

THE NURSE'S CAP

Newsletter of the Indian Health Service Heroes



SPRING FORWARD!

by Ardith Aspaas, Emergency Medical Services for Children Nurse Consultant,
Indian Health Service Headquarters

Spring is in the air! The days are getting longer, the weather is warmer, and the house is looking like it is in need of a good cleaning. Spring cleaning is one of those processes that helps to reset and refresh the mind, body, and home.

While you spring clean your home, do not forget about work. Decluttering your work space, updating policies/guidelines, cleaning up patient registries, or renewing certifications are ways to improve your work process to keep you primed to deliver safe, quality patient care.

This edition of The Nurse's Cap, shares news from our agency and federal partners. The Wellness Corner is back and features an article on clean eating. The second article discussing Social Determinants of Health continues to promote our understanding of this important topic. We are also excited to share Part 1 in a series from Advanced Practice Nursing, the Nurse of the Month recipients, and news from Forensic Nursing.

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IHS NATIONAL E3 VACCINE STRATEGY

by Matthew A. Clark, MD, FACP, FAAP Chief Medical Officer, Alaska Area Native Health Service, IHS Chair, IHS National Pharmacy and Therapeutics Committee (NPTC)

In the battle against vaccine-preventable infectious diseases, it is clear that nurses, public health nurses, and maternal and child health nurses stand on the front line-administering vaccines across the age spectrum. Nowhere is this truer than at our federal, tribal and Urban Indian Organization sites in the Indian Health Service.

In the wake of the COVID pandemic with its direct and indirect impacts on individual and community health in tribal communities, immunization rates have fallen substantially. As we seek to renew our commitment to preventive care, the IHS is equally committed to making vaccination our clinical and public health prevention priority.

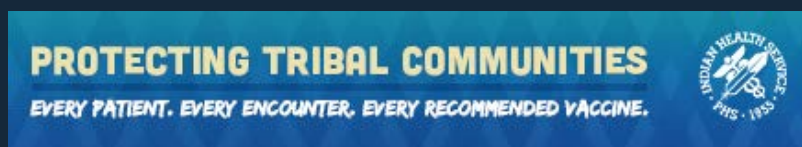
The IHS National E3 Vaccine Strategy, announced by Dr. Loretta Christensen on November 17, 2022 is intended to ensure that **EVERY patient at EVERY encounter is offered EVERY recommended vaccine, when appropriate.** This includes all ACIP-recommended vaccines for all age groups, whether routine vaccines or those

recommended in response to a public health emergency.

Our E3 Champions Challenge seeks to encourage innovation, incentivize effort, and recognize success as we work to cross-pollinate the I/T/U system of care with best practices and lessons learned. The IHS is actively seeking E3 Champion pilot sites to develop strategies at the unit, facility, and tribal community level that advance E3 goals to reduce rates of vaccine-preventable illness by increasing vaccine rates in Indian Country.

The IHS E3 Operational Plan, including the E3 Champions Challenge and a preliminary Resource Bank (which will be growing in the coming weeks) are all now available online.

The decline in routine vaccination rates across Indian Country is a call to action for nurses and other IHS healthcare professionals to renew our commitment to the value of immunizations, administered every day in every facility and tribal community, to help protect our vulnerable service population.



The Patient Safety Corner

Written by Lieutenant Commander Michelle Livingston, MSN, RN, CNL, CIC, CCM, CPPS, Nurse Consultant, Division of Quality Assurance and Patient Safety, Indian Health Service Headquarters

Building the Future Strategically

Patient and workforce safety is at the heart of everything we do in healthcare. They are also Indian Health Service (IHS) priorities included in the agency work plan. The Office of Quality (OO) is collaborating with key stakeholders on strengthening patient safety agency-wide. The next step in our commitment to patient safety is to develop a unified, system-wide, patient safety program that provides oversight to our facilities and areas with standardized policies, processes, tools, and training that increases safety for patients and the workforce. A solid, strategic foundation is the pillar of building the structures needed to strengthen patient safety. The Total System Safety and Quality (TSSQ) Strategy was developed in December 2022 by our agency subject matter experts on patient safety in collaboration with IHS National Combined Councils, the Chief Medical Officer (CMO), and Area Directors. The Institute for Healthcare Improvement Framework for Safe, Reliable and Effective Care and the 17 recommendations in four domains put forward by the National Action Plan to Advance Patient Safety helped establish foundational documents in the strategy development. The TSSQ strategy provides the roadmap to strengthen patient safety, enterprise-wide and identifies the aims, goals, and objectives of the agency's patient safety program. The TSSQ Strategy aligns with the HHS Patient Safety initiative, The National Healthcare System Action Alliance to Advance Patient Safety, and utilizes the most up-to-date resources and terminology in the patient safety field.

The next steps in further developing the agency's patient safety program are to work with our facilities to conduct patient safety program assessments to collect data, identify trends, guide strategy implementation, and project prioritization. These efforts support the agencies' enterprise risk management program and allow us to stratify and prioritize the management of identified risks.



PUT CARBON MONOXIDE SAFETY AT THE TOP OF YOUR SPRING CLEANING LIST

by Nicolette Nye, Spokesperson, Consumer Product Safety Commission

It's time for spring cleaning, and the U.S. Consumer Product Safety Commission (CPSC) urges you to put carbon monoxide (CO) safety at the top of your spring cleaning to-do list. CO alarms save lives! So make sure your CO alarms are working, test them each month and replace their batteries if needed. If you do not already have CO alarms, this is the time to install them.

Known as the "Invisible Killer," CO is a colorless, odorless, poisonous gas. According to the Centers for Disease Control (CDC), more than 400 people die each year in the United States from CO poisoning. Sources of CO poisoning at home can include portable generators used during power outages, a car running in the garage, charcoal grills, fireplaces and faulty, improperly-used or incorrectly-vented fuel-burning appliances such as furnaces, stoves and water heaters.

Protecting your family from CO poisoning is easy. Deaths are preventable.

- Install battery-operated CO alarms or CO alarms with battery backup on every level of your home and outside sleeping areas. Interconnected CO alarms are best; when one sounds, they all sound.



- Have your home heating systems (including chimneys and vents) inspected and serviced annually by a trained service technician.
- Never use portable generators inside homes or garages, even if doors and windows are open. Use generators outside only, at least 20 feet away from the home and point exhaust away from inhabited buildings or other places where carbon monoxide could accumulate.
- Never bring a charcoal grill into the house for heating or cooking. Do not barbeque in the garage.
- Never use a gas stove, range or oven to heat your home.
- Know the symptoms of carbon monoxide poisoning: headache, dizziness, weakness, nausea, vomiting, sleepiness, and confusion. If you suspect CO poisoning, get outside to fresh air immediately, and then call 911.

For more information, visit [CPSC's CO Safety Education Center](#).

Keep dangerous recalled products out of your home; check for [recalls](#) on CPSC.gov.

What's in a Name? Social Determinants of Health, Health Related Social Needs, and Social Risk Factors

by Captain Jana Towne, RN, BSN, MHA, Nurse Consultant, Division of Diabetes Treatment and Prevention, Indian Health Service Headquarters

Social Determinants of Health (SDOH), social risk factors, and health related social needs (HRSN) are terms used to describe the impacts that social factors have on health. Expanding understanding that social factors may be responsible for 50-80% of health outcomes (University of Wisconsin, 2022) is bringing these terms to the healthcare forefront. Additionally, health care systems are becoming increasingly engaged in HRSN screening and intervention, spurred by potential population health gains and new regulatory and accreditation requirements from the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC).



Though these terms surrounding SDOH are often used interchangeably, it is worthwhile to examine the differences and to develop a common understanding of their meanings within the IHS.

Social Determinants of Health

SDOH are “the conditions in which people are born, grow up, live, work and age and the wider set of forces and systems that shape the conditions such as economic policies and systems, development agendas, social norms, social policies and political systems” (WHO, 2021). Examples include available nutritious food; safe, affordable housing; transportation availability; access to education; neighborhood safety; and economic opportunities. SDOH are the underpinning systemic factors within communities and environments that either result in or impede health.

Social Risk Factors

When there is inequity of distribution or experiences of SDOH in a community or population, this can create adverse social conditions and characteristics, which make it more likely that an individual may experience negative health outcomes. These social risk factors are experienced at the individual level and are defined as “specific adverse social conditions that are associated with poor health” (Alderwick & Gottlieb, 2019). Examples include lack of access to nutritious foods, unstable or poor quality housing, social isolation, or problems paying for utilities.

Health Related Social Needs

As health care systems, including the IHS, increase the use of screening tools, it is important to keep in mind that the presence of social risk factors does not guarantee the presence of unmet social need(s) or HRSNs. Establishing whether an individual or family is currently experiencing a need related to a social risk factor or desires assistance will require a patient-centered approach to shared decision making and the identification of the patient’s priorities.

Additional Resources:

1. University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2022. Retrieved April 7, 2022. www.countyhealthrankings.org.
2. Green, K. & Zook, M. (2019). When Talking About Social Determinants. Precision Matters. Health Affairs Blog. October 29, 2019. Retrieved March 3, 2023. <https://www.healthaffairs.org/doi/10.1377/forefront.20191025.776011/>

The Wellness Corner

Written by Lieutenant Sandra McCabe, RDN, Nutrition Specialty Consultant, Phoenix Indian Medical Center, Phoenix Area Indian Health Service

Clean Eating

The internet is a vast pool of endless information, and we all get caught going down a rabbit hole to learn about the latest trends, even diet trends. You may have even seen a pop-up ad for clean eating. What is “clean eating”? How do we know what is considered clean or dirty?



“Clean eating” has been around longer than you think. Clean eating always has been promoted by healthcare professionals. They called it healthy eating or having a balanced diet. Clean eating is not a new diet trend; it encourages more nutrient-dense foods like fresh fruits, non-starchy vegetables, lean protein sources, healthy fats, whole grains, and less processed foods high in saturated or trans fats and added sugars. Selecting healthier food options such as fruits, vegetables, and whole grains can increase fiber, improving our gut and heart health. Clean eating does not mean emptying our pockets to buy organic. Simple changes to our food choices or meals can improve our eating habits. Try plating half your meal plate with non-starchy vegetables at lunch or dinner, or add some vegetables with scrambled eggs at breakfast. At lunchtime, switch the ham and cheese sandwich with chips for a tuna sandwich on whole wheat bread with a side of baby carrots. Avoid the long lines at the trendy coffee & tea shop. Instead, try brewing a large batch of green tea at home, and add fruit for a unique blend—leaving out all the added sugars or sugar substitutes used in the marketed tea blends. Another tip, if you forget about the fruits and vegetables you bought a week ago at the grocery store, try placing the fruits and vegetables at eye level in your refrigerator and storing less healthy food options on the bottom shelf.

Eating less fast foods, sugary beverages, sweets or desserts, red meats, and processed meats can lower cholesterol levels which means less build-up in your arteries, allowing the heart to work better. Clean eating can also reduce blood sugar levels, lowering the risk for pre-diabetes and diabetes, thus, providing a cleaner bill of health.

Forensic Nursing News

by Nicole Stahlmann, MN, RN, SANE-A, AFN-BC, FNE-A/P

Forensic Nurse Consultant, Division of Nursing Services, Indian Health Service Headquarters

Fresh, Crisp, and Clean. Spring is in the air with forensic nursing.

The DNS team is in spring cleaning mode, have you cleaned off your forensic nursing desk? Let's work together to clean off your desk and dust off the forensic nursing scope and standards of practice, national best practices, education guidelines, competency validation tools, and training standards. There is no time like the present to ensure our team of forensic nurses are confident and competent in their practice, ensuring a patient-inclusive, trauma-informed approach to provide services to our community. Listed below are some helpful resources for day to day forensic nursing practice that I found while cleaning off my desk, please feel free to contact me for additional resources at Nicole.Stahlmann@IHS.gov.

- Indian Health Manual, Part 3 - [Parts and Chapters | Indian Health Manual](#) (ihs.gov)
- [Forensic Nursing Scope and Standards of Practice, 2nd Edi.](#)
- National Best Practices for Sexual Assault Medical Forensic Examinations – [Adult/Adolescent](#) and [Pediatric](#)
- [National Training Standards for Sexual Assault Medical Forensic Examiners](#)
- International Association of Forensic Nurses (IAFN) [Forensic Nursing Education Guidelines](#), which includes a competency validation form
- [Caring for the Sexually Assaulted Patient when there is No SANE in Sight](#) – free training with 2 CEs

April is Sexual Assault Awareness Month (SAAM) and National Child Abuse Prevention Month (NCAPM). If your program has an event planned showing support and awareness, share it with us so we can highlight the event on social media or in the week in review.

Forensic Healthcare Funding Opportunity

The Division of Nursing Series is pleased to announce the recipients of the forensic healthcare funding opportunity. DNS is looking forward to supporting these forensic nursing health care providers and programs, and ensuring resources such as patient-centered, trauma-informed medical forensic examinations are available to all American Indian and Alaska Native patients.

- [Chinle Comprehensive Health Care Facility's Sexual Assault Program - R.I.S.E.](#)
- [Billings Area IHS](#)
- [Great Plains Area IHS](#)
- [Lawton Indian Hospital](#)
- [Northern Navajo Medical Center](#)
- [Whiteriver Service Unit](#)



APRN Series Part 1 - An Overview of the Advanced Practice Registered Nurse Consensus Model

Patricia Sullivan, DNP, FNP-BC, APRN, Advanced Practice Nursing Consultant, Division of Nursing Services, Indian Health Service Headquarters

The Advanced Practice Registered Nurse (APRN) Consensus Model (ACM), published in 2008, is the fundamental document that sets national standards for APRN practice across the United States (US) in the areas of education, accreditation, certification, and licensure. Developed by the APRN Consensus Model Work Group and the National Council of State Boards of Nursing (NCSBN) APRN Advisory Committee, the ACM addresses the variances in APRN requirements from state to state. Since 2008 many states have made progress by adopting the ACM standards. The enactment of state laws allowing unrestricted APRN practice in many states has been attributed to the ACM, leading to increasing APRN recognition and utilization.

The progress toward national uniformity is found on the [NCSBN website](#). The tracking maps are organized into the six categories of ACM requirements.

1. All four APRN roles are recognized- CRNA, CNM, CNS, CNP (45/50 states)
2. APRN title (41/50)
3. APRN recognition through licensure (36/50, however, the other states recognize APRNs through licensure equivalents such as certification with some exceptions).
4. Education- a graduate or postgraduate certificate in one of the four APRN categories is required to practice in the advanced role (all states meet this requirement)
5. Certification- National board certification in the area of education in one of the four APRN categories is required to practice in the advanced role (all states meet this requirement)
6. Independent Practice and Independent Prescribing, delineated by role, are broken down separately because some states authorize independent practice but require a consulting physician for controlled substance prescribing; some states allow independent practice and prescribing for some roles but not others.

Nineteen states have achieved the ACM goals for all four APRN roles - with the highest score of 28 representing this achievement. The desired outcomes of APRN uniformity across the US are quality care delivery and improved access to care. The work continues in many states to achieve the ACM standard in all categories for all four APRN roles. Read the full [ACM implementation summary](#) (updated 9/2022).

**This is the first in a series of DNS newsletter articles featuring APRN practice history and policy that have shaped APRN practice over the past twenty years in and out of Indian Health Service.

NURSE OF THE MONTH

“The best way to find yourself is to lose yourself in the service of others” -Mahatma Gandhi

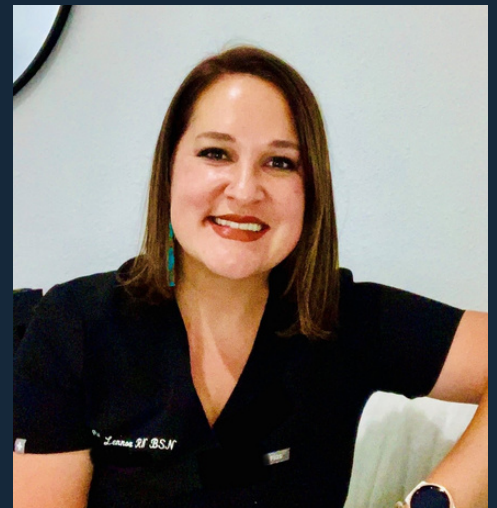
January 2023

D'Loni Little Sun, RN, BSN, from the Western Oregon Service Unit in the IHS Portland Area. D'Loni Little Sun serves as a Nurse Clinical Care Coordinator and department lead for the care team at Chemawa Indian Health Center. D'Loni played a significant role in the development and implementation of a social determinants of health screening tool, which she and her care team received the Innovation's Project Award from the Office of Quality for 2021/2022.



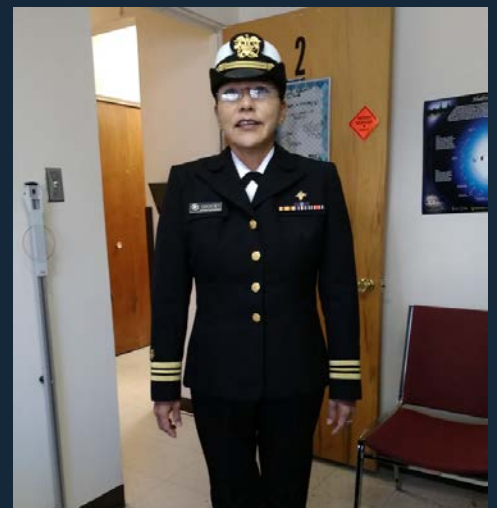
February 2023

Anna Lennox, BSN, RN, SANE-A, from the Whiteriver Service Unit in the IHS Phoenix Area. In her role as the Sexual Assault Nurse Examiner (SANE) Coordinator, Anna Lennox developed a SANE program that provides around the clock coverage for patients in need of sexual assault medical forensic services presenting to the Whiteriver Service Unit Emergency Department.



March 2023

CDR Sharlene Todicheeney, RN, from the Gallup Indian Medical Center in the IHS Navajo Area. She is a HIV Nurse Specialist at Gallup Indian Medical Center. CDR Todicheeney provides compassionate care to patients in the clinic and during home visits. She coordinates home visit outreach and manages the patient care database for the Navajo Area IHS sites.



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 DNS Staff

by Stacey Dawson, PhD, MSN, CNM, Captain, Retired, Women's Health Consultant, Indian Health Service Headquarters

“IF YOU WERE TO CLEAN OFF YOUR DESK RIGHT NOW, YOU WOULD BE SURPRISED TO FIND...”

A sheep picture and figurine. These items bring memories of my maternal grandma and my mother's stories about her time spent with my maternal great grandma as they watched over the livestock and the happy times spent with her sister as they would herd the sheep in the canyon. An obvious necessity, but such peaceful times that must have been.

-Tina Tah

A few pieces of Halloween candy (being placed into the trashcan), and few books that I have been meaning to start reading – The Light We Carry by Michelle Obama, My Life in Full by Indra Nooyi, and Just Pursuit by Laura Coates.

-Nicole Stahlmann

An old name stamp, buddy badges, and a shift report sheet. These are leftovers from my early new graduate nurse days working in the hospital. I also have a flashlight for emergencies.

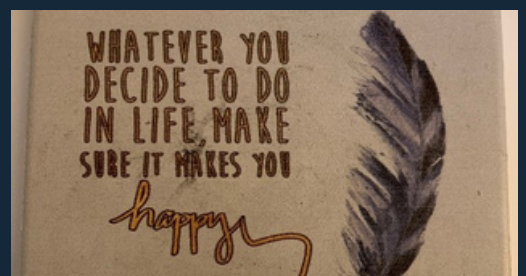
-Ardith Aspaas

A ceramic coaster from a dear former co-worker and friend. It serves as a daily reminder for me to choose the paths that lead to happiness.

-Stacey Dawson

The former/late Secretary of Defense, Ashton B. Carter challenge coin. I have a display on my desk with coins received and this one is the most significant to me which was received for initiatives I was part of in my prior workplace that prompted a first time ever visit to our headquarters by a Secretary of Defense for him to get a first-hand glimpse at the initiative and acknowledgement to those involved.

-Trish Sullivan



Get to Know DNS Staff continued

This poem that was gifted to me by my staff in 2003, I served as the Outpatient Supervisor at the Santa Fe Indian Hospital, it was my first assignment in a supervisory role. As I prepare for retirement with 30 years of service, I still read this poem and feel uplifted and ready to take on the world. I challenge all nurses to never quit and to always remember that the work we do is important and impactful.

- Captain Carol S. Lincoln

