From the President...

by Holly Decker-Carlson, MS, CCRN
Email: president@idahonurses.org

What a privilege and an honor to be a constituent state nursing association (CSNA) president. I am grateful for this opportunity and excited about the upcoming two years to serve the nurses of Idaho. I have been on the Idaho Nurses Association (INA) board since 2012. My tenure has included the Conference Planning Committee for the last two years, attending the latest American Nurses Association (ANA) House of Delegates session in Washington, D.C., and participating in the last two Membership Assemblies. For the last two years, I have been “living INA” and I love it!

The experiences I have had working with INA/ANA have humbled me as a nurse; I have personally witnessed the advocacy, education, and support the ANA provides to nurses across the nation and throughout the world. ANA strives every day to build professionalism in each nurse through the programs and resources they offer to individual nurses and to other organizations. ANA is very active in policy advocacy on a federal level and subsequently empowers and provides the CSNAS with the resources to advocate within their own states. As a matter of fact, Idaho was able to successfully pass legislation this year that provides recourse for patient abuse. This was accomplished through the collaboration of Idaho nurses across the state, including INA members and nurses from other specialty associations. We were activists and we made a lasting difference.

Together, We Can Make a Difference

As nurses, we can only make a difference if we continue to grow professionally and get involved. Professional growth needs to be channeled by the drive to want to know more. Nurses are innately this way but may lack comprehensive, easy access to resources. I think we have an opportunity to build upon this. I think each of you deserves professional growth opportunities “on the ready,” whether it is a webinar, written materials, conferences, online modules, or current resources. One of my goals as INA president is to tie together education “on the ready” and continuing education credits that support our professional certifications and our organizational professional ladders.

Membership growth for sustainability is also imperative. INA membership must grow. It has been stagnant for the last two years. We average 300 members in a state that has 14,381 nurses. How can our voices be heard when we marginalize INA membership? It concerns me deeply when I hear nurses say, “No one is listening.” As nurses, our voice is not heard as individuals but as nurses collectively. We are responsible for making sure our voice is heard and believe me “they” do listen. How many of you participated in the National Lobby Day with ANA, either in person or virtually? If you are not sure what I am referring to, then you have an opportunity to have your voice heard, and you have an opportunity to participate. How many of you are aware of the Board of Nursing’s licensure proposal – proof of competency IDAPA 23-0101-1402? If approved, this proposed rule change will have a huge impact on your 2015 licensure renewal. Again, if you are not familiar with this current legislative issue, we need you to become a member of the Idaho Nurses Association so that we can keep you informed and help your voice to be heard where it counts.

While ANA has a healthy advocacy program, Idaho does not. Idaho’s nurses need to come together to decide what our concerns are, healthcare related or not; to access our personal contacts and resources; and to make sure our voice is heard in our state. We as nurses need to be key players in the change. I challenge each of you to get involved!

I look forward to the next two years. I encourage you to be a part of the whole! Check us out on Facebook at Idaho Nurses Association, our RN Idaho website at http://www.IdahoNurses.org, or feel free to email me directly at president@idahonurses.org.

Check out our website:
www.IdahoNurses.org
In 2011, the members of the Board of Nursing engaged in dialogue on the issue of nurse continued competence, a topic not new to the Board. Since 1977, the Idaho Nursing Practice Act has authorized the Board of Nursing to evaluate the continuing competence of licensed nurses and to “…develop standards which will advance the competency of licensees in accordance with developing scientific understanding and methods related to the practice of nursing” (Idaho Code §54-1404(7)). Since that time, the Board has considered how it might approach this authority, especially as it relates to licensure renewal. In fact, a review of past Board meeting minutes provides evidence of the many times the Board has considered whether or not nurses should be required to participate in continuing education activities as a prerequisite to licensure renewal.

In an effort to establish the foundation for the discussion, the Board charged a Board-appointed committee to clarify the Board’s current belief related to continued competence. After two years of work by the committee and on-going Board discourse and deliberation, at their meeting in May 2013, the Board adopted their “Belief Statement on Continued Competence and Continuous Professional Development” as the first step in moving forward with strategies to assure that nurses remain accountable for their own professional competence. Using the adopted belief statement as the foundation, the Board drafted rules to require engagement in activities of lifelong learning as a condition of continued active licensure for LPNs and RNs with a target implementation date of 2018.

Proposed Rule Docket 23-0101-1402
The members of the Board met by teleconference on July 2, 2014, and approved the draft proposed rules to be presented for public comment. The proposed rules require RNs and LPNs to demonstrate their continued competence to practice nursing in Idaho at the time of each licensure renewal and establishes methods by which nurses will comply with this obligation.

Proposed Rule Docket 23-0101-1402 was presented during a public meeting on July 17-18, 2014. All comments received were reviewed by the Board. Several changes were made to the proposed rules which were then approved and set for rulemaking. A summary of comments received and resulting revisions with rationale, as well as Docket 23-0101-1402, are available on the Board’s website at www.ibn.idaho.gov or by requesting a copy from the Board of Nursing.

Following the July public meeting, numerous requests for an additional public hearing on Docket 23-0101-1402 were received, prompting the Board to extend the comment period and schedule a second hearing on October 10, 2014. The public was again invited to provide oral and written comments for consideration by the Board prior to proceeding with the rulemaking process. The results of the October hearing are also posted to the Website to inform the public of the Board’s decision related to the proposed rules.

As indicated in the Board’s belief statement:
“…there is no empirical evidence that licensed nurses, as a group, lack competence. However, the Board believes that, in order to maintain active licensure once it is granted, nurses should periodically be required to demonstrate substantive steps to maintain professional competence. The Board is aware that nurses’ careers take widely divergent paths, varying by professional role, practice setting, therapeutic modalities, levels of health care delivery and, of course, the clients being served.”

It is this awareness that prompted the Board to conclude that nurses who take personal responsibility to engage in purposeful activities to advance their professional development will likely maintain acceptable levels of professional competence.

Other Board Business
In addition to receiving comments on proposed rules, during their July 17-18, 2014 meeting, Board members Susan

Please tell your patients: Medicare covers screening for prediabetes and diabetes for seniors at risk.

In America, approximately half of seniors 65 years or older have undiagnosed prediabetes or diabetes. But millions of seniors aren’t aware that Medicare covers the cost of diabetes screening if they’re at risk, so they might not be getting the treatment they need to prevent heart disease, stroke, blindness, kidney disease and amputations.

Help get the message out about the need for diabetes screening and the coverage that Medicare provides. Spread the word.
You've always dreamed of being a nurse. Now find your dream job at nursingALD.com

Welcome to

New INA Members

June, July and August, 2014

Boise, Idaho
Kacie Andersen
Nicole Benkin
David Cantrell
Dawn Dykstra
Maureen Karr
Rene Pallotti
Teresa Stanfill
Kelly Ann Stock
Lindsay Underwood

Lewiston, ID
Karen Banks
Kristal Coghill
Janet Fonnesbeck
Lynna Johns
Brandi Langager
Malinda Massey
Linda Stenkiewicz

Moscow, ID
Bukola Arogundade

Mountain Home, ID
Stephanie Doane
Brianna Muth

Cara-Lee Esplin

Shelley, ID
Kara Boll

Clarkston, WA
Gordon Glasyb

FREE to Nurses!

ADVANCE YOUR PRACTICE AND CAREER

RN–BS | AGNP | DNP
Boise State University is a leading center for nursing education. Contact us and experience our supportive approach and flexible online options!*

208-426-4632
onlinenursingdegrees@boisestate.edu
hs.boisestate.edu/nursing/na

For more information please visit
www.educationsjmc.org
Drug Free Employer/EOE

Update continued from page 3

Odom, RN, Moscow, Chair; Vicki Allen, RN, Pocatello, Vice Chair; Jill Howell, RN, Jerome; Whitney Hunter, consumer member, Boise; Christopher Jenkins, RN, Homedale; Jan Mosley, RN, Coeur d’Alene; Carrie Nutsch, LPN, Jerome; Rebecca Reese, LPN, Post Falls; and Clay Sanders, APRN, CRNA, Boise, considered business consistent with their strategic goals related to licensure, practice, discipline and alternatives to discipline, education, governance, communication and organization. Specifically, the Board:

– Granted one LPN license by endorsement based on substantial equivalence;
– Appointed Chad Bailey, APRN-CNP, Coeur d’Alene and Cathy Arvidson, APRN-CNP, Idaho Falls to 3 year term on the Advanced Practice Registered Nurse (APRN) Advisory Committee;
– Approved Proposed Rule Dockets 23-0101-1401 and 23-0101-1402 for rulemaking;
– Engaged in discussion about the current statutory qualifications for individuals appointed to the Board in comparison to qualifications of other boards of nursing as well as boards of other professional disciplines;
– Reviewed Board accomplishments for FY2014, the fiscal year just ended, and discussed anticipated activities for the coming fiscal year, including strategic benchmarks, pending legislative activities and national initiatives impacting nursing and nursing regulation in Idaho;
– Determined funded workforce initiatives for FY2015 will support work of the Idaho Nursing Action Coalition, charged to implement recommendations resulting from the Institute of Medicine report on the “Future of Nursing.”
– Elected Susan Odom, Chair, Vicki Allen, Vice Chair, Carrie Nutsch, Governance Committee Member-at-Large, and Jan Mosley, Chair of the Program for Recovering Nurses Advisory Committee for the 2014-15 year;
– Adopted Findings of Fact and Conclusions of Law and revoked the licenses of one RN and one LPN for violations of the Nursing Practice Act and Rules of the Board;
– Set tentative Board meeting dates for the coming year for January 8-9, April 9-10, July 16-17 and October 1-2, 2015.

Next Meeting

As always, the Board welcomes your input and invites the public to attend scheduled Board meetings and participate in the Open Forum held on the second day of each meeting. The next meeting of the Board is tentatively scheduled for January 8-9, 2015, at a location to be determined.

Bartlett Regional Hospital

We’re committed to being the best community hospital in ALASKA. A history of service. A supportive community. We provide quality health care and health promotion for the people of NUNAVUT and communities of Southeast ALASKA.

We have openings available in many areas:

Nursing Administration • Surgical Services
Behavioral Health • Obstetrics
Critical Care • Emergency
Medical and Surgical

For complete job descriptions, and to apply online go to:
www.bartlettshospital.org
or call Human Resources at: 907-796-8418 or 888-668-3962

Quality Healthcare • Quality Lifestyle
Alex’s Unexpected Event

Like the words to an Eagles’ song, “in a New York Minute, everything can change,” my life changed on June 4, 2005, when I was involved in a single car accident sustaining a severe brain injury and collapsed lungs. That Idaho minute took me on an unexpected journey that changed the course of my future. Around dawn, I fell asleep at the wheel of my Nissan Maxima, rolled in the freeway median, and remained in a coma for over five months. On this day, I began a 228-day journey through health care facilities in Boise.

About a month after my accident, the brain MRI showed diffuse axonal injury. The Neurosurgeon told my parents I would probably never wake up and would remain in a vegetative state the rest of my life. He also said that my young age and excellent physical condition at the time of the accident could aid in my recovery. Just weeks before the accident, I was selected as the starting goalie, helped my Timberline High School lacrosse team win the state championship. I have always been confident, opinionated, and strong-willed; so my parents persevered on the hope that the brain’s extraordinary capacity to heal and recover would allow me to return to my normal life.

Setting higher expectations for myself than anyone else dares set for me had shaped my foundation before the accident. To be present almost 24/7 with Alex through his whole ordeal. Our presence seemed essential for his healing and recovery. The brain is an astonishing but puzzling organ. Its capacity to heal and recover is miraculous, even with the worst brain injury. The long months after my car accident brought many new challenges and challenges for me with small steps towards recovery.

Alex’s Recovery

I spent 19 days in the ICU at Saint Alphonsus Regional Medical Center, 34 days on their Neurological Unit, and three months on the sub-acute rehabilitation floor. I had a ventilator, chest tubes, tracheotomy, I tube, Peg tube, Foley catheter, and wheelchair. My treatments included splints and a joint active system (JAS) device for my right arm; Botox injections to my right arm/hand; and physical, speech, and occupational therapies. I have been told it literally took a village to care for me while at Saint Alphonsus: 15 different doctors, 30 Registered Nurses (RNs), countless Certified Nursing Assistants (CNAs), 15 physical therapists, eight occupational therapists, two speech therapists, two dieticians, two neuropsychologists, eight respiratory therapists, six housekeepers, and six therapy dogs.

While still in a minimally conscious state, I was transferred from Saint Alphonsus to Life Care Center of Boise. While there I continued to receive vital stimulation, physical, speech, and occupational therapies. November 13, 2005, was the dawn of a new day, a new life. The nurses at Life Care woke me that morning and said, “Good Morning,” proving that I had regained full consciousness. That year we had a very special Thanksgiving! My awakening allowed me to encounter many things, including swallowing, eating, standing, walking.

After spending 37 days at Life Care Center of Boise, I was moved to The Idaho Elks Rehabilitation Hospital. It had been a very long road just to get across town. I spent six weeks in an Idaho Elks where I continued to receive vital stimulation and intense physical, speech, occupational, and recreational therapies. I was discharged to home on January 17, 2006. It had been over seven months since my car accident and I was finally returning home.

Recovery from a brain injury such as mine involved extensive rehabilitation. My days became weeks and weeks became months. I participated in an intensive eight-week orientation program. I also participated in a homebound high school program, vision therapy, private physical therapy, acupuncture, dental care, Interactive Metronome, summer school, and sessions with a personal trainer.

In the fall of 2006, I returned to high school as a senior and graduated from Riverstone International School in Boise on May 24, 2007. I was accepted at The College of Idaho (C of I) and received a generous four year scholarship. In May of 2011, I left The C of I with 94 credits, having majored in psychology.

Alex’s Unexpected Gifts and New Discoveries

Failure has never been an option for me as I am determined to do my best and give my all in everything I do. It is amazing what a deficiency can do when one never settles for good enough. These beliefs drove me as I continued to progress. A quote by Winston Churchill reigns true for me: “Never, never, never give up.”

My car wreck took worlds from me but I have been inundated with support and encouragement when I wake up every day. I have been forced to re-interpret the adage, “life is what you make it.” I can now more openly and unreservedly recognize my own appreciation for living. I may have scored some tough points in my life now but I can’t think of a better lesson learned than the value of life.

My traumatic experience afforded me a plentitude of unexpected and non-refundable gifts. First and foremost, surviving my car accident was a gift. I must admit there’s nothing that gives a person such an outlet by which to enjoy this life as almost losing it. I now consider myself to be “the extra-fortunate-recipient-of-a-very-lousey hand” and I am more than proud to play it. The gift of survival has helped to shape my whole attitude.

The opportunity to view life from a new perspective is a gift I now choose to acknowledge and appreciate. This new perspective gives me a better recognition of the elements which contribute to the magnificence of life. For me, life is now magnificient because of the spiritual presence which guides my future. I would like to think my accident happened for a reason. What has resulted from my experience is the most meaningful story of my life. I have changed a lot.

The brain’s capacity to heal and recover is miraculous, even with the worst brain injury. The long months after my car accident brought many new challenges and challenges for me with small steps towards recovery.

Nursing Implications: Suggestions from Alex’s Mom

The best thing about our experience with all the different nursing staffs was having caring, dedicated, and skilled health care professionals who recognized our need for support, encouragement, and moments of hope. It is important to the patient and family that nurses stay optimistic and encouraging in the process of recovery from a traumatic brain injury (TBI). We appreciated being able to observe what the patient would be doing, including therapy services, and do not be troubled about the future for it has not yet come. Live in the present, and make it so beautiful it will be worth remembering.”
Evidence Summary: How Does Dexmedetomidine Compared to Other Sedating Agents Impact the Incidence of Delirium in Intubated Intensive Care Unit Patients?

by Gabriel Norton, R.N., Family Nurse Practitioner track MSN student
Gonzaga University, Spokane, Washington
Email: gnorton2@gmail.gonzaga.edu

The author has disclosed he has no potential conflicts of interest, financial or otherwise. Delirium is defined by Girard, Paradhanaparde and Ely (2008) as “a disturbance of consciousness and cognition that develops over a short period of time (hours to days) and fluctuates over time” (p. 1). Symptoms of delirium include acute onset, usually two to three days; difficulty concentrating; restlessness; irritability; insomnia; and poor appetite. As delirium progresses, the individual is increasingly inattentive and perceptions are grossly altered. The patient may also hallucinate or become violent (Huehner & McCance, 2002, p. 459).

Delirium is a significant negative sequela of intensive care unit (ICU) admission and can result in an increased number of hospital days and a decrease in six month survivability (Girard et al., 2008). A Confusion Assessment Method (CAM)-ICU assessment tool may be useful to detect the presence of delirium in these patients (Ely et al., 2012; Nuwer, 2009). The data comparing patients sedated with morphine versus dexmedetomidine are inconclusive. Mo and Zimmerman (2013) reported no significant difference in delirium between dexmedetomidine and morphine while Reardon, Anger, Adams, & Szmurta (2009) reported reduced incidence and length of delirium in patients receiving dexmedetomidine for sedation following cardiac surgery.

**Limitations of Evidence**

Evidence presented in this summary is graded B according to the U.S. Preventive Services Task Force (USPSTF) (2000). Based on the findings in these eight studies, there is a significant positive benefit likely to occur from the administration of dexmedetomidine, especially in contrast to benzodiazepine-based medications (Riker et al., 2009; Reardon et al., 2009). This finding is evident especially in patients with sepsis (Pandharipande et al., 2010).

Certainty of the overall true benefit of dexmedetomidine is limited by the nature of the studies investigating dexmedetomidine’s effect on delirium. In the majority of the studies, delirium is either not a primary outcome or the studies possessed a significant amount of heterogeneity (Fraser et al., 2013) or the studies measured delirium inappropriately (Jakob et al., 2013; JI et al., 2013; Mo & Zimmerman, 2013).

**Practice Recommendations**

Based upon a review of these studies, there are two main recommendations for clinical practice. First, in adults (ICU patients requiring intubation and mechanical ventilation), the use of dexmedetomidine is preferred to benzodiazepines for sedation due to the decreased risk of delirium (Barr et al., 2013; Riker et al., 2009). Second, dexmedetomidine is an effective intervention in the management and treatment of patients experiencing delirium (Barr et al., 2013; Riker et al., 2009).

For nurses who regularly provide care to patients who are intubated and who require mechanical ventilation, the availability of evidence about the use of dexmedetomidine is important. Overall, the evidence indicates real benefits to patients receiving dexmedetomidine compared to other forms of sedation. Dexmedetomidine is one of several sedating agents ordered by physicians and nurse practitioners for management of patients while intubated. With increased knowledge and understanding of this medication, the potential benefit is likely to extend for research and practice. The bedside nurse can communicate the data on the impact of different sedative agents on a patient’s cognitive function and long-term outcomes. This information will aid the physician or nurse practitioner in selecting the sedating agent that will provide the patient with the greatest benefit while avoiding the potential harm associated with delirium.

The other apparent finding based on this review of the evidence is the need to perform further research concerning the effects of sedating medications on delirium and other neurocognitive dysfunctions. This research gap provides an opportunity for nursing research. From this research and other studies, nurses can be positioned to help shape the policies which will affect the treatment of their patients.

**References**


Neurocognitive Disorders. (Eds.), *Delirium in the Intensive Care Unit.* Psychiatryonline.org/content.aspx?bookid=556&sectionid=4110783.


Is Xarelto® Better than Aspirin for Preventing Venous Thrombosis? An Evidence Summary

by Haley Scellick, MSN-FNP Student, Gonzaga University, Spokane, WA
Email: hscellick@zagmail.gonzaga.edu

Clinical Question
In patients who undergo a major orthopedic surgery (Population) how does the medication Xarelto® (Intervention) versus regular strength aspirin (Comparison) compare in preventing venous thromboembolism (Outcome) postoperatively and up to thirty-five days (Timeframe)?

Evidence Findings
A total of nine studies were selected as meeting inclusion criteria. Of these, eight were considered as level I evidence; they were systematic reviews or clinical practice guidelines. The elements of my PICOT question were all addressed in these studies; however, there were no head-to-head studies comparing Xarelto® to aspirin. As a result, I broadened the initial inclusion criteria to include the effects of Warfarin as a second comparison intervention.

National Clinical Practice Guidelines and Best Practices
There were no head-to-head studies where aspirin was compared to other anticoagulants. This was surprising since there are clinical practice guidelines in the National Guideline Clearinghouse (2014) that recommend using aspirin as a multimodal approach. According to the NGC (2014), the potential benefit of proper use of optimal prophylaxis reduces postoperative pulmonary embolism and deep vein thrombosis in orthopedic surgery patients. There are associated risks however with anticoagulant prophylaxis such as an increase in bleeding and major bleeding complications. The use of compression stockings can be associated with skin complications. These potential complications need to be weighed with a thorough health history including whether a patient has a history of a previous deep vein thrombosis or pulmonary embolism.

Although no head-to-head comparison studies regarding my PICOT clinical question were found, the National Guideline Clearinghouse provides current detailed guidelines regarding this patient population and the use of anticoagulants. As best practice, the NGC recommends, in patients undergoing THA or TKA, the use of one of the following for a minimum of 10 to 14 days rather than no antithrombotic prophylaxis: low weight molecular heparin (LMWH), fondaparinux, apixaban, dabigatran, rivaroxaban, low-dose unfractionated heparin (LDHU), adjusted-dose LDUH, vitamin K antagonists (VKA), aspirin, or an intermittent pneumatic compression device (IPCD). One guideline panel member believed strongly that aspirin alone should not be included as an option, but no further elaboration of this statement was reported (NGC, 2014). As for application of IPCDs, the evidence supports sixteen hours of daily intermittent pneumatic compression devices (Loke & Kwok, 2011).

The newness of Xarelto made it difficult to find studies without the potential for sponsorship bias from pharmaceutical companies. In a study by Sobier, McCuttie, Lachiewicz, Ortel, and Williams (2013), Xarelto® (rivaroxaban) was found to be superior in preventing pulmonary embolism and deep vein thrombosis with minimal increased risks of bleeding. However, a common theme found throughout the body of evidence is that additional clinical research must be done to provide evidence-based recommendations for the use of Xarelto® alone as an anticoagulant and questions arise about its effectiveness against other anticoagulants.

Venous Thrombosis continued on page 8

Hiring Experienced RNs
(2+ years) specialty experience

$10 K sign on bonus
(for qualified positions and candidates), relocation assistance, excellent benefits

For more information contact
Lori Miller, Recruiter, St. Luke’s Magic Valley
208.814.2559
www.stlukesonline/careers

Glendive Medical Center (GMC) is a full-service, 25-bed acute care hospital with 24-hour emergency care, full medical and surgical services and an attached 71-bed skilled Extended Care facility. GMC also operates Eastern Montana Veterans’ Home (EMVH): an 80-bed long-term care facility in Glendive, which includes a 16-bed secure Alzheimer’s Unit. We are dedicated to being a leader in providing and promoting health and wellness to the residents of east central Montana and western North Dakota.

Open Nursing Positions:
Manager Home Health & Hospice
RN-Acute Care • RN/LPN/EMVH • RN/LPN EC

Check us out on the web at www.gmc.org and fill out an online application today! For additional information e-mail knuths@gmc.org EOE/AA

We’re looking for a few good nurses.

We’re hiring RNs for our 205 bed hospital in scenic and sunny Wenatchee, WA.

Confluence Health is an integrated rural healthcare delivery system that includes two hospitals, multi-specialty care in four communities, and primary care in ten communities across North Central Washington.

To learn more about this and other opportunities and to apply online please go to: www.cwnhcs.com under Careers. To speak with a recruiter directly, please call 509.665.6207.
Venous Thrombosis continued from page 7

conducted in order to identify longer-term adverse events that may emerge with more widespread use of this new anticoagulant (Soheir et al., 2013).

Conclusions

According to the NGC (2014), the use of aspirin is not indicated as monotherapy for prevention of venous thromboembolism; instead, aspirin should be used with other VTE interventions, including pneumatic compression devices and etc. Recommendations for initiating the anticoagulants in patients undergoing a total knee or hip arthroplasty and receiving LMWH as thromboprophylaxis are either 12 hours or more pre-operatively or 12 hours or more post-operatively (NGC, 2014). For patients undergoing major orthopedic surgery, prolonged prophylaxis of 21 or more days is recommended (Sobieraj et al., 2012). All patients should be assessed for their individual risk of thrombosis and their increased risk of bleeding with pharmacological prophylaxis (NGC, 2014).

References


Come work for a Leader in the Health Insurance Industry

Blue Cross of Idaho offers competitive salaries and a great benefits package including:

- Health, dental & vision insurance
- Paid vacation and holidays
- Flex-time
- 401(k) plans
- Incentive programs
- Tuition assistance
- Onsite fitness centers

An Independent Licensee of the Blue Cross and Blue Shield Association

To learn about current RN employment opportunities and to apply online, please visit our Website at www.bcidaho.com/careers

Consider a Career at Saint Alphonsus Health System

Saint Alphonsus Health System is a four-hospital regional, faith-based Catholic ministry serving southwest Idaho and eastern Oregon.

Opportunities available in:
- Med-Surg
- Coronary Care
- Emergency Department
- OB/NICU
- Breast Health Center
- Critical Care/Step Down
- Behavioral Health
- Intensive Care
- Rehab
- OB
- NICU
- Main OR
- Rehabilitation Services
- Inpatient Rehabilitation
- Outpatient Rehabilitation
- Sleep Disorders Services
- Geriatric Services

To learn more and to apply, please visit www.saintalphonsus.org/careers or call Roxanne Ohlund 208-367-3032 or Rick Diaz 208-367-3118

BOISE STATE UNIVERSITY

Graduate Certificate in Victim Services Online Program

There is a growing demand for victim service providers (especially those working within the criminal justice, social, and medical fields) to have academic credentialing specific to working with victims of crime. Our graduate certificate program seeks to meet this need.

- Course work (16 credits) is solely online.
- Courses are 8-weeks long, year-round.
- Created specifically with the working professional/working student in mind.
- Graduate certificate can be completed in one year.
- Application deadline for Fall 2015 admission: April 1, 2015

For more information: sspa.boisestate.edu/criminaljustice

RN Positions Available

Horizon Home Health & Hospice is now hiring for:

Full-Time Home Health Care Manager RN – Meridian

Part-Time (potential full-time) RN
Must live in the Fayette, Fruitland or Ontario area
Weekend Hospice RN or LPN
Competitive base pay – Caldwell

Weekend RN
Competitive base pay and hourly wage – Twin Falls

To apply, please send resume to join-our-team@horizonhh.com

Norton Sound Health Corporation

NSRH is a Joint Commission accredited facility with 18 acute care beds, 15 LTC beds serving the people of the Steward Peninsula and Bering Straits Region of Northwest Alaska. New hospital now open!

Contact
Rhonda Schneider, Human Resources
rmcschneider@nshcorp.org
877-538-3142

www.nortonsoundhealth.org
A New Adult Gerontology Nurse Practitioner Program in Idaho

by Shirley Van Zandt, MS, MPH, CRNP
Clinical Assistant Professor, Boise State University
Email: shirleyvanzandt@boisestate.edu

With the implementation of the Affordable Care Act, the need for primary care providers has rapidly increased. Nurse practitioners have been seen as a solution for the shortage of primary care providers in this country. The Institute of Medicine’s report The Future of Nursing (2010) and the Affordable Care Act (U.S. Department of Health and Human Services [DHHS], 2010) provide strong support for the role of advanced practice nurses, specifically for nurse practitioners.

The Idaho State Board of Education has approved a new advanced practice program at Boise State University (BSU) in response to the growing need for more primary care and acute care advanced practice nurses. As a result, Idaho nurses now have another option for continuing their education and preparing for advanced practice nursing care. In January, 2014, the Boise State University (BSU) School of Nursing began its first clinical graduate program, preparing nurses in the advanced practice role as adult gerontology nurse practitioners (AGNP). The first cohort of 28 students started the three-year, part-time online program, which will lead to a Master’s degree. Most of the students in the first cohort live in Idaho, many live in the Boise area. Several students reside in Washington, Nevada and New Jersey. This cohort includes nurses of varied nursing experiences, with a range of one and a half to 17 years of RN experience in a variety of settings from home hospice to operating room to critical care to generalist care in critical access hospitals in rural Idaho.

This first class will be educated as primary care providers. The second cohort will begin in January, 2015, and will include students pursuing AGNP roles as acute and primary care NPs. Applications are now being accepted. Students in the program will complete their clinical experiences one-to-one with preceptors in the communities where they live. Nurse practitioners and physicians vetted by the School of Nursing will provide this clinical education in their practices.

On-line didactic course work has been designed to provide students with the flexibility of learning and developing their knowledge without coming to a brick-and-mortar campus. Students are required to come to the Boise campus for a 7-10 day intensive experience each summer for the three years. This gives students the opportunity to learn and demonstrate their knowledge and skills in person and will have face-to-face time with faculty for continuing their education and preparing for advanced practice nursing care. In January, 2015, and will include students pursuing AGNP roles as acute and primary care NPs. Applications are now being accepted. Students in the program will complete their clinical experiences one-to-one with preceptors in the communities where they live. Nurse practitioners and physicians vetted by the School of Nursing will provide this clinical education in their practices.

Opportunities to develop in-person relationships with faculty as mentors are different in this setting. Students need to reach out to build these relationships, and stronger relationships may develop with preceptors in their communities than with their university faculty. Having university and community-based mentors provides students with a rich opportunity to build their professional network while in school.

The Boise State AGNP program is funded completely by student tuition. This is called a self-supported program which does not receive any funding from the State of Idaho. It is regulated by the State Board of Nursing and did receive initial accreditation by the ACEN (the Accreditation Commission for Education in Nursing) in August 2014. Other NP program options for nurses in Idaho include the Family Nurse Practitioner (FNP) and Psychiatric Mental Health Nurse Practitioner (PMHNP) programs at Idaho State University in Pocatello. These programs lead to a DNP degree and are also accessed on-line. This new program and other options in Idaho provide yet another opportunity for nurses who are eager to serve their communities and develop their nursing skills and knowledge.

References
As you have heard in the news, there is a major Ebola outbreak occurring in several West African countries. The health care systems in the affected countries have been overwhelmed and the nurses, in particular, are bearing the brunt of the care giving with many becoming infected and dying. ANA has been actively monitoring the situation and communicating with ICN to more fully understand the needs in country.

One of the most important strategies for providing assistance in this type of crises is to partner with someone who is already well-established in the area. To that end, ANA is again partnering with the International Medical Corps, a non-governmental organization that has establishedclinics and relations in Sierra Leon and Liberia. They have reached out to ANA for assistance in recruiting nurses who would be willing to volunteer and provide nursing care in these two countries. International Medical Corps will provide training, personal protective equipment and logistical support. President Cipriano will be sending an email letter via ANA’s email list to all ANA members that we have an email for to invite them to consider volunteering. In addition, we are recommending that financial donations be made to either International Medical Corps or ICN’s Florence Nightingale International Foundation. Finally, ANA has created an informational Webpage dedicated to Ebola – http://nursingworld.org/Ebola-Information.

ANA appreciates your support for this effort. If you have any questions, please contact either myself (Cheryl.peterson@ana.org) or Mary Jo Assi (Maryjo@ana.org).

Thank you!

Cheryl

**Selected Highlights of Events of the Nurse Leaders of Idaho**

**Annual Summit**

June was a busy month at NLI! On June 5th the Idaho Nursing Action Coalition held its fourth annual summit. During the summit, attendees heard progress reports from IALN’s 4 fund granted projects (see INAC update below). Later that evening NLI sponsored its annual “Celebrate Nursing Dinner” where we acknowledged 22 nurses from across Idaho who had been honored by their employers or colleagues. Here they are:

- Barbara Allerton, Boise State University
- Jordie Booth, West Valley Medical Center
- Mary DeTienne, Panhandle Health District
- Martha Downey, Boise State University
- Allie Gooding, St. Luke’s Health System
- Iris Hawley, Idaho Hospital Association
- Andrea Fitzgerald, West Valley Medical Center
- Jane Grassley, Boise State University
- Traci Gluch, NLI Aspiring Nurse Leader
- Mary Hereford, Boise State University
- Julie Hoerner, NLI Outstanding Nurse Leader
- Elizabeth Jorgensen, St. Luke’s Health System
- Coral Lee, Clearwater Valley Hospital
- Ginna Maggard, West Valley Medical Center
- Megan Marriot, St. Luke’s Magic Valley
- Glenda Nelson, West Valley Medical Center
- Jai Nelson, Panhandle Health District
- Tracy Phillips, West Valley Medical Center
- Cheri Samuels, West Valley Medical Center
- Courtney Shanahan, St. Luke’s Wood River
- Pam Springer, the Council of Nurse Education Leaders
- Mary Anne Towle, Boise State University.

The following day, June 6th, NLI held its annual leadership conference, which this year featured two nationally known speakers and authors, Catherine Robinson-Walker and Jennifer Mensik, as well as four local speakers: Gina Prindle, Sandra Evans, Janet Willis and Tammy Sanchez. Attendees came away with new insights about their leadership styles, staffing strategies, nursing education and regulation, patient centered medical homes and alarm fatigue.

As part of our Robert Wood Johnson Foundation State Implementation Project (SIP) grant, NLI began offering a week long course “Building a Foundation of Leadership Excellence” annually across Idaho. The pilot course was held in Coeur d’ Alene in May and received very positive evaluations. In November of 2014, the first regular course will be offered in Boise, and following year, the course will be offered in eastern Idaho. The course is targeted to nurses in leadership roles and nurses who aspire to be leaders across all healthcare settings. Deena Rauch is the project manager for this project. The course has been acquired from the Association of California Nurse Leaders and features Idaho nurse leader faculty.

**Aspiring and Outstanding Nurse Leader Awards**

Congratulations to Traci Gluch as recipient of the Aspiring Nurse Leader Award and Julie Hoerner recipient of the Outstanding Nurse Leader Award.

**Membership**

Get ready to renew your membership! As a reminder, annual membership renewals were sent out in June to expiring members. We currently have 128 individual members, 10 organizational members, 1 supporter member and 2 nursing affiliate members. NLI relies on membership dues to sustain the organization financially. NLI thanks to our renewing members for their continued involvement and welcomes our new members.

**Nursing Workforce Data**

Thanks to the leadership of Sandy Evans and the Idaho Board of Nursing, Idaho has the resources available to fund key nursing workforce research. Currently the board has approved two grants. The updated Idaho Nursing Overview will be published soon through the Idaho Department of Labor. The APRN Practice and Employer surveys are being gathered as a SIP project and will be reported in the winter. A New Graduate Survey is in the process of being developed.

**Committee Reports**

The Education Committee has provided guidance in the development of NLI’s annual June Leadership conference and the October IHA affiliated conference. It is currently reviewing content and speaker suggestions for June 2015. Watch for a Leadership Conference Survey which will be launched in the next few weeks. Your responses provide valuable information that help shape our conference content. The Education Committee also reviews the Nurse Refresher Program, sponsored by NLI, which facilitates nurses re-entering into practice. The program is currently being reviewed by the Education Committee and the NLI Board for content relevance.

The Academic and Practice Committee was created by the Board and approved by membership in 2013. The goal of the committee is to create an opportunity to bring Idaho nursing education and practice closer together in a strategic and thoughtful manner. Gina Prindle is the education co-chair of the committee. NLI is recruiting a practice co-chair. If you are interested please contact Margaret Henbest.

The Partnership Committee reviews legislation of interest, advises the Executive Director about membership, oversees the annual Celebrate Nursing Dinner, and processes nominations for NLI’s annual Outstanding and Aspiring Nurse Leader Awards. See names of award recipients above.

**Get Involved!**

NLI has three active committees and we are also seeking volunteers to work on the Celebrate Nursing Dinner and our November Foundations of Leadership Excellence course.

Contact Susie Casebolt or Margaret Henbest if you are interested in becoming involved.
Boise’s Intermountain Functional Medicine Clinic that certification in functional medicine. She established Practitioner, she was one of the first nurses to earn care, and in the Emergency Room. As a Family Nurse caring for patients in labor & delivery, in critical dedicated nurse and leader, Kathy spent 20 years served in Idaho during their nursing careers. Her contributions idahonurses.org.

Chamberlain, Pamela “Pam” A., 08/02/2014. As a dedicated nurse and leader, Kathy spent 20 years caring for patients in labor & delivery, in critical care, and in the Emergency Room. As a Family Nurse Practitioner, she was one of the first nurses to earn certification in functional medicine. She established Boise’s Intermountain Functional Medicine Clinic that combined traditional and alternative care practices.

Christensen, Sharon (Gill), 04/24/2014. Sharon completed her nursing education through the Saint Alphonsus Nursing School. She had a long and rewarding career path.

Dienwiddie, Patricia D., 08/24/2014. Pam earned her BSN Magnum Cum Laude and practiced nursing in Colorado and Boise, working in administrative, clinical and long-term care positions. She was dedicated to helping the disadvantaged. She was a nursing supervisor at the Terry Reilly Boise Clinic, caring for the homeless and indigent. She managed the employee clinic at Federal Occupational Health in Boise.

Field, Carol Ann, 07/03/2014. Carol practiced nursing in Colorado and Boise, working in personal care to terminally ill patients. Her career path ranged from an LPN who received a Nurse of the Year award in Los Angeles to an RN who worked in California, Arkansas and Idaho.

Moody, Frances A. (Garrett), 03/03/2014. Frances held a variety of nursing roles and provided private, personal care to terminally ill patients.

O’Hara, Jean M., 09/20/2014. Jean worked as an RN at Bellevue and New York Hospital. During WWII, she served in the 15th Army Air Corps. She was an active volunteer in her church’s food pantry.

Sellers, Donna Jeannette, 09/06/2014. Donna served as a flight paramedic in Idaho and was passionate for providing care to her patients. She earned her BSN from Boise State University in 2014 and anticipated an exciting career in nursing. She could light up a room with her presence and love of life.

Stiller, Noreen Margaret (Dvorak), 08/19/2014. Noreen served as a surgical assistant and joined the U.S. Army Nurse Cadet Corps during WWII. She worked at St. Luke’s Hospital, Saint Alphonsus Hospital and at several local clinics with physicians who served as her mentors and friends. She later became an RN claims processor for Medicare. Noreen was an accomplished artist and led a full life while traveling and with her family.

The following are RNS whose final resting place is Idaho:

Bartley, Nora C. Cunningham, 06/17/2014. She had a long career in the Veteran’s Administration in Pittsburgh.

Fayler, Carole Ann, 06/23/2014. She had an active career in three Seattle world-class medical institutions.

Lindber, Wilma (McNabb), 06/16/2014. She graduated from the Michael Reese School of Nursing in Chicago and was a surgical nurse and caretaker of her spouse. She volunteered for children’s activities and the arts in her community.

Marrigfield, Jacqueline “Jackie” (Thorson), 08/12/2014. She had an active career as a nurse in Illinois.

Martin, Bobby A. (Erlich), 05/24/2014. Her career spanned nursing in the Army, Air Force and civilian sector.

Virtue, Joyce A. (Stovall), 05/19/2014. She trained at Cook County Hospital in Chicago.

Warner, Clair M. (McGuire), 05/14/2014. She graduated from the Mary Immaculate School of Nursing in 1938 in New York and practiced nursing in several states.

The hope you can provide simply doesn’t come in a pill.

Nursing-led interventions for smoking cessation increase by 50% the chances of a person successfully quitting.

Ask your patients who use tobacco to set a quit date. Counsel them to quit. Also, tell them Project Filter is now offering 8 weeks of FREE nicotine patches, gum or lozenges.

To sign up: www.quitnow.net/idaho or call 1-800-QuitNow.

Continue your professional journey with us today!

For more information, visit us at www.lcsedu/nursing

For more information, visit us at www.lcsedu/nursing

The hope you can provide simply doesn’t come in a pill.

Nursing-led interventions for smoking cessation increase by 50% the chances of a person successfully quitting.

Ask your patients who use tobacco to set a quit date. Counsel them to quit. Also, tell them Project Filter is now offering 8 weeks of FREE nicotine patches, gum or lozenges.

To sign up: www.quitnow.net/idaho or call 1-800-QuitNow.

Contact Project Filter at 208-334-6585 for free quit materials.
Program for Recovering Nurses

Addiction Intervention and Recovery Services for Nursing Professionals

Do you know a nurse or a colleague who needs help for drugs/alcohol or mental health problems? Please contact us for assistance. This program is an alternative to disciplinary action offered by the BON.

PRNs mission statement: To protect the public safety, health and welfare while assisting nurses in their recovery and return to safe practice.

For immediate assistance, please call us at 866-460-9014 www.southworthassociates.net

Kootenai Health is a 254-bed hospital, holds Magnet Designation for nursing excellence and was recently added as a member to the Mayo Clinic Care Network.

Employee Benefits:
- Tuition Reimbursement
- On-site Day Care
- Fully paid medical, dental and vision insurance
- Generous compensation and benefit package
- Extensive on-site professional development opportunities

Human Resources | 208.625.4620 | Coeur d’Alene, ID 83814
To review full job descriptions visit: kh.org/careers

Almost one out of six of your adult patients has or is at risk of developing diabetes. Diabetes control achieved through diabetes self-management education can improve health outcomes. Refer your patients to an ADA recognized or AADE-accredited Diabetes Self-Management Education (DSME) Program. With a referral, it’s covered by Medicare, Medicaid, and most insurance plans.

There are DSME Programs statewide. Find one near your practice: diabetes.idaho.gov