Getting to know organizations that work for nurses in Nevada: Spotlight: Nevada Alliance for Nursing Excellence (NANE)

Elizabeth Fildes, EdD, RN, CNE, CARNP-AP, APHN-BC, Co-Chair, Nevada Alliance for Nursing Excellence (NANE)

The Nevada Alliance for Nursing Excellence (NANE) is formerly known as the Nevada Nursing Education and Practice Alliance (NNEPA). NANE’s mission is to exist to be the "Face of Nursing Excellence" and be a resource for all other Nevada nursing associations.

The membership of NANE includes nursing leaders in the state of Nevada and others who are identified as stakeholders in the pursuit of quality nursing education and practice and who have a vested interest in ensuring a stable, high quality nursing workforce and healthy working environments throughout Nevada. This includes statewide Deans and Directors of the public and private nursing schools; the Chief Nursing Officers of Nevada hospitals, representatives from leadership and regulatory groups such as the Nevada System of Higher Education, Nevada Hospital Association, the Nevada Workforce Investment Board, the Nevada State Board of Nursing, the Nevada Nurses Association and the Area Health Education Centers of Nevada. NANE views membership as inclusive and invites nominations of senior leaders from other invested groups.

To realize its mission and vision NANE has the following goals:

1. Be the face of nursing excellence and be a resource for all other Nevada nursing associations
2. Provide nursing expertise to support Nevada Action Coalition
3. Come together to identify resources and provide responses
4. Identify gaps related to healthcare and explore resolutions
5. Build and foster relationships among Nevada nurses and nursing organizations

In 2012, NANE and the Nevada Health Care Sector Council (NHSCC) were designated as the Nevada Action Coalition (NAC). NAC is affiliated with the Future of Nursing: Campaign for Action by the Robert Wood Johnson Foundation and the American Association of Retired Persons.

NAC is currently collaborating with many Nevada organizations to implement the 2010 Institute of Medicine (IOM) report, “The Future of Nursing: Leading Change, Advancing Health” recommendations in Nevada. NAC is heavily engaged in the following initiatives:

- Nurses should practice to the full extent of their education and training
- Nurses should achieve a higher levels of education and training
- Nurse should be full partners with physicians and other healthcare professionals in redesigning the healthcare of the United States
- Effective and workplace planning and policymaking role requires better data collection and information infrastructure

Please stay tuned for opportunities to help move these initiatives forward. There are numerous activities planned. We want you and we need you!
Staffing Issues
Scott Lamprecht, DNP, RN, APN
President, Nevada Nurses Association

As a Registered Nurse working in hospitals, staffing has been a concern for many years. As a bedside nurse, having to provide patient care for a 12 hour shift was stressful especially when there was not enough staff. As a House Supervisor, trying to make sure there were enough staff to care for all the patients was difficult especially with call-offs, weekends, and holidays. As a manager, having enough staff to provide high-quality safe care while meeting budget expectations seemed next to impossible. With government and third party reimbursement decreasing, budgetary concerns are an ever increasing issue for all healthcare facilities. Facilities are looking to cut expenses and staffing is a major expense that needs to be controlled. Unfortunately cutting staffing expenses can lead to decreased patient safety and staff dissatisfaction. Additionally, if you are a staff RN and find yourself with a potentially unsafe assignment, do you accept the assignment or refuse? What documentation do you want to complete or avoid to protect your license? Is an ADO form helpful? What are possible legal issues if you accept or refuse an assignment?

This issue of RNFormation will look at staffing from a variety of perspectives. Please read on and get involved!!
This piece is being penned at the culmination of nurses’ week, that time of year nurses are reminded...we as a profession are deserving of recognition and respect. For over a decade the American public has named us THE profession trusted above all others! Our heritage is steeped in a rich tradition of healing and facilitating “workplace incivility” justifiable nomenclature. Our profession is at odds with our heritage and the public at large. It is evident that the public at large is oblivious to the impact of this paradigm as nurses. A recent study by the Cornell school of business reports “The stickier the opinion, the more we get stuck, and reach that tipping point of consensus and change.” Perhaps it is time to replace the existing with a new culture worthy of the trust placed in us.

It is incumbent on each of us to recognize and learn to address these behaviors as they occur in ourselves and others. The NNA model of training reminds us of universal communication basics. Listen carefully, be aware of your feelings, use “I” messages,” maintain a respectful approach, avoid blaming or retaliation, and consider the position/needs of the other person. Mindfulness and cognitive rehearsal trainings such as these inspire non-judgment and present-centered awareness that can influence aggression. Practiced responses using the DESC format or Describe (the situation), Explore or Express (your thoughts feelings or concerns), Specify (what you would like to happen differently next time), then state the positive Consequence of the requested alternative, are demonstratively effective.

When discussing my involvement in this movement and explaining the phenomenon to my 11-year-old granddaughter, I quoted “that” adage, “The look of revulsion and horror reflected on that precious face mirrored my own visceral reaction to it. I take great pride in being a part of such an auspicious discipline and culture as nursing. I refuse to accept that we are stuck in this paradigm as nurses. A recent study by the Cornell school of business reports “The stickier the opinion, the more we get stuck, and reach that tipping point of consensus and change.” Perhaps it is time to replace the existing with a new culture worthy of the trust placed in us.

Nurses Eat What?!!!
Darlene C. Bjorgard MSHI, BSN, RN

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ICU, Emergency Room, Med/Surg, Labor & Delivery
Healthcare stakeholders, including professional healthcare organizations and academic groups. We incorporated input from 3 focus groups of nurses and 2 pilot tests of nurses. The content is derived from the scientific literature on shift work, long work hours, sleep, and circadian rhythms. This free course is divided into two parts. Part 1 relays the health and safety risks that are associated with shift work and long work hours and the theory about why these risks occur. Part 2 covers strategies to reduce risks including management strategies to improve the design of work schedules and the organization of the work and personal strategies for nurses.

MOSH Launches New Training

We hope the training will be useful for undergraduate and graduate nursing courses and clinical sites. This training program is the outcome of several years of work done in collaboration with healthcare stakeholders, including professional healthcare organizations and academic groups. We incorporated input from 3 focus groups of nurses and 2 pilot tests of nurses. The content is derived from the scientific literature on shift work, long work hours, sleep, and circadian rhythms. This free course is divided into two parts. Part 1 relays the health and safety risks that are associated with shift work and long work hours and the theory about why these risks occur. Part 2 covers strategies to reduce risks including management strategies to improve the design of work schedules and the organization of the work and personal strategies for nurses.

The CDC’s Training for Nurses is an online continuing education course. The course is multi-modal and interactive using quizzes and video testimonials from several nurses. The self-paced course is available for desktop and mobile devices and takes about 3 hours to complete. Continuing education certificates will be available through the CDC’s Training Continuing Education Online for persons who complete the course.

An apparently new disease with polio-like symptoms, acute flaccid myelitis, appeared in the U. S. in 2012 and some epidemiologists think that it might reappear this summer and fall (Hurley, June 2015). It is not caused by the polio virus, so polio immunization will not prevent it from occurring. It seems to occur after recovery from an ordinary respiratory infection. Patients lose the ability to move one or more limbs and, in some cases, lose the ability to breathe. There have been 50 cases identified in California plus cases in 33 other states and in Canada. It has occurred in both children and adults. The CDC reports that two-thirds of patients studied showed improvement, but the remaining one-third showed no improvement. Some remain on ventilators.

Some epidemiologists suspect that the culprit may be an enterovirus designated as D68 or EV-D68 which has been identified in many, but not all, affected patients. That virus appeared in the U.S. at the same time as the beginning of this disease process. Since this situation is so new, there has been very little research on the disease and there are no efforts underway to produce a vaccine.

Nurses need to be aware of any patient suddenly developing symptoms, especially following a respiratory infection, and ensure that such cases are rapidly reported to the CDC.

Reference
The 78th Session (2015) of the Nevada Legislature began on February 2, 2015 and adjourned on June 1, 2015. During this session, our committee met by phone twice per month and communicated about significant developments between meetings by email and phone.

Both the Committee Chair and the NNA paid lobbyist were new this session. There were some growing pains as we learned how to best communicate and make decisions. With guidance from Margaret Curley and former chair Betty Razor we quickly learned how to best keep informed and advocate for Nevada nurses. Technology and strategies employed to accomplish this were email, text, phone and two face to face meetings.

The communication stream included active members, advisors (NNA president and State Board), and our paid lobbyist. Students participated as a learning experience. We added several members to broaden the depth of input. APRNs were critical to the discussion, and other health care organizations were consulted on some legislation.

We supported SB327, the Air Ambulance Bill and SB177, AARP’s “Care Act,” which were passed and signed by the governor. We successfully amended the language of AB93, the Suicide prevention bill to make the education “recommended” and not required for APRNs. We monitored AB292 and SB299 the Tele health bills. The Assembly version went to Governor for signature.

AB305, the Para medicine bill that we followed, went to Governor for signature. Also, AB242, the Long Term Care (LTC) Study bill, has exempt status and will be worked between sessions. Other controversial bills where we provided input included SB181, Anesthesia Medical Assistants and SB6, Patient-Centered Medical Homes. Between sessions, we will be working on reorganization and updating of policies and working on the LTC staffing bill. We plan to meet by phone monthly as we solidify how we monitor legislation and make decisions that reflect the will of our members.

**Final Bill Report**

Submitted by Jessica Ferrato, NNA Lobbyist

<table>
<thead>
<tr>
<th>Bill #</th>
<th>Description</th>
<th>Sponsor</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB93</td>
<td>Suicide Prevention</td>
<td>Benitez-Thompson, et al</td>
<td>Suicide prevention continuing education encouraged for APRNs</td>
</tr>
<tr>
<td>AB158</td>
<td>Auto Injectable Ephedrine</td>
<td>HHS Committee</td>
<td>Authorizes auto injectable epinephrine to be prescribed by providers</td>
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<tr>
<td>AB242</td>
<td>Post-acute Care Study</td>
<td>HHS Committee</td>
<td>Creates a study committee to evaluate post-acute care facilities</td>
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<tr>
<td>AB292</td>
<td>Telehealth</td>
<td>Oscarson, et al</td>
<td>Revises provisions to practice telehealth within the state</td>
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<tr>
<td>AB305</td>
<td>Paramedicine</td>
<td>Oscarson, et al</td>
<td>Allows paramedical professionals to provide community health services</td>
</tr>
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<td>SB6</td>
<td>Patient Centered Medical Home</td>
<td>HHS Committee</td>
<td>Provides a state certification process for patient centered medical homes; grandfather's current PCMHs.</td>
</tr>
<tr>
<td>SB7</td>
<td>Decertification of Legal 2000 Patients</td>
<td>HHS Committee</td>
<td>Allows additional health care providers to decertify patients from a Legal 2000</td>
</tr>
<tr>
<td>SB177</td>
<td>CARE Act</td>
<td>HHS Committee</td>
<td>Provides important information to a caregiver upon discharge</td>
</tr>
<tr>
<td>SB181</td>
<td>MA Administration of Anesthesia</td>
<td>Hardy, et al</td>
<td>Failed in the Assembly</td>
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<tr>
<td>SB299</td>
<td>Telehealth</td>
<td>Hardy</td>
<td>Failed in the Senate</td>
</tr>
<tr>
<td>SB327</td>
<td>Air Ambulances</td>
<td>Farley, et al</td>
<td>Standardizes requirements for attendants for an air ambulance</td>
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Recycling at Nevada’s Acute Care Hospitals

Many Nevada hospitals have a recycling program? NNA’s Environmental Health Committee members surveyed 26 acute care hospitals in all counties to assess their recycling activities and future plans. Recycle programs were underway at 50% of our state’s hospitals (Figure 1). A major barrier to recycling efforts was the lack of or low level infrastructure in many rural counties. Nevertheless, the hospitals were receptive to assist with developing future recycling programs.

Nevada Hospitals with Recycling Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>(N=26)</th>
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<tbody>
<tr>
<td>Recycle</td>
<td>No Program</td>
</tr>
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Figure 1. Percentage of Nevada Hospitals with Recycling Programs in 2015.

The primary locations of recycle bins were in the patient care units, nursing lounges, and some cafeterias. Surprisingly, bins were not placed at the facility’s entrance/exits, patient rooms, waiting areas or offices. Of the hospitals with recycling programs, most were recycling aluminum and paper (Figure 2).

Nevada Hospitals with Recycling Programs

<table>
<thead>
<tr>
<th>Types of Recycled Products</th>
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<tbody>
<tr>
<td>Number of Hospitals</td>
</tr>
<tr>
<td>12</td>
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<tr>
<td>10</td>
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<td>8</td>
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<td>6</td>
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Plastics Glass Aluminum Cans Paper Infectious Items Medical Waste

Figure 2. Recycled materials from Nevada Hospitals, 2015.

This initial survey of Nevada’s healthcare facilities informs us of current barriers and gaps, yet offers opportunities to enhance recycling. Firstly, efforts at a county level are necessary to provide infrastructure for healthcare facilities to implement or enhance their recycling programs. For example, a rural county may recycle only aluminum and paper (see previous recycling article, February 2015). Therefore, the local hospital would be restricted to the types of materials to be collected for recycling. Secondly, recycle bins are located mostly in employee areas and not available in guest-friendly areas. In fact, few hospitals had bins in their cafeterias. Therefore, by simply placing more brightly-colored recycle bins proximal to trash cans could increase a hospital’s culture of recycling.

Educational Intervention

To follow-up on the survey, the NNA Environmental Health Committee will send out a “tool kit” to those Nevada hospitals that were interested in starting or enhancing a recycling program. Using a useful guide provided by Lee & Turpin (see references), along with Nevada’s Division of Environmental Protection program “NevadaRecycles,” the committee will support and encourage our healthcare comrades across the state.

So…what can you do to make a difference in your healthcare facility?

- Start a recycling program! Meet with Leadership Team & be willing to make a difference.
- Collaborate with Environmental Services: Assess current limitations or barriers.
- Collaborate with infection control:
  - Evaluate what items need one-time use versus reusing
  - Educate staff about recycling options
  - Clean items properly for reuse
- Evaluate supplies commonly used in your area:
  - Improve ordering practices that eliminate outdated and associated waste of perishable products
  - Order previously-recycled items; recycle again when you are done
- Use reusable containers and products:
  - Set up an area for employees to share gently-used items such as binders, folders, containers, etc.
- Set up recycling bins in frequent areas:
  - Cafeterias
  - Entrances and exits; elevators
  - Administration offices
  - Nursing stations
  - Patient rooms
  - Unit kitchens
- Educate staff, patients, and families about recycling
- Reuse patients’ items during their stay (instead of using a new one each time):
  - Examples: Bed pans, graduated cylinders
  - Only take supplies into the patients’ rooms that will be used
- Waste Hauling: Renegotiate contracts with waste haulers if possible
- Standardize surgical packs for minimal items; evaluate items to see if used
- Use reusable medical instruments instead of disposable
- Use washable surgical instruments, nursing gowns, sterilization trays, etc.
- Cafeteria: Use washable plates, utensils, and cups. Compost kitchen and food waste.
- Minimize paper use:
  - Store records electronically.
  - Keep hardcopy memo distribution to a minimum
Be Green at Work!
As a member of the most trusted and respected profession, nurses are thought of as intelligent, compassionate, and leaders! How we use our role can affect people at the individual and collective level for years to come. The American Nurses Association states “Nurses can become leaders in their work settings by advocating for the implementation of environmental health principles into both nursing practice and the overall delivery of health care. Such risk-taking leadership requires that nursing administrators, organizational management personnel, and owners of health care agencies and facilities recognize the importance of environmental health and create an organizational culture that supports the incorporation of environmental health principles into the delivery of health care (ANA, 2007, p. 31).” It is vital that we as nurses are wise stewards over the resources in our charge.

References & Resources
American Hospital Association. http://www.aha.org/ American Nurses Association. (2007). ANA’s Principles of Environmental Health for Nursing Practice with Implementation Strategies. Maryland: Nursesbooks.org. Bisson, Cl, McRaw, G., & Shaner, H.G. (1993). An ounce in their work settings by advocating for the implementation of environmental health principles into both nursing practice and the overall delivery of health care. Such risk-taking leadership requires that nursing administrators, organizational management personnel, and owners of health care agencies and facilities recognize the importance of environmental health and create an organizational culture that supports the incorporation of environmental health principles into the delivery of health care (ANA, 2007, p. 31).” It is vital that we as nurses are wise stewards over the resources in our charge.

State of the Air in Nevada – 2015
Bernadette Mae Longo, Ph.D., RN, APHN-BC
ANA Clean Air Ambassador for Nevada Associate Professor,
Orvis School of Nursing at the University of Nevada Reno

How would you react to a report card like this?
One in six of Nevada’s 2.8 million residents is a member of a vulnerable population potentially affected by poor air quality (Figure 1). Clark County is currently ranked the 9th worst county for ozone in the USA! Ozone pollution prompts exacerbations of asthma & COPD.

What is Ozone and is it harmful?
Ozone (O3) in the upper atmosphere is essential to life on our planet as it shields ultraviolet radiation. The problem arises when ozone is formed at ground level from reactions of sunlight with anthropogenic emissions of nitrogen oxides (NOx) and non-methane hydrocarbons (NMHCs) or VOCs. Ozone is a major component of photochemical smog and haze on a hot summer day.

Figure 1.
Figure 2.
Figure 3.

Ozone (O3) in the upper atmosphere is essential to life on our planet as it shields ultraviolet radiation. The problem arises when ozone is formed at ground level from reactions of sunlight with anthropogenic emissions of nitrogen oxides (NOx) and non-methane hydrocarbons (NMHCs) or VOCs. Ozone is a major component of photochemical smog and haze on a hot summer day.

Credit: U.S. EPA

Nurses take Action for Nevada!
The American Lung Association & NNA’s Environmental Health Committee encourage you to contact your national & state lawmakers to take action on more protective limits on ozone pollution.

For assistance on how to take action – contact: http://www.fightingforair.org/take-action/
• Join the Environmental Health Committee of NNA! http://www.nmvnurses.org/Main-Menu- Category/NNA-Initiatives/Environmental- Health-Committee

Figure 4.

Airway Inflammation of Ozone. Credit: U.S. EPA

Figure 3.

County where measured ozone is above proposed range of standards.
Reference: EPA 2011-2013 data

Figure 4.

Airway Inflammation of Ozone.

Credit: U.S. EPA

Figure 5.

Airway Inflammation of Ozone.

Credit: U.S. EPA

Reference: EPA 2011-2013 data

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Figure 5.

Airway Inflammation of Ozone.

Credit: U.S. EPA

Reference: EPA 2011-2013 data
The State of Nevada Commission on Behavioral Health and Developmental Services is a ten member, legislatively created body designed to provide policy guidance and oversight of Nevada’s public system of integrated care and treatment of adults and children with mental health, substance abuse, and developmental disabilities and related conditions. The Commission establishes policies to ensure adequate development and administration of services for persons with mental illnesses and reports to the Governor and Legislature on the quality of care and treatment provided for persons with mental illness, intellectual and developmental disabilities or co-occurring disorders and persons with related conditions in this State and on any progress made toward improving the quality of that care and treatment.

Following is the annual report about Nevada’s Behavioral Health system inclusive of Children and Adult Behavioral Health Services, Criminal Justice Population needs, and Workforce Development needs. As a quick overview, the Behavioral Health Commission details the following recommendations to support policies and funding that will:

1) strengthen our integrated management system for adults and children
2) increase behavioral health screenings across the age span
3) promote no wrong door strategies to our behavioral health system
4) support public hospitals accreditation
5) promote collaborations between public and private service providers across the state in order to meet the increased need in services
6) strive to serve people with behavioral health issues in the community not the criminal justice system
7) streamline licensing and reciprocity barriers to help ease workforce shortage issues

**Recommendation: Continue to strengthen current LOCAL systems for children who experience behavior health issues through integration, expanding partnerships, and collective oversight.**

**Recommended Action Steps for recommendation**
- Strengthen our integrated management system that uses a wraparound approach for youth with serious emotional disturbances. Specifically, expand funding to provide family-to-family support for youths with serious emotional disturbance and are at risk for long-term residential treatment and for youths discharged from psychiatric hospitalization—both needing stabilization in community and home environments.
- Ensure consistent behavior health screenings (throughout the child’s development) are standardized and conducted by a range of community partners with whom families commonly engage. “Intervening at the first sign of symptoms offers the best opportunity to make a significant, positive difference in both immediate and long-term outcomes for people affected by mental health issues.” As such, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) has designated prevention as their first strategic priority (Steve Vetzner, 2013).
- Ensure communities implement no wrong door strategies—allowing children and families access to the current behavior health system through schools, medical providers, parent networks, childcare facilities, and community public health systems, tele-health systems, and managed care systems.
- Develop partnerships between schools and behavioral health providers to implement school-based and school-linked interventions for children identified with behavioral health care needs.

**Recommendation: Restructure funding and Medicaid policies to support local systems that strengthen the family, reduce the need for out-of-home placement, and facilitate positive outcomes for each youth.**

**Recommended Action Steps**
- Include the following as essential health benefits to be covered for children with serious emotional disturbance under benchmark plans for Medicaid, Health Insurance Exchanges and other publicly subsidized health coverage plans: family-to-family support, mentoring, mental health consultation, mobile crisis intervention, and respite care.
- Develop and implement a statewide, universal set of quality standards that require those children’s behavioral health providers who receive Medicaid or other public funding as reimbursement for their services to utilize family-driven, individualized, evidence-based treatment interventions.
- Continue to develop tele-medicine infrastructure across the state

**Recommendation: Fund current building infrastructure to maintain accreditation at NNAMHS and obtain accreditation for Lakes Crossing and SNAMHS.**

**Explanation:** All psychiatric hospitals in Nevada are accredited through some nationally-recognized accrediting body except for Lake’s Crossing Center and Rawson-Neal Hospital at Southern Nevada Adult Mental Health Services. The main barriers to accreditation are life safety code standard violations which are mainly building issues such as emergency lighting, fire suppression, etc. According to Department of Health and Human Services Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology, Psychiatric Hospitals Special Report, September 2013, the table shows the number of inspections performed on ALL the hospitals and any deficiency cited 5 or more times.

**ITEM #3: Behavioral Health Services for the Criminal Justice Population**

Deinstitutionalization has resulted in a trend toward the criminalization of mental illness in recent decades. Criminalization research suggests that arrest is being used as an inappropriate method of dealing with psychiatrically-disordered individuals. Jails are not equipped to optimally treat mental illness or to establish the social supports necessary to assist those with mental illness in being successful within the community, which leads to a cycle of poor, treatment participation, outcomes, and recidivism. The Nevada State Health Division initiated a descriptive study to delineate the burden of forensic mental illness in the three most populous counties in Nevada. Division of Mental Health and Developmental Services (MHDS) data was cross-matched with jail data from the Clark County Detention Center (CCDC), Washoe County Detention Facility (WCDF), and Carson City Jail (CCJ) to assess the prevalence of mental illness among persons detained in 2011. The following were conclusions based on that study.

- Criminalization of mental illness has placed a high burden on jails in Nevada as evidenced by prevalence rates ranging from 10.3 to 23.1 percent in 2011.
- Males, individuals aged 17 to 54, Caucasians and African Americans, the unemployed, and those with psychotic, mood, or substance use disorders are over-represented under arrest.
- Individuals with mental illness are inordinately charged with low level misdemeanor charges such as trespassing instead of routing to more appropriate services.
- It is more cost-effective and less restrictive to provide outpatient services to individuals with mental illness.
- Interventions, including increased accessibility of outpatient services, development of the NNAMHS Suicidal Patient Treatment program, and expansion of the Mental Health Court program, should be implemented to reduce the prevalence of persons incarcerated with a mental illness.

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**Report from State of Nevada continued on page 9**
UNR’s Orvis School Of Nursing Opens Master’s Track In Psychiatric Mental Health Nursing
Sandra L Talley, PhD, APRN-BC, FAAN, Arthur Emerton Orvis Endowed Professor

While the Orvis School of Nursing has been part of the University of Nevada, Reno providing undergraduate and graduate nursing education for almost 60 years, this will be the first Psychiatric Mental Health Nurse Practitioner (PMHNP) Track in the Master of Science in Nursing Program and the first program of its kind in the State of Nevada. There is always excitement when beginning new projects, and the success of our PMHNP Track will depend on the ongoing partnerships we are developing with existing treatment centers and clinicians who will supplement academic components with their clinical expertise and preceptorships.

The State of Nevada has extensive mental health care needs, and rural areas are even more in need of available practitioners who can provide care on a regular basis. A review of certified APRNs in Nevada noted only 10 out of the 800 listed were PMHNPs (NVSBN, 2014).

Graduate PMHNP programs have been in existence since the 1970s. The titling of advanced nurse graduates was initially Clinical Nurse Specialist, recognizing clinical specialization and Master’s level education. As the term Nurse Practitioner (NP) became synonymous with advanced nursing practice, PMHNP programs began using that title. The basis for practice in this specialty is to achieve expertise in psychiatric mental health care: assess, diagnose, and implement a treatment plan (psychotherapy and pharmacotherapy), and evaluate outcomes over the course of treatment.

The expertise of the PMHNP is highly specialized in caring for individuals, families, and groups with a range of mental health problems. Sites of practice include hospital settings: psychiatric units; and emergency room settings evaluating for the full extent of their education and clinical expertise. Reimbursement from private insurers and public insurance plans (e.g., Medicare and Medicaid) has also become more available. The Nevada State Legislature passed legislation last year allowing NPs with 2 years of practice to be independent practitioners. This will make the State an attractive place for NPs to practice, and expand mental health services into remote rural areas.

The Program of Study is 5 semesters in length for the full time student. There is also a part-time plan of study for those unable to attend on a full time basis. Students are eligible for entry from a baccalaureate program or a Post-Master’s program completed in another specialty. The number of credits for completion of the program is 50-54 for those entering with a baccalaureate degree in nursing. The plan of study includes core courses for the Master’s program as well as the specialty courses. The number of clinical hours is 720. The practicum sites will range from assessment or admission evaluations, to those caring for clients over the long term.

The PMHNP program is like other Master’s Tracks in that much of the content is online, with minimal attendance onsite at the University of Nevada, Reno. This arrangement allows students to interact with faculty over the Internet and participate in discussion groups with their cohort of classmates. For the clinical portion of the program we will be working with community treatment centers and other clinical residency programs to place students in the most conducive environments across the State of Nevada to expand their clinical skills.

For further information about the PMHNP there are two nursing associations devoted to psychiatric mental health nursing practice, education, and research. They are the American Psychiatric Nurses Association: http://www.apna.org and the International Society of Psychiatric Nurses: http://www.ispn-psych.org. The most recent publication of Scope and Standards of Practice: Psychiatric – Mental Health Nursing (2nd) edition was in 2014. This is a joint venture with ANA, ISPN, and APNA. These standards represent psychiatric mental health nursing practice at the PMH-RN level as well as the PMH-APRN level.

For more information about UNR’s PMHNP program see http://www.unr.edu/nursing.
How do I recognize an unsafe assignment? Can I refuse an assignment without being fired or disciplined for patient abandonment?

If you are feeling overwhelmed, confused or even down right scared at times, you are not alone! Nurses continue to receive incomplete, confusing and conflicting advice when it comes to whether or not they should take an assignment. From my perspective, as a nurse attorney who defends individual nurses in protection of their licenses, my passion is caring for those who care for others...and that means YOU! I have no interest in getting along with management or convincing you to stay in a position that continues to place you and your license at risk.

YOUR LICENSE is more important than ANY JOB

NO JOB is worth risking EVERYTHING for!

An unsafe assignment, the one-time occurrence that could not be helped, is exceedingly rare. The phenomenon of recurring unsafe assignments...correctly referred to as an unsafe position...is becoming all too common.

Surviving that first encounter with an unsafe assignment relatively unharmed tends to create a false sense of security. As nurses struggle through fears of inadequacy and the possibility of termination, their egos, loved ones or other nurses may convince them to go back for more. Eventually, some nurses begin to believe, “it’s just not possible to get everything done in nursing” as they lower their standards and expectations to justify staying.

There is a difference between being stressed or uncomfortable and being unsafe. Only you will know where to draw that line. You should be fully aware of the type of assignments you will receive before you start a position. Discuss your expectations and limitations with your supervisor up front or as soon as you recognize there may be a problem.

Forget about the numbers for a minute. While great efforts are made to determine what number of patients makes an assignment safe, nurses are not created equal. We all have our strengths and weaknesses. One nurse’s nightmare may be another nurse’s dream shift.

When nurses fixate on ratios and receive more patients than they believe they should, they are more likely to feel anxious, disappointed, defeated or betrayed. They may consider their assignment unfair, unsafe or a total disaster waiting to happen. Unless something changes, it is only a matter of time before they make a mistake or have a melt down and walk out. However, experience and competency are far more important than numbers.

As a new (and naive) nurse being sent to CCU, I was nervous but assured that it was “no big deal, it’s just for an hour.” When I arrived, I was given four ventilator patients on insulin drips with vitals and blood sugar testing every fifteen minutes. When a vent alarm began beeping, I was told to just silence and ignore it. By the time I realized what I had gotten myself into, I had already accepted the assignment without any detailed report.

Fortunately, I survived the hour and so did the patients but as soon the CCU nurses returned, I complained to staffing that I should never have been given such an assignment as a new nurse with no critical care experience and insisted that I would never be put in that situation again. By the end of the day, I was labeled a “crybaby” who was scared to go to CCU for a few minutes. However, they never did ask me or anyone else from my floor to float to CCU after that day. This was an unsafe assignment and I was not about to let that happen again.

The day I came in to work and learned that it was just going to be Paz and me with three CNAs and a secretary, I was actually excited…We both were! We rose to the challenge and tackled the day with so much positive energy we couldn’t help but have fun as we ran down the halls working together to ensure every med was given, every dressing was changed, every assessment was charted, and most importantly, every patient was safely cared for.

Are either of these safe assignments?

...it depends!

Consider the following two assignments for a New-grad RN with no critical care experience working on a 39-bed cardiac step-down unit:

A: Float to CCU to relieve two nurses for one hour. Four patients need Accu-checks & Vital signs; charge nurse available if needed.

B: One of Two RNs with three CNAs for the entire floor and there will be discharges and admits throughout the day, as usual.

Think about your nursing license. Does it say that NO JOB is worth risking EVERYTHING for? ...or is your license more important than ANY JOB? If you are feeling overwhelmed, confused or even down right scared at times, you are not alone! Nurses continue to receive incomplete, confusing and conflicting advice when it comes to whether or not they should take an assignment. From my perspective, as a nurse attorney who defends individual nurses in protection of their licenses, my passion is caring for those who care for others...and that means YOU! I have no interest in getting along with management or convincing you to stay in a position that continues to place you and your license at risk.

YOUR LICENSE is more important than ANY JOB

NO JOB is worth risking EVERYTHING for!

An unsafe assignment, the one-time occurrence that could not be helped, is exceedingly rare. The phenomenon of recurring unsafe assignments...correctly referred to as an unsafe position...is becoming all too common.

Surviving that first encounter with an unsafe assignment relatively unharmed tends to create a false sense of security. As nurses struggle through fears of inadequacy and the possibility of termination, their egos, loved ones or other nurses may convince them to go back for more. Eventually, some nurses begin to believe, “it’s just not possible to get everything done in nursing” as they lower their standards and expectations to justify staying.

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Consider the following two assignments for a New-grad RN with no critical care experience working on a 39-bed cardiac step-down unit:

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B: One of Two RNs with three CNAs for the entire floor and there will be discharges and admits throughout the day, as usual.

Are either of these safe assignments?

...it depends!
But, personally, I would rather work with just one positive, supportive, competent, and confident nurse than with five other nurses who could care less if I was drowning and would refuse to lift a finger to help unless it meant giving them the opportunity to write me up. That would have made this or any assignment completely unsafe and I would have been crazy to accept it as a new-grad.

Nurses not only have the power to accept or reject assignments, they have a duty to speak up when assignments are truly unsafe for them to personally accept, regardless of what anyone else can handle.

Charge nurses and supervisors are responsible for any errors or omissions committed under their watch. When nurses knowingly assign other nurses or nurses inexpertly, among others, to tasks they do or are not physically or legally possible for safety, they risk disciplinary action for improper delegation, failure to supervise, failure to collaborate with the healthcare team, patient endangerment, neglect, and so on. If viewed as a pattern of behavior, repeated improper delegations could result in probation or worse.

However, after that first unsafe assignment, where perhaps the nurse just didn’t see it coming, responsibility begins to shift. Managers may say they gave you a chance to prove yourself and you did just fine. As long as there was documented competency on file, they would have no reason to view the assignment as unsafe. As long as there was documentation of an assignment being unsafe, the nurse would have no reason to accept it, not even if it meant giving others the opportunity to write them up. That would have made this or any assignment completely unsafe and I would have been crazy to accept it as a new-grad.

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However, after that first unsafe assignment, where perhaps the nurse just didn’t see it coming, responsibility begins to shift. Managers may say they gave you a chance to prove yourself and you did just fine. As long as there was documented competency on file, they would have no reason to doubt your abilities and since you came back for more they figured you could handle it, regardless of your complaints.

"Hit me once, shame on you...Hit me twice, three times, or every other day and it’s shame on me!"

Once you accept an assignment, it is your responsibility to get your patients through it safely. As soon as your safety threshold is crossed, you must take action. For example, imagine you have too many patients or lack the skills necessary to adequately care for a patient who is not doing well. You ask for help but none is available. Sometimes, you just need to think outside the box. Try calling the doctor...perhaps the patient should be transferred elsewhere to ensure proper care. Chances are, management would much rather call in more support than upgrade or lose a patient.

Perhaps the charge nurse from ICU can help. Follow policy, be professional but put your patients’ safety first and when help is really needed, don’t take no for an answer. Those who fail to call for help believing such efforts would be futile are often discipline or given the chance to get out a form.

Nurses across the country are advised to document when they don’t agree with an assignment...just complete and sign a ‘Refusal of Work Assignment’ form acknowledging in detail why the assignment is unsafe and continue working. Some organizations advise nurses will be protected from disciplinary action by completing forms with phrases like, “This assignment is accepted because I have been instructed to do so, despite my objections.” Really?

In some states there may be agreements or even statutes preventing such forms to be used against nurses. However, while these forms may provide evidence of an unsafe assignment they do little to protect you from liability, termination, disciplinary action or even criminal action when a patient is harmed during your shift. There is no such thing as a get out of jail free card in nursing.

REFUSAL FORMS DO NOT PROTECT NEVADA NURSES FROM LIABILITY OR DISCIPLINARY ACTION

Please understand, at least in Nevada, refusal forms do not create a safe haven for nurses. Policy may prevent you from being fired for submitting certain information in writing. But, forms do not protect you from liability for your mistakes. If a document when they don’t agree with an assignment is unsafe you accepted it anyway. Knowingly placing your patients in danger is never okay and the defense, “I didn’t want to but they made me” will never work. The first thing our Board will ask is, “Why didn’t you just quit?” You are a licensed professional with an obligation to protect your patients and that includes protecting them from you when you cannot handle the assignment.

Nurses need to work and they often live in constant fear of losing their jobs. Even when they know an assignment is too much for them, they may hesitate to say anything because they are afraid they will be written up, suspended or terminated and in an at-will state, they very well might be. After all, if you can’t handle it, are other nurses out there who can. (or are at least willing to pretend they can) and while they cannot fire you for letting them know an assignment was unsafe or that you needed extra help (that would be retaliation); employers have the right to terminate those who admit they are not willing or able to do the job they were hired to do.

What is the answer? Stop complaining and start refusing to place your license at risk. If assignments are repeatedly unsafe, do something about it...now! Request a group meeting with your supervisor to discuss the challenges you face calmly, professionally and respectfully adding specific suggestions for improvement. If he or she refuses to address your concerns, take things to the next level. If management refuses to help, change your approach following the proper chain of command. Be prepared for resistance and remember that complaints alone rarely result in positive outcomes.

If you are the only one who believes assignments are unsafe, or the only one willing to admit there is a problem, and your concerns and suggestions are ignored, then perhaps nothing is going to change and it may be time for you to resign before it is too late.

Refusing an unsafe assignment, demanding that someone else correct you or take over an assignment may still get you fired. However, waiting until you just cannot take it anymore and storming out without giving report will definitely put your license at risk.

My advice for nurses who continue to receive unsafe assignments after voicing their concerns and limitations to management is to resign or request a transfer to a better-suited position. I also recommend furthering their education, starting with a course on the Nurse Practice Act, which may be found at www.learningext.com and/or other courses relevant to their situation. Continuing education in nursing is essential and when you are struggling with something at work whether it has to do with documentation, certain procedures or interpersonal skills, there are almost always courses on point available to help you. Take charge of your career, take care of your license and don’t let anyone pressure you into keeping an unsafe position.

COMMUNITY HEALTH ALLIANCE

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\> RN Supervisor for back office (Med Assistant’s, RN)
\> RN – triage (2)
\> RN – staff (2)

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- RN – triage (2)
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Southwest Region
Indian Health Service

The Southwest Region Indian Health Service is seeking Registered Nurses with Medical/Surgical, ICU, Emergency, and OB/L&D experience that have an innovative spirit to improve the health status of our Native American population.

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I hope we’ll talk soon.

Your Southwest adventure awaits you.
Questions to Ask in Making the Decision to Accept a Staffing Assignment for Nurses

1. What is the assignment?
   Clarify the assignment. Do not assume. Be certain that what you believe is the assignment is -indeed correct.

2. What are the characteristics of the patients being assigned?
   Do not just respond to the number of patients; make a critical assessment of the needs of each patient, his or her age, condition, other factors that contribute to special needs, and the resources available to meet those needs. Who else is on the unit or within the facility that might be a resource for the assignment? Do nurses on the unit have access to those resources? How stable are the patients, and for what period of time have they been stable? Do any patients have communication and/or physical limitations that will require accommodation and extra supervision during the shift? Will there be discharges to offset the load? If there are discharges, will there be admissions, which require extra time and energy?

3. Do I have the expertise to care for the patients?
   Am I familiar with caring for the types of patients assigned? If this is a “float assignment,” am I cross-trained to care for these patients? Is there a “buddy system” in place with staff who are familiar with the unit? If there is no cross-training or “buddy system,” has the patient load been modified accordingly?

4. Do I have the experience and knowledge to manage the patients for whom I am being assigned care?
   If the answer to the question is “no,” you have an obligation to articulate limitations. Limitations in experience and knowledge may not require refusal of the assignment but rather an agreement -regarding supervision or a modification of the assignment to ensure patient safety. If no accommodation for limitations is considered, the nurse has an obligation to refuse an assignment for which she or he lacks education or experience.

5. What is the geography of the assignment?
   Am I being asked to care for patients who are in close proximity for efficient management, or are the patients at opposite ends of the hall or on different units? If there are geographic difficulties, what resources are available to manage the situation? If my patients are on more than one unit and I must go to another unit to provide care, who will monitor patients out of my immediate attention?

6. Is this a temporary assignment?
   When other staff are located to assist, will I be relieved? If the assignment is temporary, it may be possible to accept a difficult assignment, knowing that there will soon be reinforcements. Is there a pattern of short staffing, or is this truly an emergency?

7. Is this a crisis or an ongoing staffing pattern?
   If the assignment is being made because of an immediate need on the unit, a crisis, the decision to accept the assignment may be based on that immediate need. However, if the staffing pattern is an ongoing problem, the nurse has the obligation to identify unmet standards of care that are occurring as a result of ongoing staffing inadequacies. This may result in a request for “safe harbor” and/or peer review.

8. Can I take the assignment in good faith?
   If not you will need to get the assignment modified or refuse the assignment. Consult your individual state’s nursing practice act regarding clarification of accepting an assignment in good faith. In understanding good faith, it is sometimes easier to identify what would constitute bad faith. For example, if you had not taken care of pediatric patients since nursing school and you were asked to take charge of a pediatric unit, unless this were an extreme emergency, such as a disaster (in which case you would need to let people know your limitations, but you might still be the best person, given all factors for the assignment), it would be bad faith to take the assignment. It is always your responsibility to articulate your limitations and to get an adjustment to the assignment that acknowledges the limitations you have articulated. Good faith acceptance of the assignment means that you are concerned about the situation and believe that a different pattern of care or policy should be considered. However, you acknowledge the difference of opinion on the subject between you and your supervisor and are willing to take the assignment and await the judgment of other peers and supervisors.

Nurses are accountable for the quality of care they deliver and have a duty to recognize their own personal and professional limitations before accepting a patient assignment. When presented with potentially unsafe assignments, nurses often accept these assignments without question. Whether this is due to feelings of powerlessness or fear of disciplinary action, the fact remains that nurses are responsible for the care they provide after accepting the assignments. There is no ideal choice in these situations, so nurses should collaborate with other professionals prior to accepting the assignment.

Unsafe assignments may evolve from inadequate staffing or training, fatigue, or lack of experience. Since accepting an unsafe assignment could be viewed as unprofessional conduct in some cases, it is important that nurses collaborate with colleagues and other professionals to address the personal and professional risks inherent in unsafe assignments. The Code of Ethics for Nurses with Interpretive Statements (2015), also called “The Code,” is a guide that should be used when faced with difficult choices. There are nine “non-negotiable” provisions that address “ethical values, obligations, duties and ideals” related to nursing practice (p. vii).

Regulation versus Organizational Support

The concern for safe patient care has resulted in legislative and regulatory action across the nation. The historic passage of Senate Bill 362 has strengthened the staffing requirements in Nevada (Spearman, 2013). In addition to having a sufficient number of nurses available to care for patients, nurses must also recognize that an appropriate skill mix of RNs is needed to achieve a safe and professional nursing practice environment (ANA, 2012). Because nurses are accountable for the quality of care they deliver, each nurse has a duty to recognize personal limits and to advocate for a safe and professional work environment. These actions are aligned with the ethical principle of beneficence, which requires nurses to actively safeguard patients by doing something good or that provides benefit.

Provision 5.1 of The Code speaks to moral respect and how it needs to be extended to everyone, including patients, co-workers, and oneself. Therefore, if an assignment is beyond the capabilities of a nurse, for any reason, all nurses have a duty to speak up and advocate for a safe practice environment.


What Happens When Presented with an Unsafe Assignment?

The ANA and NNA have taken a strong position to support nurses who, in good faith, choose not to accept an assignment that compromises patient safety or professional values. Professional organizations help to affirm, strengthen, and communicate professional values so that they remain “steadfast and unwavering,” (The Code, p. 35). Nurses are encouraged to use resources, such as Questions to Ask in Making the Decision to Accept a Staffing Assignment for Nurses (2015), to begin conversations among colleagues and supervisors about the issue of unsafe assignments. When presented with an unsafe assignment that cannot be accepted in good faith, the nurse should negotiate with a supervisor to identify a resolution or an alternate staff arrangement. If an agreement cannot be reached, then the nurse needs to professionally refuse the unsafe assignment (ANA, 2012) by following the organization’s policy. A description of any good faith attempts to negotiate an alternative solution should be included.

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West Hills Hospital

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West Hills is a 96-bed acute inpatient psychiatric hospital located in north central Reno, Nevada, only 40 miles from beautiful Lake Tahoe. West Hills Hospital specializes in behavioral healthcare and chemical dependency treatment. The inpatient programs serve children, adolescents, and adults 18 and above. West Hills Hospital also offers an adult intensive outpatient program for mental health and chemical dependency. These programs run four days a week, three hours per day.

Our hospital is the only private, free-standing acute psychiatric hospital serving our community needs in Northern Nevada and the border areas of northern California. West Hills Hospital is the only facility licensed in northern Nevada to treat children and adolescents.

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Goldstrike Canyon is a narrow, rocky trail located in Boulder City, NV near Hoover Dam (Boone, 2015). On Sunday, May 3, 2015 several NSC-SNA members gathered together, along with the Nevada State Health and Fitness (NSHF) club, to concur this trail. They trekked along the canyon’s pathway admiring the desert scenery and wild life. While most of the route was open and easy to walk through, the trail also had some tricky boulders to climb and maneuver around. After walking about 2 miles into the trail, the students reached the Goldstrike Hot Springs. They then continued on for another 45 minutes and reached the Nevada Hot Springs, as well as the end of the trail at the Colorado River (Boone, 2015). The day was bright and beautiful; and taking a break to dip their feet in the river, gave the students the rechange they needed to hike all the way back to the trailhead. In the end, the students felt tired, but happy to have completed this challenge.

The NNA Healthy Nevada Nurses initiative was launched to help nurses achieve an active lifestyle. The goal of the initiative is to motivate nurses to give priority to their own personal health, safety, and wellness. By doing this, nurses can also exemplify and advise their patients to live a healthy lifestyle (NNA, 2015). The NNA’s initiative can be applied to nursing students as well, who are all too familiar with the challenges to staying active and healthy. Similar to nurses, nursing students are faced with the task of dividing their time between work, family, friends, and personal life. Add finding time to study and managing stress, and it’s a wonder how students find time to sleep or eat. From personal experience, as students go through each semester of nursing school, bad habits begin to form. Exercise and sleep is replaced with studying and completing assignments; and healthy food choices are replaced with fast food meals and lots of caffeine. This hike through Goldstrike Canyon was a great reminder that nurses and nursing students need to take the time to care for themselves. In fact, “nurses must take care of themselves in order to take care of others” (Keller, 2013, para. 1). Some tips from an article by Keller (2013) include the following:

1. Flexing your mental health
2. Maintaining a healthy diet
3. Exercising regularly
4. Sleeping more
5. Taking a deep breath
6. Working on a healthy work-life balance

As nurses and nursing students we know how important it is to be healthy, as well as what it takes to achieve it. Now we just have to take that step and do something about it!

References
Orvis School of Nursing

www.unr.edu/nursing

- B.S. in Nursing
- RN to BSN
- M.S. in Nursing
  - Clinical Nurse Leader
  - Nurse Educator
  - Adult Gerontology Acute Care Nurse Practitioner
  - Family Nurse Practitioner
  - Psychiatric Mental Health Nurse Practitioner
    (Opening Fall 2015)
- DNP (Doctor of Nursing Practice)
A Clinical Nurse Leader (CNL) is a certified registered nurse that is educated at the graduate level (MSN) in a curriculum designed by the American Association of Colleges of Nursing (AACN). The new advanced nursing role first appeared in early 2003 and today there are over 3,500 CNLs in the United States. Two key reports from the Institute of Medicine, Crossing the Quality Chasm: A New Health System for the 21st Century (2001) and Health Professionals Education: A Bridge to Quality (2003), prompted the recognition of an urgent need for a reform in healthcare delivery, and led to the development of the CNL role by the AACN. Fundamentally, this framework of education was developed to improve quality and efficiency, ensure patient safety, and follow an equitable, patient-centered approach with leadership at the bedside by these clinicians (AACN, 2007).

"The CNL certification is based upon a national standard of requisite knowledge and experiences..." (AACN, 2015). After graduation from the master's program or post-graduate certification program that specifically prepares nurses for this role, they are then qualified as candidates for the certification. Once such a nurse has successfully passed this rigorous AACN examination, employers can be confident that a CNL brings value and knowledge to their organization. A CNL functions at the high level of clinical competence and one leads evidence-based practice in healthcare delivery to ensure that aggregates of patients receive high-quality care (AACN).

There are more than 100 eligible schools of nursing in the nation that offer a variety of CNL programs of study. The University of Nevada (UNR), Orvis School of Nursing employs an initial MSN track program and an advanced, graduate certificate program designed for MSN prepared nurses to advance their nursing knowledge and expertise. Other program types, such as the one at Georgia Regents’ University, was developed and offered as a pre-licensure program. In programs following this direct-entry framework, non-nursing baccalaureate-educated individuals are enrolled in the graduate program at GRU, and are educated in an intensive, accelerated four-semester course of study for the CNL role (Georgia Regents University, 2014).

CNLs are cost efficient for hospitals. Patient care units with CNLs shorten patients’ length of stay, decrease readmission rates, improve quality of care, minimize falls and rates of infection as well as reduce nursing staff turnover (Hendren, 2009). In the acute care setting, organizations that have successfully integrated this role include the Veteran's Administration and M.D. Anderson Cancer Center.

CNLS focus on a population served at the microsystem level or a specified client population functioning in a complimentary role with Clinical Nurse Specialists and others in leadership roles. While there are 3,814 CNLs in the nation (Dana Reid, personal communication, April 27, 2015), Nevada has 21 certified CNLS with 62% of those educated at our state's only MSN program for this role at UNR (Bernette Longo, personal communication, April 24, 2015). Nursing leadership should consider the benefits of incorporating this role to improve the delivery of healthcare for Nevadans.

References

What is a Clinical Nurse Leader
Ginger E. Fidel, MSN, RN, OCN, CNL

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Carson Tahoe Health

Carson Tahoe Health, the hospital based in Carson City, Nevada, is seeking a Clinical Nurse Leader at Carson Tahoe Medical Center. Carson Tahoe Medical Center is located in Carson City, the capital of Nevada, and is a 115-bed hospital that is a part of the Carson Tahoe Health system. The hospital provides a wide range of services to the local community, including acute care, surgery, emergency services, and diagnostic imaging. The hospital is accredited by the Joint Commission and is a Level II Trauma Center. The hospital is seeking a Clinical Nurse Leader to oversee the nursing department and to ensure that the highest standards of care are provided to patients. The Clinical Nurse Leader will work closely with the medical staff and will be responsible for ensuring that the hospital is in compliance with all regulatory requirements. The hospital offers competitive salaries, benefits, and opportunities for professional growth. If you are interested in this opportunity, please apply online at: https://www.carson Tahoehealth.com/Careers. For more information or if you have any questions, please contact Ginger E. Fidel, MSN, RN, OCN, CNL, at gfidel@carson Tahoehealth.com or 833-294-9757.

Las Vegas, Reno, Las Vegas, Carson City, Nevada

Carson Tahoe Health

Carson Tahoe Health is located in the heart of Nevada, near Lake Tahoe and Reno. The hospital provides a wide range of services to the local community, including acute care, surgery, emergency services, and diagnostic imaging. The hospital is accredited by the Joint Commission and is a Level II Trauma Center. The hospital offers competitive salaries, benefits, and opportunities for professional growth. If you are interested in this opportunity, please apply online at: https://www.carson Tahoehealth.com/Careers. For more information or if you have any questions, please contact Ginger E. Fidel, MSN, RN, OCN, CNL, at gfidel@carson Tahoehealth.com or 833-294-9757.

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Carlson Tahoe Medical Center

Carson Tahoe Medical Center is located in Carson City, Nevada, near Lake Tahoe and Reno. The hospital provides a wide range of services to the local community, including acute care, surgery, emergency services, and diagnostic imaging. The hospital is accredited by the Joint Commission and is a Level II Trauma Center. The hospital offers competitive salaries, benefits, and opportunities for professional growth. If you are interested in this opportunity, please apply online at: https://www.carson Tahoehealth.com/Careers. For more information or if you have any questions, please contact Ginger E. Fidel, MSN, RN, OCN, CNL, at gfidel@carson Tahoehealth.com or 833-294-9757.

The Great Outdoors! Hiking! Beautiful Sunsets! Interested? The Golden Valley & Golden Health Centers in Winnemucca & Elko, NV and surrounding areas is looking for you. We will bring you the comforts of a small town with all the perks of modern-day living. We are currently looking for two Full-Time Nurse Practitioners. If you are interested in practicing evidence-based medicine where you are not paid for production, then Premise Health may be a great fit for you. Premise Health partners with the Newmont and Barrick Gold Mines to provide onsite primary care services for their employees and dependents. Many of the residents are employed by the Gold Mines which would give you an opportunity to truly get to know your patients on their journey to get, stay, and be well.

The Golden Valley Clinic in Winnemucca has oncology radiology & mammography services in addition to the support of two oncology Physicians, Wellness Coaches and a Certified Dietetic Educator! The Golden Valley Clinic in Elko has a full-service pharmacy in addition to onsite radiology services and the support of two Internal Practitioners, a Pediatrician, three Physicians and a Health Risk Disease Manager RN. Both clinics are in close proximity to an area hospital and you would find yourself having access to a wealth of support staff in addition to state-of-the-art equipment and technology! You could benefit from learning more about these Full-Time Opportunities or Premise Health in general. Feel free to speak with your local marketing rep as they may be stationed at eHealth's offices at 813-806-5519.

You may also visit our website at: www.premisehealthjobs.com to learn more!
Did you ever think of Nevada as being an island? The map accompanying this article demonstrates that Nevada is an island surrounded by states all having Nursing Workforce Centers. What is a Nursing Workforce Center? Why is it important to have a Nursing Workforce Center within our state? How will a Center in Nevada benefit my nursing career and my fellow Nevadans?

While organizational structures, funding sources, and entity names vary, such as the Center for Nursing Excellence, the Institute for Nursing, or the Office of Nursing Workforce, most state nurse workforce entities are commonly referred to as “Centers.” Nursing Workforce Centers focus on addressing the nursing shortage within their states and contribute to the national effort to assure an adequate supply of qualified nurses to meet the health needs of the US population.

This is perhaps one of the most important reasons for Nevada to consider establishing a Nursing Workforce Center. Currently Nevada ranks 50th in the nation in the number of nurses per capita. These state centers are composed of people who work to increase the supply of nurses and resolve the critical nursing shortage within their state. Activities include data collection and analysis, publication of reports and information, as well as recommendations of changes necessary to resolve the nursing shortage.

Nursing Workforce Centers support the advancement of new as well as existing nurse workforce initiatives and share best practices in nursing workforce research, workforce planning, workforce development, and formulation of workforce policy. The information is shared in three major ways: through publications, via annual conferences, and by way of a virtual network.

They also serve as a resource for nursing careers, frequently offering a career center, career coaching modules and opportunities for interprofessional collaboration as well as advanced educational opportunities through career planning tool kits and scholarships. Most importantly nursing workforce centers work toward supporting diversity in the nursing workforce.

The National Forum of State Nursing Workforce Centers concept of “Taking the Long View” reflects the focus of workforce efforts being transformed from ‘quick fixes’ to long-range strategic planning. This involves the collection of data that allows the identification of imbalances between supply and demand and allows for forecasting efforts that drive nursing workforce development and policy recommendations. If you renewed your license within the last year you noticed that you were required to answer a series of questions prior to renewal. Your participation in this minimum data set will provide vital information regarding nurses and nursing practice within our state.

The Mission of the National Forum of State Nursing Workforce Centers “...to provide a sustainable network for collaboration and communication among statewide nursing workforce entities”, while the Vision is to “create a unique forum that is a conduit for wisdom sharing and strategy development for promoting an optimal nursing workforce to meet the health care needs of the population.”

Some of the goals established by the National Forum of State Nursing Workforce Centers for state Nursing Workforce Centers include:

• Assure standardized core nursing supply and demand data sets.
• Achieve consensus on the key elements in forecasting nursing supply and demand
• Promote dynamic and strategically driven processes for nursing workforce long-range planning.
• Disseminate successful practices related to contemporary nursing workforce issues.
• Share resources related to creating and sustaining statewide nursing workforce entities.
• Provide a collective force for developing and disseminating state nursing workforce policy initiatives.

The Nevada Action Coalition with the assistance of a Robert Woods Johnson Foundation State Implementation Program (SIP) grant is currently working on several initiatives related to the Institute of Medicine’s Future of Nursing Campaign that are in direct alignment with a Nursing Workforce Center. The SIP grant is housed at the Nevada System of Higher Education (NSHE) in Las Vegas.

Additional nursing organizations including the Nevada Alliance for Nursing Excellence (NANE), the Nevada Nurse’s Association (NNA), the Nevada Organization of Nurse Leaders (NONL), and specialty nurse organizations as well as the Governor’s Workforce Investment Board’s Health Care and Medical Services Sector Council are also working on these goals.

Nevada meets the eligibility requirements to establish a State nurse workforce center and will soon apply to the National Forum of Nursing Workforce Center’s Board of Directors for membership with the hope of bringing together all the expertise of nursing and non-nursing stakeholders. Please visit the National Forum of Nursing Workforce Center website www.nursingworkforcecenters.org and learn more about what a Nevada Nursing Workforce Center will mean for you and Nevada because “no state wants to be an island!”
Check It Out

Nevada’s nurses care for patients with mental health and substance abuse/addiction challenges every day. As the incidence and prevalence of these concerns seem to skyrocket, health care systems are unable to keep pace with treatment demands. Medications and inpatient programs are available, but for those patients looking for a new path to treatment success, biofeedback may be an option.

Biofeedback, a scientific term coined in the 1960’s, describes a method for assuming voluntary control over involuntary responses to stimuli. The body is best able to assert voluntary control when relaxed, so relaxation techniques such as diaphragmatic breathing, progressive muscle relaxation, guided imagery, visualization, and phrase repetition are essential first steps in biofeedback.

Next, physical responses are measured, such as skin conductance and temperature, heart rate (HRV = heart rate variability), or skeletal muscle activity (surface EMG). These measurements provide the feedback patients need for understanding stimuli and controlling responses.

Biofeedback is best known for its value in moderating physiologic conditions. By monitoring stressful physical, mental, and emotional stimuli and individual responses, the autonomic nervous system’s responses may be controlled so that sympathetic responses (fight or flight) give way to parasympathetic responses (relaxation and return to normal). Clinical improvements through biofeedback in asthma, COPD, hypertension and Raynaud’s disease, GI disorders, injuries and chronic pain, and female urinary incontinence are impressive.

The Biofeedback Institute of San Francisco believes biofeedback may also be effective with stress and post-traumatic stress disorder, phobias, social anxiety, depression, and substance abuse/addiction. Biofeedback’s relaxation techniques and physical responses measurements may comprise basic treatment — and often this is all patients need. Advanced treatment utilizes brain wave monitoring and feedback (neurofeedback) to direct brain wave frequency. By controlling frequency, patients may be able to influence attention, emotion, and mood, and decrease craving.

Biofeedback’s proven success can be replicated by therapists, and eventually by individuals at home through reliance on established protocols. The Biofeedback Federation of Europe website describes protocols for a wide variety of topics from “Effortless Diaphragmatic Breathing” to “Peak Performance Training...”. This goldmine of scientific investigation and collaboration seems an invaluable tool for practitioners and individuals alike (search “publications” for “protocols”).

Interested? Please visit
Association for Applied Psychophysiology and Biofeedback at www.aapb.org
Biofeedback Federation of Europe at https://bfe.org
Biofeedback Institute of San Francisco at www.biofeedbacksf.com. Check out their free audio tracks
Healthline at www.healthline.com/health/biofeedback. Note their discussions re: intended benefits and risks, and preparing for biofeedback
Mayo Clinic at www.mayoclinic.org/tests-procedures/biofeedback. Note their discussions re: finding a biofeedback therapist, devices, and insurance coverage
WebMD at webmd.com/a-to-z-guides/biofeedback.

References include Heather Madiwicz’s very informative article Biofeedback 101, published in NURSE.com’s November 2014 issue.

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June 27, 2015 marked a glorious day for all who attended the first annual Nevada Nurses Foundation Big Hat High Tea at the Governor’s Mansion. Thank you to Mary Kropelnicki of the Bakery Gallery for the delicious Tea and gourmet food and to Cathe Faretto, President of Through a Child’s Eyes Foundation, for creating a magical place to enjoy tea and pleasant conversations.

Many dedicated people contributed to the Tea through planning meetings, sponsorship, volunteering, and donating. I would like to personally thank and recognize Nicki Aaker, RN, Yara Lugo Ayala, Darlene Bujold, RN, Jackie Chapman, RN, Ian and Margaret Curley, RN Kristina Efratpis, RN, Kelly Farley, David Gamble, Michelle Hughes, RN, Mark Miller, Becky Ralph, RN, Betty Razor, RN, Linda Saunders, RN, and Dr. Julie Wagner, RN for their time and participation in planning and organizing the Big Hat High Tea. Thank you to our wonderful musicians. Thank you to Sable Shaw RN, your beautiful harp helped release a mood enhancing chemical that created a relaxing and social environment. Thank you Ted Nagel of Rolling Thunder with the vivacious vocalist Darlene Bujold, RN for entertaining, engaging and charming all in attendance.

There were four spectacular raffle prizes; thanks to Betty Meyer for donating an exquisite Black Pearl Necklace, Dr. Jean Lyon and her Medical Spa for the generous $1,000.00 Medical Spa gift certificate, and to two anonymous donors for the $1,000 Visa gift card and the Waterford Crystal. Congratulations to Jean Ann Westfall for winning the $1,759 appraised Black Pearl Necklace!

Thank you to all of the fabulous volunteer High Tea servers: Jessica Bresnahan, Britni Combs, Antoinette Carlos, Kaitlyn Clark, Abigail Dinkelacker, Kevin Lemus, RN, Mia Manipud, Rachel Miller, Jessica Moiseyev, Amy Pang, RN, Becky Ralph, RN, Linda Saunders, RN.

Scholarship winners were:

- **RN to BSN:** Doreen Begley, attending University of St. Francis $1,000
- **RN:** Linda Cirillo, attending Nevada State College $1,000
- **Richard Young,** attending UNLV $500
- **Michael York,** attending Carrington College $500
- **MSN:** Maria Poggio, attending UNLV $2,500
- **Doctorate in Nursing:** Heidi Johnston, attending Boise State University $2,500

The support from Nevada Nurses Association and RNFormation, published by Arthur L. Davis Publishing Agency, as well as the $10,000 gift from Calmoseptine have been instrumental in the allowing the Foundation to successfully carry out its mission. Thank you and always have great days,

Sandy Olguin, MSN, RN | President, Nevada Nurses Foundation
P.O. Box 34047 | Reno, Nevada 89533
775-560-1118

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**Nursing Opportunities Available**

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Sage Memorial Hospital is located in Northeastern Arizona, Ganado, Arizona

For more information contact: Ernasha McIntosh, RN, BSN, IDON, 928-755-4501,
ernasha.mcintosh@sagememorial.com

Submit applications to the Human Resources Department, Fax: 928-755-4659, hr@sagememorial.com

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**Sage Memorial Hospital**

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**Foundation Tea**

Thank you to the Silent Auction prize donations from: Café at Adele’s, Darlene Bujold, Cathy Cox, Canine Cuties, Dotty’s Casino, Kelly Farley Photography, Sarah Fitzgerald, Cathy Gaboriault, RN, Becky Ralph, RN, Betty Razor, RN, Kim Romska, Soaring Nevada, Sorenson’s, Trader Joe’s, and LaVonne Vasic. Thank you to Touro University Nevada, OB/GYN Associates, [b] Medical Spa and Merle Norman, Uniformity and Sable Shaw for your support.

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Our Siena campus has embarked on an extensive renovation project with a new 220,000 square foot tower, offering an additional 141 private rooms and a wide array of world class services. This growth has created immediate opportunities for ED, ICU, IMC and OR nurses.

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