vaccines (including inactivated influenza vaccines and recombinant influenza vaccines) during 2017-2018. The nasal spray flu vaccine (live attenuated influenza vaccine or LAIV) should not be used during 2017-2018. Additionally, the CDC states that vaccinating high-risk persons, such as those with chronic conditions and those 65 years old and over, is especially important to decrease their risk of severe flu illness.

To learn more about seasonal influenza recommendations, go to [cdc.gov/flu/professionals/vaccination/index.htm](http://cdc.gov/flu/professionals/vaccination/index.htm).

To read ANA's position statement on immunizations for nurses and individuals across the lifespan, go to [nursingworld.org/positionstatements](http://nursingworld.org/positionstatements).

## Focus on a safe and healthy workplace this fall

For the American Nurses Association's (ANA) Year of the Healthy Nurse, the month of October is dedicated to the topics of workplace violence, moral resilience, immunizations, and infection control. Visit our dedicated website to find helpful resources from ANA, its affiliated nursing organizations, and related providers such as those listed below at [nursingworld.org/healthynurse2017-october](http://nursingworld.org/healthynurse2017-october).

### Workplace violence

- Listen to ANA President Pamela Cipriano's message for nurses, "The hard truth: Bullying and workplace violence in health care."
- Attend ANA's Navigate Nursing Webinar on moral resilience (free for ANA members) on Oct. 18 from 1 PM to 2 PM ET.
- Participate in a social media Twitter chat on Oct. 18 at 6 PM ET on the topic, "ANA & AMA: What does resilience mean to you?"

### Immunization

- Stay healthy by being vaccinated. Be sure to get your flu shot this season.
- Visit [ANAImmunize.org](http://ANAImmunize.org) for vaccination information and educational resources.
- Read ANA's Position Statement on Immunizations.

### Infection control

- Attend the Nursing Infection Control Education Network (NICE)'s third webinar in the series, "Empowering nurses to protect themselves and their patients" on Oct. 25 at 11 AM ET.
- Visit the ANA-APIC Resource Center for infection prevention strategies.
- Read "Empowering nurses with infection control resources" from the June issue of *American Nurse Today*.

Access these and additional resources at ANA's Year of the Healthy Nurse website: [nursingworld.org/healthynurse2017-october](http://nursingworld.org/healthynurse2017-october).

## Help hurricane victims

In any tragedy, a nurse's first question is, "How can I help?" An overwhelming number of nurses acted in response to the Texas Nurses Foundation's appeal for contributions in the aftermath of Hurricane Harvey. Thank you for your generous support.



With additional disasters such as Hurricanes Irma and Maria affecting our communities, the American Nurses Foundation created a disaster relief fund to support nurses in their disaster response and recovery efforts in southeastern Texas, the Virgin Islands, Florida, Puerto Rico, and other areas affected by recent disasters. Donate at [givedirect.org/donate/?cid=1680](http://givedirect.org/donate/?cid=1680).

The American Nurses Foundation and the entire ANA Enterprise stand in solidarity with those affected. We encourage you to join with the power of nurses everywhere to help.