



PNAM Newsletter

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Visibility, Viability, Vitality

Fall 2018

PNAM Receives Community Service Award

By Carmelita de Guzman Meitzler, BSN, RN, Assistant Treasurer

Congratulations PNAM for a job well done! As a member, it is with pride and joy knowing that PNAM received the Community Service Award given by the Filipino American Community Council (FILAMCCO), host of the annual Rizal Day gala. The award recognizes individuals and organizations that exemplify commitment to serve the community in a variety of activities, hence making the Filipino American community visible as an important member of the American mainstream. PNAM was the only organization that received the award for 2018 from FILAMCCO's Rizal Day gala.



Lt. to Rt: Elena Laboga, Lulu Rodriguez, Vicki Atillo, Reggie Laput, Trinie Alair, Sofy Bole, Carol Santiago and Sonia Mawilai

“Ang Kabataan ang Pag-asa ng Bayan” (The Youth is the Future of this Nation) was the theme of the 2018 Rizal Day celebration held on December 29 at the Suburban Collection Showplace in Novi. This is an annual gala celebrating the Filipino culture and heritage specifically honoring the Philippines’ greatest national hero Dr. Jose P. Rizal. Highly educated and cultured, he risked his life for the sake of freedom of his countrymen by advocating social reform and educating the Filipino people. He wrote two novels: *The Social Cancer* (Noli Me Tangere) and *The Reign of Greed* (El Felibusterismo) when he was study-

ing abroad in Europe. He also wrote a poem *My Last Farewell* (Mi Ultimu Adios) while imprisoned at Fort Santiago. He was executed by a firing squad on the morn of December 30, 1896 for his stoic belief in educating the Filipinos and advocating for social reform through equal representation in governance.

Several youth groups displayed their talent through folk dances, music and songs. Youth participation is an integral aspect of educating the young Filipino Americans with their cultural heritage. Members and friends who attended to represent PNAM were Trinie Alair, Ellen Laboga, Carmelita and Tom Meitzler, Sonia and Hank Mawilai, Vicky Atillo, Reglita Laput, Lulu Rodriguez, Sofy Bole, Simonette Elgert, Josie Paluay and Carol and Leo Santiago. Thank you all for supporting the PNAM well on this historical and cultural celebration. ♦



Lt to Rt: Vicki Atillo, Reggie Laput, Trinie Alair, Carmelita Meitzler and Simonette Elgert



Sharing the PRIDE at the Executive Board Meeting on January 15, 2019 at PACC



Deducing Inspiration from the Mind of the Famed

By Sofia Espada Bole, BSN, RN, CCRN, Advisory Council Member

Invictus is a Latin word meaning unconquered, invincible, never vanquished or subdued. It is also a title of the poem written by William Ernest Henley, English poet of Victorian era England. The most famous phrases from the last two lines of his poem are *“I am the master of my fate, I am the captain of my soul.”*

His poem entitled *Invictus*, focuses on the human spirit and its ability to overcome adversity. It gives awareness to those who find themselves in trying situations and find solutions to get out of darkness by gaining strength and courage for resolve. He wrote the famous poem in 1875 while in the infirmary but was not published till 1888.

He was sickly since age 12 suffering from tubercular arthritis, TB of the bones (Potts Disease). While in the Edinburg Infirmary, he faced adversity with a positive attitude, took it as a challenge to overcome his debilitating condition. He lost his left leg through amputation from the knee down. He saved his right leg by refusing surgery, instead sought alternative treatment.

Henley’s vivid imagery is strong symbolizing night as a symbol of hopelessness, a depressive medium where the soul is lost however, he refused to give in. He had a clear intention to survive against all odds. He believed that the individual is in control of his/her own destiny. He experienced pain and distress for many years as well as long hospital stay. He went through several years of discomfort and chronic pain. The poem’s message has universal appeal, that it does not matter who you are, believer or not, you can overcome dark times by being brave and never losing faith in your own soul’s strength.

I chose this analogy secondary to its strong message of conviction in the strength of the human spirit and its quest for success and better predicament. On the same token, it is also applicable to an organization like the Philippine Nurses Association of Michigan (PNAM). It is governed by professional nurses coming from different settings of basic life’s foundation and professional training. Our commonality lies in the fact that nursing principles have universal applications in healthcare and most of our members and founders are adventurers, daring the uncertainty of life in the USA when we migrated many years ago.

As members of PNAM for many years, we have come to love the association in good and in challenging times. We have ebb and flow of good times and challenging ones, nevertheless, when our integrity and existence is at stake, we fight to the core for survival to maintain Viability, Vitality and Visibility.

PNAM as an organization approaching its 47th year of existence, we have survived multiple assaults in the professional and healthcare arena, a quintessential quality to reach this far. Our passion to serve and defiance to reject that which is non-beneficial for its integrity and survival is a potent tool to ensure viability in order to serve our members well.

Emulating the essence of Henley’s most popular lines in the fourth stanza, we the PNAM can now say: **“We are the Master of our Fate, we are the Captain of our Soul.”** Simply stated, PNAM counts on us members to ensure its existence through just, fair and honest governance with integrity in order to serve both Filipino and American communities well through the ages of time. To the PNAM, Mabuhay (Long live)! ♦

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My Message to Members and All

Trinie Cuevas Alair, BSN, RN, President 2018-2020

Greetings to the Philippine Nurses Association of Michigan (PNAM) members, family, friends and colleagues! Welcome to the Fall 2018 issue of the PNAM newsletter. I hope you had a great summer and now ready to appreciate autumn's charm with all its beauty.

As we welcome the new season, PNAM is actively engaged in more activities:

October 4, 2018, was Filipino American National Historical Society (FANHS) celebration where some of our members participated; it was held at PACCM.

October 8, 2018, Community Outreach Partnership in Gubat, Sorsogon where Simonette Pura Elgert and her family are partners.

October 20, 2018, Health and Wellness Fair held at the Philippine American Cultural Center of Michigan (PACCM) organized by PACCM and National Alliance to Nurture the Aged and the Youth (NANAY) in partnership with PNAM and World Medical Relief (WMR).

November 3, 2018, PNAM had two tables at the World Medical Relief's 65th Gala Night.

November 4, 2018, Educational Offering on Human Trafficking and National Adoption Awareness. Jane White from the State of Michigan Task Force was the invited speaker. James Wilson talked on Adoption Awareness. This was cohosted by four organizations: PNAM, NaFFAA, Kahirup, and PACCM.

December 1, 2018 was the PNAM Christmas Party, chaired by Hilda Kittinger assisted by Connie Sumalde. There were 172 attendees including children who found delight in Santa's coming.

December 29, 2018, Rizal Day hosted by Filipino American Community Council (FILAMCCO). PNAM was the only organization that received the Award for its invaluable service to the Filipino American community. Two tables of PNAM members and spouses represented the association.

In the last three years, 2017, 2018, 2019, PNAM partnered with the Philippine American Medical Mission Foundation of Michigan (PMMFM) by taking charge of the Breast Cancer Awareness for Filipino Women in Tacloban, Leyte; San Jose, Nueva Ecija and Legazpi City, Albay respectively.

For year 2017 and 2018, PNAM had a grant from Eastern Michigan University through FILAMCCO to fund the Breast Cancer Awareness Program. In compliance with our goal for Advocacy, this year 2019 PNAM voted to continue the Community Outreach on Breast Cancer Awareness Project. PNAM sponsored and funded the Breast Cancer Awareness for Filipino Women to be aware that prevention and early detection save lives.

It is my pride and joy to say that PNAM is very active at the national level through PNA America (PNAA) and PNA America Foundation (PNAAF). Currently, two members: Dr. Annie Vista is the Executive Director of PNAAF, and Martha Cabarios, Treasurer. Martha was also Past Treasurer of PNAA for two terms. Other members who served PNAA included: Remy Solarte, Past President and Founding Member of PNAA; Leonor Mandap, Past Secretary; Theresa Cruz Cabanilla, Past Auditor. Sofy Bole, Past PNAA Vice President NCR, Past Treasurer for two terms, Board Member, and Assistant Treasurer.

I take this opportunity to express my gratitude to the PNAM Executive Board, members, families, friends for their support. It is our Team Effort that counts what PNAM is today and where it is going. We will continue to serve the community in concordance with our mission. Lastly, I invite all Filipino American nurses to be members of PNAM, our prestigious professional nursing organization. Better opportunities abound through professional networking. Keep shining and God Bless! ♦



PNAAF 5th International Collaborative Conference

By Annie A. Vista, Ph.D., MS, RN, PNAAF Executive Director and Education Committee Member

The Philippine Nurses Association of America Foundation (PNAAF) hosted a very successful International Collaborative Conference (ICC) in Davao City, Philippines, the hometown of President Rodrigo Duterte. It was held on January 25-26, 2019. It was co-sponsored by Ateneo de Davao University School of Nursing headed by Dean Patria Manalaysay and PNA Davao Chapter led by President Patrick Soria. The theme of the conference was *"Quantum Leap for the Future: Pathway of Quality into Education and Practice."*

The opening day featured Councilor Jesus Joseph Zerobrado, who represented the scheduled guest speaker Mayor Sarah Duterte, who could not make it. He welcomed the dele-



gates and highlighted the new Universal Health Care: Health for All and All for Health, of President Duterte. PNAAF President Merlita Velasquez also welcomed the delegates and proudly announced the realization of the PNAA/PNAAF Legacy Headquarters and inauguration during the July 2018 annual convention. Others who welcomed included Dean Patria Manalaysay and PNAA president Madelyn Yu. Undersecretary Roger Tong-An represented Dr. Francisco Duque III, Secretary of the Department of Health (DOH). He gave the keynote address with the theme *"The State of Health in the Philippines."* He stressed the main agenda such as New Framework and Guidelines – Formula One Plus for Health; Nursing Certification to teaching and training hospitals to improve competency in various specialties; Chief Nursing Officer in DOH; Qualification Standards for Nursing Positions to ensure consistency and uniformity; and Meritocracy and Excellence in Human Resource management.



Awarding of plaques and certificates to Speakers

Board of Nursing (BON), and Dr. Carmelita Divinagracia, current BON member delivered powerful presentations on Transformative Philippine Nursing Education and Outcome based Curriculum update, respectively.

There were many plenary speakers with a panel of reactors that made the conference unique and interesting. Students, Educators and Hospital-based Nurses were very focused on the interactive, and very innovative sessions. Arthur Cantos, Director of Bayani Nurse Consulting Center and PNAA President Madelyn Yu presented *"Advocacy"* and Cantos spoke on *"Communication Competency."*

Youthful but innovative and inspiring speakers were: Dr. John Michael Dellariarte, creator of water disinfecting system, solar reflector for rural communities, and original umbrella that protects against harmful effects of the sun; and John Paul Maunes, who is a staunch advocate of persons with disabilities.



Lt to Rt: Dr. Chris Sorongon, Phoebe Andes, Dr. Carmencita Abaquin, Dr. Annie Vista, Dr. Carmelita Divinagracia, Madelyn Yu, Merlita Velasquez, Dr. Patria Manalaysay, Nancy Hoff and Dr. Maria Gonzalez

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The Importance of Clinical Documentation Integrity

By Concepcion Deocampo Sumalde, MBA, BSN, RN, CCDS, PNAM Board Member

The Clinical Documentation Integrity (CDI) program is used by hospitals with the purpose of ensuring excellent patient care and patient safety by accurate Medicare Severity Diagnosis Related Group (MS DRG) or All Patients Refined Diagnosis Related Groups (APR DRG) assignment. The program is implemented to improve the concurrent physician documentation of the medical records. CDI is the recognized process of improving healthcare records to ensure improved patient outcomes and data quality. The process that focuses on written documentation so that it accurately and completely reflects the patients' condition, the severity of illness, and risk of mortality; moreover, the services patients receive. Physician documentation is important, hence making certain that accurate DRG assignment is captured.



The ICD 10-CM (International Classification of Diseases, Tenth Revision, Clinical Modification) is a system used by physicians and healthcare providers to classify and code all diagnosis, symptoms and procedures performed in conjunction with hospital care in the United States of America. It provides details needed for diagnostic specificity and morbidity classification in the USA. ICD 10 is published by World Health Organization and uses unique alpha-numeric codes to identify known diseases and other health care problems. The patient is assigned to only one DRG per hospitalization. The DRG is based on the patient's principal diagnosis, the procedure performed, and co morbid conditions.

Successful clinical documentation integrity programs facilitate accurate representation of patients' clinical status that translates into coded data. The convergence of clinical documentation and coding processes is important to a healthy revenue cycle and more important to a healthy patient.

The role of a CDI specialist is to help an organization to accurately reflect the patients' severity of illness, the risk of mortality, quality of patient care, and make precise reports of diagnosis and procedures. A CDI specialist helps ensure that the events of the patients' encounters are captured accurately and the electronic health record properly reflects the services rendered. A CDI professional acts as an intermediary between inpatient coders who translate diagnoses and the healthcare providers.

A CDI specialist can be either be a person who can work well when teamed up with others as part of a hybrid staffing model (i.e., HIM professionals, nurses, physicians and other healthcare professionals with a clinical or coding background) or a multidisciplinary staffing model (i.e., RNs, physicians, physician assistants and HIM professionals all review the health record concurrently and communicate with providers) to enhance documentation specificity.

The department of CDI is a unique department that is different from other departments of the hospital. To differentiate its service, the department focuses directly on the attributes of its services. It is a special department that initiates concurrent and subsequent reviews of inpatient medical records for conflicting or incomplete documentation. Because physician documentation is crucial in many areas, several hospitals have struggled to define the scope of their clinical documentation programs. Some hospitals combine the tasks and responsibilities of CDI specialists, coders, and case managers as complex roles.

The CDI specialist focuses only on accurate diagnosis related group capture.

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Organization's Good Governance is a Combined Effort Towards a Common Goal

By Sonia Tariao Montano, BSN, RN, CCP, Advisory Council Member

There is no single definition of “good governance” and my reference sources have used the term with so much flexibility that this writer will attempt to describe it as a key to the success of an organization. This can be understood through the published words of the renowned football coach Vince Lombardi. Mr. Lombardi led the Green Bay Packers to five NFL championships and two Super Bowl titles and was quoted as saying “**The achievements of an organization are the results of the combined effort of each individual.**” (Dan Monarko, June 7, 2012). Governance, in order to be good, must consist of a committed team, the right mix of board members, responsive to both the present and future needs of an organization, sensible in policy and decision making and takes into account the best interests of all members.



The website non-profitinformation.com, May 21, 2014, posted common mistakes of failing non-profits that fit into the following categories:

- Not having a qualified leader who has a desire to perform right, sincere, confident, goal-setter with organizational skills.
- A poorly designed website that does not display clearly its mission and without effective content.
- Poor planning and record keeping. Plan of actions is not specific to get funds for viability.
- Poor money management does not evaluate “wants versus needs.”
- Knowledge of tax and filing it.

These common mistakes may be just the tip of the iceberg, easily visualized, but the other causes are hidden underneath the bowl and cannot be seen by the Board Members. When everything is in order we don't perceive our flaws but during trouble times we feel it. Maybe the reason behind this is because “good governance” is viewed as a recipe for success for it abides by **the Rule of Law** requiring implementation by an impartial board.

Good governance requires the right ingredients:



- A culinary artist to provide the **leadership** and accountability, effectively stirring the board meetings, implementing **transparent** practices and governance policies. Good governance requires the Board and members to be aware of their roles and responsibilities and what is expected from them and master their resources: Bylaws, Policies, its own Standard Practices and that of the state where they are incorporated. Any decisions by the board must be in compliance with established policies and procedures.

- **Accountability.** When a volunteer serve as a Board member of a non-profit, that person accepts the responsibility to act with the duties of good faith, due care and loyalty. It also comes with accepting the potential liability for failing to perform the duties when a board member took the Oath of Office. It is common knowledge that in an organization, some board members do not understand their roles. It is up to the leader and her team to correct their lack of awareness by setting up a basic orientation process and create an action plan after the orientation.
- **Effective oversight** through policies and procedures that they are followed by the members, a common omission in good governance. Among the most usual governance policies is **Conflict of Interest**. According to Wikipedia, a conflict of interest could be a state of affairs during which

someone or organization is concerned in multiple interests, monetary or otherwise and serving one interest may involve operating against another. There should be a policy to protect the organization's interest and it should outline rules and must address and resolve it before any actual damage is done. It also requires members to report to the Board any possible existence of conflicts. A non-profit organization is not required to have a “ **whistleblower** ” policy in order to be tax exempt, but the IRS considers having such a policy a good governance so assets will be used consistently with its exempt purposes.

- **Efficiency.** Stirring the board meetings in good governance also includes the adoption of meeting minutes that record discussions and actions and keeping these minutes in a binder. Documenting nothing is not an acceptable alternative, but a familiar problem in all organizations. Meeting minutes are legal documents that show accurately the board's decisions, making them as useful tools to review, measure progress and show the best use of resources, both financial and manpower. Minutes clearly records whose duty is it to perform which action and the due date of completion.
- **Culture of inclusion, participation and diversity.** Diversity refers to differences in personalities, age, gender, race, marital status, ethnic origin, education and many other secondary qualities. According to <http://charitylawyerblog.com/2009> customarily, an organization is initially started by founders who were friends, who came from the same region, same schools or the same neighborhoods and then subconsciously used this approach in recruitment of members leading to the “usual suspect syndrome.” This develops because some leaders only trust a small number of members to handle key projects since they are capable and willing to do what was needed. Organization leaders must consider mixing its talent pool to produce a cast of different skills, experience and backgrounds. Sometimes over reliance on the same members will burden the team and lead to reduced productivity. A leader must trust and train some other people outside of her “usual suspects” circle.
- **Consensus-Oriented and Responsiveness.** The Board's process must understand and serve the best interests of the entire stakeholders and make decisions collaboratively in a way that respects all members. Every idea is welcome.

The absence of a universal definition of “good governance”, a good recipe for success, can lead to trial and error or a disaster. How can a non-profit, professional organization be sure that it is governed well and ready to handle challenges? There is no certainty, but each member is critical to the overall success of an organization, each separately responsible for their **fair share**. ♦

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Let's Make a Difference: Advocate for Census 2020!

Let us participate in Census 2020. More people counted could mean more money and power for Michigan residents at home and in Washington. Census survey determines how to allocate spending for many federally funded programs; determines legislative districts and ensures accurate representation in Congress. It is the foundation for important data products and projections for the rest of the decade. Census is a key information source for all groups and stakeholders.

Community Outreach Partnership

By Simonette Pura Elgert, MA, BSN, RN, CNML, PNAM Board Member

During my Florence Nightingale Campaign in 2017, aside from raising funds to support scholarship for deserving Filipino students aspiring to be nurses (through PNAM), I also made a promise to my supporters that regardless of the award's outcome, I will sponsor a number of needy school children residing in Gubat, Sorsogon in Bicol Region. This is my late father's hometown.



Rural school children walking on rice paddies to school

Giving back to the Filipino school children has always been in my bucket list for many years now. The idea came to mind after watching a show that featured conditions of some remote public schools, where students have very limited school supplies.

My goal: To promote education by way of supporting some of the indigent school children in the Philippines by providing them with school supplies essential to their learning. This was accomplished on October 8, 2018 by supporting an entire grade. I partnered with the PNAM so we can call it also our project together. PNAM funded \$200.00 plus a total of \$130.00 from the Executive Board members. Thanks to the PNAM as well as my fellow officers for partnering with me and my family. ♦



What is Medical Marijuana?

Medical cannabis or medical marijuana is cannabis and cannabinoids that are prescribed by physicians for their patients. The use of cannabis as medicine has not been rigorously tested due to productions and government restrictions resulting in limited clinical research to define the safety and efficacy of using cannabis to treat diseases. Preliminary evidence suggests that cannabis can reduce nausea and vomiting during chemotherapy, improve appetite in people with HIV/AIDS and reduce chronic pain and muscle spasms.



Short-term use of cannabis is not devoid of side effects that include dizziness, feeling tired, vomiting, and hallucinations. Long term effects are not clear, but concerns include memory and cognition problems, risk of addiction, schizophrenia in young people, and the risk of children taking it by accident. The Cannabis has a history of medicinal use dating back thousands of years in many cultures. Some medical organizations have requested removal of cannabis from the list of Schedule I controlled substances, followed by regulatory and scientific review. Others oppose its legalization, such as the American Academy of Pediatrics.

Medical cannabis can be administered through different methods: capsules, lozenges, tinctures, dermal patches, oral or dermal sprays, cannabis edibles, vaporizing or smoking dried buds. Synthetic cannabinoids are available for prescription use in some countries such as dronabinol and nabilone. Countries that allow use of whole plant cannabis include Australia, Canada, Chile, Colombia, Germany Greece, Israel, Italy, Netherlands, Peru, Poland, Portugal, and Uruguay. In the United States, 33 states and Washington DC have legalized cannabis for medical purposes beginning with the passage of California's Proposition 215 in 1996. Although cannabis remains prohibited for any use at federal level, the Rorabacher-Farr amendment was enacted in December 2014, limiting the ability of federal law to be enforced in states where medical cannabis has been legalized. ♦

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Perspectives of the Executive Director

By Annie A. Vista, PhD, MS, RN, PNAAF Executive Director 2011-2019, Chair Building and Development; Task Force Chair, Legacy Headquarters; and PNAM Past President and Adviser

An extraordinary and compelling request from the Philippine Nurses Association of America Foundation (PNAAF) President Ernesto Rosas to become his Executive Director (ED) in 2011 made me perform a self-introspection. What qualities did he see in me? Do I have the necessary qualifications to be a good and an effective Executive Director? I searched for the bylaws and reviewed the responsibilities of the position before I agreed.



The responsibilities of the appointed Trustee include:

1. Chairing the Development Committee
2. Facilitates the development of the organization's strategic business plan and is responsible for its implementation and follow-up
3. Will have special privilege of no term limit with some restrictions
4. Serves as Chief Executive Associate to the PNAAF President and the PNAAF
5. Serves in an Ad- Hoc and/or Standing Committees as designated by the President
6. Represents the PNAAF in the community and other organizations as designated by the President
7. Performs other duties as designated by the President

As Chair of the Development Committee (now called Building and Development Committee), I spearheaded a team of interested, committed, and experienced Trustees to embark on a long but successful journey of realizing our dream of owning a PNAA/PNAAF Legacy Headquarters. Fundraising is the key component of the committee's task. Our strategic plan had to be carefully planned, monitored, and evaluated to ensure positive outcome. The president regularly made a presentation about the goal of the Legacy Headquarters in every Regional Conference and PNAA Annual Convention. To confirm and to involve the membership of this plan, I designed a Monkey Survey regarding the building. This was published in the website of PNAA/PNAAF and distributed in the Regional and Annual conferences. The membership approved the acquisition of a building and chose a site: New Jersey as the chapter has over 1000 members.

The Annual 5K Challenge raises large amount of money to support the Annual PNAA Leadership Institute and the four Regional Leadership Seminars. Other 5K proceeds were earmarked for the Legacy Building and administrative cost. Realizing the need for additional fundraising, we did Silent Auctions (mostly funded by Annie Vista with donated items from Trustees); Book Sales, including a motivational book authored by Annie Vista; Golf Invitational; direct solicitations from philanthropic PNAA Members and PNAAF Board of Trustees; Friends and Families, and the huge amount from PNAA under the leadership of Immediate Past President Dino Doliente III.

PNAAF has raised over \$1,000,000.00 which was not an easy feat considering the economic recession that struck the US. We are proud to claim the success of the only Philippine Nursing group to procure a headquarters of their own.

As the Executive Director, I presented to the Trustees **"Soar to Greater Heights"** to assist them in developing strategic plans, its implementation, and the evaluation. After serving many years as ED, upon the recommendation of President Merlita Velasquez and approval from the Board of Trustees, my position was given a special privilege of "No term limit."

In addition to being Chief Executive Associate to the President, the ED has to serve in Ad-Hoc and/ or Standing Committees. The 5K challenge requires manpower, so I am always there to support.

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Community Service Activities in Pictures



Volunteers at the Health and Wellness Fair. PNAM took charge of BP screening and EKG station, October 20, 2018



October 4, 2018 at the Filipino American National Historical Society (FANHS) celebration held at PACC



Human Trafficking Speaker Jane White from the State of Michigan, November 4, 2018.

Standing: Nieves Lukasik, Sofy Bole, Sonia Montano, Amy Risvold, Lulu Rodriguez and Martha Cabarios



November 4, 2018, Human Trafficking and Adoption Awareness' Audience Hosted by four organizations: PNAM, NaFFAA, Kahirup and PACC



Some of the Volunteers on October 20, 2018, Health and Wellness Fair at the Philippine American Cultural Center of Michigan in Southfield



Jane White, Human Trafficking Speaker

- **The purpose of human life is to serve, and to show compassion and the will to help others** (*Dr. Albert Schweitzer, physician, theologian, philosopher and medical missionary in Africa*).
- **Volunteers do not necessarily have the time; they just have the heart** (*Elizabeth Andrew*).
- **When someone shares something of value with you and you benefit from it, you have a moral obligation to share it with others** (*Chinese Proverb*).

PNAM Christmas Party 2018 in Pictures

Christmas is a Legacy of age-old tradition when love and giving is most visible through exchanging gifts, volunteering for a good cause in the community, but most of all celebrating with family and friends. Celebrating the birth of our Lord, Jesus Christ, has been a practice spanning over two thousand years. Children eagerly fall in line to sit on Santa's lap to receive their gifts. There were 172 attendees both adults and children, who in turn enjoyed the camaraderie and excitement of Christmas held on December 1, 2018. President Trinie Alair delivered her message and thanked everyone for their support. Kudos to Hilda Kittinger and Connie Sumalde, Chair and Co-Chair respectively and their committee members for a job well done!



FPNAM Executive Board, Front row: Martha, Amy, Boots, Sonia, Clair, Sofy, Hilda, Carol and Simonette. Back row: Reggie, Ellen, Trinie, Tess, Lulu, Vicky, Coy. Top row:



President Alair delivering her Christmas message

**MERRY CHRISTMAS
&
A HAPPY NEW YEAR!**



Celebrating the Spirit of Christmas



Falling in line to see Santa



Amy, Marilyn and Sonia

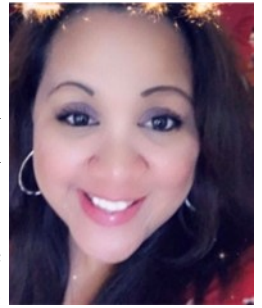


Seated: Boots and Ed. Standing: Joesan, guest, Sofy, Lav and Lita

The Essence of a Nurse in Care Management

By Suzette Beltran Laqui, BSN, RN, Care Management Coordinator

In today's complex world of Health Care, nurses' role is a critical component in facilitating how patients can navigate and understand the health care delivery process. We take part in the fundamental aspect of Care Management; that is, we organize an appropriate intervention for individuals in a given population, help reduce health risks and reduce the cost of care.



I work in a Level 1 trauma center with 1,100 plus bed capacity hospital. In an acute care setting, the role of the Registered Nurse in Care Management (RN CM) can be summed up into three major parts, namely: **Care Coordinating, Discharge Planning, and Utilization Review**. Our clinical experience makes us uniquely qualified to bring understanding of how to apply critical thinking in the process of care management. We identify the patient's needs, current services and available resources, and we connect the patient to the services and resources, to meet their specific health care needs. We communicate the patient's preferred care and we serve as their advocate. Verifying the interventions they received to meet the goals of treatment is important. We also continuously identify and address obstacles to care and identify insurance coverage and document discharge plans. It is important to utilize clinical data, socio-economic claims, and benefits information to provide a robust portrait of patient's needs, and engage with the patient to make sure they know and understand the plan of care. Most importantly, we educate the patient and their family regarding care management and evaluate their understanding of the process.

A day in the life of a RN in Care Management is constantly coordinating and collaborating with all the members of the Health care team. These include physicians to mid-level providers like Nurse Practitioners and Physician Assistants, Social Workers, pharmacists, speech therapists, Physical Therapists/Occupational Therapists (PT/OT) as well as our colleagues at bedside, other healthcare agencies, and insurance providers. A good day can be defined as patients were safely and appropriately placed in a care setting they prefer that will yield the best outcome for them, and appropriate medical equipment with insurance coverage was obtained so continuity of care can be attained.

The following is an example when one can appreciate the Essence of a Nurse in Care Management:

An 81 year old male patient was brought in, with the chief complaint of having difficulty in breathing, weakness and altered mental status. The patient is known to have several co-morbidities such hypertension, chronic obstructive pulmonary disease, congestive heart failure, diabetes mellitus type 2, osteoarthritis and beginning memory impairment. After chest X-ray and labs such as complete blood count (CBC), complete metabolic panel (CMP), B-type natriuretic peptide (BNP) and urine analysis were obtained, the patient was admitted to the medical floor awaiting pulmonary, cardiovascular consult and therapy evaluation.

Current Family structure/clinical status/process

The patient is a widow who lived alone in a ranch type home; he has three children but all of them live on the West Coast. He has relatives up North that he sees every once in a while. Friends from church and neighbors come and check with him when they can. Patient denies owning/using any durable medical equipment or any history of Home Care or Sub Acute Rehab (SAR) or Skilled Nursing Facility.

ty (SNF) admission in the past. He claims to be independent with activities of daily living and still drives. Patient has Medicare A and B with Blue Cross Blue Shield as secondary insurance. He is a retired GM employee. With this data, an anticipated discharge plan for the patient pending PT/OT evaluation will be to SAR vs. ALF (Assisted Living Facility) with a memory care unit. The patient, however prefers to be discharged to home. CM called rehab to follow up on PT/OT. recommendation to discharge to SAR. After patient on IV antibiotics, with infectious a family member, the SW was consulted ianship or obtaining Medical Durable noted to be responding well to the intra- with a rolling walker with one staff assist in the hallway. Internal Medicine recommended discharge plan to SAR. The RN CM met with the patient and his relative at the bedside to discuss discharge plan, explained the benefits of going to SAR, offer other discharge options and resources. After a thorough discussion, patient verbalized understanding of the benefits of going to SAR. He agreed to continue to do PT/OT there to get his strength back and to stay there until he finished his IV antibiotics.



The plan for long term care is to choose an ALF with a memory care unit. The patient was now asked to choose a subacute facility, and a relative was advised to tour the place to ascertain that the facility chosen meets the patient's needs. RN CM will then send clinical data to the facility of choice. Once an accepting facility accommodates the patient, a request for insurance authorization will then be generated. The RN CM will continue to follow up until authorization is obtained. The RN CM will inform the physician once the patient has SAR placement and insurance authorization; the RN CM will continue to coordinate with the other health care providers until the patient is deemed medically stable for discharge. Part of the discharge planner's responsibility is to facilitate/arrange transport for the patient, obtain Durable Medical Equipment for the home such as oxygen, rolling walker, wheel chair, hospital bed, glucometer, nebulizer etc.

Reading the above, you can see how vital our role is as nurses. With the ever evolving health care delivery system, it is good to know that there is a constant need for compassionate, conscientious, caring, hardworking, and visionary individuals who always want to make a difference in the world....they are called Nurses! ♦

Update on Ebola Virus

There is **Ebola Virus Disease Outbreak** in North Kivu, Democratic Republic of Congo since last year. The disease is also known as Ebola Hemorrhagic Fever. It is spread by contact with blood or body fluids of a person infected with Ebola virus or contact with contaminated objects or infected animals. ♦

Statistics according to World Health Organization (WHO) as of March 13, 2019:

Total cases= 932, Confirmed cases = 867, Probable cases = 65

Deaths = 587, Confirmed = 522, Probable = 65

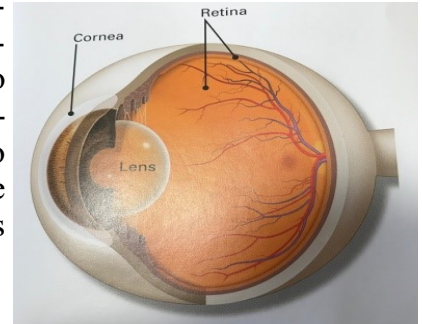
Sources: Retrieved, 03-13-2019, <https://www.cdc.gov/travel/notices/alert/ebola.democratic-republic-of-congo> World Health Organization (WHO)



Empowering Lives through Clear Vision

By Sofia Espada Bole, BSN, RN, CCRN, Advisory Council Member

There are several methods of restoring 20/20 vision. As we age, our eyesight also deteriorates as a result of lens opacity, deformation of eye tissues or injury to the eye. Co-morbidity condition like diabetes can also affect eyesight. In this instance, we focus on **LASIK** as a vision restoration management. LASIK is a type of refractive surgery that uses laser to treat vision problems caused by refractive errors. You have a refractive error when your eye does not refract (bend) light properly. LASIK stands for Laser Assisted in-Situ Keratomeleusis.



Eyeball showing cornea, lens and retina

To see clearly, light rays must travel through cornea and lens. Cornea and lens refract light so it lands on the retina. The retina turns light into signals that travels to the brain and become images. With refractive errors, the corneal or lens shape keeps light from bending properly. When light is not focused on the retina as it should be, your vision will be blurry.

With LASIK, the ophthalmologist uses laser to change the shape of the cornea; this improves the way light rays are focused on the retina. LASIK is used to treat myopia (nearsightedness), hyperopia (farsightedness) and astigmatism. LASIK may reduce your need for eyeglasses or contact lenses.

Who is a good candidate for LASIK?

1. You should be 18 years or older (ideally over 21 when your vision is more likely to have stopped changing).
2. Your eye prescription should not have changed in the last year.
3. Your refractive error must be the one that can be treated with LASIK.
4. Your corneas need to be healthy and your overall eye health must be generally good.
5. You need to have realistic expectations about what LASIK can and cannot do for you.

Some people do not meet criteria for LASIK, it include those with:

1. An unstable (changing) refractive error.
2. Extreme levels of myopia, hyperopia or astigmatism; severe dry eye.
3. Corneas that are too thin; cornea abrasions or disease; keratoconus (cone –shaped cornea)
4. Advanced glaucoma; a cataract affecting vision; a history of having certain eye infections.
5. Diabetes that is not controlled well; Pregnant or nursing women.

Prior to surgery: The ophthalmologist will test your vision to ensure it has not changed; will check for other eye problems; measure and map surface of your cornea; measure pupil size.

During surgery: Your eye will be numbed with eye drops; surgeon will place an eyelid holder to keep you from blinking, and you will feel light pressure on your eyelid, at this point your vision will go dim or black. The surgeon is using a device called microkeratome use to splice paper thin the cornea to reshape.

After care: Eye shield over eye when asleep; special eye drops as instructed. This is an outpatient procedure; post-op follow up with surgeon. ♦

References:

American Academy of Ophthalmology brochure, 09/17
aao.org/lasik-link
<https://acronyms.the> Freedictionary.com/LASIK
<https://www.aao.org/eye-health/treatment/lasik>

Statistics on Breast Cancer Awareness and Prevention

PNAM Community Outreach Project, San Jose, Nueva Ecija, Philippines

By Elena Labaclado Laboga, RN, Secretary

February 12-16, 2018 was the second time PNAM extended this community outreach for Filipino Women in the Philippines during a medical mission piggybacked with the Philippine American Medical Mission Foundation of Michigan (PAMMFM). This was funded by Eastern Michigan University in partnership with the Filipino American Community Council (FILAMCCO).

Total women patients seen and examined were 336 in five- day duration of the mission; 38 with abnormal findings; Three (3) referred to major surgery; Four (4) referred to minor surgery; 31 recommended for mammogram.



Breast Cancer Volunteers: Trinie Alair-Chairperson, Elena Laboga, Annie Vista and Maria Wolfinbarger



Breast Cancer Prevention Volunteers with other Medical Missioners

Trinie Alair and Ellen Laboga gave lectures on Breast Cancer Awareness and Prevention. Twelve Barangay RN's were trained, so that when the missionaries are gone, they can continue screening women on their locality for prevention and awareness. The lecture was followed by demonstration using breast models on palpation techniques, and measuring size of lumps. Any abnormal findings were referred to physicians for further evaluation and proper medical management.



PNAM volunteers trained 12 local RN's through lecture and demonstration

According to the numbers shown above, out of 336 seen, 38 were abnormal that is equivalent to **11.3% abnormal findings.** ♦

Editor's note:

"An ounce of prevention is worth a pound of cure." PNAM as strong supporter of Advocacy in Nursing through Breast Cancer Awareness and Prevention continued the project in its 3rd year even after grant funding was exhausted. **We greatly need benevolent donors to continue serving our compatriots in the Philippines. Thank you for your support.**

Congratulations/Condolence/Get Well Wish

Condolence

- ***Norma Bada**, Past PNAM President on the death of her husband Arturo
- ***Julie Romasanta**, Past PNAM Officer on the death of her husband Henry
- ***Rose Dechavez**, Past PNAM Member on the death of her husband Oscar
- ***Tess Covacha**, PNAM Business Manager on the death of her brother Dr. Renato Papa
- ***Carmelita Meitzler**, PNAM Asst. Treasurer on the death of her brother Leopoldo de Guzman Jr.
- ***The Family of Emerita Albao**, on her demise



Gerry Bongabong, brother of Ellen B. Dioso, PNAM Advisory Council Member

Congratulations!

Welarchie "Lanie" Sosnowski, BSN, CRRN, RN-BC

"Metron is pleased to announce the appointment of a new Director of Nursing Welarchie "Lanie" Sosnowski at our Cedar Springs facility. Lanie started her career in Skilled Nursing and Rehabilitation at Metron of Cedar Springs over seven years ago. Upon hire, she worked as a Charge Nurse in the long term care unit as well as the short term rehabilitation unit. Later she was promoted as Afternoon Supervisor. In addition to her clinical work at Metron, Lanie has played an integral role in the organization's international recruitment initiatives. Her passion for providing opportunity to other international talent is admirable. Please join me in congratulating Welarchie Remoreras. I can't think of anyone who deserves this opportunity more than her." (Mary E. Dale, PHR, SHRM-CP, Chief Human Resources Officer)



Welcome Members, New and Renewal, January 2019

Reported by Carmelita Meitzler, BSN, RN, Chairperson of Membership

Alair, Trinidad
Aquino, Villa
Atillo, Victoria
Antonio, Allyn
Bulgarian, Michelle
Camero, Orlando
Camero, Nieves
Covacha, Teresita
Dela Cruz, Shawn
Gabarda, Corazon
Galinato, Corazon
Jareunpoon, Linda

Bada, Norma
Bole, Sofia
Cabarios, Martha
Cabanilla, Theresa
Dioso, Ellen
Mandap, Leonor
Montano, Sonia
Pacris, Emma
Risvold, Amy
Sodawalla, Anita
Solarte, Remedios
Vista, Annie

Kittinger, Gilda
Mawilai, Sonia
Marquez, Remedios
Meitzler, Carmelita
McCauley, Nina
Redoble, Rose Fay
Radowick, Marissa
Rodriguez, Lulu Martinez
Sandoval, Maritel
Skuce, Emma
Sosnowski, Welarchie
Tutay, Georgiana Rose



Your support is much appreciated. Thank you!

What PNAM Means to Me

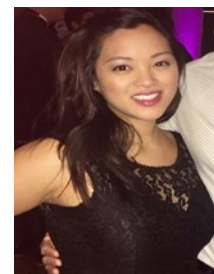
*By Clair de la Cruz Tumaghap, BSN, RN, PNAM PRO & Website Editor
Quality and Safety Specialty RN, Cardiology / Heart Failure*



Charity Corpus, BSN, RN - Nurse Clinician Surgical Quality and Patient Safety

Graduated from Centro Escolar University, 1993, Philippines

"I joined PNAM in 2018 because I wanted to be kept up-to-date with the latest Trend in Nursing, as well as networking with colleagues. I look forward to seeing an improvement in communication with members on nursing updates."



Katrina Delacruz, ADN, RN - Nursing Resource Team

Graduate of Oakland Community College in 2012, currently a student at Eastern Michigan University with anticipated graduation in December 2019.

"I joined PNAM in 2018. A friend referred me and I look forward to career development and networking with colleagues. In the future, I plan to attend PNAM continuing education conferences and healthy lifestyle opportunities."



Suzette Laqui, BSN, RN - Care Manager

University of the East Ramon Magsaysay Memorial Medical Center, 1993, Philippines

"I joined PNAM in 1995 because it's good to be involved in an organization where your professional growth is supported. I'm inspired and mentored by some of the extraordinary leaders of the organization. In the future, I look forward to seeing PNAM more visible not just within the Filipino community, but within the Southeast MI community in general. I

would like PNAM to visit schools, participate with sponsored health fairs and parish nursing, and bring out the talents of our colleagues with a fun talent show! Bottom line, let's make some noise, be heard and be more visible. Go PNAM! Mabuhay ang mga Filipino Nurses!"

Welarchie "Lanie" Sosnowki, BSN, CRRN, RN-BC, Director of Nursing at Cedar Springs, Graduate of Brokenshire College in Davao with BSN degree in 2009. Prior to nursing, she obtained her AB in Mass Communication from Holy Cross of Davao College, Philippines

"I joined PNAM because I believe it is a great organization where you can find fellow nurses with common roots and interests. I believe I can also learn from members who have broad experiences in clinical and leadership roles especially in a diverse culture environment."



Reglita Laput, MPH, RN, BSN, PNAM President Elect; Director of Clinical Services at Four Season Home Health Care

She graduated from Cebu City Medical College of Nursing in 1974. She obtained her Master's Degree from Mahidol University in Thailand through a Scholarship Program from the Philippine Department of Health sponsored by Japan International Cooperative Agency (JICA).

"I joined PNAM in 2005 as my professional organization because of its mission and vision with educational and community service activities, networking with nurses at professional level."

She was the Dean of Benedicto College of Nursing in Cebu from 2002-2004 prior to migration and member of Associations of Deans of Colleges of Nursing. Only short of dissertation prior to obtaining a doctorate degree, but the call of greener pasture lured her for the states. She was the Regional Training Nurse at the Department of Health (Philippines) contributory to her development as a Nurse Educator.

Collaborative Conference

Continued from Page 4

The last speaker of the day was Atty. Valera who presented a timely and acclaimed topic: *“Nurses Without Borders: Global Ambassadors and Nations Builders at Home.”* He shared critical points on immigration options and legal ramifications for nurses overseas.

Dr. Annabelle Borromeo and BON member Carrfreda Dunlap talked about *“Transformational Leadership”* and *“The State of Nursing in the Philippines”* respectively. A well-participated interactive forum ensued as Dr. Borromeo shared her experience in the US which aroused positive interest from the audience.

The closing presenter was PNAA Immediate Past President Dino Doliente III, who gave a motivational speech on *“Let us Get Gritty – The Power of Passion and Perseverance.”* A powerful closing remark was delivered by Region XI Governor of PNA, Jessica Mae de la Pena-Alaban.

The well attended International Conference garnered rave reviews and request for future conferences from attendees. This was also the most attended US delegations from different PNA regions. We thank all the US and Philippine participants for making the PNAAF 5th ICC productive and truly a quantum leap to nursing quality and excellence. Salute to Dr. Maria Gonzalez, Dr. Chris Sorongon, President Merlita Velasquez, and Nancy Hoff for their leadership. ♦

Clinical Documentation Integrity

Continued from Page 5

He or she asks and queries physicians for clarification of documentation when charting is not clear. The purpose is to capture the true reflection of the patient’s condition and the intensity of services provided. Effective communication and rapport is crucial for the success of the program.

According to Snell, “Successful CDI programs facilitate the accurate representation of a patient’s clinical status that translates into coded data,” the American Health Information Management (AHIMA) explains on its website. “Coded data is then translated into quality reporting, physician report cards, reimbursement, public health data, and disease tracking and trending.”

Clinical documentation integrity can play a critical role in the [move toward value-based care](#), but healthcare organizations must take advantage of tools and guidance put forth by stakeholders and the government. Changing federal initiatives and evolving technologies involving artificial intelligence (AI) will also help support successful CDI programs that ensure patient care remains a top priority. ♦

Reference:

Snell, E.(2016). *What are the benefits of clinical documentation improvement (CDI)* Retrieved from <https://ehrintelligence.com/features/what-are-the-benefits-of-clinical-documentation-improvement-cdi>

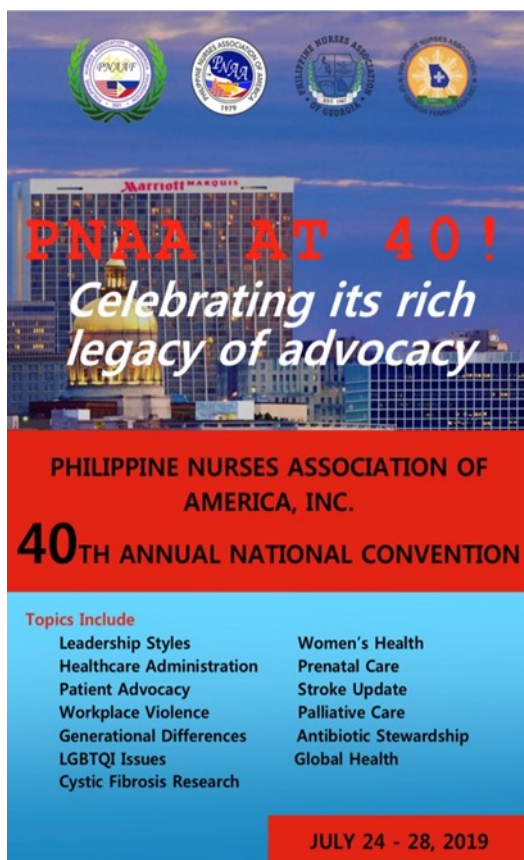
Prospective of the Executive Director

Continued from Page 9

The Legacy Headquarters require a Task Force from both PNAA and PNAAF, so I was appointed as the Chair of the PNAAF Task Force by President Merlita Velasquez.

I take to heart my role as a PNAAF Representative to the community and other organizations to promote the mission, vision, and values of the Foundation. Thank you all for your support. ♦

Save the Dates/Calendar of Events



PNAA AT 40!
Celebrating its rich legacy of advocacy

PHILIPPINE NURSES ASSOCIATION OF AMERICA, INC.
40TH ANNUAL NATIONAL CONVENTION

Topics Include

Leadership Styles	Women's Health
Healthcare Administration	Prenatal Care
Patient Advocacy	Stroke Update
Workplace Violence	Palliative Care
Generational Differences	Antibiotic Stewardship
LGBTQ Issues	Global Health
Cystic Fibrosis Research	

JULY 24 - 28, 2019



Save the Date 2020
41st PNAF Annual National Convention

Manchester Grand Hyatt San Diego
July 1-5, 2020
www.mypnaa.org

**July 24-28, 2019,
Atlanta, GA,
40th National Convention**

**April 25-28, 2019
Columbus, Ohio,
North Central Regional
Conference**

**July 1-4, 2020,
San Diego, CA, PNAF
National Convention**

**January 21-22, 2020,
PNAF International
Nursing Conference,
Boracay, Malay,
Aklan, Philippines**



**Philippine Nurses Association of America
15th North Central Region
Conference**

**Hosted by
Philippine Nurses Association of
Central Ohio (PNAFO)**

**Be the VOICE
Be the SPARK
ADVOCATE!**

**April 25—28, 2019
Embassy Suites by Hilton
Airport Drive
Columbus, OH**

Calendar of Events

- Monthly Executive Board Meeting every second Tuesday
- October 4, 2018, Filipino American National Historical Society
- October 20, 2018, Health and Wellness Fair at PACCM
- November 3, 2018, World Medical Relief 65th Anniversary Gala
- November 4, 2018, Educational Offering on Human Trafficking and Adoption Awareness, cosponsored by PNAM, NaFFAA, Kahirup and PACCM
- December 1, 2018, PNAM Christmas Party, Wyndham Hotel
- December 29, 2018, Rizal Day celebration hosted by FILAMCCO
- January 25-26, 2019, PNAAF International Conference, Davao
- February 11-15, 2019, PAMMFM Medical Mission, Legazpi, Albay
- February 16, 2019, Valentine's Ball hosted by PACCM, PNAM Donor
- March 1, 2019, Cultural Exchange, City of Sterling Heights
- April 13, 2019, Annual Spring Educational Conference (see page 20)



For your Information/contact

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Website: pnamichigan.org Email: trinie_alair@yahoo.com

**PNAF/PNAAF Legacy Building: 1346 Howe Lane, Block 37, Lot 1, North Brunswick, NJ 08902
Dr. Annie Vista, Executive Director, PNA Michigan Advisor Website: go to mypnaa.org**

Train your Mind to see Good in Everything * If you are not riding the wave of change, you will find yourself beneath it.



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Secretary

Victoria Atillo
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President



*N.B. Articles submitted will be edited as deemed appropriate and become property of PNAM.
Articles written solely reflect author's opinion.*

Save the Date!!!!

April 13, 2019, PNAM Annual Spring Educational Conference

*“Advocacy in Nursing Leadership and
Excellence in Clinical Practice”*

7.5 contact hours approved through the PNAA Foundation

Venue: Mocer Learning Center Qasi Auditorium, Troy Beaumont Hospital

Registration: Breakfast, Lunch, Snacks included

Paid Member ----- \$40.00 Non-Member ----- \$50.00

Student ----- \$ 25.00

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Simonette Pura Elgert #586-764-8444

Carmelita Meitzler #248-931-9710

PNAM

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