

POSTER WINNERS ANNOUNCED

Winners of the poster presentation at the Annual Conference and Assembly were awarded in two categories: (1) Research and (2) Evidence-Based Practice.

The winner of the Research award is **Suzanne Savoy**, from Saginaw Valley State University. Her winning poster is titled "Health-Promoting Lifestyle Behavior Mediate the Association Between Depressive Symptoms and Quality of Life in Healthy Women."

And the winners for Evidence-Based Practice are **Beth Van Dam and Rose Rice** from St. Mary's Hospital in Grand Rapids. Their poster is titled "Educating Nurses how to Effectively Teach Patients Using Evidence-Based Practice/Integrating Adult Learning Principles into Patient Care and Increasing Patient/Family recall of Discharge Instructions."

All fourteen posters that were presented were well-received by the conference participants and the evaluations were uniformly positive. Topics were wide-ranging and, among others, included: Nurse Bullying: A Baseline Assessment; The Use of a Continuous Care Simulation to Improve Handoffs Among BSN Student Nurses Caring for Veterans; Newborn Feeding: An Infant Driven Model; and Workflow Redesign to Reduce Interruptions and Distractions During Medication Administration.

Thank you to all the individuals who presented posters. The consensus of conference participants was that the quality of the poster presentations continues to increase each year, and that the entrants this year were of excellent quality.

Check the Calendar for Upcoming Events

Our new website management has increased the ease of placing information about upcoming events and meetings on the website page. We will update that page continuously, and give you as much lead time for registration as possible. Meetings being sponsored by individual Regions of RN-AIM will also be placed on the calendar, so be sure that your regional meeting information is sent to nurse@rn-aim.org if you would like it placed on the website calendar.

And Check for Website Links

We have been busy identifying links that might be of interest to members, and these are identified by subject on the last linked page of the website. We have pulled all the website links that have been highlighted in News and Musing for the last year, and placed them all on one page for your convenience. If you have a website that you think might be of interest to our members, please send it to nurse@rn-aim.org and we will add it to the list.

And In Michigan

The State of Michigan and the United States Department of Justice have both sued Blue Cross/ Blue Shield, asserting that the company, which is the State's dominant health insurer, had violated antitrust laws and secured a huge competitive advantage by forcing hospitals to charge higher prices to Blue Cross/Blue Shield rivals.

Using Technology to Improve Nursing Care

The American Academy of Nursing's Workforce Commission involved more than 1,000 nurses in an exercise to identify technological solutions to workflow problems in 25 acute care hospitals between 2004 and 2009. The results include:

- Participating nurses say that the features of technology they most desire are integration and interoperability across systems; bedside availability; portability; and hands-free capability, such as voice activation.
- Technologies to improve the practice environment include bedside entry systems that interface with medication, supply and equipment systems and "smart beds" that monitor patients' vital signs.

The Robert Wood Johnson Foundation is seeking comment on the outcomes of this project that has the capacity to improve the amount and quality of time that nurses are able to spend with patients. You can read the entire report and make your comments at: www.rwjf.org/grantsreport.

Wealthy and Healthy

A United Press International Report of a Gallup Poll conducted between January 1 and September 28, 2010, demonstrates that the more money Americans make, the better physical, emotional and fiscal well-being they report. A survey of 200,000 U.S. adults using a Well Being Composite Score comprised of 55 individual items that collectively measure physical, emotional and fiscal well-being indicates, that individuals making less than \$24,000 per year had a score of 57.2, a score of 67.7 among the middle class and a score of 74.3 among the wealthy. I guess there is something to be said for healthy, wealthy and wise...or at least wealthy and healthy.

Council Meetings at the Annual Conference

Members of the four RN-AIM Councils and others interested in joining these Councils met during the Annual Conference and Assembly. The Councils will be asked to report at the November 5, 2010, Board meeting and share the outcome of their discussions. Lists of members and other interested individuals will be shared with the Council Representatives so they can begin their work for the upcoming program year.

New Marketing Tool

Before the Annual Conference, Board members decided that in addition to the new banner highlighting RN-AIM and its strategic focus, that other item should be purchased to market our organization. Approximately 200 silver and blue pens with the organization name and website printed on the side have been purchased for member use. If you were not able to attend the conference, but would like a pen to advertise RN-AIM, let your Regional Representative know. Each of the representatives will be given a number of pens of pens to share with members at regional meetings or by request.

Using Data on Patient Race, Ethnicity and Language to Improve Care

It has been well-documented that in the United States, patients of specific racial and ethnic groups consistently receive worse health care than white patients, regardless of where they live, their level of income or their health insurance coverage. This often results in racial and ethnic minorities experiencing higher rates of illness and death than non-minorities. Additionally, doctors and hospitals are

often unaware that these disparities exist. Many believe that if they strive to give equal care to everyone they succeed.

It has been suggested the improving the equality of care can be accomplished by tracking data on the care patients receive based on their race, ethnicity and preferred language. The resulting data will help providers identify if and where disparities exist and develop programs to address them.

Two of the largest hospital systems on West Michigan are part of a new project called "Aligning Forces for Quality" that is evaluating care for 100% of coronary bypass grafting patients and 70% of health failure patients that are being tracked by race, ethnicity and primary language to determine if and where disparities still may exist and develop strategies to address them.

Nurses Speak Out

Several weeks ago, First Lady, Michelle Obama, welcomed a group of nurses to the White House and joined a conference call with more than 5,000 nurses from across the country to discuss the Affordable Care Act and the benefits of health reform. You can view the video of a roundtable discussion that took place with Mrs. Obama and several nurses invited to the White House at: www.whitehouse.gov/photos-and-video/video/2010/01/18health-care-conversation-nurses-round-table.

Two More Websites to Visit

I have just started receiving the Mayo Clinic Health Letter and recommend that you visit this information online at: www.healthletter@mayoclinic.com. Topics in the September issue include: Fast Track Surgery, Ultrasound Imaging, Double Vision, Hoarseness, and the Second Opinion page with a question and answer format. There are also special reports on Arthritis and Achieving a Healthy Weight.

The second website to visit is one from the Michigan Department of Community Health titled MIpain Management. This is a new publication from the department, which is Volume 1, Issue 1. It can be found at www.michigan.gov/pm. Use it to help identify conferences of interest to ensure that you receive your yearly credit on pain management and by reading the article in each issue.

And the Musing...

Michigan is at a crossroads now in terms of how the state will address the needs of its citizens in the coming administration.. Jobs are certainly an issue, but we need also to be aware of the erosion of preventive services in the state, both in terms of physical and mental health care. Maternal and child health care has been decimated in the past decade, losing 80% of funding to this vulnerable population and resulting in rising infant mortality and child abuse.

Be part of the solution by ensuring that your representatives and senators are aware of the health needs of our citizens, and that attention needs to be paid to those issues as well as education and corrections...which seem to be the only focus for many legislators.

Vote on November 2nd and become an active voice for your patients and your communities.

Mary Scoblic, Editor

POSITIONS AVAILABLE

On the next two pages, please find two position openings contracted positions within the Michigan Department of Community Health's Division of Family and Community Health under a new federal grant. Please refer to the postings for additional details.

Position Opening
Southeastern Michigan Health Association

POSITION TITLE: Program Coordinator, *Maternal, Infant, and Early Childhood Home Visiting Program*
Job Category – Exempt
Full Time with Benefits

SALARY: Up to \$32.00/hour, negotiable based on experience

LOCATION: Michigan Department of Community Health
Division of Family & Community Health, Child Health Unit
109 W. Michigan Avenue, Lansing, MI 48913

The Maternal, Infant, and Early Childhood Home Visiting Program is a federally-funded grant promoting the delivery of evidence-based early childhood home visiting services and the state and local infrastructures needed to support quality services and achieve outcomes for children and families. This contract position will serve as Coordinator and statewide consultant with responsibility for a highly complex major program initiative. For more information about Michigan's Home Visiting Program, see <http://www.michigan.gov/mihp> under Important News, or www.ecic4kids.org under Early Childhood Home Visiting Program. **Application Deadline: November 12, 2010**

REQUIREMENTS:	<ul style="list-style-type: none"> • Master's Degree related to public health, nursing, health education, public administration, etc. • At least four years of professional, post-master's experience as a consultant in a field related to public health. • Extensive knowledge and experience with public health, early childhood, and community organizations or agencies; experience with home visiting programs/services is highly desired. • Experience with statewide consultation in public health-related initiatives that are highly complex in nature. • Experience in the design, implementation, and evaluation of collaborative initiatives. • Experience with fiscal planning and policy development. • Ability to lead and work with diverse individuals and groups in a culturally and linguistically competent manner. • Excellent written and verbal communication skills. • Knowledge of grant management and implementation.
RESPONSIBILITIES:	<ul style="list-style-type: none"> • Work in close collaboration with the Project Administrator, coordinate with the Great Start System Team, its Home Visiting Workgroup and other subcommittees. • Act as a liaison to other state and local offices and agencies involved in home visiting efforts. • Provide guidance to other program staff and the Evaluation contractor to carry out their tasks. • Support the development and implementation of the Program's Updated State Plan. • Manage the day-to-day implementation of the evidence-based home visitation initiative at the state level. • Coordinate state-level collaborative activity, develop agreements, contracts, and policy relevant to project goals. • Participate in learning opportunities and apply research/information to support successful program implementation. • Assure that the initiative is focused and following the required work plan and timeframes.

Applicants must have a valid State of Michigan driver's license, and be presently authorized to work in the United States on a full time basis. E.O.E.

Mail or Fax resume and/or cover sheet to:
NO PHONE CALLS PLEASE

Elizabeth Lounds
MDCH
PO Box 30195
Lansing, MI 48909
Fax: (517) 335-8697

**Position Opening
Southeastern Michigan Health Association**

POSITION TITLE: Program Analyst, *Maternal, Infant, and Early Childhood Home Visiting Program*
Job Category – Exempt
Full Time with Benefits

SALARY: Up to \$22.00/hour, negotiable based on experience

LOCATION: Michigan Department of Community Health
Division of Family & Community Health, Child Health Unit
109 W. Michigan Avenue, Lansing, MI 48913

The Maternal, Infant, and Early Childhood Home Visiting Program is a federally-funded grant promoting the delivery of evidence-based early childhood home visiting services and the state and local infrastructures needed to support quality services and achieve outcomes for children and families. This contract position will serve as Program Analyst with responsibility to complete a variety of professional research and analysis assignments. For more information about Michigan's Home Visiting Program, see <http://www.michigan.gov/mihp> under Important News, or www.ecic4kids.org under Early Childhood Home Visiting Program. **Application Deadline: November 5, 2010**

REQUIREMENTS:	<ul style="list-style-type: none"> • Bachelor's Degree in any major. • At least one year of professional experience related to the responsibilities of this position. • Experience with public health, early childhood programs, and community organizations/agencies is required; personal or professional experience with home visiting programs/services is highly desired. • Developing knowledge of the principles of administrative management, including budgeting techniques, office procedures, and reporting. • Ability to analyze, synthesize, and evaluate a variety of data for use in program development and analysis. • Ability to prepare requests for proposals and program agreements. • Ability to organize, evaluate, and present information effectively. • Ability to learn and utilize computer processes. • Ability to prioritize assignments and duties. • Ability to work independently and manage time effectively.
RESPONSIBILITIES:	<ul style="list-style-type: none"> • Work in close collaboration with the Program Coordinator and Project Administrator, coordinate with the Home Visiting Workgroup and other subcommittees/staff. • Serve as the program liaison for central administrative services in areas such as budgeting, information technology, and/or human resources. • Help develop and submit the comprehensive state plan that reflects the Needs Assessment results. • Establish and monitor contracts for compliance with departmental policies and procedures related to grant program plans and budgets, track expenditures, recommend needed revisions. • Design, implement and document personal computer-based data collection, processing and reporting systems related to program implementation and reporting requirements. • Analyze on-going program operations and recommend modifications of policies and procedures to achieve greater efficiency and effectiveness. • Participate in learning opportunities and apply research/information to support successful program implementation

Applicants must have a valid State of Michigan driver's license, and be presently authorized to work in the United States on a full time basis. E.O.E.

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