

FALL EDITION • SEPTEMBER 2023

THE NURSE'S CAP

The Newsletter of the Indian Health Service Heroes



Prevention for Fall Activities

by Ardith Aspaas, BSN, RN, EMSC Nurse Consultant, Division of Nursing Services, Office of Clinical and Preventive Services, IHS Headquarters

As the last remnants of summer pass and the summer heat subsides, the Fall season ushers in cooler weather, back-to-school activities, warm drinks, and festive holidays. For nurses, this means increased appointments for sports physicals and immunizations. It is a great time to review infection prevention protocols, safety measures, immunization updates, and patient education, which is why the Division of Nursing Services has focused this edition on Prevention. We also would like to introduce our new team members to the division and remind everyone of two significant awareness months in October.



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Rock-A-Bye Safety: Sharing CPSC's Dos and Don'ts for Creating a Safe Sleep Space for Baby

by Consumer Product Safety Commission (CPSC)

From soft blankets and fluffy pillows to convenient carriers and soothing rockers, did you know that your nursery's coziest products might actually be its most dangerous? Since young babies can't lift their heads to avoid hazards, crowded sleep spaces and inclined gliders, rockers, and swings can become sudden suffocation risks in the few seconds it takes a little one to doze off.



Centers for Disease Control and Prevention data confirm this danger disproportionately impacts Indigenous communities, with Non-Hispanic American Indian/Alaska Native infants dying from accidental suffocation or strangulation in bed at rates twice as high than Non-Hispanic White infants.

Fortunately, these safe sleep tips can help to protect babies from these hazards. This Baby Safety Month, brush up on Consumer Product Safety Commission's (CPSC) dos and don'ts of baby sleep for peace of mind come tuck-in time:

DOs—

- ✓ Use products intended for sleep, including cribs, bassinets, play yards, and bedside sleepers that meet federal requirements
- ✓ Keep the crib bare with only a fitted sheet
- ✓ Lay your baby on their back to sleep
- ✓ Move your baby to a crib, bassinet, or play yard if they fall asleep elsewhere
- ✓ Check [CPSC.gov/Recalls](https://www.cpsc.gov/Recalls) for the latest product recalls and sign up for updates

DON'Ts—

- ✗ Don't add pillows or blankets to your baby's sleep space
- ✗ Don't allow your baby to sleep in an inclined product with an angle greater than 10°, such as a rocker, bouncer, glider or swing
- ✗ Don't leave your baby unsupervised in products that aren't designed for safe sleeping

For more tips, resources, and recall information to help the little ones sleep safe and sound, visit [cpsc.gov/SafeSleep](https://www.cpsc.gov/SafeSleep).

Patient Safety Corner

Infection Control and Prevention: A Central Component of Patient Safety

By Jimi Risse, BSN, RN, CIC, Infection Prevention and Control Coordinator, Division of Quality Assurance and Patient Safety, Office of Quality

Patient and workforce safety are at the heart of everything we do in healthcare. Infection control and prevention programs are a part of ensuring patient and workers are safe when receiving and delivering care within Indian Health Service (IHS). IHS is pleased to announce that the agency has published IHM Chapter 3-33, Infection Control and Prevention. The Office of Quality (OQ) is collaborating with key stakeholders to provide training and tools to assist Areas and Service Units in ensuring local policies and procedures are aligned with this new chapter. IHM Chapter 3-33 establishes the core program policies, procedures, and responsibilities required to ensure a comprehensive Infection Control and Prevention (ICP) Program exists at all IHS facilities and Service Units. This marks an important step in standardizing ICP programs agency-wide to meet nationally recognized standards and ensure the health and safety of our patients and workforce.



The next step in our commitment to advancing infection control and prevention in the IHS is to educate leadership and staff at the local, area, and national level about how to best support and assist with the implementation of IHM Chapter 3-33 at the local level to ensure compliance with all chapter requirements.

It is the responsibility of every IHS employee to comply with this IHM chapter and all subsequent local policies related to infection prevention and control.

To learn more about IHM Chapter 3-33 and other ICP topics, join the IHS Infection Control Coordinator, Jimi Risse, at monthly ICP Office Hours. ICP Office Hours occur at 1400 EST on the third Tuesday of every month. Email jimi.risse@ihs.gov to request a meeting invite.

IHS NATIONAL IMMUNIZATION PROGRAM

By Elise Balzer, IHS National Immunization Program, Division of Epidemiology and Disease Prevention

Greetings from the National Immunization Program!

You probably remember that this time of the year was previously called flu season. Now that we have safe and effective vaccines to prevent several respiratory illnesses, we are rebranding this time of the year as “Fall Respiratory Disease Prevention Season”. This broader focus will include COVID-19, Respiratory Syncytial Virus (RSV), and influenza (flu) vaccines that prevent patients from getting sick or hospitalized from these diseases.



The updated COVID-19 vaccines will work the same way as last year’s Pfizer, Moderna, and Novovax formulary vaccines to help our bodies develop immunity to the virus. We expect clinical recommendations on the updated COVID-19 formularies to come out mid-September. So, stay tuned for more information.

This year, we are fortunate to have two RSV vaccine products to protect patients 60 years and older through shared clinical decision-making. We also have Nirsevimab-alip, a long-acting monoclonal antibody to protect infants against RSV. Nirsevimab supply is expected to be available through the Vaccines for Children (VFC) program beginning in October.

Lastly, the recommended timing for provision of flu has not changed; everyone ages 6 months and older should get a flu vaccine. The only new update is people with egg allergies can now receive any flu vaccine (egg-based or not) that is otherwise recommended for their age group. We encourage sites to start vaccinating children, especially those who need two doses, as supply arrives in your clinics.

As nurses, you are the heart of disease prevention! With so many vaccines to manage this year, now is the time to setup or update systems and processes in your clinic to help prevent vaccine administration errors and ensure a smooth roll-out in this critical season. Nurses are a trusted source of information and advice in communities, and we are all so grateful for everything you do to protect patients from vaccine-preventable diseases!



APRNs and the Doctor of Nursing Practice

By Patricia Sullivan, DNP, APRN, FNP-BC, Advanced Practice Nurse Consultant, Division of Nursing Services

There is a rise in doctoral prepared nurses working in direct healthcare today. The increase stems from efforts related to the 2011 Institute of Medicine report titled “The Future of Nursing”, which called for the need to double doctoral prepared Registered Nurses (RN) by 2020 in order to meet the growing challenges in healthcare (Institute of Medicine, 2011). Since that time there has been a major expansion of Doctor of Nursing Practice (DNP) programs across the country. In 2010, there were 1,282 graduates from DNP programs and in 2019, 7,944. However, there are misconceptions about the degree, even amongst the nursing profession. This article aims to address a few of the more common misconceptions.

Question: If an individual has a DNP credential, does that mean they are a Nurse Practitioner (NP)?

Answer: No, the DNP credential stands for Doctor of Nursing Practice, earned when completing a DNP educational program. The DNP is sometimes mistaken to represent Doctor of Nurse Practitioner because NP is at the end of the credential. The NP credential is a separate credential from the DNP academic credential, although the NP curriculum may be part of a DNP educational track

Question: Are all DNPs, Advanced Practice Registered Nurses (APRNs)?

Answer: No, the DNP degree has many clinically focused pathways in addition to APRN tracks, including but not limited to, Public Health, administrative and leadership specific education tracks.

Question: What is the difference between a PhD versus a DNP degree?

Answer: Both a PhD and DNP are terminal degrees, the highest degree a nurse can earn. The PhD is a research-focused degree, generating new knowledge through original research using research methodology and the DNP is a clinical practice focused degree preparing nurses in clinical leadership and administration, using evidence to solve clinical problems to improve patient outcomes and translate research into practice. Of note, a nurse with the credential PhD may not hold the PhD in Nursing, whereas the DNP credential indicates the degree is in Nursing.

Click [here](#) for additional DNP facts.

References

Institute of Medicine. (2011). The future of nursing: Leading change, advancing health. Washington, DC: The National Academies Press.

American Association of Colleges of Nursing (aacnnursing.org), accessed 8/29/2023.



BREAST CANCER AWARENESS

Looking ahead to October, the Indian Health Service has a variety of activities planned to promote Breast Cancer Awareness Month with a focus on breast cancer prevention and screening. Breast Cancer is the most common cancer among Native Women and the second leading cause of cancer death. The best action against breast cancer is prevention and early detection. Become familiar with the American Indian and Alaska Native resources on the Indian Health Service Website and the American Indian Cancer Foundation. Use these resources to promote awareness to patients and staff. Participate in the planned activities for October and encourage others to do so as well.

Breast Cancer Patient Education Materials

[Cancer Prevention Infographics](#) | [Cancer Prevention \(ihs.gov\)](#).

[IHS Breast Cancer Fact Sheet](#)

[Breast Cancer Awareness at American Indian Cancer Foundation](#)

[Breast Cancer - American Indian Cancer Foundation](#)

Important Dates in October's Breast Cancer Awareness Month

The Indian Health Service Headquarters will be running a campaign with several activities and social media publications

- Plan to attend the Town Hall with the IHS Chief Medical Officer, Dr. Christensen and several guests, scheduled for **October 12, 2023** at 2pm Eastern Time.
- Participate in Indigenous Pink Day, **October 19, 2023**, a National Breast Cancer Awareness Campaign for Native people. Wear pink, share photos, plan local activities to spread awareness.

Be on the look- out for these planned activity announcements and many more.

OCTOBER IS DOMESTIC VIOLENCE AWARENESS MONTH

American Indian and Alaska Native individuals continue to be affected by domestic violence at alarming rates. Watch for the upcoming [IHS Blog](#) to raise awareness and efforts to prevent violence and to support domestic violence survivors. See the [IHS Forensic Healthcare](#) website for information and education, or click here to [join the IHS Forensic Healthcare LISTSERV](#).

NURSE OF THE MONTH



JUNE - CHRISTIAN CLARQUIST

Christian Clarquist, RN works at the Lac Courte Oreilles Community Health Center in the Indian Health Service (IHS) Bemidji Area. As the Director of Nursing, she inspires the next generation of nurses as she trains student nurses with patience and energy. She writes and re-writes policies and ensures the health center is executing the most up-to-date policies in accordance with requirements and national standards. In 2022, she supervised the distribution of over 10,000 doses of COVID vaccines.

JULY - CAPTAIN VICKIE CALDWELL

Captain Vickie Caldwell is from the Wewoka Indian Health Center in the IHS Oklahoma City Area. She has served as the Chief Nurse Executive (CNE) at the Wewoka Indian Health Clinic (WIHC) for the past 2 years and manages four departments: Nursing, Public Health Nursing (PHN), Infection Prevention (IP) and Employee Health (EH). She was a driving force in the COVID-19 efforts at WIHC and has steadily made improvements in her departments. These innovative changes have resulted in increased access to care, improved patient flow, increased GPRA measures, positive feedback from staff, decreased no-show rates, increased preventive health care, and increased staff productivity.



AUGUST - NATASHA FLURRY

Natasha Flurry, MBA, RN, CPPS, is the Chief Nurse Executive for the Clinton Indian Health Center in the IHS Oklahoma City Area. She has a keen eye for identifying talent and has implemented comprehensive training and development programs to foster the growth of the nursing staff. Through her efforts, Ms. Flurry has helped to cultivate a strong pipeline of nursing leaders who are equipped to handle the challenges of the healthcare industry. She provides guidance and support to her team, while also allowing them the autonomy to make decisions and take ownership of their work.



GET TO KNOW DNS

INTRODUCING OUR NEWEST TEAM MEMBERS!



Billie Jo Brown, MN, MEd, BA, BSN, RN
Forensic Nurse Coordinator, Division of Nursing Services, Office of Clinical and Preventive Services, IHS Headquarters

Billie Jo Brown, MN, RN, is Aaniiih (Gros Ventre) and Nakoda (Assiniboine) from the Ft. Belknap Indian Community in north-central Montana. Billie is married and has two sons (14 and 23) who are also Northern Cheyenne. Billie is excited to join the Indian Health Service Division of Nursing Services team as the Forensic Nurse Coordinator. Prior to becoming a Registered Nurse, Billie enjoyed a career as a Biomedical Sciences and Mathematics educator within Montana's Tribal College system.

She coordinated K-12 teacher professional development, and facilitated academic support for American Indian nursing students. After returning to nursing school in 2007 for a Bachelors of Science in Nursing from Montana State University in Bozeman as a student in the Caring for Our Own Program (CO-OP). Billie's nursing career across the Crow, Northern Cheyenne, and Ft Belknap reservation communities include various areas of nursing service, including forensic nursing and leadership. Combining education and nursing along with a Master of Nursing (MN) degree with an emphasis in Nursing Education, Billie served as a nurse educator with Aaniiih Nakoda College's Grow Our Own Associate of Science in Nursing education program. Recently, Ms. Brown has provided administrative and leadership support as Director of Nursing at Fort Belknap and Crow Service Units as well as Deputy CEO at Fort Belknap, both within the Billings Area Indian Health Service.

Theresa Tsosie-Robledo MS, RN-BC
Public Health Advisor/PHN Grant Coordinator, Division of Nursing Services, Office of Clinical and Preventive Services, IHS Headquarters

Theresa Tsosie-Robledo started her IHS career in 1982 as an Associate Degree Nurse graduate in Shiprock, New Mexico. In 2019, Theresa retired as a USPHS Commissioned Officer after 30 years of service with IHS. Much of her career has been devoted to public health. The last 10 years was in the Office of Information Technology (OIT) working with nursing informatics. In 2020, after her retirement and when COVID-19



started, Theresa worked with the New Mexico Department of Health and New Mexico Indian Affairs to assist the Nations/Tribes/Pueblos in New Mexico with their mitigation efforts. During this time, she was also a member of a taskforce to study New Mexico's public health infrastructure and recommend strategies for improvement. Theresa is happy to be back with IHS to support the PHN Grant program and is also currently in the Doctor of Nursing Practice (DNP) program at the University of Minnesota.

GET TO KNOW DNS...CONTINUED

INTRODUCING THE NEW DNS DIRECTOR!

Dr. Johanna Gorman Bahe, DNP, RN

Director, Division of Nursing Services, Office of Clinical and Preventive Services, IHS Headquarters

Dr. Johanna Gorman Bahe, DNP, RN, an enrolled member of the Navajo Tribe, serves as the Director of the Division of Nursing Services (DNS) of the Indian Health Service (IHS). The IHS, an agency within the U.S. Department of Health and Human Services, is the principal federal health care provider for American Indians and Alaska Natives. As the director of DNS, Dr. Bahe provides leadership, direction, and technical expertise in planning, development, implementation and evaluation of clinical, preventive and public health nursing programs throughout IHS. She collaborates, and assist Tribes to protect and enhance the core functions of public health and to assure the most efficient and effective integration of I/T/U programs into overall health care design to meet current and future needs of American Indians and Alaska Natives.



Dr. Bahe began her career with the IHS as a clinical nurse in Obstetrics in September 1996, her clinical nursing practice includes working with patients of all ages, from newborn care to geriatric nursing. She is SANE trained and was involved with the SANE program in Chinle. Dr. Bahe also held positions as a House Supervisor, a Supervisory Nurse for the Pediatric inpatient, Assistant Chief Nurse Executive, and the Chief Nurse Executive during her tenure at the Chinle Service Unit.

While at the Chinle Service Unit she served as the Acting Navajo Area Nurse Consultant and as the Acting Chief Executive Officer. During the COVID-19 Response/Recovery she served as the Operations Section Chief and was responsible for collaborating with local, tribal, state, and national, stakeholders to ensure smooth and safe operations of clinical and public health services. During her time at the Service Unit she established the Patient Transport Program, as a response to the urgent need for interfacility transport of patients and lead the implementation and opening of the temporary helipad for Chinle hospital.

Dr. Bahe received her Bachelors of Science degree in Nursing from University of New Mexico, Albuquerque, NM; her Masters of Science degree in Nursing with an emphasis in Clinical Systems Leadership from the University of Arizona, Tucson, Arizona; and her Doctor of Nursing Practice – Nurse Executive Organizational Leadership from the University of New Mexico, Albuquerque, New Mexico. Her research during her doctoral program was focused on End of Life Care on Navajo.