Dear WVNA Members and Future Members,

The past two years as President of WVNA has been exciting and rewarding! I’ve grown personally and professionally while making lifelong friends, teaming with the brightest and best nurse leaders in WV and nationally. If you are not a member, you are missing out on the most enriching mentoring and networking you will ever have in your career.

While I am stepping down as President this month, I will remain active on the Board as Past President and enjoy my role as the “dancing” emcee for Unity Day 2015. I’ll also be actively involved in supporting our legislative action team to “Remove the Barriers to APRN practice” and help educate our incoming legislators on the essential role of nurses to improve the health of WV as a Nurse Policy Advocate.

Nurse Policy Advocates

Advocacy is a primary role for nurses and a pillar of our work at WVNA. We advocate for all nurses in order to facilitate their work to improve the health of West Virginians. To support this work, we recruit and train interested members to be Nurse Policy Advocates (NPAs) in each of West Virginia’s seventeen Senatorial Districts. These NPAs establish and maintain relationships as health information resources to the Senators and NPA online and conference call training will begin again in January. Beth Baldwin, our incoming Vice President and Past President of WVNA leads the training team which also includes our professional lobbyist, Nancy Tyler, and nurse lobbyists, Andy Nixon, a certified nurse midwife, and Lori Chaffin, staff nurse.

If you want to make a significant difference in health policy, being a WVNA NPA is perfect for you. Just contact the office at centraloffice@wvnurses.org to learn more and enroll for the next training session.

Nurse Unity Day — This is the Year!

We expect nearly one thousand nurses and students to don white lab coats and influence the legislative process this year for Nurses Unity Day at the Capitol. The newly elected President of ANA, Pam Copriano, will kick the day off as our keynote speaker for the educational session at the Cultural Center and lead the march to the Capitol. We will fill the galleries in the House and Senate where proclamations on the important work of WV nurses will be read. Then, we will meet, greet and lunch with legislators in the Capitol rotunda. Awards will be presented along with poster presentations by students and faculty on the past, present and future roles of nurses.

WVNA 2nd Vice President, Brenda Keefer, a family nurse practitioner, is Chairperson for Unity Day. Kudos to Brenda and her dedicated team of volunteers who are working diligently to plan and execute this important event! If you want to be part of the most exciting nursing event of the year, I’m sure she would welcome more volunteers. Contact the office for more information.

Partnering for Success

Removing the Barriers to APRN practice won the vote to become one of the top ten policy issues for the Healthy Kids and Families Coalition! All of the issues on the Our Children Our Future policy platform are vital to supporting the health and well-being of WV families. WVNA is proud to be a partner and encourage all nurses to get involved in Kids and Family Day at thelegislature on January 14.

Your Future

“Patients deserve the right care by the right clinician, at the right time, in the right place.” I heard this comment at a conference recently and think it clearly captures the future of your career as a nurse. The Affordable Care Act’s focus on health promotion and wellness is a focus on nursing. Only 3% of the population is in a current resident or
hospital or long term care facility. The other 97% are people who need nurses to help them get and stay well in the community. New roles for nurses are emerging now and nursing leadership is guiding this healthcare transformation.

Our association of members is leading the profession toward a bright future at WVNA. Being a member of your professional association puts you in the right place at the right time to chart the future of your career as a nurse! Go to www.wvnurses.org and become a WVNA member today. Shape the Future ... Join WVNA!

Warm Regards,
Aila

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**Carefrontation**

Rose Morton, MSN, RN

Nurses care for patients, families, significant others, their own families in a caring manner but often forget that it is important to treat co-workers in a like manner also. Nursing is a stressful profession and tensions can run high in the work environment. Conflict that arises needs to be identified and resolved in the early stage so that the nursing unit/organization can operate efficiently.

Confronting someone that you work with on a daily basis is not an easy task. When conflict arises it is necessary to be able to communicate with your co-workers. The best practice is to have an openness and willingness. “Creative and successful people want to find balance in their working relationships without feeling angry and misunderstood (Goldsmith, 2009).”

Carefrontation is a made-up word that combines caring with confronting. Everyone working on the unit, in the organization, and within the work environment needs to be committed to being honest and addressing conflict in a caring manner. Carefrontation is not just a made-up word, it’s an attitude that is rooted in wanting “to be part of a successful working relationship that has a spirit of commitment (Goldsmith, 2009).” The spirit behind it and the commitment is that everyone wants their unit/organization/business to grow, to continue to improve, and to enjoy the work.

Nurses need to identify conflict and address it in the early stage by confronting in a caring manner; carefrontation. By doing so, they can avoid feelings of anger and feeling misunderstood. Nurses should not avoid or compete when conflict occurs because the actual conflict will not be addressed. With carefrontation nurses must be willing to take a risk, share their feelings with their teammates, and begin to master the skill of carefrontation. It can be a valuable gift to share with co-workers (Goldsmith, 2009).” It’s an attitude that is rooted in wanting “to be part of a successful working relationship that has a spirit of commitment (Goldsmith, 2009).”

“Carefrontation is not just a made-up word; it’s an honest and addressing conflict in a caring manner. The work environment needs to be committed to being caring with confrontation. Everyone working on the unit, in the organization, and within the work environment needs to be committed to being honest and addressing conflict in a caring manner. Carefrontation is not just a made-up word, it’s an attitude that is rooted in wanting “to be part of a successful working relationship that has a spirit of commitment (Goldsmith, 2009).” The spirit behind it and the commitment is that everyone wants their unit/organization/business to grow, to continue to improve, and to enjoy the work.

Goldsmith, Barton. Office Solutions26.2 (Fall 2009): 42.
The Future of Nursing WV (FONWV) is now officially a 501c3 non-profit organization. As such the organization can directly accept tax deductible donations and grant funding. Individual and organizational memberships are now available.

Education
The educational initiatives focus on increasing the number of BSN and doctoral prepared nurses along with lifelong learning. Ron Moore, MSN, RN, Vice President of Professional Practice and Chief Nursing Officer Charleston Area Medical Center leads the Education Teams. The two largest hospital systems in the state are committed to implementing all BSN nursing staffing and have contracted with local universities to provide the continuing education to achieve this goal. The state Community College ADN programs collaborated on a core curriculum that will facilitate ADN graduates going on for their BSNs in WV.

Practice
Beth Baldwin, APRN, PNP, BC, a pediatric nurse practitioner in private practice, chairs the initiative to “Removing the Barriers to Nursing Practice.” This team educates the legislature and public about the importance of nurses being able to offer the full scope of their services without restriction. The lobbying required to change the statutes is conducted by WVNA.

Leadership
The leadership initiatives focus on developing leadership skills for management, board directorship and policy making roles. The teams are lead by Dottie Oakes, MSN, RN, NE-BC, Vice President and Chief Nursing Officer WVU Healthcare System and Lora Duncan, MSN, RN, Nurse Manager at Charleston Area Medical Center. One of their top priorities is to increase the number of nurses serving on health related boards. To that end, the teams are developing online training modules to better prepare nurses for these leadership positions.

Funding
To date, FONWV has been an all volunteer organization. With funding we look forward to entering another stage of organizational development that can accelerate our progress. FONWV has received $100,000 in grants and memberships in the last quarter of 2014 and is awaiting a response from Robert Wood Johnson Foundation, which will provide funding for a full time Program Director.

Meetings & Presentations
FONWV sponsored its second annual leadership meeting on October 31 at the WV Hospital Association. National leaders met with local team leaders and our newly installed Strategic Advisors for a stimulating day of presentations and planning for the future of nursing to meet the health needs of West Virginians.

Co-sponsor representatives Aila Accad (WVNA) and Dr. Lou Ann Hartley (WVONE) presented the FONWV to enthusiastic participants at the WVONE Conference in Morgantown, WV on November 6. Several nursing leaders joined teams at that event. Aila also presented FONWV to the WVNA Board at their annual strategic planning retreat in August and will present the same slide presentation to faculty at WVU School of Nursing in Morgantown on November 18 on the request of the new Dean, Dr. Tara Hulsey.

Aila and Lou Ann also attended the National Leadership Conference sponsored by RWJF and AARP in Phoenix AZ November 17-19. They brought back powerful information and networking contacts focused on creating a culture of health through nursing leadership.

If you or are interested in becoming a member, learning more or joining a team or if your employer wants to become an organizational member, contact Aila Accad at aila Speaks@gmail.com.
The WV Legislature has been a rapidly moving target that the APRN Congress of WVNA has been diligently working to pin down. The current progression has taken WV APRNs through many legislative channels including testimony at three separate hearings, resulting in Government Organization Subcommittee negotiations. The negotiations focused on the feasibility of changes to the regulatory requirements of APRNs. This has resulted in a continued focus on the major barriers addressed in the original Sunrise/PERD application which are, in order of priority:

1. Removing the written collaborative agreement regulation. The West Virginia Nurses Association (WVNA) believes the regulation of APRNs must always remain under the WV Board of Nursing in its entirety for the maximum of evidence based practice and to prevent restraint of trade restrictions.

2. Expanding medication prescribing, allowing APRNs to prescribe and monitor medications based on proper practice evidence. The current law is convoluted and cumbersome and does not allow best and timely prescribing of medication to patients as needed to provide the safest, high quality care. This would also allow close monitoring of medications by the health professional providing direct care.

3. Global signatures on documents related to the health care of patients include, but are not limited to DNR, death certificates, various handicapped accessible applications, and others documents paramount to timely and cost effective care delivery.

WVNA/APRN Congress requested that the Government Organization subcommittee address legislation related to APRN expansion of scope of practice in view of WV code §30-1A-1. "Legislative findings. The Legislature finds that regulation should be imposed on an occupation or profession only when necessary for the protection of public health and safety. The Legislature further finds that establishing a procedure for reviewing the necessity of regulating an occupation or profession prior to enacting laws for such regulation will better enable it to evaluate the need for the regulation and to determine the least restrictive regulatory alternative consistent with public health and safety."

This is the introductory clause to WV legislative code for regulating professions. It is clearly of the utmost importance to allow freedom of choice to the public as long as professionals are safe within the respective practices.

WVNA/APRN Congress has worked to negotiate a proposal on §30-3F-5. Certificate for limited prescriptive authority. This proposal would allow for medication prescribing autonomously after providing the board with evidence that new APRN has continuously held a certificate for prescriptive authority with a determined number of years as a type residency" requirement for prescribing medication. In addition, state reciprocity and grandfathering clauses must be present.

WVNA would like to express thanks to the Government Organization Subcommittee legislators and legal staff, for taking on the negotiations of the study of the feasibility of changes to the regulatory requirements of APRNs. We further implore the entire new legislature to embrace the evidence presented and address this critical health care need for all West Virginians.

To be successful in passing this legislation it is of utmost importance this year to have a large grassroots support of nurses and citizens supporting access to care and freedom of provider choices. WVNA/ APRN congress is moving to motivate support from the WV Future of Nursing (IOM), WV Healthy Kids and Families' coalition and various nursing and community groups. We are also starting a CLEAR campaign for individual and groups to write to their legislators in support of clearing the way for citizens' choices in health care.

Please get involved, send a letter, and join our efforts now. We need everyone to pitch in for a successful campaign. See letter below as an example. For best impact use light blue envelope available through centralsoffice@wvnurses.org.

Example of Letter to Legislators (use light blue envelope for best impact)

Date__________________________

Honorable Legislative leaders,

I am writing to you in support of retiring outdated barriers to health care in WV. I am a WV citizen and use an APRN as my chosen health care provider. As a citizen, I feel I have a right to clear transparent care. I want my chosen provider to be able to provide my complete care to the full scope and abilities of his/her training without unwarranted barriers.

I am asking you to clear the way for her/him to be able to provide my care to the full extent of their education and training by retiring the written collaborative requirement that blurs the lines of care and adds costly, unnecessary burdens. Next, I am asking that you expand the medication formulary so that WV is NOT the 48th most restrictive state and that my health care provider can clearly prescribe medication when necessary without added stress, timely visits, and travel to obtain recommended therapy. Finally, I request that my chosen care provider be able to clearly sign any documentation that may be required to obtain services I may request or need to promote my wishes, health, and wellness.

The path for WV health care needs to be CLEAR and the outdated bureaucratic barriers to healthcare in WV need removed. Please make the CLEAR initiative your number one goal this year for WV health.

Please get involved, send a letter, and join our efforts now. We need everyone to pitch in for a successful campaign. See letter below as an example. For best impact use light blue envelope available through centralsoffice@wvnurses.org.

Elizabeth Baldwin, APRN, PNP, BC is the WVNA APRN Chair and association Past President
2015 Health Policy and Legislative Position Statement
The West Virginia Nurses Association (WVNA) goal is to support enactment and implementation of policy that will benefit the health and welfare of all citizens. The WVNA strives to provide information, advocacy, representation and protection for the state’s professional nurses. As part of the American Nurses Association (ANA), the organization establishes policies and goals for the profession that form the basis for nursing’s contribution to the advancement of health care policy.

I. PROFESSIONAL ISSUES

WVNA supports regulatory legislation that:
1. Assures the continued autonomy and full scope of authority of the West Virginia Board of Examiners for Registered Professional Nurses (WVRBNB);
2. Supports the licensure, accreditation, certification, and education (LACE) consensus model for Advanced Practice Registered Nurses (APRNs), Certified Registered Nurse Anesthetist, Certified Nurse Practitioner, Certified Nurse-Midwives and Clinical Nurse Specialist;
3. Supports Future of Nursing WV Action Coalition in implementing the Institute of Medicine (IOM) recommendations, (IOM, 2010);
4. Promotes APRNs as licensed independent practitioners, promotes full compensation for APRNs, prevents professional liability carriers from limiting coverage that restricts the full APRN scope of practice, and prevents restraint of trade through collaborative requirements (ACNM, 2011; NCSBN, 2008);
5. Improves health care access through retiring restrictions on APRN prescriptive and signature authority. (AANP, 2013);
6. Recognizes the full scope of practice and autonomy of RNs as established by professional licensure and delineated by professional organizations;
7. Promotes the exclusive use of appropriate medically and scientifically correct terminology in proposed legislation;
8. Promote full practice authority for APRNs within their educational standards of practice, specific to the national credentialing standards (NCSBN, 2008).

WVNA supports workplace initiatives that:
1. Uphold individual nurses’ right to make moral-ethical decisions (ANA Code of Ethics, 2010);
2. Recognize the RN as the coordinator for patient care;
3. Improve patient and staff safety with supplied devices to protect the patient and staff from injury;
4. Provide flexible work schedules that lessen the risk of fatigue-related errors;
5. Supports safe staffing initiatives determined by nurses, that take into account patient acuity and that maximize standard quality outcomes;
6. Prohibit forced overtime and fairly compensate RNs and other health care providers utilizing traditional payment scales for overtime hours (ANA Code of Ethics, 2010);
7. Standardize policies and procedures, equipment and medication delivery systems, including but not limited to information technology, to provide seamless care to rural populations;
8. Support unrestricted use of titles appropriate to educational degrees and credentials (e.g., Doctor of Nursing Practice, DNP).

II. HEALTH CARE DELIVERY

WVNA supports a health care delivery system that:
1. Encourages wellness through education, public awareness and utilizing the full impact of the media;
2. Aggressively addresses leading health indicators including physical activity, obesity, tobacco use, substance abuse, responsible sexual behavior, mental health, injury and violence, environmental quality, immunization, and access to health care (Healthy People, 2020);
3. Provides interdisciplinary patient-centered care, employs evidence-based practice, applies quality improvement, and utilizes informatics (IOM, 2010);
4. Supports professional nurses practicing to the full extent of their education and training. Review existing and proposed state regulations concerning professional nurses to identify those that have anticompetitive effects without contributing to the health and safety of the public (IOM, 2010; FTC, 2012);
5. Supports patient safety though adequate staffing patterns with RN supervision and appropriate delegation of licensed and unlicensed assistive nursing personnel.

WVNA supports public policies that:
1. Promote equal access to quality, comprehensive health care for all West Virginians;
2. Promote a commitment to the principle that all persons are entitled to affordable, readily accessible, high quality health care services (AHBQ, 2008; ACA, 2010);
3. Promote reimbursement parity for all health care services including, but not limited to medications, complementary care, reproductive services, and mental health services (ACA, 2010);
4. Encourage access to quality health care for all West Virginians by augmenting the patient’s role in the decision-making process through the right of choice and informed consent;
5. Encourage enhanced health care outcomes by supporting the development and implementation of Community Health Action Plans (CHA); and
6. Encourage access to quality health care that is affordable, accessible, clinically effective, patient-centered, efficient and equitable for all West Virginians.

This Is Where It Begins
Explore Your Career Opportunities at UHC

BENEFITS United Hospital Center offers a comprehensive benefits program including a competitive salary, health and life insurance, retirement and TSA plans, vacation and ill time, tuition reimbursement, and a Clinical Ladder for advancement.

Please apply online at www.uhcemployment.com
January 14, 2015 – Kids and Families Day at the Legislature

January 22, 2015 – Rural Health Day at the Legislature

February 24, 2015 – 4:00-6:00 WVNA Policy Advocate Training Update, Charleston Marriott. Contact centraloffice@wvnurses.org for information and registration

February 24, 2015 – 6:00- 8:00 WVN-PAC Legislative Reception, Charleston Marriott. Contact centraloffice@wvnurses.org for information and registration

February 25, 2015 – 8:00-4:00 PM Nurses Unity Day, WV Culture Center and Capitol Register online at wvnurses.org

March 5, 2015 – Women’s Day at the Legislature

SAVE THE DATE:

May 5-6, 2015 - Choosing Wisely Quality Conference, Edgewood Country Club, Charleston, WV

The purpose of the conference is to bring together clinicians from across the state to learn about and discuss the Choosing Wisely and other quality improvement initiatives. To get your name on our email list and receive further information about the conference, contact Renate Pore at renatepore@gmail.com.

Legislative Update continued from page 5

1. Practices that promote a safe, professional work environment;
2. Support strategies and organizations that promote nurse recruitment and retention;
3. Support efforts to secure sources and amounts of funding for: undergraduate and graduate nursing education, continued educational opportunities for persons with interrupted and fragmented educational and loan repayment plans (ANA, 2010);
4. Initiatives to retain currently practicing nurses and recruit others into the profession;
5. Propose or promote primary health care services for all West Virginians;
6. Peer monitoring and counseling that is confidential and compassionate to protect the public and promote retention of recovering nurses in the workforce (ANA, 2010).

V. SOCIAL ISSUES

WVNA supports the following:

1. Professional and higher education focusing on social justice issues;
2. Hate crime legislation that addresses violence against vulnerable populations;
3. Legislation focused on prevention of violence and bullying, particularly the protection of vulnerable populations in all venues including social media;
4. Initiatives to screen, educate and reduce public health risks, including but not limited to: unclean air and water, harmful chemicals and other pollutants,
5. Public disclosure and education of environmental health risks in home, work, school, and other public settings (ANA, 2010);
6. Adequate funding, including a tobacco excise tax, to provide smoking prevention, cessation, and educational programs to eliminate tobacco use and environmental tobacco smoke exposure;
7. A mother’s right to breastfeed as an important, basic human need. Support the establishment of a state law that would protect a mother who breastfeeds her child in any location, public or private (WVBA, 2012);
8. Ongoing recognition and support of WV nurses veterans;
9. Programs developed to identify and treat the high incidence of post-traumatic stress disorder (PTSD) and post-traumatic stress in the post-war veteran population (e.g., traumatic brain injury or TBI) (AANP, 2012);
10. Access to mental health services for all veterans with supportive opportunities for the highest quality of independent living (AANP, 2012);
11. Promotion of an “all hands inter-professional approach” to disaster planning and rapid response including anticipated readiness to support communities and potential influx of populations;
12. Support a realistic living minimum wage.
Your Personal Conduct Outside of Work Can Lead to Discipline from the Nursing Boards

Lisa L. Lilly, BSN, RN, JD

Many nurses erroneously believe that their board of nursing is only concerned with their clinical abilities and the performance of their professional duties, specifically while on the job or in relation to the nurse-patient relationship. Unfortunately, such a belief is flatly wrong. Nurses are evaluated for unprofessional behavior, including activities that are deemed to be in violation of the “moral” and “good-character” provisions of their rules and regulations. Nurses sometimes face a variety of perceived offenses, even those based solely upon activities in a licensee’s private life or unrelated to their professional duties. 

Nurses must understand that the primary function of a nursing board is not to advocate for their professional abilities, which ultimately protect the citizens of the state from the actions of their nurse licensees. It can be startling to learn of the full breadth and scope of a Board’s powers to not only investigate a nurse, but also to prosecute a nurse. Therefore, although it may seem like a great idea to post how awful your co-workers, patients or administration are behaving in the middle of your shift, such posts can lead to licensure discipline. Therefore, although it may seem like a great idea to post how awful your co-workers, patients or administration are behaving in the middle of your shift, such posts can lead to licensure discipline. Beware that there is really no “privacy” setting on social media that provide protection from the media company accessing or using your “private” posts. Thus, you should always use your best discretion to determine whether an activity is worth the risk to your license in the clear.

Many nurses feel that they have no prior disciplinary action and that their nurse’s license is not in the clear. Even so, Nurse Nancy’s license is not in the clear.

Nurse Nancy must be prepared to defend her license. She finds that her behavior was “unprofessional,” in that she put the public in harm’s way by driving while under the influence of alcohol and that she would be held to the “good-character” standard, as required by 19 CSR 314.1.c. Moreover, poor Nurse Nancy may also be accused of “morality” violations, specifically moral turpitude, dishonorable impairing of the license “standing” or “standing” of the nursing profession. WV Code §30-7-11f.

Unprofessional Conduct is a very broad term, encompassing a wide variety of activities, including those in a nurse’s professional capacity, but also in a nurse’s personal life, far beyond professional boundaries. Nurse Nancy’s convictions, even if the nursing board only investigates and then declines prosecution, the process takes many months, if not years. It can be extensively damaging, and even if the nurse is innocent, the types of criminal violations that can trigger an investigation include: public intoxication; failing to pay child support; domestic violence; child/elder abuse or neglect; harassment; stalking; violation of a restraining order; indecent exposure/lewd acts (including public urination and sex acts in public places); assault; battery; alcohol consumption; property damage; fighting; theft (including shoplifting, robbery and burglary); fraud; firearm charges; failure to pay taxes; and any violation of law relating to a discipline license. Any criminal conviction or conduct that suggests that the nurse’s conduct is derogatory to the profession is considered “professional misconduct.” Any criminal conviction or conduct that suggests that the nurse’s conduct is derogatory to the profession is considered “professional misconduct.” Any criminal conviction or conduct that suggests that the nurse’s conduct is derogatory to the profession is considered “professional misconduct.” Any criminal conviction or conduct that suggests that the nurse’s conduct is derogatory to the profession is considered “professional misconduct.” Any criminal conviction or conduct that suggests that the nurse’s conduct is derogatory to the profession is considered “professional misconduct.”

There are many examples of personal conduct that can lead to discipline, depending on the nurse’s individual circumstances. In Nurse Nancy’s case, she was arrested for driving under the influence of alcohol ("DUI"). She later pleads guilty to a misdemeanor charge of driving under the influence of alcohol ("DUI"). She later pleads guilty to a misdemeanor charge of driving under the influence of alcohol ("DUI").

Nurse Nancy is arrested for driving under the influence of alcohol ("DUI"). She later pleads guilty to a misdemeanor charge of driving under the influence of alcohol ("DUI").

Nurse Nancy swerves off the road to avoid the deer and runs into a ditch. No one (including the deer) sustains any injuries. A tow truck is called and pulls Nurse Nancy out of the ditch. As soon as Nurse Nancy gets to the hospital, she assures that she would never have driven under the influence of alcohol ("DUI").

Unfortunately, such a belief is flatly wrong. Nurses are evaluated for unprofessional behavior, including activities that are deemed to be in violation of the “moral” and “good-character” provisions of their rules and regulations. Nurses sometimes face a variety of perceived offenses, even those based solely upon activities in a licensee’s private life or unrelated to their professional duties.

Failure to abide by any of the following is considered “professional misconduct.” It is misconduct to “knowingly falsify an application for employment,” including errors of omission, such as leaving out information from that employer who may be a bad reference. Also under this provision, before you are tempted to take a patient photo or post a patient photo, upload a photo or video to any social media, their risk for disciplinary action also increases. A frequent violation is the inadvertent disclosure of patient information, including medical information. To avoid licensure, a nurse avoids mention of any specifics related to the job or patient on their social media posts. Even if a nurse believes that she is not putting any patient-specific details on her post (example: “the post-op hip”), unfortunately, the reference can still give enough info be traced to the nurse’s unit and frequently to the patient. Likewise, the best and only way to avoid inadvertent disclosure of patient photographs is to never take a patient photo with your own device. Even if you are granted permission from a patient, it is not a guarantee that you will not have any subsequent discipline. Therefore, although it may seem like a great idea to post how awful your co-workers, patients or administration are behaving in the middle of your shift, such posts can lead to licensure discipline. Therefore, although it may seem like a great idea to post how awful your co-workers, patients or administration are behaving in the middle of your shift, such posts can lead to licensure discipline. Therefore, although it may seem like a great idea to post how awful your co-workers, patients or administration are behaving in the middle of your shift, such posts can lead to licensure discipline. 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Visit our website at: www.gcmh.com to access an online application. https://www.gcmh.com职称/
Congratulations

Congratulations to Damia Hayman, APRN for receiving the 2015 State Award for Excellence from American Association of Nurse Practitioners. This prestigious award is given annually to a dedicated Nurse Practitioner in each state.

Congratulations to Delegate Denise Campbell, RN, MA for receiving the 2015 Advocate State Award for Excellence from American Association of Nurse Practitioners. This prestigious award is given annually to a dedicated nurse practitioner advocate in each state who has made a significant contribution to increasing awareness and acceptance of the NP role.

Congratulations to Dr. Lisa Anne McBride of Cardinal Pediatrics in Morgantown, WV on receiving the WV APRN Mentorship Award for her support and mentorship of the APRN profession.

If you would like to congratulate a nurse for receiving an award please contact centraloffice@wvnurses.org with the information.

West Virginia Nurse Anesthetists
Never Miss a Beat While Providing Anesthesia

More than 450 Certified Registered Nurse Anesthetists (CRNA) from West Virginia and thousands from across the country tell America We Never Miss a Beat as they celebrate the 16th annual National CRNA Week celebration, January 25 – 31, 2015.

The catchphrase We Never Miss a Beat touts the quality of care that nurse anesthetists pride themselves on providing patients. To provide the safest anesthesia possible, nurse anesthetists remain by their patients’ side every moment of their procedure, monitoring their vital signs to help ensure a comfortable and safe anesthesia experience.

“As anesthesia providers, it is important to be aware of every heartbeat, every breath, and be ready to quickly respond if necessary. Which is why CRNAs are so proud to belong to a profession that has maintained a sterling record of providing patient-safety for 150 years,” said Cassy Taylor, CRNA and WVNA member.

Established by the American Association of Nurse Anesthetists (AANA), National CRNA Week was created to encourage CRNAs to take the opportunity to educate the public about anesthesia safety, questions to ask prior to undergoing surgery, and the benefits of receiving anesthesia care from nurse anesthetists. Nurse anesthetists are advanced practice nurses who administer more than 34 million anesthetics in the United States each year. Practicing in every setting where anesthesia is delivered, CRNAs are the primary anesthesia providers in rural hospitals, and have been the main provider of anesthesia care to U.S. service men and women on the front lines since World War I.

“It is a privilege to be a part of a profession with a focal point that is dedicated to providing patient safety. Historically, CRNAs have played a considerable role in advancing trends related to monitoring technology, anesthetic drugs, and patient education. In fact, anesthesia today is nearly 50 times safer than it was just 20 years ago,” said Taylor.

The West Virginia Association of Nurse Anesthetists (WVANA) represents West Virginia CRNAs, and maintains a working relationship with the West Virginia Nurses Association. Visit www.wvana.com for more information about WVANA.

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Our Children, Our Future

WVNA is a Proud Partner in the Our Children, Our Future Campaign!

Great thanks to everyone who voted on Retiring Old Laws so Nurses can meet health needs for WV Families issue to be placed on the 2015 Legislative Platform for the Our Children, Our Future Campaign to End Child Poverty (OCPF). As a result our issue made it into the top ten at #7. You can see the entire OCPF platform below. This means that the whole grassroots effort of the Healthy Kids and Families Coalition will work to help us pass this important nursing legislation this year.

Now, the work begins to educate our legislators on the importance of all of these issues to the health and well-being of our WV families. Join us at the legislature for Kids and Families Day on Wednesday, January 14. Register here: https://www.eventbrite.com/e/our-children-our-future-kids-and-families-day-at-wv-capitol-tickets-14781069577.

2015 Legislative Platform
Our Children, Our Future Campaign to End Child Poverty

1. Protect and Provide a Secure Funding Solution for Family Support Programs. Last year, the legislature heroically fought to protect vital state programs that give families a hand-up out of poverty; programs like the Family Resource Network that produce a return on investment, by leveraging private, local and federal dollars and Family Resource Centers (which are a hub for family services). We need a permanent funding solution so these programs are not always fighting for their lives. Contact April Miller (tuckerfrn@hotmail.com).

2. A Smart Start for WV—Invest in Early Childhood. The Governor’s Early Childhood Task Force offers a 10-year plan to make WV a national leader in early childhood, so our children grow up healthy, strong and ready to learn. Recommendations include extending home visiting, access for quality childcare, Birth to three, financing options, governance and program accountability. The legislature needs to adopt these recommendations and pass a plan to begin this expansion. $1 in = $7 in the long-run. Contact Jim McKay (jmckay@teamwv.org).

3. Juvenile Justice Reform. West Virginia is experiencing a crisis in the number of children referred to juvenile court as a result of missing school. We must amend the current truancy law to extend the number of unexcused absences from five days to ten. Additionally, the truancy law should require schools to employ school-based and community interventions to improve attendance before referring a student to juvenile court. Contact Jen Menzies (jmenzies@wvnurses.org).

4. Drinking Water Protections. The chemical spill crisis disproportionately hurt low-income and working families and their children. We need to protect drinking water protections, especially SB 373. Contact Angie Rosser (arosser@wvnurses.org).

5. Defend Medicaid and CHIP, while Expanding Medicaid Access to Mental Health Therapy. Health bills are the leading cause of bankruptcy in America... and Medicaid Expansion and CHIP are proven to save money in the long run. We must defend and adequately fund these programs, while expanding Medicaid access to mental health therapy so that a struggling child or family doesn’t have to wait months to get help just because they have the ‘wrong’ insurance plan. Contact Sam Hickman (shickman@naswwv.org) or Renate Pore (renatepore@gmail.com).

6. Past Due! It’s time to choose: WV’s kids or Big Tobacco? Increasing the tax on tobacco saves lives, reduces health care costs and provides a revenue source. It’s proven as the best way to protect kids and pregnant women from this addiction. Contact Christine Compton (Christine.compton@heart.org).

7. Retiring Old Laws so Nurses (APRN’s) can meet health needs for WV Families. Let nurses nurse. Old laws bar Advance Practice Nurses from doing what they are trained to do; we need a change so communities get the care they need, while saving everyone money. Contact Aila Accad (ailaspeaks@gmail.com).

8. Stopping Meth Labs in WV. Over-the-counter pseudo-ephedrine now exists that can’t be turned into meth. Now is the time to require a prescription for pseudo-ephedrine that can be turned into meth. Supported by law enforcement, shown to reduce meth labs. Contact Judy Crabtree (judy.crabtree@camc.org).

9. Erin’s Law: Preventing Childhood Sexual Assault. We must train educators and school personnel to spot the signs of child sexual abuse, and respond. Contact Brooke Drake (jambrookedrake@gmail.com).

10. Providing Earned, Paid Sick Days for Workers & Schedules that Work. A paid sick time policy would make our families stronger, our workplaces healthier, and improve the well-being of children. Workers shouldn’t have to choose between their job and their family’s health. Contact Erin Snyder (esnyder@wvpolicy.org).

The Our Children, Our Future Campaign is a non-partisan alliance of 177+ churches, community organizations, businesses, unions, schools, and advocates – devoted to ending child poverty in West Virginia. We have fought and won 12 policy victories in two years by engaging new voters and families in the political process; we will defend these victories in addition to the campaigns above. Over 3400 leading West Virginians participated in the creation of the above platform – attending a community meeting, participating in a policy workshop or Symposium, or casting a ballot. Contact Chris Kimes chimeskbb@gmail.com for more information.

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Nightingale Tribute

We lose many people in our lives and nurses who have an impact on the nursing community have a special place in our hearts. If you have lost a nurse this year please let WVNA know so that we might honor these nurses at Unity Day February 25, 2015.

The Nightingale Tribute begins with a short synopsis of the nurse’s career. A creative reading follows the synopsis. A white rose is placed with the nurse after the reading, with the statement: “(Name), we honor you this day and give you a white rose to symbolize our honor and appreciation for being our nursing colleague.”

This entire tribute takes only two minutes and can be placed anywhere in the service appropriate to the traditions and beliefs of the recipient’s faith.

How do I arrange for this tribute for my loved one?

• Visit with your funeral home director about this tribute.
• Choose a nurse friend or colleague (active or retired) of the deceased to present the tribute.
• Ask the nurse to visit with you. Provide them a brief synopsis of your loved one’s life as a nurse.
• Use the words included with this brochure as a creative reading to follow the career synopsis. Adapt the reading to fit the recipient.
• The Tribute will be scheduled in the service in collaboration with the family, funeral home and place of worship as appropriate.
• Decide if you would like a white rose placed with your loved one in tribute and honor. If so, notify the nurse presenter and any other nurse friends to bring a white rose or make arrangements to have white roses available for the tribute and the colleagues.

THE NIGHTINGALE TRIBUTE READING

Nursing is a calling, a lifestyle, a way of living. Nurses here today honor _______ and his/her life as a nurse. _______ is not remembered by his/her _____ years as a nurse, but by the difference he/she made during those years by stepping into people’s lives… by special moments:

SHE WAS THERE

When a calming, quiet presence was all that was needed, she was there.
In the excitement and miracle of birth or in the mystery and loss of life, she was there.
When a silent glance could uplift a patient, family member or friend, she was there.
At those times when the unexplainable needed to be explained, she was there.
When the situation demanded a swift foot and sharp mind, she was there.
When a gentle touch, a firm push, or an encouraging word was needed, she was there.

In choosing the best one from a family’s “Thank You” box of chocolates, she was there.
To witness humanity—its beauty, in good times and bad, without judgment, she was there.
To embrace the woes of the world, willingly, and offer hope, she was there.
And now, that it is time to be at the Greater One’s side, she is there.

NOTE: Pronoun can be changed. © 2004 by Duane Jaeger, RN, MSN

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Unity Day Attendance Feb. 25, 2015

Full Name

Today’s Date

County of Residence

Mailing Address

City State Zip

Home Phone

E-mail

PAYMENT DETAILS

Method of Payment:

- Check (Payable to WVNA)
- Money Order
- Credit Card (Visa or MC)

Credit Card # CVC # Exp. Date

Name on Card Signature

Billing Address of Card

Billing Address Phone Number

- Registration fees are non-refundable
- For online registration and payment log on to wvnurses.org Unity Day forms
A Tribute to Jay Rockefeller

WVNA leaders turned out enforce for the West Virginians for Affordable Healthcare Annual Meeting and tribute to retiring Senator, Jay Rockefeller. Senator Rockefeller has been a champion of healthcare, especially for children and coal miners. He was instrumental in shaping the Affordable Care Act to be more consumer friendly, protected the Children's Health Insurance Program (CHIPs), and preserved health insurance benefits for retired coal miners and their widows.

In his own words: “I have spent my entire career working to protect children and other vulnerable populations. I will never stop fighting to make sure they have all the safeguards they need and deserve. These are children—we should do all we can to shield them from harm. Period!” Senator Jay Rockefeller, October 2, 2009.

WV Nurses celebrate with Senator Jay Rockefeller. L-R Aila Accad, Angy Nixon, Beth Baldwin, Ruth Blevins, Sam Cotton

Student Unity Day Application Feb 25, 2015

<table>
<thead>
<tr>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Full Name</td>
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<tr>
<td>School of Nursing:</td>
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<tr>
<td>County of Residence</td>
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<td>Mailing Address</td>
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<td>City</td>
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<td>Home Phone</td>
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<td>E-mail (Please do not use school email)</td>
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**PAYMENT DETAILS**

- Method of Payment:
  - Check (Payable to WVNA) $30.00*
  - Money Order $35.00*
  - Credit Card (Visa or MC) $50.00*
  - Graduate Student: $50.00* *Join WVNA

- Credit Card #
- CVC #
- Exp. Date

- Name on Card
- Signature

- Billing Address of Card
- Billing Address Phone Number

*Registration fees are non-refundable

*Unity Day Special: Join WVNA and attend Unity Day for $ 60.00

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**For More Information**

- msn-nursing@marshall.edu (for MSN program)
- mtobsn-nursing@marshall.edu (for RN to BSN program)
- (304) 696-6751

[Marshall University website]
The West Virginia Court of Claims, created by the West Virginia Legislature in 1981, was established to allow claims to be filed against the state which cannot be heard in the regular courts due to constitutional immunity. Awarded claims are considered by the West Virginia Legislature.

Crime victims can be awarded compensation. In 1981, the West Virginia Legislature passed the West Virginia Crime Victims Compensation Act, to be administered by the Court of Claims. The law established a fund to assist innocent victims of violent crimes with their out-of-pocket losses, including medical care, counseling, lost income and funeral and burial expenses.

Steve McElroy is the Community Liaison Administrator for West Virginia Court of Claims, Crime Victims Compensation. Steve.mcelroy@wvlegislature.gov • 304.347.4850

Let’s Talk About Sex… and Relationships!

Carrie-Meghan Quick-Blanco

We are surrounded by it. In movies, commercials, television shows, music, pop culture, magazines and stand-up routines. Sex is everywhere, yet, in America, talking about it still remains taboo. If only preparing children for sex and healthy relationships could be like learning how to drive a car: an important transition into adulthood that rate are more likely to discuss.

In fact, many believe that we shouldn’t be talking about sex at all with young people. If we do, it will only encourage them to have sex. Unfortunately, that stance of “don’t ask, don’t tell” has contributed to the situation we face today: 2nd highest nation in the industrialized world for teen births with West Virginia touting the 5th highest rate in the United States. In fact, the costs of teen childbearing in America totaled $9.4 billion dollars in 2010! We also know that teenagers in West Virginia are sexually active and by the time they are seniors in high school, 2/3 of them will have had sexual intercourse. So while everyone isn’t doing it, everybody needs information about how to protect themselves against unintended pregnancies and STD’s (including HIV/AIDS). Estimates suggest that about 48% of STD cases in the United States are acquired by persons aged 15-24 years old.

Talking about the importance of being sexually healthy is not a hard sell for nurses and others in the health care community. Nurses often see firsthand diseases or issues that could have been prevented as a result of poor decisions or lack of education and resources. Because they are on the front line, nurses have a unique opportunity in educating and supporting teens and their families in a variety of settings and positively influencing further transmission of STD’s and unintended pregnancies.

With statistics like this, it’s easy to see that we need to make a change and October is a great place to start at home with these two words: “Let’s Talk.” Let’s Talk Month is a national public education campaign celebrated each October sponsored by Advocates for Youth, an organization that champions young people to make informed and responsible decisions about their reproductive and sexual health. Let’s Talk Month provides an opportunity for community agencies, businesses, religious institutions, health care providers and families to plan programs and activities that encourage family dialogue about sexuality and healthy relationships. Locally, WV FREE’s WISE initiative (Working to Institutionalize Sex Education) is working with partners from across the state to encourage this dialogue.

Research shows that good parent-child communication leads to better contraceptive use and lower sexual risk behaviors. Adolescents who feel open to discuss sexual health with their parents are more likely to delay sexual intercourse. Believe it or not, studies show that teens would rather talk at home than get information from the media, school, or even friends about sex. It’s OK not to know all the answers! What you know is less important than how you respond. If you can convey the message that no subject is off limits at home, you’ll be on the right track to setting your children up for success in adulthood!

Follow the link below to check out “Let’s Talk Month” resources. http://www.wvfree.org/reproductive-guide/

Interested in learning more about WISE in WV? Please visit the WISE Facebook or Twitter or become a member of WV FREE. Together we can create a brighter future for WV students and families!

Carrie-Meghan Quick-Blanco is the WISE Program Manager at WV FREE. She also works as a DONA certified birth doula and a certified lactation counselor (CLC).
Debra Lopez-Bonasso, BA, MA

In West Virginia, 1 in 6 women and 1 in 22 men will be victims of an attempted or completed forcible rape in their lifetime. According to the 2010 Census, there are nearly 750,000 women age 18 or older living in WV. This means that the estimated number of WV adult women who have ever been raped is about 125,250. This prevalence is higher than in many other states, including Pennsylvania and Texas.

Health care practitioners who respond to the needs of sexual assault victims, according to the National Protocol for Sexual Assault Medical Forensic Examinations, should strive to ensure that they receive special training and be clinically prepared to conduct the medical forensic examination.

The West Virginia Foundation for Rape Information and Services (WVFRIS), the state sexual assault coalition, began to address this training need in 2000 by working to establish Sexual Assault Nurse Examiner (SANE) programs in West Virginia. Sexual Assault Nurse Examiners (SANE) are registered nurses who are specially-trained to offer victims prompt, compassionate care and comprehensive forensic evidence. This kind of training can reduce the impact of the trauma experienced by victims and can ensure that prosecutors have quality evidence needed to obtain convictions.

After years of work and much collaboration, WVFRIS is pleased to announce the development of the West Virginia Sexual Assault Nurse Examiner (SANE) training program. This 40 hour SANE training coursework is developed for physicians, advanced practice nurses, nurses and physician assistants. The SANE training provides medical personnel with the skills to assess, evaluate, and prescribe for the physical and psychological needs of persons who have been sexually assaulted to ensure that victims of sexual assault receive quality patient care and comprehensive forensic evaluations.

The 40 hour training includes information on how to:

- Observe a relevant medical history from a sexual assault patient.
- Conduct a physical examination specific to the medical history.
- Document injury using photography, body diagrams and charting.
- Collect and preserve forensic samples.
- Use the West Virginia State Police Forensic Laboratory’s sexual assault evidence collection kit (SAECK).
- Provide the patient with prophylactic medications and/or emergency contraception for the prevention of sexually transmitted infections (STIs) and pregnancy.
- Treat and/or refer the patient for medical treatment.
- Work as part of a victim-centered, multidisciplinary response for the patient who is a victim of sexual assault.

Since the training was launched at the end of June, 2014, 78 nurses have registered for the online course and 38 of those nurses have completed the two day SANE Classroom Training and obtained the certified SANE-A designation. The remaining nurses participating represent Charleston Area Medical Center, Logan Regional Medical Center, Minnie Hamilton Health Care, United Hospital, Cabell Regional Medical, and Cabell County Health Department.

The West Virginia Sexual Assault Examiner (SANE) Training for Adults and Adolescents has a three-part blended learning format. The training combines online and classroom educational methods.

1. 24 Hours of SANE Online Training
   - To better accommodate busy schedules, 24 hours of the SANE training can be taken online for free. It is a self-paced course comprised of twenty-three units. The entire online portion of the course takes approximately 24 hours to complete. All 24 hours of the online coursework must be completed before beginning the second phase of the training, which is the 16 hour (2 day) classroom training.

2. 16 Hours of SANE Classroom Training
   - This classroom training will provide practical application from the online course and will be facilitated by members of the West Virginia SANE faculty. The 16 hour (2 day) classroom training is a requirement for all nurses wishing to practice as a SANE.

The SANE training for this part of the training is $150. Nurses will receive 40 contact hours of continuing education for completion of the online and the classroom training.

The SANE classroom training will be offered regionally several times a year in West Virginia and must have at least 16 nurses registered for the training to take place as scheduled. Class size will be limited to 20 participants.

3. 25 Hours of Clinical Requirements
   - Demonstration of clinical competence is an essential part of the SANE training. SANEs must have 25 hours of clinical practice with qualified preceptors (physicians, advanced practice nurses, SANE-Ass or physician assistants) to adequately develop and demonstrate the competencies and skills required in conducting medical forensic exams and collecting forensic evidence. This work is done independently by the SANE following the completed SANE training. When a preceptor is selected, it is recommended that these requirements be completed within a six (6) month time frame, but MUST be completed within one year following the SANE training.

Details about the clinical requirements for the SANE can be found by viewing the West Virginia Clinical Requirements for the Adult/Adolescent SANE Training PDF.

For questions and additional information, you may contact WVFRIS staff: Bonnie Fields, RN, BS, SANE-A, WV SANÉ Project Coordinator 304-685-3159 bfields54@verizon.net

Debra Lopez-Bonasso, BA, MA, Education/SANE Coordinator 304 366-1500 dlbannonso@aol.com

The West Virginia Online SANE Training and the Classroom SANE Training Curriculum were developed with funding provided by the Claude Worthington Benedum Foundation. Additional financial support was provided by the West Virginia Prosecuting Attorneys Institute (WPVAI) and the West Virginia Women’s Commission.

Dynamic Career Opportunity

Mildred Mitchell-Bateman Hospital is a 110-bed acute care mental health facility operated by the West Virginia Department of Health and Human Resources. We are seeking qualified staff to fill permanent and temporary positions.

- RNs  • LPNs  • Health Service Workers (CNA)
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- Social Workers
- Therapists
- Psychologists
- Nurses
- Physicians
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Some of the benefits you will enjoy:

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- Staff to staff discounts
- Temporary positions do not include benefits.
- Interested individuals should contact: Patricia G. Hamilton, RN BC-Chief Nurse Executive dhhrmmbhhr@wv.gov

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- Bridgeport - http://wvEVENTs.com/dctownsend.com Saturday, March 28, 2015 8:30 am – 12:15 pm at Bridgeport Conference Center
- Charleston - http://wvEVENTs.com/Townsend.com Saturday, May 9, 2015 8:30 am – 12:15 pm at Holiday Inn and Suites, S. Charleston

For additional information contact: Cinny Kittle at cktittle@wvh.org or 304-419-0899.
Hospice care is a great resource for those who need palliative care, but when should this be offered? As the public's most trusted professionals, nurses need to be able to talk about hospice to patients, family, friends, and neighbors and know when to refer. As patient advocates, they can support doctors with difficult conversations about end-of-life care. When offered at the appropriate time, hospice care can improve quality of life and help patients remain at home.

According to a survey by the West Virginia Center for End of Life Care (WVCEOLC), 75% of West Virginians want to be cared for at home or in a hospice inpatient facility when they are dying. However, many West Virginians still die in a hospital unless they have hospice support. Less than 4% of the 10,000 West Virginia hospice patients died in a hospital in 2012. West Virginia’s hospice utilization is 37% of Medicare deaths, 42nd in the nation, despite an older population with higher morbidity. About 50% of Medicare deaths are now with hospice in Kanawha, Randolph and Lincoln counties, but half of all patients are referred less than 4 weeks before death. There is a great need for nurse advocacy to promote increased utilization and earlier referrals and to overcome cultural barriers.

People need to know that hospice can take care of people in their own home or in other settings, such as assisted living, nursing home or hospice facilities. The care provided is personalized, coordinated and interdisciplinary.

When Should you Offer Hospice Care?

The whole family is the unit of care and receives support and education to help patients achieve their goals. Respite and inpatient care may be part of the plan of care. Medicare and Medicaid have special hospice benefits and most insurance covers hospice. Some private insurance companies have established advanced illness programs that cover early hospice support. However, most hospice benefits can only be accessed when a physician certifies that the patient has a prognosis of less than six months if the illness follows its expected course. The question ‘Would you be surprised if this patient died in six months?’ can help providers determine eligibility. When patients have cancer, determination of a terminal prognosis may be more predictable. Hospice should be offered when curative treatment is no longer beneficial.

There are eligibility guidelines for many non-malignant diseases, such as Alzheimer’s disease, heart failure, COPD, ALS, cirrhosis and end-stage renal disease. Some of the general guidelines that may predict poor prognosis include uncontrolled symptoms, frequent hospitalizations, weight loss, nutritional problems and a decline in the ability to perform activities of daily living. Sometimes elderly patients have multiple co-morbidities that lead to a terminal prognosis. Prognostication is not an exact science. If patients remain terminally ill, they can continue to receive hospice care for as long as this is needed. A significant number of hospice patients are discharged because they have improved and are no longer considered to be terminally ill. They can be readmitted to a hospice program if their condition declines.

When communicating with patients, it may be helpful to tell them that hospice does not make death come any sooner and that some patients do improve with attentive holistic care. Patients may live longer with improved quality of life and are less likely to be hospitalized. Hospice can also improve quality of life for the family and bereavement care is provided after the patient dies. Since the health of caregivers can be adversely affected by grief, this care and support is vital. Anyone can make a hospice referral and the hospice will then contact the attending physician to get approval. During the initial hospice assessment, eligibility is determined, informed consent is obtained and an initial care plan is established. The right time to refer may be different for everyone, but the important thing is to make sure people know they have a right to this support. Too many people write ‘I wish we had known about hospice sooner’ on satisfaction surveys. Honest information gives patients more control and choice and nurses must advocate for this.

For a map of Hospice Council of West Virginia providers, contact information and other resources visit www.hospicecouncilofwv.org. Information for patients and families can also be found at the National Hospice and Palliative Care Organization’s new website www.momentsoflife.org.

Hospice Services include:

- Physician services
- Registered Nurse visits and case management
- 24-7 on call support and visits
- Psychosocial Support
- Spiritual support*
- Hospice Aide Visits*
- Trained volunteers*
- Physical Therapy*
- Dietary Counseling*
- Durable Medical Equipment
- Medications and supplies related to the terminal prognosis

* when needed or requested

Raleigh General Hospital is currently seeking full-time RNs. Areas of specialty include Med/Surg, Critical Care, Women’s Services, Emergency Care & Cardiac Cath Lab. We offer competitive salaries and benefits along with a patient centered family atmosphere.

Located in Beckley, the largest city in Southern WV, which boasts major shopping centers, restaurants, museums and galleries. Beckley is also an outdoorsman’s paradise offering whitewater rafting, hunting, fishing, climbing, hiking, camping, horseback riding, mountain biking and photography.

Apply on-line at www.raleighgeneral.com
CHIP Running Out of Federal Funds

The highly popular West Virginia Children’s Health Insurance Program is in danger of losing its funding unless Congress acts before September 2015. CHIP provides coverage to uninsured children, whose families earn as much as 300 percent of the Federal Poverty Level. Since its enactment more than 185,000 West Virginia children have been covered by the program. This year, CHIP will cover about 25,000 children. The federal government has always provided generous funding for WVCHIP up to 82 percent of the total cost of the program.

CHIPS funding, however, will end next September unless Congress acts to extend the program. More than 26 West Virginia organizations including the West Virginia Nurses Association have asked our Congressional delegation to do everything they can to extend CHIP funding. In the past, CHIP has had bipartisan support, and we hope that will be the case this time.

While the Nurses Association has asked the West Virginia Congressional Delegation to support continued CHIP funding, our representatives need to hear from each one of us. I urge all West Virginia nurses to contact our current congressional delegation, and if nothing happens to repeat the contact in the next Congress. A simple post card or email through the congressional websites saying that “I want you to support refunding of the Children’s Health Insurance Program,” can make a big difference. Do it today. You can find the email message system on each representatives’ website. It’s especially important to contact Representatives Capito and McKinley and Senator Manchin.

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