



The Nurse's Cap

NEWSLETTER OF THE INDIAN HEALTH SERVICE HEROES



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ENJOY THE SUN!

**BY ARDITH ASPAAS, EMERGENCY
MEDICAL SERVICES FOR CHILDREN
NURSE CONSULTANT, INDIAN
HEALTH SERVICES
HEADQUARTERS**

Summer has officially started! That means family vacations, summer camps, evening walks, little league games, outdoor basketball, barbecues, fishing, camping, and swimming. Summertime is when some of the best memories are made.

In this issue the Division of Nursing Services highlights the importance of safety. Whether it is pool safety or the new National Patient Safety Goal (NPSG) 16, regarding health equity, we want to keep readers informed of ways to promote and secure the health and safety of the communities we serve.

Professional development is important as well. Take a moment to read a great article regarding APRN licensure and learn more about the University of Minnesota School of Nursing's new Doctoral Education Pathway for American Indian/Alaska Native Nurses.

6 TIPS TO POOL SAFELY ALL SUMMER

BY NIKKI FLEMING, SPOKESPERSON, U.S. CONSUMER PRODUCT SAFETY COMMISSION

Nothing says summer like a sunny day at the water, but before your family suits up and jumps in, make sure you are up to speed on the latest drowning prevention tips from Pool Safely, the U.S. Consumer Product Safety Commission's (CPSC) public education campaign.

Child drownings continue to be the leading cause of death among children ages 1 to 4 years old.

According to a recent CPSC report, between 2018-2020, an average of 371 children under 15 died by drowning in a pool or spa each year; 75 percent of those children were younger than 5, and 80 percent of these drownings occurred in backyard pools and spas.

CDC data from 2019-2021 show that Indigenous communities are particularly vulnerable, with American Indian and Alaska Native people under age 29 drowning at rates two times higher than non-Hispanic white people.



Despite this data, drowning is preventable. To protect your kids, it is important to follow Pool Safely's 6 simple safety tips while in and around the water:

1. Never leave a child unattended around water. To ensure each child is safe and accounted for, always designate an adult supervisor to act as a Water Watcher—even when a lifeguard is present.
2. Teach kids how to swim. Your local YMCA or parks and rec center are great places to register for free or reduced-cost swimming lessons.
3. Teach kids to stay away from drains and never enter a pool or spa with a loose, broken, or missing drain cover; their hair, limbs, jewelry, or bathing suits can get caught in drains and suction openings, causing dangerous entrapments.
4. Ensure all pools and spas have federally compliant drain covers per the Virginia Graeme Baker Act.
5. Install proper barriers like self-latching gates, pool door alarms, and non-climbable fences to prevent unsupervised children from accessing pools and spas.
6. Learn how to perform CPR on children and adults to intervene in case of emergency.

For more information about how to Pool Safely this summer, visit:

<https://www.poolsafely.gov/parents/safety-tips/>

PATIENT SAFETY CORNER

NATIONAL PATIENT SAFETY GOAL 16: IMPROVE HEALTH EQUITY

BY LCDR MICHELLE LIVINGSTON, MSN, RN, CNL, CIC, CCM, CPPS, NURSE CONSULTANT, PATIENT SAFETY, DIVISION OF PATIENT SAFETY, OFFICE OF QUALITY, INDIAN HEALTH SERVICE, HEADQUARTERS

The Joint Commission (TJC) is implementing a new National Patient Safety Goal (NPSG) on July 1, 2023. NPSG 16 aims to increase patient safety by improving healthcare equity.

What is healthcare equity?

According to the CDC, “health equity is a state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.”



Unfortunately, health disparities affect many communities, including the ones we serve. American Indians and Alaska Natives experience some of the highest levels of health disparities in the United States. The Indian Health Service recognizes the health disparities experienced by our communities and has started the work to level the playing field. The Office of Clinical and Preventive Services has been working to support community health needs assessments (CHNA) at all facilities and Headquarters, Office of Quality hosted a learning lab that supported service units as they developed quality improvement projects that worked to improve health outcomes by addressing social determinants of health (SDOH). For more information on CHNAs please visit the IHS website:

<https://www.ihs.gov/HPDP/communityhealth/>.

Access validated SDOH assessment tools: [AAFP Toolkit](#) and [Health Leads Tool](#).

PATIENT SAFETY CORNER (CONT.)

NATIONAL PATIENT SAFETY GOAL 16: IMPROVE HEALTH EQUITY

NPSG: WHAT YOU SHOULD KNOW?

NPSG 16 applies to all TJC accredited:

- Critical access hospitals and hospitals;
- Ambulatory health care organizations providing primary care within the “Medical Centers” service in the ambulatory healthcare program; and
- Behavioral healthcare and human services organizations providing “Addiction Services,” “Eating Disorders Treatment,” “Intellectual Disabilities/ Developmental Delays,” “Mental Health Services,” and “Primary Physical Health Care” services

NPSG REQUIREMENTS:

Specifically, there are six requirements organizations must meet as listed in the Elements of Performance (EP) for this standard:

EP # 1: Designate a Health Equity Leader

EP # 2: Assessment of Health-Related Social Needs and Resources Distribution
(documentation required)

EP # 3: Stratification of Quality/Safety Data with an Equity Focus (documentation required)

EP # 4: Health Equity Improvement Action Plan Development (documentation required)

EP # 5: Health Equity Focused Quality Improvement/ Implementation of the Action Plan
(documentation required)

EP # 6: Stakeholders Communication

For more information about NPSG 16: Read the Elements of Performance for this standard:

https://www.jointcommission.org/-/media/tjc/documents/standards/prepublications/effective-2023/hap_july2023_prepublication_report_npsg_health_care_equity_standard.pdf

Centers for Disease Control and Prevention (CDC). (n.d.). What is Health Equity? Retrieved May 19, 2023.
<https://www.cdc.gov/nchhstp/healthequity/index.html>

The Joint Commission (TJC). (n.d.). Publication requirements. Retrieved May 19, 2023.
https://www.jointcommission.org/-/media/tjc/documents/standards/prepublications/effective-2023/hap_july2023_prepublication_report_npsg_health_care_equity_standard.pdf

The Joint Commission (TJC). (n.d.). Health Care Equity Standard Elevated to National Patient Safety Goal. Retrieved May 19, 2023.
<https://www.jointcommission.org/standards/prepublication-standards/health-care-equity-standard-elevated-to-national-patient-safety-goal/>

STANDARDIZING LICENSURE TITLE

APRN SERIES PART TWO

BY PATRICIA SULLIVAN, DNP, APRN, FNP-BC, ADVANCED PRACTICE NURSING CONSULTANT, DIVISION OF NURSING SERVICES, INDIAN HEALTH SERVICE HEADQUARTERS

Nurse Practitioners (NP), Certified Nurse Midwives (CNM) and Certified Registered Nurse Anesthetists (CRNA) throughout the Indian Health Service may have an official state licensure title that is incongruent with the title established by law for the state they are working in. This discrepancy exists because, like many licensed healthcare providers, Advanced Practice Registered Nurses (APRN) may use any unrestricted state license to practice in any federal healthcare facility across the country. The Advanced Practice Registered Nurse (APRN) Regulatory Model (APRN-RM), through consensus, established the national standard for the legal general licensure title as Advanced Practice Registered Nurse (APRN). Once established, all state boards of nursing agreed to work toward changing this title officially into law.

Currently, 41 of 50 states have adopted the APRN title since the publication of the APRN-RM in 2008. The states that have not updated the title include- Washington State (Advanced Registered Nurse Practitioner- ARNP), Iowa (ARNP), Wisconsin (Advanced Practice Nurse Prescriber), Tennessee (APN), Alabama (APN), Virginia (Licensed Nurse Practitioner), Pennsylvania (Clinical Nurse Specialist-CNS, Certified Registered Nurse Anesthetist-CRNA, Certified Registered Nurse Practitioner-CRNP), New York (Nurse Practitioner), and New Jersey (APN). In addition, even though Nurse Practitioner is one of the four standard accepted categories of APRNs, some states refer to all APRN categories (CRNA, CNM and NP) in the general licensure title as Nurse Practitioner. However, these states link the APRN category (CRNA, CNM and NP) to the general license and maintain legal requirements for each APRN category to attain licensure. Review the implementation status of the APRN Consensus Model standards in the tracking maps [here](#).

The Division of Nursing Services is in the process of replacing the APN title in IHS policy and documents with the APRN title where appropriate, such as the Indian Health Manual and various agency documents. Since an individual must use the legal title of their state license, changing the APRN title in agency policy documents will not change the official title one uses in professional practice if it does not apply. At the Area and Service Unit level, if the opportunity arises to update the title to APRN in local policy and documents, this is an opportunity to make the change and portray an updated APRN practice environment using standard language.

[APRN Campaign for Consensus](#) | [NCSBN](#), www.ncsbn.org.

**This is the second article in a series featuring APRN practice history and policy changes over the years and relation to the Indian Health Service.

NURSE OF THE MONTH

APRIL 2023

Kelly Colton-Emke, RN, Health Information Manager and Privacy Officer, Seneca Nation Health System

Serving as a compassionate and knowledgeable nurse for SNHS for over 30 years, Ms. Colton-Emke exemplifies her commitment and honor in service to the Seneca Nation. Over the past year, she has been instrumental in scheduling and educating patients and staff while managing the Covid Vaccination Clinics of SNHS. Moreover, she spearheaded the PCMH certification and developed the quality assurance program at SNHS to improve quality of services and patient care.



CDR Dana Cash, MSN, RN, Emergency Department Nurse Manager, Claremore Indian Hospital

CDR Cash provides leadership and supervision for Claremore Indian Hospital's ED. Under her supervision, CIH received the 2021 IHS Director's Award for Covid-19 Pandemic Heroism. In addition, she has outlined CIH's operating budget for the ED, and now currently serves as a leader for CIH's task group on National Pediatric Readiness Quality Initiative and the task group initiative for earning a Geriatric Emergency Department Accreditation (GEDA).

MAY 2023

Christian Clarquist, RN, Director of Nursing, Lac Courte Oreilles Community Health Center

Ms. Clarquist is a compassionate and courageous nurse leader, who cares both for her patients and staff limitlessly. She supervised the distribution of 10,000+ Covid vaccine doses and saw the patient load double to 8100 visits in 2022. In addition, she fostered a seamless integration of a MAT program, increasing access to patients with OUD and substance abuse.

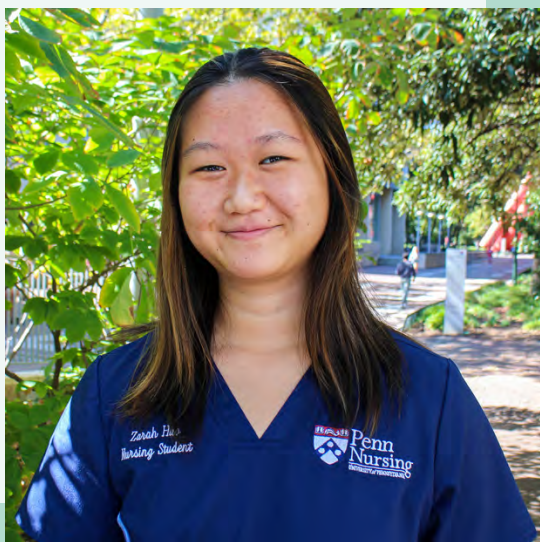


JUNE 2023

The Division of Nursing Services invites you to nominate a deserving nurse by using the nomination instructions posted on the [DNS website](#). This monthly recognition activity is open to nurses across the IHS, Tribal, and Urban Indian Organization health systems

GET TO KNOW THE DNS STAFF

ZARAH HUO, JRCOSTEP



I am interning with the Division of Nursing Services, Indian Health Service as a part of the Junior Commissioned Officer Student Training and Extern Program (JRCOSTEP) over the course of this summer. Currently, I am a third-year undergraduate student at the University of Pennsylvania pursuing my Bachelor's of Science in Nursing. I chose to pursue nursing after volunteering alongside nurses at Huntington Hospital in high school, where I became exposed to the humble and necessary work of these front-line workers. Going deeper than just trying to cure the disease at hand, nurses tend to a patient's emotional and psychological needs while standing with them through one of life's most

vulnerable moments. After graduation, I plan on working as a Registered Nurse in Emergency or Trauma and coming back to pursue my master's degree in nursing a few years down the line. My life-long dream, however, has been to serve on an international disaster relief team, traveling to and caring for individuals who have been affected by natural or man-made disasters.

WHAT IS COSTEP?

COSTEP (Commissioned Officer Student Training and Externship Program) is a program for full-time health-related students to train with active-duty officers of the U.S. Public Health Service. Junior COSTEPs serve for 31-120 days on active duty during their school breaks. Senior COSTEPs are for students entering their final year of school who commit to enroll in the USPHS Commissioned Corps upon graduation in exchange for receiving basic pay and allowances. Students in COSTEP will be assigned to one of the federal government agencies and programs, such as the Food and Drug Administration, Indian Health Service, Center for Medicaid and Medicare, National Park Service, Program Support Center, and Center for Disease Control & Prevention. COSTEP is a great opportunity for students to gain professional experience and training in their respective health-related field while furthering their education.

SCHOOL OF NURSING

UNIVERSITY OF MINNESOTA

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DOCTORAL EDUCATION PATHWAY FOR AMERICAN INDIAN/ALASKA NATIVE NURSES

The University of Minnesota School of Nursing's new Doctoral Education Pathway for American Indian/Alaska Native Nurses supports AI/AN nurses in completing a Doctor of Nursing Practice (DNP) or PhD degree at the University of Minnesota.

The holistic support provided for AI/AN nurses enrolled in the DNP or PhD program includes:

- Financial support for tuition and fees (amount will depend on funding received from the HRSA grant)
- Mentoring from AI/AN/Indigenous faculty
- Cultural community created through connections with other AI/AN/ Indigenous faculty, staff, and students across UMN campuses
- Peer support and mentoring
- Promote cultural identity through traditional gatherings and celebrations
- Both the PhD and DNP programs enable students to complete degree requirements from a distance. On-campus requirements for each program will vary, but can be as little as one time a year.

For more information, contact Jillian Rowan at berkl002@umn.edu



The graphic features the School of Nursing logo on the left, which consists of a stylized 'M' in maroon above the text 'SCHOOL OF NURSING' in black. To the right, a dark red box contains accreditation information: '#6 DOCTOR OF NURSING PRACTICE PROGRAM' and '#15 BACHELOR OF SCIENCE IN NURSING PROGRAM', both in white text, with 'U.S. News and World Report' in smaller white text below.



HAVE A

FUN AND

SAFE



SUMMER!

