



ELIM FAITH COMMUNITY NURSE CONNECTION

August 2017

Joanne Hall, Director of Elim Care Faith Community Nursing

"Helping you to help others"

7485 Office Ridge Circle, Eden Prairie, MN 55344-3690

952-259-4461, Joanne.Hall@elimcare.org

I am the Lord, the God of every person on the earth. Nothing is impossible for Me. — Jeremiah 32:27

Max Lucado writes: "We need to hear that God is still in control. We need to hear that it's not over until He says so. **We need to hear that life's mishaps and tragedies are not a reason to bail out. They are simply a reason to sit tight.** Corrie ten Boom used to say, "When the train goes through a tunnel and the world gets dark, do you jump out? Of course not. You sit still and trust the engineer to get you through. God is in control. Even before time began He was in control. Throughout eternity He will remain in control."

Faith Community Nursing News to Share:

- ♥ **Shelly Rock**, who has been the Director of the St. Croix Valley Faith Community Nurse Program at Lakeview Health in Stillwater, MN shares: "Our family is moving to Iowa in August and I am leaving my position at Lakeview. I have so appreciated the opportunity to work with all of you. I love my job and am going to miss it very much. Life is an adventure though so I am excited for next steps and would appreciate your prayers during this time of transition. My last day is August 3rd. Jennifer Agen, (who was the FCN at Rockpoint Church in Stillwater), has been hired as our new director." The Elim FCN ministry is grateful that Shelly will retain her position on the Elim FCN Advisory Board!

♥ **FCNs have had discussions** regarding what may be a safe course for babies & toddlers in our nurseries at church. We do not know if there are children who have not been immunized for measles, etc. Is the current epidemic strong enough to have a policy regarding unimmunized children? Is it safe for them to be in the nursery? A local MN physician responded as follows: “Anyone who is born before 1957 or immunized with 2 doses of MMR, *should* (not is) be immune to measles. There have been a few cases of measles acquired in individuals who have had one or two doses of the MMR. For nursery and VBC, I would recommend: Anyone who is exhibiting signs that may be associated with measles and has not received both MMR immunization doses stay home from the day(s) events. Anyone who has or has not received the MMR immunization and has been around someone known to have measles not attend the day(s) events. Signs of measles: Fever, cough, watery eyes, and/or runny nose. There is a characteristic rash that develops later. The MMR immunizations is safe and is recommended by the CDC/MDH. The most common objection for parents not wanting their child to have it is related to the MMR’s relation with Autism. One may google David Wakefield MMR to learn of the origin of this misinformation.”

♥ **August—National Immunizations Month Immunization**, or vaccination, helps prevent dangerous and sometimes deadly diseases. To stay protected against serious illnesses like the flu, measles, and pneumonia, adults need to get their shots –just like kids do. **August is National Immunization Awareness Month** and it is a great time to promote vaccines and remind family, friends, and coworkers to stay up to date on their shots. For the tool kit, visit <https://healthfinder.gov/NHO/AugustToolkit.aspx>

♥ **Jill Weisenberger, Sanford Affiliated FCN shares** the following nuggets from the Caring Professional Conference: *Nurturing the Caregiver*, recently offered by Avera in Sioux Falls.

- During a person’s difficult times, we need to trust that our presence is enough, that we should follow their lead, and be willing to sit in silence with them as they process, instead of talking and rushing them through it.
- Don’t always offer a Kleenex, but always have it available for them! Offering it may tell them we expect them to quit crying and move on.
- Don’t assume they want our input. Let them know “If you have space, I have some thoughts, but it’s ok to say no if you don’t have space right now.”
- Silence is God’s lap: A place to face what they have to face, but not alone.
- Focus on the good in front of us. We don’t have control over much, but we do have control over our thoughts. FEAR (False Expectation Appearing Real) — expecting we will never feel joy again.

- We can feel joy and sorrow at the same time, but we won't know joy until we've also met/dealt with sorrow. Those hints of joy come when we recall what first brought us joy and go back to that.

♥ **Lois Ustanko, BSN, MHA**

Director of Faith Community Nursing and Health Ministries at Sanford Fargo shares:

Nursing Code of Ethics: Some with an eye to Washington have commented, "that behavior is so unethical". As I pondered these situations and behaviors I thought about the revisions to the Nursing Code of Ethics that occurred a few short years ago. In fact, 2015 was themed the "Year of Nursing Ethics". I'm grateful to **Agnes Harrington** who did a beautiful synopsis let us know what changes had been incorporated into the revised Code of Ethics for Nurses. Her **comments are below:**

"As we are coming to the end of the year, 2015, we reflect on the emphasis that has been seen in nursing circles regarding the new updates made in our code of ethics. Will this first revision since the code of 2001 provide us with the necessary material to deal with the real world issues we encounter? Will it provide us with the skills to analyze them adequately?"

The code of ethics is designed to provide the legal and ethical guidelines for all members of the nursing profession. This code is the structure that provides foundational values and answers questions about what do to in many situations. (1)

Many authors today cite the 1950 code as the "first code of ethics". While this was the first formal code adopted by the ANA, there had been discussion for many years regarding the relationships of the nurse to numerous entities including, the patient, medical personnel, institutions, personal self and the profession. Indeed, this writer remembers studying early writings that dealt to a great extent on nursing etiquette which included areas like the length of the uniform and deference to the physician when he came on the ward. (Note the description: "he"). As the 20th century evolved, interpretations placed emphasis on relationships and accountability toward patients was perceived to be of high value. Advances in health care along with addressing life and death encounters have become every day environmental situations for today's nurse. The adage used for many years in ethical situations: "because you can do something, should you?" is a daily occurrence in many arenas.

In order to adequately address these issues, the ANA began initial consideration of a revision of the 2001 Code of Ethics in 2010. In reviewing the revised code of 2015, it, like the 2001 code, is divided into 9 provisions, which are considered general moral principles. The provisions are then divided into 3 categories. A brief synopsis, noting the changes between 2001 and 2015 is included for your information. Hopefully it may be an impetus for individual nurses to consider reviewing the entire statement.

- Provisions 1 – 3: Sets up guidelines for professional relationships and sets up fundamental guidelines for respect and kindness for others. The first provision regarding compassion refers to “individuals” and is not limited to patients, thus extending to colleagues. (2) This emphasis is seen in frequent publications today regarding bullying in the workplace.
- Provisions 4 – 6: Provides guidelines for care. This includes being accountable for our own self-care along with our responsibility to make decisions and provide optimal care. Emphasis on the moral environment at work is included.
- Provisions 7 – 9: Considers global and community health issues and has the expectation that nurses will make their voices heard. The role of the nurse in research and scholarly inquiry is perceived as an ethical obligation. It is expected that nurses collaborate with other health professionals as well as the public in providing for social justice and social reform within health policy. (2)

It should be emphasized that this code, like others before it is not static. As society transitions, with technological advancements and cultural changes, we must anticipate that these guidelines are not absolute or completely free of conflict and ambiguity. We will need to be prepared for change and adaptation for future generations of nurses.

References:

Epstein, B, Turner, M (May 31, 2015) “The Nursing Code of Ethics; It’s Value, It’s History” *OJIN, Vol 20, No 2, Abstract*

Howard, Cynthia, (2015), 2015: The Year of Nursing Ethics, Retrieved September 2015, [Http://www.nursetogethr.com/2015-year-nursing ethics](http://www.nursetogethr.com/2015-year-nursing-ethics)

- ♥ **FCN Scope and Standards Update: April 28, 2017** The American Nurses Association’s Committee on Nursing Practice Standards (CNPS) and the ANA Board of Directors have approved the content submitted by the Health Ministries Association (HMA) work group for revision of the *Faith Community Nursing Scope and Standards of Practice*. The committee provided accolades to the work group for the attention paid to the refinement/expansion of content requested and specifically commented on a new section written on moral resilience. This third edition now moves into the publication phase of the project. It is projected that copies of printed books and electronic copies will be available in early July. Cost for this edition will be: \$32.95 general public price and \$27.95 discounted price for ANA and HMA members.
- ♥ **Faith Community Nurse Practitioner is New Specialty:** Dr. Joan Nathan writes, “Faith Community Nurses are made up of faith-based professional registered nurses who serve their organization in a wholistic manner. A new AANP (American Association of Nurse

Practitioners) specialty is Faith Community Nurse Practitioner and networking will help them grow in such service.” Dr. Janie Owens has started a FaceBook page for these nurses.

Mark your calendars now!

Metro Area events

- **July 26-Elim FCN Network Gathering (invite attached)**
- **August 11 Elim Care Twin Cities Golf Classic**
 - Golfers of all ages and abilities are invited to join in the fun of the *2017 Twin Cities Golf Classic! The tournament is hosted by Elim Care, Camp Shamineau, and the NCD.*
 - **When:** Friday, **August 11.** Check in begins at **7:00 a.m.** and play begins with a shotgun start at 8:00 a.m.
 - **Where:** [The Links](#) at Northfork in Ramsey, MN.
 - **Cost:** The registration fee is \$100 and includes a light breakfast, 18 holes of golf, cart, prizes, contests, and lunch. Registration and further details will be coming.
 - **Proceeds will go to Elim Care senior ministries at Elim Shores in Eden Prairie, Redeemer Health Care and Rehab in Minneapolis, New Harmony Care Center in St. Paul, Cornerstone Assisted Living in Plymouth, the youth ministries of Camp Shamineau, and the overall missions of the NCD.**
 - *Don't forget! If your church has three paid golfers, your pastor golfs for free!* To take advantage of the "pastors play for free when you pay for 3" offer, please contact us at 952-259-4500.

- **August 23- Elim FCN Network Gathering at Elim Care Office in Eden Prairie**
- **August 27-29 - [Sabbath Rest Retreat](#), Timber Bay Retreat Center**
- **September 11-12, 2017 NCD EFCA Encore Fall Retreat, , Camp Shamineau**
- **FCNs in St. Cloud:** They will have Deborah Ziebarth, MSN ED, RN, PhD(c) Manager of Research and Special Projects, International Parish Nurse Resource Center, present “A Transitional Care Model Using Faith Community Nurses” on **September 12, 2017** at Heritage Hall in St. Joseph MN. 9:30, registration, program 10 am-3:30 pm. Flyer coming soon. This is the same topic presented to Fargo FCN in March 2017—if you were unable to attend then you might consider attending in St. Cloud.
- **October 3-4, 2017 NCD EFCA Fall Teaching Conference, (NOTE: Tues-Wed) Camp Shamineau. Speaker: Doug Huffman, Talbot School of Theology**
- CentraCare Health is offering the **End of Life Series: “The Four Things That Matter Most”** and **“A Leadership Series” on October 10th and 11th, 2017.**
- **SAVE the DATE!! November 8, 2017 Elim Care Fall Workshop at New Hope Church**
- **2018 North Central District Conference, April 9-10, Constance EFC, Andover, MN**

Other Midwest events

- **18th Annual Health Ministry Conference: Save the Date-** The 2017 conference *The Loneliness Epidemic: Connecting Health and Faith* sponsored by the Sanford Faith Community Nursing Center in Sioux Falls will be **Friday, November 3rd** from 8:30 am—3:30 pm. Keynote presenter is Dr. Carla Persisinotto of the University of California, San Francisco. Dr. Perissinotto will be delivering three keynote addresses at the conference focusing on the science of loneliness; the impact of social isolation on health; loneliness across the lifespan, and innovative local and faith community solutions. For questions call (605) 333-1382.

National Events

- **Nurses Christian Fellowship** International Caribbean and North America Region is excited to announce our **2018 regional conference, *Infusing Hope in Nursing: A Christian Perspective, July 19-22, 2018*** at Azusa Pacific University, Azusa, California. This conference for nurses, students, and educators will be reasonably priced with discounts for NCF/USA members. Watch for upcoming information!

Faith Community Nurse RESOURCES

National Health Observances

For a list of upcoming National Health Observances, click <http://healthfinder.gov/nho/Default.aspx> This site allows you to identify observances by month and has links to toolkits associated with the various observances.

AUGUST EVENTS

- Children's Eye Health & Safety Month
- **Immunization Awareness Month**
- Medic Alert Awareness Month
- Psoriasis Awareness Month

Evidence Based Care-Blood Pressure Management:

Faith Community Nurses can have a profound impact on reducing negative health outcomes associated with hypertension. The FCN can monitor blood pressure readings, coach individuals on lifestyle changes and ensure compliance with prescribed medications. **Medication adherence is critical to successful hypertension control** for many patients and is associated with cardiovascular outcomes. However, only 51% of Americans treated for hypertension follow their

health care professional's advice when it comes to their long-term medication therapy according to information provided by the Million Hearts campaign.

Adherence matters. High adherence to antihypertensive medication is associated with higher odds of blood pressure control, but non-adherence to cardio-protective medications increases a patient's risk of death from 50% to 80%. As a health care professional, you can empower patients to take their medications as prescribed. Effective two-way communication is critical; in fact, it doubles the odds of your patients taking their medications properly.

When guiding individuals ensure that they know their target blood pressure.

Consider asking these questions to get a discussion going related to the actions they are taking to manage their blood pressure:

- What have you been doing since our last visit to control your blood pressure?
- What concerns you the most about your high blood pressure?
- What specifically would you like to work on to manage your high blood pressure?
- How confident are you that you could do [behavior] to help control your blood pressure?
- What might get in the way or keep you from being successful?
- What do you think would make it easier to control your high blood pressure?



TipSheet_HCP_Checlist.pdf



TipSheet_HCP_Med Adherence.pdf

- ✚ Look for **four** new spiritual care articles in the [July/Sept JCN](#) addressing these topics:
 - how spiritual/religious beliefs impact medication adherence;
 - help with disease coping;
 - Clinical Nurse Specialist support of spiritual care;
 - an integrated strategy for teaching spiritual care to nursing students

Spiritual care expert Amy Rex Smith wrote the [FAQs in Spiritual Care](#) column about caring for the “spiritual but not religious” (SBNR) patient. The Barna Group has done extensive research on those who [love Jesus but not the church](#), as well as [the SBNR](#) in America. The first group is disenchanted with the church; the second with religion. The former hold to Christian beliefs but do not find value in the church as a component of that belief. The latter have primarily rejected religion and prefer to define their own boundaries for spirituality—often mixing beliefs and practices from a variety of religions and traditions. However, both groups represent people outside of the church who have an internal leaning toward the spiritual side of life.

✚ **Annette Jesh**, Parish Health Ministries Program CentraCare St. Cloud Hospital shares this new resource: You will see this effort called **Juniper** in all of the Minnesota Area Agencies on Aging (AAA's) which are leading a transformative effort to improve community health by changing the culture toward self-managed health and well-being in MN. **See the attached flyer.**

Enjoy the summer months!

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Joanne

Joanne Hall, RN, BN
Faith Community Nurse
Director of Faith Community Nursing
Elim Care Ministries
7485 Office Ridge Circle
Eden Prairie, MN 55344
Joanne.hall@elimcare.org
Direct 952.259.4461
www.elimcare.org