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Nevada RNFORMATION

THE OFFICIAL PUBLICATION OF THE NEVADA NURSES ASSOCIATION

The Nevada Nurses Association is a constituent member of the American Nurses Association

Free to All Registered Nurses, Licensed Practical Nurses, & Nursing Students in Nevada: Quarterly Circulation 32,000

...“Human innovation cannot happen if you don’t think for yourself and speak your mind.”

Recognizing Nevada’s Extraordinary Nurses

NNA State Convention
November 16-18, 2014, Tropicana Las Vegas, 3801 Las Vegas Boulevard South

Nurses Day at the Legislature
February 25, 2015. Registration opens in August

For more information, visit www.nvnurses.org

“The Federal Trade Commission (FTC) has released a policy paper encouraging lawmakers not to put new restrictions on the practice of advanced practice registered nurses (APRNs).”

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NNA Mission Statement

The Nevada Nurses Association promotes professional nursing practice through continuing education, community service, nursing leadership, and legislative activities to advocate for improved health and high quality health care for citizens of Nevada.

NNA State Board of Directors

Editorial Board

Are you interested in submitting an article for publication in *RNFormation?* Please send it in a Word document to us at nvnursesassn@mvqn.net. Our Editorial Board will review the article and notify you whether it has been accepted for publication. Articles for our next edition are due by March 1, 2014.

If you wish to contact the author of an article published in *RNFormation,* please email us and we will be happy to forward your comments.

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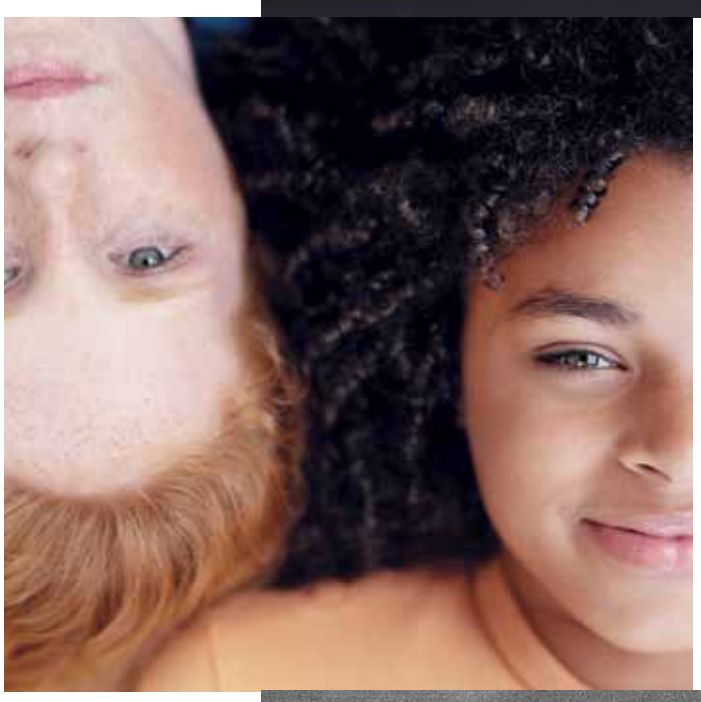

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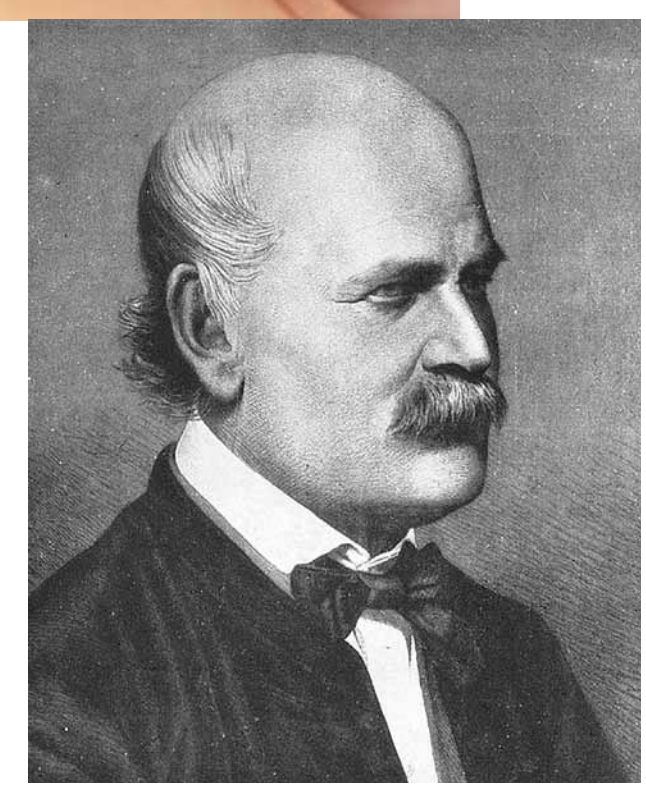

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The news media is just another platform for nurses to educate patients, families, policymakers, and the general population about what we do and the roles we hold.

~ NNA President, Dr. Scott Lamprecht

the president's corner

Nursing in the Media

Scott Lamprecht, DNP, RN, APN
President, Nevada Nurses Association

At the beginning of May, I was invited to a NNA District 3 Nurses' Week Mixer. It was a great event and I talked with many wonderful nurses. Several of them commented on a recent interview I did with a local television news program regarding nurses and safety in the hospitals. During the interview I discussed common nursing roles and procedures, staffing, patient acuity, and patient care trends. The interviewer was very surprised by these terms and ideas, Why? Because they asked a nurse not a physician. How many times does the news media interview an expert about a healthcare topic and nursing is not mentioned? Nurses educate people and groups everyday as part of our professional role. Is it out of the scope of nursing to be asked about public healthcare issues? No. Who better to ask than nurses that spend time with patients and work with the general public. The news media is just another platform for nurses to educate patients, families, policymakers, and the general population about what we do and the roles we hold. Education and communication are the keys to advancing nursing, and besides, who teaches better than nurses? No one.

If you would like to contact NNA or President Lamprecht, please call 775-747-2333 or email nvnursesassn@mvqn.net.

Nevada Nurses Association / Nevada Organization of Nurse Leaders 2014 Convention

"Leading Something Extraordinary" will be the theme of this year's convention, which will be held November 16-18 at the Tropicana Las Vegas. We hope you can join us.

Rooms are available at the Tropicana Las Vegas for rates starting at $85 per night.

Tropicana Las Vegas
3801 Las Vegas Blvd. South
Las Vegas, NV 89109

To make reservations, go to
https://resweb.passkey.com/go/NONLNNA14

Contact
Margaret Curley
Nevada Nurses Association
775-747-2333
nna@hdiss.net

Scheduled sessions include (subject to change):

- Nevada Action Coalition on the future of nursing in Nevada
- Hot topics
- The New Playground Bully: What is the ultimate cost in nursing?
- You Could Be That Someone
- Achieving and Sustaining Excellence
- Nevada's Safe Staffing Law: What does it mean for Nevada nurses and hospitals?
- Leading Environmental Health Initiatives in Your Workplace
- Motivational Interviewing: Leading to Extraordinary Results

A special session for pre-licensure nursing students will be:

- NCLEX Strategy and Critical Thinking Seminar

There will also be a break out session for front line nurse leaders.

Join us on Sunday evening for a reception hosted by the Nevada Action Coalition and on Monday evening from 5-7 p.m. for the Presidents' Reception and Legislative Meet and Greet.

Full registration includes course fees and handouts, receptions on Sunday and Monday, continental breakfast Monday and Tuesday, lunch Monday, and refreshments at breaks.

Visit www.nvnurses.org to register today!

legislative update

Nevada's Nurse Staffing Committee Study Results: Hearing from Our Nurses at the Bedside

Teresa Serratt, RN, PhD

A study was conducted across the state of Nevada to determine nurses' perceptions of the effectiveness of nurse staffing committee regulations that were enacted in January 2009. Nurses licensed in Nevada were mailed a postcard in spring of 2013 asking them to participate in an online survey if they worked in a facility that was located in Washoe or Clark counties and had more than 70 licensed beds. Five hundred and four nurses participated in the survey. Survey questions were focused around four primary areas: demographic information of the nurse and hospital where the nurse works, knowledge about their hospital's staffing committee, changes in quality of care and patient safety, and changes in work environment.

Nurses who participated in the survey were primarily employed as staff nurses (n=344, 74%), working full time (n=389, 84%) in a medical/surgical or intensive care unit (n=239, 55%). The majority of the participants highest degree was at the bachelors level (n=223, 49%) and had worked as a registered nurse (n=289, 63%) and worked at their facility for six or more years (n=190, 41%). Facilities that employed these participants were primarily system-affiliated (90%), for-profit (60%), had a union that represented nurses (75%) and were large facilities with 251 or more beds (61%).

Questions related to knowledge of their facility's staffing committees included whether or not their facility had a staffing committee, and if they answered that they did, the staff nurse respondents were asked a series of questions about the committee. These questions included how often the committee met, membership, participation and communication of committee staffing decisions. Approximately 20% (n=80) stated their facility didn't have a staffing committee. Fifty-five percentage of the staff nurse participants (n=215) didn't know if their facility had a staffing committee. Of those participating bedside nurses who indicated their facility had a staffing committee (n=94), a series of questions related to their knowledge of their facility's staffing committee were presented:

- 65% (n=62) didn't know how often the committee met
- 57.9% (n=55) didn't know if the committee had at least 50% bedside nurse representation
- 67.7% (n=65) didn't know how members of the staffing committee gained committee membership
- 47% (n=40) felt the staffing committee didn't share the staffing recommendations with non-committee members

Having an adequate number of nurses to provide high quality, safe care to patients in Nevada was one of the primary goals of the legislation to implement staffing committees. The next series of questions pertained to the staff nurses' (n=83) perceptions of the quality of care on their unit:

- 66.3% (n=55) felt the overall quality of care on their unit had not changed
- 25% (n=21) felt the overall quality of care on their unit had declined
- 8% (n=7) felt the overall quality of care had improved
- Results were similar when staff nurses (n=82) were asked about the effect of their staffing committee on patient safety:
- 63% (n=52) felt that patient safety had remained the same on their unit
- 26% (n=21) felt that patient safety had declined
- 11% (n=9) felt that patient safety had improved
- Finally, the participating staff nurses (n=69) were asked a series of questions pertaining to their work environment:
- 47.8% mostly (n=17) or completely (n=16) disagreed that staffing had improved on their unit
- 52.1% mostly (n=17) or completely (n=19) disagreed that they had more time to spend caring for patients
- 68% indicated slight (n=14), most (n=10) or complete (n=23) disagreement that they had greater input or influence on the unit staffing plan

The results from this survey indicate that nurses working at the bedside may not be aware of their facility's requirements to have a staffing committee or that the committee contributes to the formulation of a staffing plan. Without that knowledge, it is unlikely they will share their staffing recommendations or concerns with a staffing committee member so that this information can be considered as staffing plans are formulated. The survey also highlights the need to improve communication between the staffing committee and the nurses providing direct patient care. Bedside nurses should be knowledgeable about when the committee meets, who is on the committee, how to gain committee membership, what the committee recommends for staffing on their unit and where they can find those recommendations. While these results reflect responses received in the spring and summer of 2013, an online survey conducted by NNA prior to providing testimony at the April 2014 Interim Health Care Committee, indicates that nearly a year later, little has changed.

So what can bedside nurses do to increase their knowledge of their facility's staffing committee? First, assess whether or not your hospital is required to have a staffing committee (located in either Clark or Washoe county, has more than 70 licensed beds). If your facility is required to have a staffing committee, ask your manager or nurse leader about the committee, consider volunteering as a committee member, and learn how the staffing committee communicates their staffing plan recommendations. Do they post their recommendations in staff break rooms, the staff bathroom, in your meeting minute's binder, or somewhere else? Be knowledgeable, get involved, and make recommendations to improve the function and processes of the staffing committee in your hospital.

Acknowledgements for funding to the RNformation article: Nevada Nurses Association and Calmoseptine, Inc. Greg Dixon Owner

A Special Invitation to NNA Members
A Call to Serve

We invite you to be a candidate for office on one of the Boards of Directors in the Nevada Nurses Association. This is a way to share your ideas, work toward the realization of your personal and professional goals, and participate in shaping the future of health care in Nevada.

Most terms of office are two years, and **most business is conducted by email or teleconference.**

In Northern Nevada – District One – we are seeking candidates for President-Elect, Secretary, Director at Large (3).

In Southern Nevada – District Three – we are seeking candidates for Secretary, Treasurer, and Director-At-Large (1).

At the state level we are seeking candidates for Vice-President, Treasurer, Director at Large (1), Nominating Committee (3) and one (1) representative to the annual Member Assembly.

We will be happy to send you a summary of the office you're interested in. If you'd like more information, please contact Margaret Curley at nna@hdiss.net.

The nominating period finishes on August 25, so please begin to think about how you would like to participate. We welcome self-nominations. And thank you for serving the nurses and patients of Nevada – you are appreciated!

NEVADA NURSES ASSOCIATION

inside nna

Lateral Violence Training Workshops in Nevada

Susan Growe, DNP, RN

In September 2013, I had the privilege to host the first workshop "Train the Trainers" for the NNA Nevada State Collaborative on Lateral Violence in Nursing. We invited Peggy Dulaney from South Carolina to help educate the participants to train our employees. We had a wonderful turnout of over 20 nurse educators from Las Vegas. Reno also held their own workshop immediately after Las Vegas for nurse educators from Northern Nevada. I know I learned a lot and was able to use the tools provided to offer another workshop on May 31 and June 1 of this year at UMC in Las Vegas. This time, I had the privilege to share what I had learned with other nurse educators. We had nurse educators from UMC, North Vista, and Summerlin hospitals, as well as the VA in Reno, faculty from Kaplan, CSN, Nevada State College, and a new graduate from UNLV. This was a wonderful 1 ½ day event, during which we had a lot of fun and great dialogue on how each of these educators will disperse the information they learned from this workshop.

Susan Growe, DNP, RN

Research has shown that most new graduates who leave their jobs in the first six months of being hired do so because of lateral violence in the workplace. And lateral violence impacts not just new graduates. What about new hires, nurses that are floated to a different unit, travelling nurses, or our own staff that we work with every day? How do we treat them? Worse yet, why do we treat them with this poor behavior? Bullying is not a one day occurrence, as we all can have a bad day and say something inappropriate due to stress. However, it becomes bullying when this happens multiple times. It can happen throughout an entire shift, or every day when we go to work. How does that make someone feel? I know when it happened to me, I did not enjoy going to work,

Aleta Campbell, Susan Scott, Cindy LeVee, Michelle Hudders; standing Ren Scott, Dorothy Reynolds.

so I quit. Because of the lateral violence that nurses experience across the board, we really need to provide tools so that everyone can work together and put an end to this behavior.

Let us discuss the bottom dollar. How much does lateral violence cost our employers? It has been said that, if a nurse quits due to lateral violence, it will cost the employer 1 ½ times the nurse's salary to replace that one person. We know we do not want this monetary loss. We want our institution to be the place where everyone wants to work and no one leaves until retirement.

All of the participants in this training were excited and could not wait to go back and start making these changes. It is my hope, and the NNA State Collaborative on Lateral Violence's hope, that, with the training being offered throughout Nevada, we will reach a tipping point and begin to change the culture that we, as nurses, have created. As the great Mahatma Gandhi said, "Be the change you want to see in the world."

In the green wig is Aleta Campbell and in the Woodstock hat is Ren Scott.

Please contact Margaret Curley at 775-747-2333 or email at nna@hdiss.net if you would like to have an "anti-bullying" workshop at your facility. We have trainers willing to present at your facility.

Nurses Learn about Human Trafficking

Close to 100 northern Nevada nurses and student nurses attended Human Trafficking and the Life in Reno at Renown Regional Medical Center. Sgt. Ron Chalmers of the Reno Police Department gave a very powerful presentation about this disturbing problem in Nevada. Sexual Assault Nurse Examiner Debbie Robison, RN, discussed the nursing assessment of victims.

An article with in-depth information for nurses on sex trafficking and what nurses can do is planned for the November, 2014 issue.

We appreciate Renown Regional Medical Center allowing us to use Mack Auditorium for this presentation.

NNA Nurses Day Mixer

Southern Nevada Nurses celebrated the Nurses Day at First Annual NNA Nurses Day mixer with food and networking. They were joined by Senator Pat Spearman and Dr. Stephen H. Frye, candidate for governor. Attendees report that they enjoyed the event. Plans are underway for next year's Nurses Day event. Plan to attend!

Consumers Benefit from Expanded APRN Practice, FTC Says

Reviewed by
Denise S. Rowe, MSN, APRN, FNP, BC

In an article published by the Robert Wood Johnson Foundation, the Federal Trade Commission (FTC) has released a policy paper encouraging lawmakers not to put new restrictions on the practice of advanced practice registered nurses (APRNs). They warned that imposing new barriers to APRN practice could impose unintended and unnecessary restrictions that could decrease consumers' access to health care and reduce free market competition. In acknowledging the current shortages of primary care providers, the FTC said expanded APRN practice was critical to alleviating provider shortages, would increase access to healthcare and promote free-market competition.

Barbara Safriet, JD LLC, a professor of law at Lewis and Clark Law School in Portland Oregon was insightful in summing up the issue. While historically, physicians have generally had broad definition for their scopes of practice across states, nurses have had to "carve out" the right to practice in different roles and perform certain functions. She accurately described the laws governing APRN scope of practice across the United States, as a "crazy quilt" that "makes no logical sense." For example, in some states APRNs can diagnose, treat, order labs and prescribe drugs while in other states there are a variety of restrictions that impede their abilities to practice. I agree with Ms Safriet that these variations across states that restrict APRN practice have much more to do with state-led politics than nurse capabilities or competence.

The article notes that in the last three years, the FTC has issued advocacy statements promoting changes to APRN regulations in Massachusetts, Connecticut, West Virginia, Louisiana, Kentucky, Texas and Florida. Catherine Dower JD, health policy and law director at the Center for Health Professions at the University of California at San Francisco says the FTC has been bold in its advocacy of discouraging legislators from passing new laws that further limit APRN practice. It is encouraging to notice that the trends of change are moving in a positive direction. According to the American Association of Nurse Practitioners, more states are slowly loosening restrictions on APRN practice. So far 17 states and the Washington DC, allow APRNs to practice to the full extent of their competence. Still, many restrictions on APRN practice remain in other states. A bill introduced in California last year to expand APRN practice, died in committee. However, the advocacy statements from the FTC provide a strong prompting to state lawmakers to become more informed and engaged on the larger discussion of policy changes on APRN practice which will help to expand access to health care and lower costs.

Lifting restrictions to expanded APRN practice has been opposed by the American Medical Association (AMA) citing concerns that quality and safety of care will be compromised. Additionally, the AMA says expanded APRN practice will not solve the physician shortage. This has not changed the call to action on the national level. To further support the FTC's position, the article referenced other important national policy statements calling for the removal of barriers to APRN practice which would improve health and healthcare. The Institute of Medicine (IOM) report is the foundation of *"The Future of Nursing: Campaign for Action,"* an effort to transform healthcare through nursing.

Dower says the report which is a collaborative effort between the IOM and RWJF is "well respected" because it does not favor one side over the other. The FTC paper *"Policy perspectives: Competition and Regulation of Advanced Practice Nurses"* also cites evidence from the IOM report and other sources, that APRN provide "safe and effective care within the scope of their training, certification and licensure.

In summary, this article points to future signs for strengthening APRNs practice throughout the states. As more organizations step forward to advocate for expanded APRN practice, an achievable expectation is for APRNs to practice alongside their physician colleagues as valued health care partners. APRNs must engage their state legislators and educate them on APRN education, competence, certifications and evidence-based research that highlight to the high quality of care and excellent patient outcomes associated with APRN practice. APRNs must be patient and persistent in this task. It will take a lot of time and hard work to achieve the changes in laws that are needed. If state legislators embrace APRNs as an essential part of the solution to improve healthcare access and outcomes in their communities, then barriers to practice will continue to come down and health care in the United States can truly be transformed.

Reference:

Robert Wood Johnson Foundation (2014). Retrieved May 30, 2014, from http://www.rwjf.org/en/about-rwjf/newsroom/newsroom-content/2014/04/consumers-benefit-from-expanded-aprn-practice--ftc-says.html

New AHRQ Research Compares Impact of Efforts Aimed at Preventing Childhood Obesity

Through our partnership with the Agency for Healthcare Research and Quality (AHRQ), the Nevada Nurses Association is offering free resources on childhood obesity prevention.

AHRQ's **Childhood Obesity Prevention Programs: Comparative Effectiveness Review and Meta-Analysis** compared the effectiveness, risks, and benefits of 104 school-based interventions. A key finding is that there is moderate to high strength of evidence that diet and/or physical activity interventions implemented in schools help prevent weight gain or reduce the prevalence of overweight and obesity in children. AHRQ's Effective Health Care (EHC) Program presents these findings in the following easy-to-read evidence-based materials for clinicians and consumers:

- **Childhood Obesity Prevention Programs: Comparative Effectiveness**, which summarizes the research findings to quickly give you the clinical bottom line.
- **Keeping Children at a Healthy Weight**, which helps patients *explore* treatment options on how to keep their child from becoming overweight or obese, *compare* the benefits and risks of these options, and *prepare* to discuss these options with you.

Also available for health professionals is a PowerPoint slide presentation titled "Childhood Obesity Prevention Programs: Comparative Effectiveness," and can be found on the EHC Program Web site: http://effectivehealthcare.ahrq.gov.

The EHC Program complements the Nevada Nurses Association efforts to improve the quality of health care in our communities. AHRQ creates similar resources on 13 priority conditions, including cardiovascular disease, diabetes, arthritis, and mental health disorders. Below are suggested ways to use these EHC Program resources.

- Review the "Clinical Bottom Line" information and learn about the strength of the evidence behind research findings. Share the resources with your colleagues.
- Display AHRQ's new promotional videos in waiting rooms to help newly diagnosed patients, existing patients, and caregivers understand the value of comparing treatment options.
- Distribute patient treatment summaries and also encourage patients to visit www.ahrq.gov/treatmentoptions to learn more.
- Earn continuing medical education/ continuing education (CME/CE) credits by participating in free, accredited CME/CE activities based on AHRQ's comparative effectiveness research studies.
- Sign up to receive email updates on AHRQ's comparative effectiveness research and EHC Program resources.

These free resources are available on the EHC Program Web site. To order childhood obesity summaries, call 800-358-9295. Ask the Publications Clearinghouse for AHRQ Publication 13-EHC081-A for the patient summary, "Keeping Children at a Healthy Weight," and Publication 13-EHC081-3 for the clinician summary, "Childhood Obesity Prevention Programs: Comparative Effectiveness."

Nurses and Political Power: An Oxymoron? Maybe not...

Margaret Curley, BSN, RN
Editor, Nevada *RNFormation*

A question I find perplexing is why nurses, the largest group of healthcare providers in America, seem to have relatively little political power and influence. I had the opportunity to sit down with Assemblyman Tom Grady from District 38 (Lyon and Churchill Counties) for a discussion. Assemblyman Grady has many years of experience in public and political life, having been in elected office for much of the last 30 years. His term will end this year, and, due to term limits, he is not able to seek another term. I appreciate him taking time for this interview, as well as his service to District 38 and Nevada.

Hoping to gain some insight from Assemblyman Grady's political wisdom, I asked him about nurses, political involvement, and influence. I found his answers interesting and motivating; I hope you will, too.

The Nevada Nurses Association does not currently have a PAC (political action committee), although we discuss it frequently. Can we be as effective making individual donations indicating we are registered nurses as we would be giving through a nursing PAC?

PACs are very effective. If you hold an event and support Candidates with individual checks that is also very effective. Both work well.

Most nurses do not have "deep pockets". Looking at the cost of campaigns today, is it really worth donating $10 to a candidate?

Definitely! If 10 people donate $10 each, that's $100.

If many small contributions are received from registered nurses, is that likely to influence how registered nurses are perceived by politicians?

Yes. One way to really get nursing noticed would be to plan a day when you do something like walk a district for a candidate as a large group.

We have traditionally done a candidate questionnaire prior to each general election asking candidates for the legislature for their positions on top nursing issues, which we then run in Nevada RNFormation. Many don't respond (some because they are uneasy about how we will handle what they say), & sometimes what they do when elected does not align well with what they indicated on the questionnaire. Is there a better way to get this information to nurses?

I get 25-30 questionnaires every time I run. Some are very slanted and difficult. I may only complete 2 or 3. If you really want to get the information, interview them. Have 2 or 3 nurses and Cheryl Blomstrom (legislators know and trust her) conduct the interview. Make it about 30 minutes—no longer. Some will not do it, but some will, because they will feel more confident that you won't twist their words.

If someone that you really like is running for office, what do you suggest is the most effective way to help a candidate?

Campaigns are expensive. It used to be about putting up signs, but now it has gone to social media. Candidates need help doing it. There is a lot of work with a campaign doing things like keeping the books. They need to meet people; statewide candidates need people all over the state to feed information to, who can get the word out in the communities. People feel intimidated about calling legislators, but they shouldn't. That's what we're here for. If you like a candidate and want to see him/her elected, call or email and ask what you can do to help.

How much does it cost to run a campaign in Nevada?

During my first campaign, I traveled 16,000 miles. Even though I was running unopposed, people expect you to attend events. In a rural county, for signs, rebar, travel, mailers, etc., it costs about $40,000. In Las Vegas, it's closer to $100,000, for a job that pays $8,000 every two years. For statewide office, it costs about $1,000,000 just for the primary.

If there is a nurse out there who is thinking of running for political office, what advice would you give to him/her?

Anyone who has the desire should explore it. Many new legislators have never been to a school board meeting, city council meeting, water board meeting. They don't know what they are getting into. If you are serious about running, call a legislator you trust and talk to him/her about what the job entails. It is not enough to have strong opinions—it takes 42 votes to change anything. You have to be able to build relationships and work with the other party.

What has been the most rewarding part of representing District 38 for you?

Outside of the session, when I get a telephone call from a constituent about a problem—it doesn't matter if they are Democrat or Republican—and I can get a successful conclusion. It might be a water thing, or something with the tax commission. The most rewarding thing for me is taking care of people's problems.

Is there anything more you would like to add?

There is a big thing we are facing now. My class is the first results of term limits. We were elected in 2002 as 15 freshmen. We are leaving now. There are only 2 left from the original 15. Term limits have cost us institutional knowledge and civility. We used to try to show respect to the office someone held, but that is gone now.

Many nurses are politically inactive, and don't want to get involved at all. What would you say to those nurses?

If you don't care, and you don't vote, don't complain. Voting is a right we should take very seriously. If you don't like what is going on, change it.

Are you interested in getting more involved politically and building nurse power? Here are some ideas:

- *If you like a candidate and decide to make a financial contribution, be sure to indicate you are a registered nurse.*
- *Volunteer for a campaign if you have a chance. It's a great opportunity to build relationships with our political leaders.*
- *Consider volunteering for a board or even running for office.*
- *If you can only do one thing, **be sure to vote.***

Nevada Substance Abuse Prevention and Treatment Agency (SAPTA)

The mission of SAPTA is to reduce the impact of substance abuse in Nevada.

SAPTA funds services with private non-profit treatment organizations, community level prevention organizations in all 17 Nevada counties, and governmental agencies statewide.

Treatment Services Offered

- Detoxification
- Outpatient counseling
- Comprehensive treatment priority admission or interim services to pregnant women:
  - Pregnant injection drug users
  - Pregnant substance abusers
- Residential treatment services
- Opioid maintenance therapy
- Non-pregnant injection drug users
- All Other Substance Abusers
- Co-occuring behavioral health disorders

Prevention Services Provided

- Provide Federal and State funding to local and regional coalitions who fund community level direct service providers to provide evidence-based programs, practices, and policies, on identified substance abuse and related factors in communities
- Provide Federal and State funding to local and regional coalitions to provide environmental strategies to change community norms
- Provide training and technical assistance

For questions or resources contact SAPTA at:
Carson City: 775-684-4190
Website: http://mhds.nv.gov

extraordinary nurses

NNA Honors Deloris Middlebrooks: A Leader in Nevada Nursing

Jean Lyon, PhD, APRN

Deloris Middlebrooks and Jean Lyon

On May 9, 2014, Nevada Nurses Association, District 1, presented the Northern Nevada Nurses of Achievement award this year to Deloris Middlebrooks. The award was presented at the awards dinner that was held at John Ascuaga's Nugget in Sparks, NV.

For those of you who have never met Deloris, you have missed an opportunity to meet a wonderful woman who continues to be devoted to nursing and the professional association. Nurses who know Deloris are aware of her many contributions to nursing, especially in Nevada.

Deloris is from Iowa. She attended a diploma nursing school in Iowa and graduated in 1956. Following graduation, she worked in psychiatric nursing at Iowa State Hospital. She had a Director of Nursing who encouraged her nurses to return to school for their BSNs. Deloris attended the University of Iowa and received her BSN in the 1950s – a real pioneer.

Deloris and her husband moved to Reno in 1960. She initially taught at Orvis School of Nursing, University of Nevada, Reno. When she became pregnant with her first child she left UNR and worked at St. Mary's. She held a variety of teaching positions at the VA and throughout Northern Nevada.

Deloris was widowed at a young age. She remained in Reno with her two children. As the sole support for her family, she knew that education was important to securing teaching positions. She received her masters degree in nursing from the University of California, San Francisco in psychiatric nursing and teaching.

She taught at Western Nevada Community College, North campus, which is now known as Truckee Meadows Community College. She remained there 21 years, and retired in 1994, two years after being diagnosed with Rheumatoid Arthritis. While on faculty at TMCC, she attended summer school at UNLV, and obtained a doctorate in Vocational Education.

Her affiliation with the American Nurses Association has continued since 1956. She has been a member of Nevada Nurses Association since she came to Nevada in 1960. During that time she has held positions on the Board and many committees. She was one of a small group of nurses who infused new life into NNA District 1 in the 1990s when the organization had reorganized and was struggling.

I met Deloris 22 years ago when I moved to Nevada. I have always found her to be warm and welcoming. Deloris attributes much of her professional success to nurses who mentored her. She seemed to always be surrounded by supportive nurse leaders who encouraged her to achieve her goals and make her dreams a reality. She in turn has given back to nursing, providing encouragement to nurses in a variety of settings, both clinical and professional. Although she is now retired from nursing, she continues to attend NNA functions, and provides insight on issues relevant to nursing and NNA. She is just a phone call away, and is a great listener.

Meet Nevada Nurse Martha Drohobyczer, MSN, RN, CNM

Martha Drohobyczer, a Certified Nurse-Midwife and a Certified Clinical Nurse Specialist in Psychiatric Nursing has a solo office practice, Alternatives for Women, Inc., in Las Vegas, NV. Martha's current practice encompasses complete woman's health, that is, gynecology, primary care and psychiatry for women. She also sees clients at a local private psychiatric hospital where she treats men as well as women.

Martha became interested in midwifery after reading about Frontier Nursing Service while she was a junior in high school. "After finishing the book I told my mother that I wanted to become a nurse-midwife and she said "they don't use midwives anymore" so my next passion was government and civics. Martha's first degree was a B.S. in Human Services and Government. Martha was interested in international relations and after graduation she started graduate school at Hebrew University of Jerusalem, in Jerusalem, Israel. "I have loved Middle Eastern politics since the early 70's." Martha visited Iran in 1972 when the Shah was still in power. " I loved it there." After one year Martha returned to the U.S. and was able to obtain an M.S. in Counseling Education. In 1980 she earned a BSN and in 1983 an MSN in Nursing with a concentration in the clinical specialist track of psychiatric nursing. "I chose St. Louis University because it had a nurse midwifery graduate program. But when I applied after graduation from the BSN program, the department chair said that they were not accepting new applicants due to a shortage of clinical sites. That is still a problem in midwifery. So I chose psychiatry."

In 1983 Martha moved to Nevada accompanying her husband who was pursuing a jewelry business opportunity in Las Vegas. In the early 1990s Martha became aware of the very high infant mortality rate (16/18 of 1000 births) in two African American zip codes of Las Vegas. These horrifying statistics reignited Martha's dream of becoming a nurse midwife. In 1995 Martha became certified as a nurse midwife. "I was fortunate to have been able to attend Frontier School of Midwifery and Family Nursing, in Kentucky." She received a post-graduate certificate as a nurse-midwife. "My first job was as a nurse-midwife in one of those high risk zip codes. I loved it there but the clinic closed after I was there for 2 years."

Martha has utilized her extensive education in a number of ways. She has participated in research, was Director of Nursing at Southern NV Adult Mental Health Hospital from 1983-1988, has served as faculty at UNLV Nursing School, and has been a preceptor for advanced practice nurses and physician assistant students. Currently, Martha no longer delivers babies. She combines women's health and psychiatry and specializes in treating post-partum depression. She is uniquely prepared to recognize the condition, appreciate the tremendous need, and design and provide appropriate treatment.

Martha derives her greatest satisfaction from clinical work especially when her efforts have made a significantly positive difference for her clients. As a psychiatric clinical specialist she has found reward when a client is able to resume a rewarding life for themselves. Martha was attracted to working with pregnant clients particularly because she believes pregnancy is a time when women are willing to make constructive changes in their lives when they receive encouragement, education and guidance. Martha enjoys facilitating positive changes for her clients.

Continuing with her desire to "make a difference," Martha is interested in assisting the rural area of Nevada in expanding access to primary care for rural Nevadans including women's health and psychiatry. Martha's future plans include going on site to the rural clinic once a month and conducting follow up with clients via telemedicine. At the rural clinic a problem she has identified is the difficulty in assuring clients received appropriate referral and follow-up when a problem is found. For example, how could a referral be made when a breast mass was detected if there are transportation or insurance issues. Martha's suggestions to boost provider recruitment for Nevada's rural areas include creating an alliance with providers to ensure that referrals can be made and appropriate follow-up is provided. Readers are invited to contact Margaret Curley 775-747-2333 with any other suggestions to increase access to primary care in rural Nevada.

Northern Nevada Nurses of Achievement

The Northern Nevada Nurses of Achievement committee was formed in 1999 to shine a spotlight on the nursing profession founded more than 150 years ago by Florence Nightingale. The goal of this committee of dedicated nurses is to honor colleagues, increase awareness of nursing as a profession and to promote the advancement of nursing education through scholarships.

To date Northern Nevada Nurses of Achievement has provided over $130,000 in scholarships to northern Nevada nursing students at the University of Nevada Orvis School of Nursing (Reno), Truckee Meadows Community College (Reno), Western Nevada College (Carson City), Great Basin College (Elko) and Carrington College (Reno).

This year, nearly 900 attendees gathered on Friday, May 9 at the Nugget in Sparks to recognize the accomplishments of nurses by celebrating with a filet mignon dinner, cocktails, live jazz, and a silent auction—highlighted by nursing award presentations in 14 categories: Advanced Practice; Community/Behavioral Health; Critical Care; Education; Innovation; Leadership; Lifetime Achievement; LPN; Long-term Care/ Rehab; Maternal/Child; Medical/Surgical; Office/ Outpatient; Patient Advocacy; and Rookie of the Year. This is also the second year that nurses have also been recognized posthumously.

Pictured left to right (front row) Orlando Murray – Long Term/Rehabilitation (Carson Tahoe Continuing Care Hospital) Amber Boobar – Medical/Surgical (Renown Regional Medical Center) Jennifer Stevens – Rookie of the Year (Renown South Meadows Medical Center) Poeth Kilonzo – Leadership (Renown South Meadows Medical Center) Carrie Archie – Nursing Innovation (Renown Regional Medical Center) Mary Jeppson – Office/Outpatient (Renown Health)

Pictured left to right (back row) Toril Strand – Behavioral/Community Health (Willow Springs Center) David Hoffman – Licensed Practical Nurse (VA Sierra Nevada Health Care System) Heather Sabol – Advanced Practice Nurse (VA Sierra Nevada Health Care System) Natasha Lukasiewich – Critical Care (Care Flight/REMSA) Jami-Sue Coleman – Nursing Education (Saint Mary's Regional Medical Center) Amy Murphy – Patient Advocacy (Renown Regional Medical Center)

Not pictured: Shelly Koontz – Maternal/Child (Carson Tahoe Regional Medical Center) Patty Sredy – Lifetime Achievement (Saint Mary's Regional Medical Center)

The 2014 winners are:

Heather Sabol - Advanced Practice Nurse - (VA Sierra Nevada Health Care System)

Toril Strand - Behavioral/Community Health - (Willow Springs Center)

Natasha Lukasiewich - Critical Care (Care Flight/REMSA)

Jami-Sue Coleman - Nursing Education (Saint Mary's Regional Medical Center)

Carrie Archie - Nursing Innovation (Renown Regional Medical Center)

Poeth Kilonzo - Leadership (Renown South Meadows Medical Center)

Patty Sredy - Lifetime Achievement (Saint Mary's Regional Medical Center)

David Hoffman - Licensed Practical Nurse (VA Sierra Nevada Health Care System)
Orlando Murray - Long Term/ Rehabilitation (Carson Tahoe Continuing Care Hospital)

Amber Boobar - Medical/ Surgical (Renown Regional Medical Center)

Shelly Koontz - Maternal/ Child (Carson Tahoe Regional Medical Center)

Mary Jeppson - Office/ Outpatient (Renown Outpatient Services)

Amy Murphy - Patient Advocacy (Renown Regional Medical Center)

Jennifer Stevens - Rookie of the Year (Renown South Meadows Medical Center)

The 2015 nominations will be accepted in January and the event will be held in May. For more information, please visit our website at http://nursesofachievement.com.

Donna Miller Honored

Donna Miller, Vice-President of NNA District 3 and President of Life Guard International, also known as Flying ICU, an air medical transportation provider located in Las Vegas, Nevada, has been announced as a winner for the National Association of Women Business Owners 2014 Nevada "Entrepreneur of the Year."

Born and raised in Romania, Donna immigrated to the U.S. in 1991, when she was 22 years old. She became a U.S. citizen in 1994 then graduated from nursing school in 1996. Moving to Las Vegas in 1999, her dream of flying came to fruition when she obtained her flight nurse certification in 2001. A year later, in 2002, Donna founded Life Guard International Air Ambulance.

Recognized as the Small Business Administration's Nevada 2014 "Woman-Owned Business of the Year," Donna attributes the continued success of Life Guard to her pilots, medical crews, and support staff.

"Immigrating to the United States from Romania, speaking no English; to having Life Guard International grow to the business it is today and being recognized first as a finalist and now the winner for the 2014 'Entrepreneur of the Year" is very special. I am very lucky to have such a wonderful team working day in and day out to help make Life Guard International the successful life-saving company that it is today."

The 2014 Women of Distinction Awards Ceremony was held at the Paris Hotel and Casino in Las Vegas on Friday, June 6.

healthy nevada nurses

The Healthy Nevada Nurses initiative continues to gain momentum. We completed our 10,000 step challenge in February. Congratulations to those who worked toward this goal.

We are excited to announce that we have four business partners in the Reno-Sparks / Carson City area who are providing significant discounts to Healthy Nevada Nurses.

Saint Mary's Center for Health & Fitness	645 N. Arlington Ave. 100 Reno, NV 89503	$55/month for Healthy Nurses
Yoga Loka	6135 Lakeside Dr. #121 Reno, NV 89511	20% discount on any class packages
[b] Medical Spa	1910 E. College Parkway Carson City, NV 89706	10% discount for nurses
Renew MD Medical Spa	730 Sandhill RD Ste 200 Reno, NV 89521	15% discount on any medical service

We appreciate the support of these businesses for nurses. When you go in, state that you are a Healthy Nevada Nurse to get the discount. We will be expanding our partnerships to other areas of Nevada, so watch our website and RNF for partners in your area.

Visit us at www.healthynevadanurses.com.

We hope that you will join us in a journey to better health and wellness.

Supplements and Weight Loss

Jean Lyon, PhD, APRN

Summer is here and who among us isn't interested in looking better in our swimming suits at the pool or the beach? Summer brings lighter clothes, shorts, short sleeves or no sleeve tops. If only you could drop five or even ten pounds, wouldn't you look and feel better?

There are many weight loss programs around. Some of these programs offer dietary supplements that they promise are "all natural" and will help to curb your appetite and assist with your weight loss. But what are these supplements, do they work, and are they safe? As a nurse practitioner I get asked these questions frequently. The answer is not an easy one. The best advice is "buyer beware" and know what is in the product before you buy it. But even that knowledge does not guarantee that the manufacturer has put the ingredients in the supplement in the amount stated on the label, or that the supplement has not been laced with a hidden ingredient or even a prescription medication.

The Role of the Food and Drug Administration (FDA)

Dietary supplements fall under the label of foods. The FDA's Center for Food Safety and Applied Nutrition (CFSAN) is responsible for the oversight of dietary food supplements. This should make consumers feel protected, correct? Not so fast – Dietary supplements may fall under the CFSAN's oversight, but the dietary supplements are NOT approved by the FDA. The FDA expects manufacturers of dietary supplements to self-regulate to ensure:

- The products it manufacturers or distributes are safe,
- Any claims made by the company about the supplements are not false or misleading,
- The products comply with the Federal Food and Cosmetic Act and FDA regulations in all other respects.

This is not very reassuring when you consider that the contents of supplements are not analyzed by the FDA, and perhaps not accurately reported by the manufacturer. Supplements are rarely tested in controlled research studies.

The FDA relies heavily on consumers and health professionals to report adverse events from supplements. Most alarming is the problem that supplement products may be laced with varying quantities of approved prescription drug ingredients, controlled substances, and untested and unstudied pharmaceutically active ingredients.

A recent visit to the FDA website (www.fda.gov) revealed a list of supplements that were recently identified as containing substances that can be harmful to humans. Several supplements were found to contain Sibutramine, a prescription drug that was removed from the market in October, 2010 due to safety concerns, including an increase in blood pressure and pulse. There is an increased risk from Sibutramine for people who have Coronary artery disease, Congestive Health Failure, Arrhythmias, or a history of stroke. The list of supplements that are available that contain Sibutramine include the following: Infinity, Asset Bold, Asset Bee Pollen, Natural Body Solution, Slim Trim U, Lite Fit USA (an herbal supplement), New You, Bella Vi and Thinogenics weight loss capsules.

Other products that are dietary supplements manufactured by New Life Nutritional Center and include Sibutramine in them are: Super Fat Burner, Maxi Gold and Esmeralda. These supplements have an unapproved new drug in them, as does Pro Power Max.

More dangerous than the supplements that have Sibutramine is OxyElite Pro Supplements or VERSA-1. USP Labs, LLC, from Dallas, Texas, the manufacturer of the OxyElite Pro Supplements, recalled the products after it was found to be linked to dozens of cases of acute liver failure and hepatitis, including one death and illnesses so severe that several people who took the supplement required liver transplants. The majority of the cases of acute liver failure occurred in Hawaii.

The key to weight loss has not changed. If the number of calories consumed is less than the calories needed by the body, when you accumulate a 3,500 deficit, you will lose one pound. Decrease intake by planning healthy meals. Avoid fast food and junk food. Eat healthy snacks. Be very cautious about any and all supplements. You must develop a lifestyle of healthy eating and exercise that will not only ensure weight loss, but a lifetime of healthy living.

nevada action coalition

How Does the NSBN Fit in With the Future of Nursing Campaign in Nevada?

Debra Scott, MSN, RN FRE, NSBN Executive Director

In 1923, the Nevada Legislature created the Nevada State Board of Nursing by enacting:

NRS 632.005 Legislative declaration. The Legislature hereby declares that the practice of nursing is a learned profession affecting the safety, health and welfare of the public and is subject to regulation to protect the public from the practice of nursing by unqualified and unlicensed persons and from unprofessional conduct by persons licensed to practice nursing. The Legislature further declares that the purpose of the State Board of Nursing is to regulate the practice of nursing and to enforce the provisions of this chapter.

It was nurses who lead in passing this law. It was nurses who desired their role to be recognized as a profession—to give nurses the authority to practice as a professional, to assume responsibility within their scope of practice, and to be held accountable for the safety of their patients. Nurses across the country have been regulated for more than 100 years. As the profession has grown, so has our influence and our impact on the delivery of health care. Never more than today have nurses been recognized as an integral part of the health care team. The current and future potential for nurses and our profession as a whole is limitless if we choose to challenge the system, ourselves, and work together with each other and all members of the health care team to provide the highest quality evidence based care possible.

In 2010, the Institute of Medicine (IOM) published the *Future of Nursing: Leading Change, Advancing Health*, a report which established four key messages and made eight recommendations encompassing the key messages of Education, Practice, Collaboration, Leadership, Data and Diversity. Nevada began addressing those recommendations early in the process through the work of several organizations and associations throughout the state. The Nevada Alliance for Nursing Excellence is one of those entities. The NSBN is a charter member of NANE and supports the group's work in many areas.

In 2012, Nevada was designated as a Future of Nursing Action Coalition (NAC)—formal entities which serve to implement the recommendations of the IOM Report. The two co-lead organizations of the Nevada Action Coalition (NAC) are the Nevada Health and Medical Services Sector Council and NANE. The NAC has established an Executive Committee to begin this important work which will answer to a Board of Directors. In addition, Recommendation Champions and Regional Champions are being recruited to support the work of the NAC to meet each of the eight recommendations. The NSBN has been involved in this process from the onset.

The Future of Nursing Campaign envisions that ***"All Americans have access to high-quality, patient-centered care in a health care system where nurses contribute as essential partners in achieving success."*** The NSBN supports this vision. Inherent in this vision is the ultimate mission of patient safety—the mission of the NSBN.

Currently the NAC is seeking nurses who are willing to work toward realization of the recommendations of then IOM Report. In the near future, nurses will have the opportunity to make any amount monetary donations at the time of their license renewal to support the work of the NAC. The NSBN is in the final stages of programming our online renewal process for pass through funds to go directly to the NAC.

We look forward to working closely with Nevada nurses in bringing Nevada even closer to meeting all of the recommendations set out in the IOM Future of Nursing report. For further information contact:

About the Future of Nursing: Campaign for Action

The Nevada Action Coalition is part of the Future of Nursing: Campaign for Action, a joint initiative of AARP and the Robert Wood Johnson Foundation (RWJF), working to implement the Institute of Medicine's evidence-based recommendations on the future of nursing. The Campaign includes Action Coalitions in 50 states and the District of Columbia and a wide range of health care professionals, consumer advocates, policy makers, and the business, academic, and philanthropic communities. The Center to Champion Nursing in America, an initiative of AARP, the AAPR Foundation and RWJF, serves as the coordinating entity for the Campaign, as well as the national program office for the Future of Nursing State Implementation Program. Learn more at www.campaignforaction.org. Follow the Campaign for Action on Twitter at @Campaign4Action and on Facebook at www.facebook.com/CampaignForAction.

About the Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to health and health care, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, measurable, and timely change. For more than 40 years the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and healthcare of those it serves. When it comes to helping Americans lead healthier lives and the get the care they need, the Foundation expects to make a difference in your lifetime. For more information, visit www.rwjf.org. Follow the Foundation on Twitter at www.rwjf.org/twitter or on Facebook at www.rwjf.org/facebook.

About AARP

AARP is a nonprofit, nonpartisan organization, with a membership of more than 37 million, that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse. We advocate for individuals in the marketplace by selecting products and services of high quality and value to carry the AARP name as well as help our members obtain discounts on a wide range of products, travel, and services. A trusted source for lifestyle tips, news and educational information, AARP produces AARP The Magazine, the world's largest circulation magazine; AARP Bulletin; www/aarp.org; AARP TV & Radio; AARP Books; and AARP en Español, a Spanish language website addressing the interests and needs of Hispanics. AARP does not endorse candidates for public office or make contributions to political campaigns or candidates. The AARP Foundation is an affiliated charity that provides security, protection, and empowerment to older persons in need with support from thousands of volunteers, donors and sponsors. AARP has staffed offices in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Learn more at www.aarp.org.

In future columns there will be a call to action in order for you become an active member of the Nevada Action Coalition. We sincerely hope that you will consider working on one of the Institute of Medicine's (IOM) eight recommendation in your region of Nevada. For more information please contact Debra Scott, Executive Director, NSBN, dsscott@nsbn.state.nv.us.

student corner

Assessing the Effect of Unsheltered Homeless Populations on Recreational Water Quality: A University of Nevada, Las Vegas Student Nurse Project

Authors: Faculty: Daniel Gerrity, PhD and Nancy Menzel, PhD, RN. Students Jovi Dumangan, Cesar Dusel, Kristina Dzolic, Araceli Holdridge, Karen Miller, Chelsea Nieto, Ralph Nitollama, Raymond Tang, Early Santos, Melanie Sharpley, Sharon Szeman, and Kaitlynn Szoke

The practice of nursing is not confined to hospital walls. Standard 16 of Professional Nursing Practice is environmental health, with competencies such as "communicates environmental health risks and exposure reduction strategies to healthcare consumers, families, colleagues, and communities" and "participates in strategies to promote healthy communities" (American Nurses Association, 2010a). Further, "nurses partner with individuals, families, communities, and populations to address issues such as…the environment and the prevention of disease" (American Nurses Association, 2010b, p. 14).

Accordingly, it is appropriate that nurses learn how to collaborate with other disciplines to assess public health threats while at the same time advocating for interventions that protect vulnerable populations from environmental harms. This paper describes a University of Nevada, Las Vegas (UNLV) School of Nursing (SON) student nurse project conducted in collaboration with civil engineering faculty from the UNLV Howard R. Hughes College of Engineering (COE) to assess environmental health risks and propose solutions.

The Public Health Problem

The Las Vegas Wash is a "a flow of water that is comprised of urban runoff, shallow groundwater, reclaimed water, and storm water" (Las Vegas Wash Coordination Committee, 2014). This flow of water eventually ends up in Lake Mead, an area where locals and visitors alike swim, fish, and enjoy other recreational activities. While a modern treatment facility ensures the safety of drinking water from Lake Mead, there is no system to protect the public from recreational water illnesses (RWI) caused by exposure to fecal bacteria in Lake Mead (Cruz, Stevens, & Rinella, 2009).

The most commonly reported RWI is diarrhea. Microorganisms that cause diarrheal disease from recreational water exposure include Cryptosporidium, Giardia, Shigella, norovirus, and *Escherichia coli (E. coli)* O157:H7 (Centers for Disease Control and Prevention, 2013). According to the Southern Nevada Health District (2014), over the past five years, local incidence rates for diseases caused by these enteric pathogens fluctuated from year to year but were never zero. Considering that most such illnesses are vastly under-reported to health departments (Doyle, Glynn, & Groseclose, 2002) and that out of state visitors will not have their cases reported locally, the actual incidence is likely much higher.

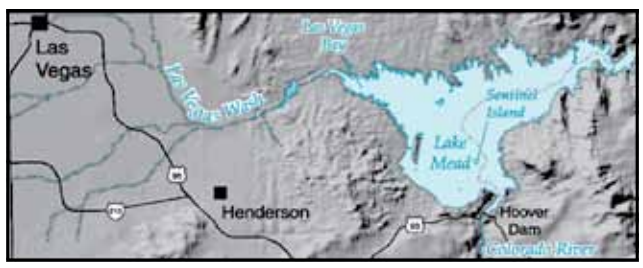
When homeless persons who camp along the Las Vegas Wash ("the Wash") defecate in its watershed (the land area that drains into it: Figure 2), those contaminants receive no treatment before the water flows into Lake Mead. Therefore, it is important to monitor water quality for the effect of housing policies that restrict homeless individuals' access to sanitary facilities.

Raymond Tang

Cesar Dusel

Jovi Dumangan

Figure 1. Las Vegas Wash watershed



Unsheltered homeless are "individuals and families with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground" (United States Department of Housing and Urban Development, 2008). While some may not be able to find overnight accommodations due to the area's severe shelter bed shortage, others prefer to live on the street for a variety of reasons, including serious mental illness, fear of crowded conditions, active substance abuse, and pet ownership.

In Southern Nevada last year, there were an estimated 4,435 unsheltered homeless people (Help Hope Home, 2013). With a 150 pound person excreting 285 pounds of feces a year (Goodman, 2004), this subpopulation produced an estimated 1.3 million pounds of excrement. Much of this waste went into the Wash instead of into sanitary sewers and through municipal water treatment plants.

The Nursing Student Project

Two clinical groups of SON students in the 2014 spring semester of Population Focused Nursing in the Community investigated this problem. Their goal was to assess the situation and use findings to plan to advocate for social justice (the equitable distribution of resources) for the area's unsheltered homeless individuals. It is unfair both to those living on the streets and to the general public that Southern Nevada's social service and housing policies leave individuals with no choice but to defecate on streets and on the ground, a health hazard.

Faculty from the COE and SON collaborated to design the project and to guide the students. The assessment phase included touring the Clark County Water Reclamation District treatment plant, conducting a literature review, interviewing key informants to locate homeless encampments within close proximity to the Las Vegas Wash, learning how to use geocoding to identify water sampling sites, and sampling and testing water for biological pollutants.

The students conducted a literature review to identify infectious diseases common to homeless populations and to pinpoint organisms most likely to be shed in feces or to spread among those living in close quarters, such as in shelters or camps. Most reports were for diseases not spread by the fecal/oral route, such as scabies and lice, venereal diseases, and upper respiratory infections (Ryan, 2008). However, there were a few reports of diarrheal illnesses in shelters and homeless encampments (Brickner, Scharer, Conanan, Elvy, & Savarese, 1985; Chamard, 2010).

Next, students interviewed key informants to identify the locations of homeless encampments near the Wash. Key informants came from social service agencies, a governmental agency, and police departments that work with the homeless regularly. The information gave us guidance for sampling locations.

We then moved on to planning the sites for water sampling, using a powerful technical tool. GIS (geographic information systems) allows users to record, track, and analyze data by specific geographic location. Dr. Haroon Stephen of the COE provided an orientation to GIS, available at ftp://urban.egr.unlv.edu/data/misc/Intro2GIS.pdf. We used GIS Cloud, a smartphone app, to locate geographically (latitude and longitude) water sampling sites, such as the Duck Creek Trail, both upstream and downstream. We used the phones to snap photos of the sites and send the information to a database on the Web for later entry of biological sampling results (Figure 2).

Figure 2. Example of Wash sampling location in GIS Cloud.

Over two consecutive days in March 2014, we collected water samples using a clean technique (gloves and cup; Figure 3A) and returned samples to a COE lab to test for enterococci, total coliform, and fecal coliform using the IDEXX Colilert® and Enterolert® methods with Quanti-Trays®. After 24 hours of incubation, the Colilert media indicated whether total coliforms were present by turning yellow or remaining clear (Figure 4B). We then tested for *E. coli* (same tray as the total coliform test) and enterococci (different tray) based on the presence/absence of fluorescence upon irradiation of the wells with UV light (Figure 4C). A

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Student Corner continued from page 14

statistical most probable number (MPN) approach was then used to convert the number of positive large and small wells to a bacterial concentration (MPN/100 mL).

Figure 3. (A) Student Sharon Szeman collecting water sample at the Las Vegas Wash Weir. (B) Total coliform testing with IDEXX Colilert® media and Quanti-Trays®. (C) *E. coli* and enterococci testing based on fluorescence.

A.

B.

C.

All of the results tested positive for total coliform and *E. coli*. According to the CDC, while most strains of *E. coli* are generally harmless, some strains can cause diarrhea and urinary and respiratory infections (Centers for Disease Control and Prevention, n.d.). Also, all but one sample (wastewater treatment plant outfall) tested positive for enterococci. By reviewing all the sampling results and their geographic locations, we were able to compare whether the water quality changed from upstream to downstream, what type of contaminants the water contained, and how results compared between sampling days. The Upstream Flamingo Wash area, which has the highest density of homeless encampments, also had a high ratio of *E. coli* and enterococci relative to its total coliform level. Because *E. coli* and enterococci are indicators of fecal contamination, this may indicate a link between human activity and adverse impacts on water quality.

Table 1
Las Vegas Wash Water Sampling Results

Sample Location	Date	Total Coliform (MPN/100 mL)1	E. coli (MPN/100 mL)1	Enterococci (MPN/100 mL)1
1. Sloan Channel	3/5/2014	>2419.6	63.8	435.2
	3/6/2014	>2419.6	290.9	517.2
2. Upstream Flamingo Wash	3/5/2014	1119.9	32.7	1732.9
3. Downstream Flamingo Wash	3/5/2014	>2419.6	9.8	387.3
	3/6/2014	>2419.6	78.9	185
4. Monson Channel	3/5/2014	>2419.6	38.9	95.7
5. Upstream Duck Creek	3/5/2014	>2419.6	30.9	579.4
	3/6/2014	>2419.6	53.0	613.1
6. Pittman Wash	3/5/2014	1203.3	5.2	18.7
7. Downstream Duck Creek	3/6/2014	>2419.6	65.7	129.6
8. WWTP Outfall	3/5/2014	1046.2	14.6	<1
9. Las Vegas Wash Weir	3/5/2014	>2419.6	19.2	6.3
	3/6/2014	>2419.6	7.5	6.3
	3/6/2014	>2419.6	5.2	5.1

[1]MPN=Most Probable Number
[2]WWTP = Wastewater Treatment Plant

The data suggest that untreated flows from tributary washes pose a greater risk to public and environmental health than wastewater discharges.

Because mammals, birds, and fish also excrete *E. coli* and/or enterococci, the test we used is not sufficiently specific to confirm that these bacteria are from human feces. Therefore, the next step in testing for human-derived fecal contamination in the Wash should be identification and quantification of bacterial species unique to human-derived fecal contamination, which will require molecular microbiological methods, specifically real-time (or quantitative) polymerase chain reaction (qPCR), an expensive undertaking.

Based on this assessment and analysis, the students' community nursing diagnosis was "risk of exposure to fecal bacteria among homeless individuals living near the Wash and swimmers/boaters in Lake Mead related to lack of housing for unsheltered individuals in Clark County." The intervention plan was for the next class to continue the project by seeking funding for further testing to quantify the risk and classify the source.

Our preliminary findings may be enough to convince governmental agencies to fund the project. We identified possible funders as the U.S. Environmental Protection Agency, the Southern Nevada Water Authority,

Early Santos

Karen Miller

Melanie Sharpley

Kristina Dzolic

Chelsea Nieto

Ralph Nitollama

the Southern Nevada Health District, the Las Vegas Wash Coordination Committee, and the Southern Nevada Regional Planning Coalition's Committee on Homelessness. All have interest in water quality, public health, or the health of homeless individuals.

While awaiting the results of further testing, students next semester could recommend to area governments a short term strategy to reduce human waste pollution, which is to provide portable toilets near homeless encampments, but maintenance and vandalism make this approach less than ideal. A longer term solution for students to propose is improved regional participation in the 100,000 Home Campaign, a national organization that finds permanent homes in participating communities, with a philosophy of housing first. It has had some success in Clark County, housing 431 individuals to date (100,000 Homes, 2014). However, this still leaves a balance of over 4,000 people living on the streets, indicating a need for a more robust housing program. This project illustrates the benefits of collaborating with other professions to address the environmental health of communities.

Acknowledgements
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References available upon request.

Illuminations on School Nursing

Karen Moran Fossile, MEd, NCSN, RN; Linda S. Kalekas, RN, MSN, NCSN; Heather Strasser, MSN, RN

Definition of School Nursing

"School nursing is a specialized practice of professional nursing that advances the well-being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning" (National Association of School Nurses (NASN), 2011).

Nursing in the Educational Setting

After a child's home environment, the school setting is the next most influential environment in a child's life (American Academy of Pediatrics (AAP), 2008). Parents often regard the school nurse as a primary contact concerning their child's physical and emotional health (Weiner, Suveg, and Kendall, 2006). The role of the nurse in the educational setting has evolved significantly over the years as increasing numbers of children enter schools with acute and chronic health conditions that require nursing management throughout the school day.

School nurses support quality care for children in the school setting as well as academic success through the following roles (NASN, 2011).

School nurses promote normal development and foster optimal patient outcomes.

The nurse is the only health professional in the school setting prepared in both education and nursing (NASN, 2011). School nurses are knowledgeable about the pathophysiology of disease processes and use critical thinking and judgment to promote the wellness and normal growth and development of children as well as care for the special needs of students. They utilize the nursing process to provide individualized care and develop individualized health care plans. School nurses are committed to fostering the most effective interventions and optimal patient outcomes by performing comprehensive health histories and physical assessments to determine if a student has one or more health concerns that substantially affect his or her educational performance.

School nurses assure the health and safety of students and provide health education and wellness programs.

Nurses in the school setting coordinate school health programs to address the needs of the whole child to support academic achievement (AAP, 2008). School nurses manage communicable diseases, direct infection control precautions, and ensure compliance with school entry health requirements such as immunizations. They provide both individualized and group health education to promote healthy and safe choices as well as a safe educational environment. They often provide support and guidance to students who are a threat to themselves or to others through the student threat evaluation process. Nurses in the school setting also serve on school-based emergency response teams as part of the incident command system during crises, emergencies, and disasters.

School nurses provide care and case management for students in the educational setting.

School nurses provide care and case management for children with acute and chronic health problems as well as those students with injuries at school. As the numbers of children with extraordinary health care needs rises, more and more medically fragile children are being mainstreamed into traditional schools, requiring sophisticated specialized procedures throughout the school day. The school nurse monitors the security and safe administration of medication. They also perform vision, hearing, scoliosis and body mass index screenings to identify any potential issues that may hinder a student's learning.

School nurses practice according to the Nevada Nurse Practice Act.

Nurses in the school setting receive written orders from licensed healthcare providers to direct essential medical services for students. The Nevada State Board of Nursing (2011) provides specific information regarding duties and responsibilities of the school nurse as well as the delegation of nursing duties to unlicensed staff, including the administration of medication to students. School nurses are devoted to continually improving their learning and professional practice to improve the academic success of children, empowering their patients, the nursing profession, and nursing practice.

Illuminations continued on page 17

A Day in the Life....

7:15 am – A school nurse is starting her day when three high school students are brought to the health office by the dean with impaired motor skills and drowsiness.

7:30 am – Across town, a school nurse is attending a multidisciplinary team meeting at a middle school to determine whether a student's cardiac condition is impacting her learning.

8:00 am – At an elementary school, the school nurse is called to the front of the school after it was reported that a third grader fell off his scooter on the way to school and is bleeding profusely from his head.

8:15 am – A second grade student is sobbing in the health office complaining of a stomachache. The school nurse understands that this young man recently lost his mother. The school nurse sits with this student, talks with him for a while, offers him a hug, and walks him to class.

8:30 am – A school nurse is completing Epipen training with a teacher who will be taking an Epipen on a field trip for a student with a severe peanut allergy.

9:00 am – A school nurse is teaching a growth and development class to a group of fifth grade girls.

9:30 am – In the northwest area of town, a school nurse is called to the autism classroom because a student is diaphoretic, confused, and shaking.

10:00 am – At a middle school, a school nurse is starting a gastrostomy tube feeding for a student in a self-contained classroom.

10:30 am – In the central area of the valley, a school nurse is suctioning a student's tracheostomy and changing out an oxygen tank.

10:45 am – The school nurse attends the school district genetic clinic with the student and her family to determine if the student may have a genetic disorder such as Fetal Alcohol Syndrome that may be impacting her education.

11:00 am – In the southeast area of town, a school nurse performs diabetic care and insulin administration for the four diabetic students at his elementary school. Diabetic education is completed as he assists each of these students to understand their diabetes and become more independent in their care.

11:30 am – The fire alarm goes off at a high school on the east side of the valley. The school nurse and health aide gather all emergency supplies, disability information, and medications to be taken outside of the school building.

12:00 pm – A group of school nurses are meeting to discuss new legislative and policy issues that will be impacting school nurses to determine recommendations to be made to the nursing administration and director of health services.

12:30 pm – A school nurse meets with a pregnant high school student who has shared that she has not received any prenatal care and has been kicked out of her family's home.

1:00 pm – The school nurse participates in an AED drill with school staff members on a high school campus to ensure adequate and appropriate response from the school AED team.

1:30 pm – A school nurse completes a physical assessment on a student in the Special Kindergarten classroom who is being reevaluated for special education services and makes a referral to a School-based Health Clinic for further evaluation and treatment of otitis media.

2:00 pm – The school nurse is called to the middle school locker room after PE class for a student with severe wheezing, coughing and shortness of breath.

2:30 pm – The school nurse meets with a new student and his family to discuss the family's concerns regarding their son's seizure disorder and the vagal nerve stimulator that will be needed at school.

3:00 pm – The school nurse writes care plans and medical alerts to send out to teachers with specific information regarding their students' disabilities and their needs in the school setting.

Illuminations continued from page 16

School nurses identify health needs and advocate for necessary resources.

School nurses nurture relationships with students and their families to make a positive impact on their health and wellness. They are comforting with the stroke of a hand or offering a hug to mend a broken heart. School nurses are trustworthy when students, families, and teaching staff confide concerns and problems. These uniquely qualified nurses have a collective voice heard advocating for children each day. They make appropriate referrals and provide vital resources to assist families to obtain essential healthcare services for their children. They establish partnerships in the schools as well as the community to coordinate nursing care for children. School nurses work autonomously in the educational setting, and while they are independent in their daily practice, they are also strong collaborators with their peers and other academic and health disciplines.

Becoming a School Nurse

Employment requirements vary among the numerous counties in Nevada. To become a school nurse in the Clark County School District (CCSD), a registered nurse must have a minimum of a baccalaureate in nursing (BSN). Upon hire to CCSD, school nurses must obtain educational licensure through the Nevada Department of Education. For more information regarding employment as a school nurse in the Clark County School District, call CCSD Health Services at 702-799-7443.

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School Nursing Author Bios

Karen Moran Fossile, MEd, NCSN, RN has extensive experience in pediatrics and neonatology. She has been a school nurse with the Clark County School District since 2005 and is currently a Health Services Coordinator within the same district.

Linda S. Kalekas, RN, MSN, NCSN, has 35 years of combined hospital and public health experience. She is currently employed as a Nursing Administrator in the Health Services Department for the Clark County School District. Ms. Kalekas provides School Emergency Triage Training for school nurses as a nationally certified SETT™ instructor and is the key plan writer/educator for emergency preparedness during disaster scenarios.

Heather Strasser, MSN, RN, has more than 20 years of nursing experience in pediatrics, pediatric oncology, and school nursing. She is currently a school nurse in the Clark County School District and is passionate about the health promotion and nursing care of children.

Check It Out!

Modern Technology – for Better *AND* for Worse

The advent of the electronic age revolutionized communication. Nowadays electronic devices are everywhere, from cell phones at home to iPads at work… the list goes on and on. But most often the use of electronic devices involves a "forward head posture" that an increasing body of research concludes may be hazardous to your health.

Forward head posture (FHP) describes the "overuse syndrome involving the head, neck and shoulders, usually resulting from excessive strain on the spine from looking in a forward and downward position…" This repeated orthopedic stress can produce cervical spine degeneration and affect multiple body systems. Dr. Dean Fishman, Chiropractor, coined the phrase "Text Neck" to draw attention to the alarming trend in injuries.

Anatomically speaking, FHP initiates changes in muscles, ligaments and tendons which alter the cervical spine and its curve. Headaches, along with numbness, tingling and pain in the neck, shoulders and upper extremities may be the first symptoms. Over time, FHP may be responsible for

- spinal misalignment and degeneration
- disc compression and herniation
- arthritis
- nerve damage

Experts reveal additional concerns as follows. Dr. Rene Cailliet, Director of the Department of Physical Medicine and Rehabilitation at the University of Southern California suggests that FHP may

- reduce lung vital capacity by up to 30%. The resulting shortness of breath may adversely affect cardiac and vascular function
- decrease GI peristalsis and increase discomfort and pain
- reduce endorphin production

Dr. Roger Sperry, Nobel Prize winner, believes that FHP shifts vital energy from normal brain processes such as immune protection, metabolism and thinking to the challenges of dealing with altered posture and gravity.

What to do? Take a break! Electronic devices are tools for your convenience, use them wisely. Dr. Fishman's treatments include exercise, massage therapy, physical therapy, and specialty chiropractic therapies. For more info on "Text neck" and Dr. Fishman's treatments, please visit ***http://text-neck.com***

Why Everyone (Including Nurses) Should Complete an Advance Directive

Paula Schneider, MPH, BSN, RN

After serving as a Registered Nurse for almost 38 years and as a hospice RN case manager for almost 10 of those years, I feel I can speak with some degree of authority on the importance of everyone having their own advance directive. I remember working in a public health department about 20 years ago when there was a strong initiative to ask our clients if they would like to complete an advance directive. It was the first I'd ever heard the term, and to be completely honest, I didn't really understand what it was. And our clients certainly didn't know what it was. It was education time for everyone!

Over the years, with much prodding from the health care arena, even more emphasis is being placed on the importance of health care consumers having an advance directive. Because I, too, feel that advance directives are very important in today's health care environment, I give workshops and presentations to the public on this topic. Completing an advance directive, for me, becomes more urgent with every passing day, both to provide personal peace of mind and comfort and possibly, on a small scale, to reduce the cost of health care in America today! No matter how uncomfortable it might be to think about the inevitability of dying and to try to make choices while still healthy about what interventions you may or may not want, having an advance directive is becoming an essential element of health care (and one day may be mandatory).

An advance directive (please don't put a "d" on the end of advance!) is a legal document that allows you to spell out your decisions about end-of-life care while still healthy. It provides a way to share your wishes with family, friends, and health care professionals and to avoid confusion later on (National Institutes of Health definition). An advance directive also allows you to assign someone to be your agent, someone who can make health care decisions for you in the event you are incapacitated.

RN's working in any setting where completion of an advance directive is encouraged or mandatory should a) be very familiar with components of your state's form and the laws that govern that form, b) consider completing their own advance directive so as to have first-hand knowledge of the form and the concept, and c) be able to discuss the importance of completing this form with patients and families. To that end, I have created a partial list of reasons why someone would want to complete an advance directive:

- To give **myself** comfort and peace, knowing that my wishes about how I want to be treated in my last days or weeks will be carried out.
- To give **my family** comfort and peace, knowing they are doing what I want done. This allows them to show me their love at a stressful time—a time when they may feel very helpless and confused.
- To make sure that painful, risky, expensive, and often futile procedures are not performed on me, or
- In the event I want all life-prolonging measures performed, that they are done.

Quite often in my presentations, I provide samples of a document known as Five Wishes. Five Wishes is legal in most states and it is a combination living will and advance directive. The nice thing about Five Wishes is that it is very easy to fill out (something that is important for the elderly especially) and it is easy to understand (important for those whose first language is not English). It outlines such things for your loved ones as how comfortable I want to be, how I want people to treat me, and a wonderful section on what I want my loved ones to know.

I chose Five Wishes to be my advance directive. It was easy to complete and contained many statements I wanted to include. Additionally, there are spaces to add additional comments. Remember, since the advance directive is not a physician's order, it does not need a doctor's signature. It does not need to be notarized, but can be if so desired. Two signatures are required to make it a legal document. Too, an advance directive is not a do-not-resuscitate order.

There is a new form in Nevada, the POLST, which does combine instructions to medical personnel on whether or not you wish resuscitation attempted and a section that serves as an advance directive. I feel the POLST is an excellent form for someone who is chronically ill but not yet ready for hospice care. It is an acceptable way to communicate your desires to your physician and others, but in my opinion it falls a bit short as an advance directive because it does not include the many humane elements included in Five Wishes.

If someone chooses to use a more standardized, sometimes difficult-to-understand, state-sanctioned advance directive and wants to include some personal statements of how they wish to be treated at the end of life, he or she can always add these statements to the state document. I advise that they initial and date any pages that are added that are not part of the original document.

The following web site has a downloadable version of every state's official advance directive: www.caringinfo.org and to order copies of the Five Wishes document call (888) 594-7437 or visit www.agingwithdignity.org.

Paula is a veteran Registered Nurse of 37 years. She has a BSN and a Master's of Public Health degree from the University of Texas Health Sciences Center in Houston. Her health care career has been diverse, and her true love is end-of-life care. She was a hospice RN case manager for 10 years for three different hospices. For five years while working in hospice she wrote weekly articles on death, dying, and spirituality for the Nevada Appeal. She is knowledgeable about end-of-life care and is passionate about helping people understand what dying in America entails today. She strives to help others live life to its fullest and to be less afraid of death and dying.

Getting *Semmelweised:* Fear and Medical Innovation

Alberto Hazan, MD

The man who saved more lives than anyone in history died in a mental institution—unrecognized and shunned by the medical community. He was beaten by guards and died a miserable death.

Dr. Ignaz Semmelweis was a Hungarian obstetrician practicing in the mid-1800's, years before Louis Pasteur came up with his germ theory and Joseph Lister popularized hand washing.

While working as an assistant professor at the Vienna General Hospital in Austria, Semmelweis noticed that women were dying at an alarmingly high rate at his clinic: up to 35% of women giving birth died of puerperal fever, an infectious pelvic disease, mostly caused by endometritis, leading to bacteremia, septicemia, and death. Yet, women giving birth at an adjacent clinic, being treated by midwives—and even those not reaching the clinics and giving birth on the street—had a much lower rate of infection and death (less than a tenth of the frequency) than those in his clinic.

This fact made Semmelweis "so miserable that life seemed worthless." He sought to find a logical reason for this discrepancy.

After months of doing research, poring over every minute detail that separated his clinic from that of the midwives', the answer finally revealed itself during the autopsy of his friend, Jakob Kolletschka, who had been accidentally stabbed with a scalpel by a medical student during a procedure and whose autopsy revealed that he'd died from a disease that was similar to puerperal fever.

During the 1800's in this Vienna hospital, autopsies were done in the same clinic as Semmelweis practiced. It was common for medical students and their preceptors to do an autopsy and then head to a delivery, without using gloves or washing their hands between procedures.

Semmelweis came to believe that there were particles in the cadavers that contributed to the infection and death of the women being delivered in his clinic. Although the prevailing theory at the time was that each case of puerperal fever was caused by different and unrelated illness, Semmelweis believed that there was only one cause and that by practicing proper hygiene many of these deaths could be prevented. To test his theory, he forced his students to wash their hands with chlorinated lime before delivering.

The rate of death during childbirth immediately dropped from up to 35% to 1-2% in the ensuing months. Still, Semmelweis was ridiculed by the entire medical community. His colleagues were appalled and insulted to hear that they were being blamed for the death of these women, and they went after Semmelweis, questioning his knowledge and convincing the medical community that the man who thought that invisible, theoretical "cadaverous material" from autopsies caused the death of women, was nothing short of insane.

Eventually, Semmelweis was fired from his clinic in Vienna and forced to move back to Budapest, Hungary. His ideas continued to be mocked, rejected, and ignored by his colleagues. In a last attempt at convincing his fellow obstetricians of his theory, Semmelweis began writing emphatic letters imploring physicians to practice proper hygiene. He was eventually committed to an asylum, where he was beaten by guards and, in a tragic dose of irony, died of septicemia, the same bacterial spread that led women with puerperal fever to die of their disease.

Of course, Semmelweis was right about the importance of hand washing. His theory has led to millions and millions of lives being saved. Although he was shunned, disregarded, and ridiculed, he continued to believe in his ideas, and he fought to promote them until his very dying day.

Despite his sad fate, Semmelweis's struggle for truth should be an inspiration to physicians and nurses who continue to question the status quo. Medical innovation cannot move forward without strong people pushing it forward, fearlessly voicing their theories and making sure that they are not hampered by the fear of being dismissed, shunned, or ignored by their colleagues. It's the only way to foster progress.

In the spirit of Semmelweis, we need to remain innovative. Share your ideas, your intuitions, your questions. Realize that human innovation cannot happen if you don't think for yourself and speak your mind.

If you get shut down by someone, don't be discouraged. Be proud. Be happy, even. Be anything but ashamed. As Albert Einstein said, "Great spirits have always encountered violent opposition from mediocre minds."

—Alberto Hazan is an emergency physician in Las Vegas. He is the author of the medical thriller "Dr. Vigilante" and the preteen, urban fantasy series "The League of Freaks"