Sockeye Fire 2015

On June 14, 2015 the Willow Sockeye Fire started and by 6/22 had grown to 7500 acres. The Governor declared the fire a state disaster, activating State Individual and Public Assistance. The Department of Health and Social Services (DHSS) EOC and Division of Behavioral Health and Alaska Respond coordinated with the Red Cross regarding health support for the Sockeye Shelter at Houston Middle School. DHSS EOC deployed medical grade cots and medical go bags to the Houston Middle school shelter. Pre-position Personnel Protective equipment (PPE) were also deployed at strategic locations in the Matanuska Susitna Borough. Alaska Respond deployed one Behavioral Health Responder to the Houston Middle School Shelter on 6/18/15 and placed one on call at the Family service Center in Mat-Su. The behavioral health professionals supported face-to-face fire loss notifications to individuals who experienced property destruction. The fire displaced roughly 200 residents, destroyed homes and secondary structures. Fifty-two homes have been confirmed damaged as of 06/29. Alaska Respond continued working with the Red Cross to coordinate the possible deployment of licensed health care professionals to support shelter health services. Just in Time training was developed and coordination with Red Cross representatives was on going for Alaska Respond volunteers in Red Cross Shelters. Seven nurses were placed on standby for deployment to the Alaska Red Cross shelter.

Would you like to hear more about upcoming emergency preparedness conferences and exercises? Go to: www.akrespond.alaska.gov

Don’t forget the upcoming Hale Borealis Forum 2015 featuring national speakers. See Upcoming Events, page 15.

The Face of Diabetes

Diabetes can affect anyone. It does not have a preference based on age, gender, race, or income level. The consequences of undiagnosed Type 2 diabetes on younger adults, ages 25 to 34 has increased nationwide.

The consequences of uncontrolled diabetes are profound. Cross-sectional studies show younger age adults (ages 25 to 34) diagnosed with Type 2 diabetes to have higher HbA1c levels, problems with obesity, a life expectancy cut short by 15 years, higher mortality rates, at least one severe diabetes complication by the time they reach their 40s, and more macrovascular diabetes complications than those patients 65 years of age and over [4]. In Alaska, the diabetes prevalence for those between 25 to 34 years of age increased from 1.5% in 2012 to 2.2% in 2013 [1]. Other complications include, but are not limited to: blindness, neuropathy, amputation, and cardiovascular disease [6].

The Face of Diabetes continued on page 13
Dear Readers, This may be preaching to the converted, but this time, I'm including some Alaskan history!

Fear of contagious disease when there is no cure can become almost hysterical as we saw in the Great Ebola Outbreak in the U.S. Then we have the other end of the spectrum where we have diseases for which there is no cure but which can be prevented by virtue of vaccines and yet groups of people choose not to be vaccinated. On page 8 of this issue of the ANT, author Jessica Davis explores the introduction of the relatively new HPV vaccine which has had a rocky course at times.

I wonder what nurses like Alma Carlson would have thought of us as she struggled with a diphtheria epidemic in Hooper Bay, Alaska in April, 1940? Alaska had just gone through a bad measles year and now Alma wrote her parents that Hooper Bay was quarantined with 11 cases of diphtheria. She had anti toxin to give and felt she had things under control, not like Nelson Island where she watched two children struggle “all night for breath like drowning persons before death relieved them. Out of the four deaths three were in one family; this family had five children to begin with; in six days only two left.” [Graham, Pfiaum & Nord]

Unable to trace the source of the infection, nurses like Alma were left instituting strict quarantine, restricting all home visiting or group playing. In some cases she locked a number up in quarantine, restricting all home visiting or group playing. For you, your family and your patients; recommend it, teach it, get it, do it. Let’s not take for granted.

There is new information at the website. For instance, the flu shot this year covers different strains of influenza and it is believed that it will not need to be changed for several years.

For your, your family and your patients; recommend it, teach it, get it, do it. I’m sure Alma would thank you.


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For more information about any of these positions or to submit an application, contact the Human Resources Department.

Toll free in Alaska: 1 (800) 478-5201, ext. 6323

Direct: (907) 442-9233

BBHCS’s Human Resources Department

P.O. Box 110, Dillingham, Alaska 99576

www.bbhc.org

Not Too Late to Vaccinate

by Lynn Hartz MSN, ANP

Nursing patients despite the risk to themselves took note. Alma had given herself toxoid and felt she had some resistance, nevertheless she became ill with diphtheria and was in the Bethel hospital for 17 days and almost died. For the most part the nurses traversing Alaska during this time stood stoic with very little in supplies or medicine during the epidemics and when there was a medicine or anti-toxin available, they would give it.

What would Alma and her colleagues have not given for DPT MMRI? What would people have done in the influenza pandemic of 1918 if they were offered the ‘simple’ flu shots? These really are miracles not even a hundred years old that we should not take for granted.

Go to the CDC webpage on vaccine information statements for more than you ever want to know about vaccines at www.cdc.gov/vaccines/hcp/vis/index.html

There is new information at the website. For instance, the flu shot this year covers different strains of influenza and it is believed that it will not need to be changed for several years.

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Reference:
As I watch this glorious summer fade into autumn and then on to our long Alaskan winter, I find myself reflecting on the road we have traveled as a coalition over the past three years. When Alaskan nurses and their partners gathered to talk about the role that nurses might play in improving the health of all Alaskans, there was a sense of excitement and energy around forming a coalition and becoming an effective voice for health and wellness in our state. During that first summer together, supported by a grant from the Rasmuson Foundation, and by Alaska’s AARP, the group examined the work that the Robert Wood Johnson Foundation had already done to address the Institute of Medicine (IOM) “future of Nursing” report and recommendations. Lively discussions of both research and personal perspectives informed the final choice of two main areas of focus related to the IOM recommendations: that Alaska nursing practice to the full extent of their education and licensure and that nurses position themselves to play a key leadership role in advancing health.

By the winter of 2012, the Alaska group was recognized as a state Nursing Action Coalition by the Robert Wood Johnson Foundation/Center to Champion Nursing in America. In the summer of 2013, the Alaska Nursing Action Coalition had applied for a two year State Implementation grant, which was awarded in the fall of that year. Now, in the fall of 2015, that grant cycle is coming to an end. And so, as we come to this fork in our road, I want to look briefly back to where we were, and invite Alaskan nurses to join the conversation as we continue this journey.


The Alaska Nursing Action Coalition (ANAC) has accomplished the goals set out two years ago. There is now a “Virtual Center” or the Alaska Center of Nursing Excellence that serves as a state Nursing Action Coalition.

The ANAC Steering Committee. Donate your time, your treasure, your talent! LEAD! You won’t regret it. I hope to meet you on the road - Pat

Celebrate the nurses in your community for everything they do on the Alaska Nursing Action Coalition website by sending in a photo! www.akcenterofnursing.org wants to include more pictures of ALASKAN NURSES* caring for patients, leading groups, providing education, working on community projects, doing research, all the creative things nurses do each day for Alaskans.

Send photos to: inge@ageadowbeck.com

*a photo release for individual nurses featured in pictures would be appreciated. Remember HIPPA if any patients are included.
A practical guide to prevention for forensic nursing, which appeared in the January 2014 edition of the Journal of Forensic Nursing has been selected by the journal as its Education Article of the Year. The article was the brainchild of Dr. Angelia Clark Trujillo, DNP, RN, Associate Professor of Nursing at UAA, who authored it with two faculty colleagues including Dr. Tina DeLapp and Dr. Tom Hendrix. In November 2014, it was announced that it was one of the Journal’s “Top Ten” articles, based on views on the journal website and views on OvidSP between January and October.

For five years the manager of the Anchorage Municipality’s Sexual Assault Response Team, and for the past six the forensic nurse examiner for Alaska Cares, Dr. Trujillo is at heart a community health nurse. Her passion is the prevention of interpersonal violence. Toward that end, she regularly involves senior UAA nursing students in community projects designed to expand community awareness of how to prevent and respond to community violence. Publication of this article simply extends her passion for violence prevention for forensic nursing.


2015 AANP State Award for Excellence to Laura Sarcone, CNM

Recipients of the prestigious American Association of Nurse Practitioners (AANP) 2015 State Award for Excellence, were honored at an awards ceremony and reception held during the AANP 2015 National Conference June 9-14, 2015, in New Orleans, LA. Laura Sarcone of Anchorage was among the recipients honored.

The State Award for Nurse Practitioner Excellence, founded in 1991, recognizes a nurse practitioner in a state who demonstrates excellence in practice. Ms. Sarcone is dual-certified as an Adult Nurse Practitioner and Certified Nurse-Midwife. She currently practices at Southcentral Foundation and the Alaska Native Medical Center. She has been involved with legislative issues of concern to advanced practice nurses in Alaska since the late 1990s. She is current co-chair of the Alaska Advanced Practice Registered Nurse (APRN) Alliance, an all-volunteer coalition of professionals working toward legislative change to update the 34 year old statutory title of “Advanced Nurse Practitioner” to “Advanced Practice Registered Nurse.” SB 53, sponsored by Senator Cathy Giessel, will accomplish this. SB 53 has passed the Senate. It will be heard in the House Labor and Commerce committee when session resumes in January.

Karen Fell, ANP from North Pole, Alaska is the new state representative to the American Academy of Nurse Practitioners. Ms. Fell graduated with a BSN from the University of Utah and an MSN from UAA. As well as being the representative to the AANP, she is a member of the Association of Women’s Health, Obstetric and Neonatal Nursing and the Sigma Theta Tau International Honor Society of Nursing. She currently works at the Bassett Army Community Hospital in Fort Wainwright and has lived in Alaska for 12 years. Ms. Fell says she looks forward to the opportunity to represent nurse practitioners in the state and would love to hear from fellow NPs, she can be reached at kfellrucon@gmail.com.
Nursing CEs Now Available for Mental Health First Aid Course

The Mental Health First Aid Course (MHFA), reported in Alaska Nursing Today last year (Vol 2 No 3), provides learners skills to assist those in distress due to mental health issues. Trainings have been provided across the state but until now were not approved for Continuing Education for nurses. UAA’s Center for Human Development Trust Training Cooperative as provider, in partnership with the Alaska Nurses Association has made it possible for nurses to receive 8 CEs for the completion of the MHFA certification course at no cost.

MHFA training with the National Guard at Joint Base Elmendorf/Fort Richardson.

Mental Health First Aid is an 8-hour course that teaches one how to help someone who is developing a mental health problem or experiencing a mental health crisis. The training helps one identify, understand, and respond to signs of mental illnesses and substance use disorders. Mental Health First Aid was created in 2001 by Betty Kitchener, a nurse specializing in health education, and Anthony Jorm, a mental health literacy professor. Kitchener and Jorn run Mental Health First Aid™ Australia, a national non-profit health promotion charity focused on training and research. The United States is just one of the many countries that have adapted the program from Australia.

Peer-reviewed studies show that individuals trained in the program:
• Grow their knowledge of signs, symptoms and risk factors of mental illnesses and addictions.
• Can identify multiple types of professional and self-help resources for individuals with a mental illness or addiction.
• Increase their confidence in and likelihood to help an individual in distress.
• Show increased mental wellness themselves.

Studies also show that the program reduces the social distance created by negative attitudes and perceptions of individuals with mental illnesses. Mental Health First Aid USA is listed in the Substance Abuse and Mental Health Services Administration’s National Registry of Evidence-based Programs and Practices, NREPP is a searchable database of mental health and substance abuse interventions to help the public find programs and practices that may best meet their needs and learn how to implement them in their communities. All interventions in the registry have been independently assessed and rated for quality of research and readiness for dissemination.

In Alaska, there are various versions of the course available statewide including the Adult MHFA, Youth MHFA, MHFA for Older Adults, and MHFA for Law Enforcement and other First Responders. Courses can also be requested by contacting Jill Ramsey at the Trust Training Cooperative (jill@alaskachd.org). Visit www.ttclms.org to view course listings and to register.
Nurses of the Great Land

Carol Klamser, DNP, FNP-BC, PA-C, AFN, SANE-A
by Marianne Schlegelmilch

Looking at her standing between two RVs in the campground we shared one August afternoon near the old gold mining town of Hope, Alaska, one might never realize that the casually dressed woman with the purple streak in her hair was really Dr. Carol Klamser—nurse, educator, practitioner, consultant, forensics expert, and lover of quiet places surrounded by nature.

It wouldn’t be until nearly two months later that her busy schedule would allow me time to interview her and find out more about this intensely accomplished woman.

We met in Homer over lunch one afternoon, when she was kind enough to take time from her intensely accomplished woman.

As the interview progressed, I felt relieved that someone of her accomplishments deserved. I would also learn that the real challenge in finding its path, giving me some assurance that I could retreat—a place of solitude, her own little City, but eventually changed to studying nursing.

On a scholarship to Hunter University in New York, she came across as calm and reassuring and warm.

Carol felt like two friends chatting about all the essence of the woman who had made it all happen for herself.

As the interview progressed, I felt relieved that in spite of her very busy day, there was neither any sign of impatience on Carol’s part, nor any pretentiousness in the thoughtful answers that she provided. This is a woman who had paid her dues and walked the walk professionally. As if realizing that her story was in safe hands, her thoughts came spilling out, and before long two hours had gone by.

She talked of graduating from high school at the age of 16, the daughter of a single mother who she described as an alcoholic, a person who was not validating, or even warm. She told of a life, then in New York, where she lived with her mother in an apartment to which cases of alcohol were delivered, and where she often spent much time alone reading voraciously and savoring music in her room. “I got my kudos then from being a good student,” she said simply.

She had begun her college years studying music on a scholarship to Hunter University in New York City, but eventually changed to studying nursing. Music, for her, had always been a place where she could retreat—a place of solitude, her own little happy place. But she quickly learned that studying

Carol Klamser

Nurses of the Great Land

Carol Klamser, DNP, FNP-BC, PA-C, AFN, SANE-A

September 2015

The Bulletin Board

AKPNO Membership Meeting
First Wednesday of the month, 6 pm
BP Energy Center, 900 E. Benson
Call in at 907-743-4291

AKPNO Wednesday Night CE Forum
6:15-7:15 pm BP Energy Center, 900 E. Benson Blvd.
1 contact hour per session. Registration onsite and online at www.akpno.org.
See Up and Coming Events for next speaker.
Next Forum is November 4 – The Changing Landscape of Hepatitis C Therapy.

Caduceus 12 step Recovery Meeting
(Open only to health care professionals)
Thursday evenings, 5:45-6:45 pm
Amazing Grace Lutheran Church, Corner of O’Malley and Elmore, Anchorage

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Screening Saves Lives
- Malignant Neoplasms are the leading cause of death in Alaska.
- 32% of Alaskan women are not getting routine mammograms.
- Thousands of Alaskan women are eligible for free screening.

Will you help Alaskan women by reminding them to get their regular breast cancer screening?

Alaska’s Breast and Cervical Health Check Program (BCHC) can assist women with both breast and cervical cancer screening, diagnostic tests, and access to treatment, if needed.

Encourage your patients to call today
1-800-410-MAMM (6266)

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music was forcing a deeper understanding of the mechanics of music rather than the soul of music, and she found that unsettling and decided to change her focus.

“I didn’t want the magic taken away from music.”

And so we continued, exploring as many angles of music as I could think to throw at her. We talked of learned skills vs intuitive skills and how they influenced music, but in order to do so, I let her take the lead in critical thinking. We talked of compassion and how it could not be taught, and of evidence based nursing, and she quite aptly brought up that when you think about it, explains itself.

We talked about differential diagnosis, an area she had some experience with, and how it relates to both state protocol and intellectual inquiry. We talked of professional respect and collaboration.

I threw in some perspectives of my own, some from movies and some agreements. She had both lived through some major growing pains in nursing and seen it evolve from skills based common sense and intuitively honed critical thinking to the days of over intellectualization, and now moving back to a reasonable balance of both.

She, like me, had worked in the days of red rubber catheters, transfer forceps, sharpening of needles, and the use of non-disposable equipment. She could remember mixing a codeine tablet in normal saline (or was it sterile water?) and then to give an injection of that pain-killing drug, and how she had, years ago, learned that giving a parent a backrub at night was as much a way to gain information about the current status of that patient’s health as it was to provide basic comfort. She, like me, had achieved a broader perspective on the advances of the times—for example, describing the evolution of paramedics as not so much moving away from their original home base of collaboration with nurses, as much as it was the development of autonomy and independence within their own pre-hospital focused profession.

Whereas I had always viewed nursing from the perspective of the ground floor, Carol was able to view it from a much more aerial perspective. She had offered her the opportunity to study and analyze and place it all into perspective. I was grateful for the opportunity to look at old things in a new way. We had both been in nursing for about the same amount of time, but Carol’s focus had shifted to that of the educator and the provider of the very evidence based process that she was now trying to instill in her students.

At this point my head was spinning as I tried to take in all the ramifications of one of our lunchtime analysis of nursing. It would have been easy to be intimidated, to crumble under the weight of this lofty discussion, but I felt no such effect. In fact, in part because Carol Klamser is real. She is true blue. Soon the conversation shifted, and she shares a story with me. I thought of my efforts to become a Nurse Practitioner, and it brought me to tears. She talked about the very areas I had just been discussing, and she then shared her story. She had recently shared her story with me, but even more exciting, was learning who she was as a person.

She talked of the future, intrigued by the combination of law and medicine. Even while expressing some uncertainty about her place in the future of nursing, she surmised that life is about making it to the next step and finding the needs to do so. She talked energetically about the DIVO (Defense Initiated Victim Outreach) program that she studied in Chicago and of how she was the first to successfully complete this unique course that focuses on restorative justice.

Maybe there could be a role for her to expand into deeper involvement with the DIVO program, she muses, citing how one of the strengths of nurses is that nurses are able to bring a depth of compassion and understanding into any work that they do. Was that another of her “pearls” coming out?

“Nurses are holistic in so many respects,” she added.

I was easily drawn into her curiosity about this subject and how forensics drew her into the broader issues surrounding people impacted by intentional trauma, war, physical abuse, domestic violence, and even bioterrorism. She explained how the DIVO program works within the current system as a conduit between the defense and the victims’ family, facilitating interviews between surviving family and the defendant, thus enabling closure.

Then once again, she wondered out loud if she had really yet found her path in nursing. “Is this really what I am meant to be?” she said. “Will life will drop me where I need to be?” she said.

Later, in an email, she expanded on the day-to- day realities of her work and told of how she feels about the work that she does. I will paste it here with her permission since she tells it much better than I could.

Without citing an exact patient history, what I can say is that forensics is a passion for me. I don’t think there are many things in life that shape my thoughts, values, or beliefs as much as intentional trauma. People become frozen in time, unless they are fortunate enough to work through some of the issues, to put them in a box so that they can move forward in their life and still have/gain the understanding from the experience to shape their future. In the many interviews and discussions that I have had, I have never taken anyone’s “story” for granted. It is a privilege and honor for someone to share (within 30 minutes) things that have been buried and not shared with loved ones, friends, or other individuals, and I don’t take that trust lightly. Having the ability to remain objective, caring and nonjudgmental, regardless of what is disclosed is something I have learned that works well and fosters trust.

I would say that being nonjudgmental flows throughout my life and who I am. I look for the good in people. When others might avoid someone for various reasons, I look at what makes them attractive. It is in my nature. I learn from many patients as well. One who is a retired RN with metastatic cancer has inspired me, I have cared for her for several years, and upon learning through the course that I have begun to spread, that she had to come back to discuss those findings. As I spoke to her with her husband by her side, I was in awe. I had learned how she had gone through so much, and yet she remained incredibly positive. She focused on the positive things, that she had moved to the most beautiful place on earth, had moved far enough away that her cancer was not to feel a lot of pain. Trust and understanding patients in family practice is so essential.

Several years ago I cared for a fisherman with multiple medical issues including cancer. When he would come to the clinic I would always remind him that he had a “sparkle in his eyes”. He hadn’t seen his children in 11 years, and I urged his close friend who lived with him to try to get a hold of them. They all came up for a glorious visit, and one day he came to the clinic with his two sons and daughter. He was smiling and laughing, and I talked with them for a while. He looked different, radiant. Then I noticed he had sparkly blue eye shadow on his eyes! I remarked about that and his daughter said he insisted to get some at the store to show me how much sparkle he had! Alaska fosters closer relationships with patients.

When I first moved up to Alaska, I encountered a woman with stomach pains. My introduction to whole blubber (muktuk) was when she had eaten some that was rancid in her refrigeratos. I knew wasn’t in California anymore! It’s easy to understand why Carol’s patient put on the blue, sparkling eyeshadow. It’s easy to figure out that she gave him hope and that he did it for her as much as he did it for himself.

I threw in some perspectives of my own, about the days of over intellectualization, and intellectual inertia, and we talked of the future, intrigued by the combination of law and medicine. Even while expressing some uncertainty about her place in the future of nursing, she surmised that life is about making it to the next step and finding the needs to do so. She talked energetically about the DIVO (Defense Initiated Victim Outreach) program that she studied in Chicago and of how she was the first to successfully complete this unique course that focuses on restorative justice.

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Legislation Needed to Require HPV Vaccine in Alaska

The Alaska Immunization Program’s core mission is to prevent and control preventable diseases and does so by: supplying vaccines to healthcare providers at no cost; providing immunization information to healthcare providers and schools; and ensuring school and childcare compliance with immunization requirements (Alaska Department for Health and Human Services (HHS), 2015). Currently, Alaska requires the following Center for Disease Control (CDC) and Prevention (CDCP) recommended childhood vaccines: chickenpox, diphtheria, Haemophilus influenza, Hepatitis A and B, measles, mumps, pertussis, polio, pneumococcal, rotavirus, rubella, and tetanus. However, the human papilloma virus vaccine (HPV), Gardasil, is not currently a required childhood vaccine within the state of Alaska.

There are approximately 40 HPV strains that are transmitted through sexual contact that can infect the anogenital region as well as other mucosal sites of the body (CDC, 2014). HPV types 16 and 18 are known to cause cancer of the cervix, vagina, vulva, penis, and anus and have been linked to many oropharyngeal cancers (CDC, 2014). HPV types 6 and 11 are known to cause genital, oropharyngeal, and airway warts. Nearly 70% of cervical cancers are linked to HPV types 16 and 18, and 90% of genital warts are linked to HPV strains 6, 11, 16, and 18 while Cervarix protects against HPV strains 6, 11, 16, 18 and 16 while Gardasil protects against HPV strains 6, 11, 16, 18 as well as strains 31, 33, 45, 52, and 58 for use in females age nine to 25 and males age nine to 15 years (CDC, 2013). Soon after the first HPV vaccine was approved in 2006 the Advisory Committee on Immunization Practices (ACIP) recommended that all 11-12 year old girls and boys receive the vaccine though it could be given as young as age 9 (CDC 2014). In 2014, 60% of U.S. girls ages 13 to 17 had received at least one dose of HPV vaccine and 41.7% of boys (three doses are required for full immunity).

Sadly, legislation requiring an HPV vaccination for school aged children in Alaska lags behind the recommendations of the ACIP and the CDC for the prevention of certain cancers and mucosal warts. According to the National Conference of States Legislators (NCSL) (2015), even with the ACIP recommendations for the inclusion of HPV vaccination for school vaccine requirements, many states have not passed legislation for HPV vaccine requirement. Some objections appear to hold moral grounds despite studies showing no effect of getting the ‘shot’ leading to risky sexual behavior. While other issues appear to revolve around safety, cost, and parental right to refuse.

In the millions of doses that have now been provided since 2006, the safety and efficacy of the HPV vaccine have been proven. Cost concerns were assuaged when the CDC announced that HPV vaccine is available through the federal Vaccines for Children (VFC) program in all 50 states. In addition, the vaccine is covered by most private health insurance and government insurance programs.

According to the NCSL (2015), at least 42 states and territories have introduced legislation to require the HPV vaccine, or require funding and education of the public regarding the HPV vaccine. Twenty-five states and territories have enacted HPV vaccine legislation (NCSL, 2015). To date, the state of Alaska has not proposed legislation to add HPV to its required vaccinations or to require the funding for public education regarding HPV vaccination. Fortunately, through the tenacity and hard work of the Alaska Immunization Program’s workers, the state of Alaska has received a CDC grant for public education regarding teenage HPV vaccination. This program is the first step in public education regarding the benefits of HPV vaccination. Although educational programs may be a necessary first step for the prevention of HPV in the state of Alaska, we must urge political figures to introduce legislation for HPV inclusion as a required childhood vaccine. As healthcare providers, it is our duty to ensure that the public is provided with the best chances for a happy and healthy life. I ask you to join me in requesting legislation to include HPV as a required childhood vaccine within the state of Alaska. Please contact our state representatives today in an effort to protect the children of Alaska from preventable cancers caused by HPV.

Please contact the following individuals to request HPV vaccine requirement in Alaska:

1. Valerie Davidson
   Commissioner of the Alaska Department of Health and Social Services valerie.davidson@alaska.gov

2. Bert Stedman
   Alaska Senator – Chairman of Health and Social Services Committee Senator.Bert.Stedman@akleg.gov

3. Paul Seaton
   Alaska House Representative – Co-Chair of Health and Social Services Committee Representative.Paul.Seanon@akleg.gov

For more information about the public HPV vaccine educational program through the Alaska Immunization Program’s CDC grant, please go to the following website: http://www.epi.hss.state.ak.us/id/21/default.htm

For on-demand webinar, HPV vaccination in Alaska providing CNE, go to www.akache.org and search for HPV.

[Author information: Jessica Davis is an FNP student at the University of Alaska, Anchorage. She is currently working on her graduate project. Healthcare is a project of UAA’s graduate Health Policy Course.]

References


Bert Stedman
Senator.Bert.Stedman@akleg.gov

Amanda Hulstine, RN
Amanda.Hulstine@akleg.gov

Legislation Needed to Require HPV Vaccine in Alaska

Pre teen boy receiving vaccination. Courtesy of public health image library.

Limitations for Home Health Care
Where Autonomy Meets Restriction

According to the Association of American Medical College’s Center for Workforce Studies, it has been estimated that 15 million individuals will become eligible for Medicare benefits in 2020; in the same year, the country will face a shortage of 45 thousand primary care physicians. Physician and primary care shortages have lead to a state of national crisis. In the face of this, nurse practitioners (NPs) are becoming widely used and recognized as being integral to providing timely, accessible, and quality driven care. Forbes Magazine reports the demand for NPs now ranks in the top five most recruited positions in America. Complicating this however, NPs face significant practice challenges. These challenges stem largely from the practices of the Federal Centers for Medicare and Medicaid Services (CMS) that reduce accessibility to coordinated, effective care. This only exacerbates the national healthcare crisis.

One example of restricting NP practice authority is within the home health industry.

Limitations continued on page 9
Home health care takes skilled nursing, physical therapy (PT), and occupational therapy (OT) services directly into a patient’s residence, reaching those with reduced access to resources. These services are growing in popularity. In 2012, it was estimated by the Medicare Payment Advisory Commission that 99% of all Medicare beneficiaries lived in a zip code where home care was available.

To a great extent, home health is uniquely autonomous, requiring nurses and providers to act differently than they would in the inpatient world. Despite this, a multidisciplinary team approach is highly valued and focuses on quality standards for care, adverse event monitoring, and patient safety.

Skilled nursing services are defined by CMS as including but not limited to: tube feeding management, wound care, skilled nursing assessment that may result in a change of care plan, patient/family teaching, indwelling catheter management, tracheostomy maintenance, medication administration, and venipuncture. Care is ordered in 60-day increments before recertification to home health is necessary.

In addition, start of care orders and a detailed home health plan of care must be signed by a provider within 90 days of start of care. This results in delayed care, reduced access to care, and unnecessary system expenditure. Often less considered is that such restriction stresses the already fragile seams of the overburdened and overwhelmed primary care physician who is serving in the trenches.

In 2011, congress entertained three bills: H.R. 2267, S. 1332, and S. 1660. H.R. Two of those, 2267 and S. 227, fall under the Home Health Care Planning Improvement Act of 2011. Both bills contain language for Medicare to extend reimbursement to NPs writing orders for home care services to NPs, clinical nurse specialists, certified nurse-midwives, and physician assistants. S. 1660 falls under the Craig Thomas Rural Hospital and Provider Equity Act of 2011 and expands a Medicare provision based on a healthcare facility being rurally located. This bill takes into account that rural and outlying areas have unique challenges that act as barriers between patients and proper care.

More recently, H.R. 2504 and S.1332, under the Home Health Care Planning Improvement Act of 2013, directly lists Medicare and Social Security Act modifications that would extend reimbursement to NPs writing orders within the home health division.

Although entertained, these bills have not passed. Each has been read and deferred to either a health or finance committee without further advance.

Changing CMS regulation will literally take an act of congress. Individuals and organizations can voice concerns regarding CMS regulatory refinements or proposed patient outcomes, and these will become a part of the authority within the home health division. One way to do this is by sending letters of support for these bills to key legislative representatives.

In conclusion, Medicare regulation limiting the NP’s ability to write and sign home health orders for admission and a plan of care delays and reduces access to care, increases system expenditure, and contributes to overwhelming a failing primary care system. Congressional change must occur to revert these detrimental effects. If initiatives fizzle, home health will continue to be a place where autonomy meets restriction.

[Author information] “I have spent my entire life in Alaska. I couldn’t imagine living or studying anywhere else. This is home for me. I spent almost 5 years at the Alaska Native Medical Center in Anchorage before returning to my childhood home of Prince of Wales Island in southeast Alaska. Currently, I’m employed as a Home Health nurse. This avenue of nursing is truly unique and allows me to truly connect with my patients. I will be a Family Nurse Practitioner spring of 2017 and look forward to bringing my skills and enthusiasm about life to my island home.” This article is a project of UAA’s graduate Health Policy course.

References
The University of Alaska conferred degrees upon the following students in August. The Alaska Professional Nurses Organization welcomes you to our profession. May you have long and rewarding careers!

Pictured is Amelia Gilliland who was awarded the Directors Award as well as the Spirit of Nursing Award. Photo courtesy of Lisa Seifert.

Special honors were bestowed on these graduates:

**Directors Award**
Awarded to the student with the highest GPA

BS – Amelia Gilliland

**Spirit of Nursing Award**
Awarded by faculty vote for the student whom they feel demonstrates the spirit of caring, science, love of learning, and compassion.

BS – Amelia Gilliland

Evidence-Based Practice Award
The Evidence-Based Practice Award was established by the Alaska Professional Nurses Organization in 2013 to recognize a nursing student who integrates research-based evidence and clinical experience to achieve excellence in nursing practice.

MS – Candice Faria
BS – Gerald J. Abito

Candice Faria receives the Evidence-Based Practice Award from Lynn Hertz MSN, ANP, Editor of the ANT.

**Peer Award**
Awarded by the senior class to a fellow classmate who has completed their nursing studies while balancing the daily demands of life. Sponsored by the Alaska Nurses Association.

BS – Elizabeth Erickson

**Baccalaureate**

Gerald J. Abito
JoBeth N. Adams
Chelsea L. Borg
Amber R. Bosch
Jessica M. Buchanan
Shantel M. Bunting
Amanda M. Burton
Katrina Kahlben M. Cajimat
Marissa M. Cason
Sim Un Choi
Bree V. Daniel
Elizabeth J. Erickson
Kiana J. Farr
Michelle L. Fickes
Joshua D. Frommer
Amelia H. Gilliland
Luke C. Habig
Katelyn N. Hansmeyer
Shannon N. Heimerl
Ivy M. Ivanoff
Noelle B. Joseph
Anna M. Kim
Elizabeth C. Klatt
Gregg C. Lavarias
Taylor M. Lee
Eden Grace L. Pascual
Kate K. Peronto
Sharon M. Phillips
Kourtney P. Pope
Janeen A. Russell
Lindsay M. Schlueter
Christi J. Schmitz
John A. Schultz

Jena R. Trujillo
Jasper C. Wallace
Lorettta A. Zakrzewski

**RN to BS program graduates:**

Deseree M. Baker
Chelsea M. Beaucage
Jamie M. Bourque
Halee Bradshaw
Jamie L. Conant
Amy K. Doogan
Marian L. Fiorella
Jennifer A. Gardner
Amy H. Gatrost
Renee M. Kochuten
Julia V. Koval
Torrima M. Logan
Deni R. Pennison
Leah T. Swasey
Sarah J. Van Abel

**MS graduates:**

Candice Faria
Family Nurse Practitioner, Lisa Jackson committee chair


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Search for New Executive Administrator

Here we are at the end of another summer in Alaska. As you are aware, Dr. Nancy Sanders has retired as the Executive Administrator. Her contributions were many and she will be sorely missed. We are involved in an executive search for her replacement. Lisa Maroney, licensure examiners, and myself will absorb what we can until a replacement is found. Hopefully we will have completed the screening applicant process to have a permanent administrator in place within the coming months. At the request of the Board, the Executive Administrator continues, Sandi Fredrickson, RN has been hired as a Nurse Consultant. She will be the chief evaluator and manager of Alaska’s Nurse Aide Training and Competency Program.

LPN Scope of Practice

A few years ago the Board repealed the LPN Scope of Practice Appendix with the specific intention of adding LPN Scope of Practice into its regulations. During the July meeting we began that process by putting LPN Scope of Practice into an Advisory Opinion to be published on the Board of Nursing website (www.nursing.alaska.gov).

Eventually the LPN Scope of Practice Advisory Opinion will be placed into regulation format, which will then be sent out for public comment. You will be able to find the LPN Scope of Practice Advisory Opinion as well as the others on the Board of Nursing website under Advisory Opinions. Having the LPN Advisory Opinion available on the website should allow for easy access by both LPNs and employers who have questions regarding the Scope of Practice. Written comments/questions on the Advisory Opinion are welcome.

New Regulations

Due to an overload of regulation work by our board and others in the Division, our regulation project which included regulations on retired nurses, requiring clinical hours of practice for ANPs in order to renew their authorization, and reissuance of licenses in the event of the mistake that an ANP can delegate to a certified medical assistant was put on hold. Nevertheless, the Board continued its regulation work adding more changes to the project.

Scope of Practice

Scope of practice questions have come to the Executive Administrator on a regular basis during the past several months. During the July meeting the board considered several scope of practice requests: The administration of nitrous oxide by RNs at the Alaska Native Medical Center was again brought to us. The preceptor must perform initial intake assessment and complete those forms at the Ernie Turner Detox Center. The Board held firm its stand that this type of initial assessment requires the expertise of an RN.

AKPNO Wednesday Night CE Forum

Board of Nursing Updates, Critical Issues and Regulation Updates

Denise Valentine, ANP on Board of Nursing Chair delivered the talk Sept. 2 on pending regulations.

At its regular bimonthly Wednesday night CE forum, AKPNO once again hosted a speaker that produced a thought-provoking and brisk discussion, Denise Valentine, the Chair of the Alaska Board of Nursing reviewed the current regulations that are being prepared by the regulation specialist for eventual public comment. According to Valentine, an overload of regulation work by the department has resulted in delays in the process. Additional regulations may be added to the package.

An applicant for an initial authorization must have a statement assessing the applicant’s knowledge and advanced practice ability.

There are new requirements for initial authorization.

An applicant who had no clinical practice as an advanced nurse practitioner for a period of ten years or more before the date of the application for authorization, but less than five years, must complete 200 hours of advanced nursing practice under the direct supervision of a preceptor who is a licensed advanced nurse practitioner or licensed physician, and who is practicing in the same population focus area as that of the applicant.

An applicant who had no clinical practice as an advanced nurse practitioner for a period of five years or more before the date of the reinstatement application, but less than 10 years, must complete 500 hours of advanced nursing practice under the direct supervision of a preceptor who is a licensed advanced nurse practitioner or licensed physician, and who is practicing in the same population focus area as that of the applicant.

An applicant who has had no clinical practice as an advanced nurse practitioner for a period of five years or more before the date of the reinstatement application, but less than 10 years, must complete 200 hours of advanced nursing practice under the direct supervision of a preceptor who is a licensed advanced nurse practitioner or licensed physician, and who is practicing in the same population focus area as that of the applicant.

At the completion of the supervised practice, the preceptor must submit a statement assessing the applicant’s knowledge and advanced practice ability.

Marijuana use and safety to practice while on duty was thoughtfully discussed. At this point, the board reaffirmed its Safety to Practice Advisory Opinion from October 2014. Even though Alaska recently decriminalized marijuana, supervision of nurses and caregivers could adversely affect patient care. Please review the October 2014 Opinion if you have any questions on this. On occasion, questions come to the board regarding whether a licensee can use their license to practice in another discipline. For example, can an RN work as a massage therapist? As a general principle, if the type of work the RN would be performing was not taught in their nursing program, the nurse would need to bring it to the board’s attention to achieve their scope of practice. In this case, massage therapists are now regulated by Alaska and that licensure process must be satisfied.

October meeting in Anchorage

Our October meeting that is usually held in Fairbanks will be in Anchorage at Atwood Building October 21-23. Due to the possibility of a new Executive Administrator joining the board, a local meeting will be less cumbersome.

Thank You for Caring

In closing, I want to thank all of you for your service to the State of Alaska and to your patients. I am sure your patients, as well as their families, greatly appreciate the time and effort each of you give.
The American Nurses Association has declared 2015 to be the Year of Ethics and in January released a new edition of its Code of Ethics for Nurses with Interpretive Statements, so now is the perfect time for RNs to re-examine the essential role ethics plays in the nursing profession. Having a strong ethical foundation is a key component to a successful career. Yet, even the best nurses may find themselves struggling with ethical concerns on the job.

Here are five considerations for nurses when facing ethical challenges.

Know yourself

It's important to have a strong sense of personal ethics to build upon in your profession. "Knowing who you are and what you stand for personally is a strong ethical foundation is a key component to the workplace," said Cynda Hylton Rushin, PhD, RN, FAAN, and Anne George L. Hunting Professor of Clinical Ethics at the Berman Institute of Biobehavioral Nursing and a professor of nursing and pediatrics at Johns Hopkins University, and a Maryland Nurses Association member. "Without this clarity, your responses may be reactive, unreflective and potentially damaging to you and to others."

Live your values

Just knowing your values and ethics isn't enough, Rushin said, "We are required to speak them and live them in our daily actions. This takes courage, wisdom and resilience. Living our values means that we have to take seriously the fifth provision of the ANA Code — our obligation to care for ourselves so that we can care for others." Because ethical issues are part of daily nursing practice, every nurse has an obligation to have the knowledge, skills and abilities to recognize and address them.

Listen to your gut

If you know yourself and are consistent about living your values, you'll be able to rely on that voice inside your head saying something is wrong. "One of the things I talk to my students about all the time is that you need to listen to your gut," said Sarah Shannon, PhD, RN, associate professor of Bioethics and Humanities at the University of Washington School of Nursing and adjunct associate professor of Bioethics and Humanities at the University of Washington School of Medicine, and a Washington State Nurses Association member.

Check in with others

Having said that, Shannon said it's important to remember that the gut is "a great barometer but a lousy compass." Just because you know you're in an ethical quandary doesn't mean you know what the next step is. Consult with others, such as your colleagues who describe a patient in negative terms to make it easier to speak up next time, such as by saying, "I'm no goody two-shoes, but I'm trying hard to meet each patient with respect." If disrespect is a widespread problem, huddle and call attention to your organization's zero-tolerance policy for disrespect to empower everyone to bring quick attention to violations.

For additional resources go to ANA's Career Center at http://careers.anac.org.

Reprinted with permission of The American Nurse.

American Nurses Association Makes New Recommendation that All Nurses Should be Immunized Against Vaccine-Preventable Diseases

SILVER SPRING, MD – The American Nurses Association (ANA) is calling for all individuals, including registered nurses (RNs), to be immunized against vaccine-preventable diseases, with the only exemptions being for medical or religious reasons.

ANA's new position on immunization aligns with recommendations from the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP), a CDC panel of medical and public health experts that advises vaccine use. ANA's re-examination of its position was prompted partly by outbreaks of measles cases this year that affected vaccinated adults and children.

"ANA's new position aligns registered nurses with the best current evidence on immunization safety and the importance of preventing vaccine-preventable diseases such as measles," said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. "A critical component of a nurse's job is to educate patients and their family members about the effectiveness of immunization as a safe method of disease prevention to protect not only individuals, but also the public health."

During the first seven months of 2015, the CDC said 183 people from more than 20 states were reported to have measles, with five outbreaks resulting in the majority of those cases. In 2000, the United States had declared that measles was eliminated from the country as a result of an effective measles vaccine and a strong vaccination program for children.

ANA's position on immunization for health care personnel aligns with the newly revised Code of Ethics for Nurses with Interpretive Statements, which says RNs have an ethical responsibility to model the same health maintenance and health promotion measures that they teach and research, including immunization.

The CDC recognizes August each year as National Immunization Awareness Month to emphasize the importance of immunization across the lifespan. The Week of Aug. 16-22 is focused on adult immunization and the following week (Aug. 23-29) on infant and child immunization.

Don't Miss APKNO November 4 Wednesday Night Forum!

The Changing Landscape of Hepatitis C Therapy

Annette Hewitt, ANP
BP Energy Center
6:15-7:15
The literature describes diabetes as a chronic condition requiring a regimented treatment plan. Not just any regimen, but a “complex behavioral regimen” treatment plan—one that includes: taking one or more oral medications, monitoring the blood sugar level, exercising, and following a diet which focuses on eating vegetables and reducing eating carbohydrates [3, 6]. Basically, it means changing one’s life around; changing old habits, and attempting to adopt healthier ones. This is something very difficult to achieve. However, making these changes is essential to maintain a controlled HbA1c which is associated with a lower risk of complications. In summary, a newly diagnosed diabetic needs to: change old habits, quickly adhere to a strict, life changing regimen, and track their HbA1c. This is a large amount of information and change for one person.

To help the newly diagnosed diabetic patient succeed, we highly recommend taking diabetes self-management education (DSME) classes. Classes are offered on a weekly basis. Support classes meet every month or every other month. DSME helps diabetics adopt healthy habits and makes them aware of complications and consequences of not changing their lifestyle. DSME has been shown to help young adults with Type 2 diabetes. They benefit from services tailored to their needs [4]. This fact is important because up to 98% of the diabetes plan is self-administered [5].

It is also important to understand the clinical and psychosocial aspects of diabetes for the patient. One common problem among people with Type 2 diabetes is depression [3]. Depression-related symptoms, such as; loss of interest in everyday activities, reduced decision-making ability, and fatigue likely contribute to poor self-management of diabetes [3]. DSME helps in making sure patients who suffer from depression or who are at-risk of depression, maintain interest in the class, help them make decisions about their disease and goals, and provide them with support as they attend the classes. Support classes meet every month or every other month.

Informing individuals about DSME when they first receive their diabetes diagnosis increases the likelihood of enrollment into a DSME class for patients with depression as well as those without. Remember to explain that managing diabetes can lead to negative emotional reactions, in particular when attempts to follow recommendations are not reflected in perceived health improvements [7]. We need to let our patients know that making changes will take time and improved health outcomes will be seen in time, this will be apparent in three to four weeks; and for some individuals longer depending on adherence to their customized regimen.
Can’t stand typing in all those websites? Go to www.akpme.org to download the online ANT and just hit the link.

Scholarships/Funding/ Volunteer

David E. Knox Memorial Nursing Fellowship

Are you a current nursing student committed to practicing in rural Alaska? If so, you are eligible to apply for tuition assistance from the David E. Knox Memorial Nursing Fellowship offered by The Alaska Community Foundation. This scholarship honors the memory of David Knox, a 2000 UAA BSN grad and Community Hospital nurse, who understood the complex medical care issues facing small Alaskan communities. His family and friends established this fellowship in his memory with a two-phase way of providing continued support for the rural medical community. Successful candidates will agree to practice for at least one year in an Alaskan community (less than 50,000 residents) for a minimum of one year. Applications and more information are available online at www.alaskafnd.org/scholarships.

Volunteers Needed to give Immunizations

Please consider volunteering for the Assisted Living Home Immunization Program now in its sixth year of providing seasonal influenza and pneumococcal vaccines to assisting living home residents at no cost to them. We continue to expand our services in Anchorage and the Valley. Immunizations will be given in Saturday October 3 and 10th from 8:00 until 2:00. Supervision of UAA student nurses may be requested. For more information call Lisa Nash at 907-240-8906 or e-mail her at lisa.nash99@yahoo.com.

HOSPICE VOLUNTEERS NEEDED

Frontier Home Health & Hospice will soon offer hospice services in Anchorage and the vicinity. In the hospital setting, Memorial Hospice provides comfort and companionship to dying individuals to ease their time and talents with our community. As a hospice volunteer you will make a difference in the lives of our patients, their families and caregivers. Volunteers offer both companionship and respite. You might read, reminisce, sing with them, play an instrument, bring in a friendly pet, go for walks or simply hold a hand. Please join us for our next volunteer training, meet our staff and gain the knowledge to provide invaluable support at the end of life. To receive more information, call Keith, Volunteer Coordinator, at 907-272-1273. We also invite you to visit www.frontierhhl.com/hospice to learn more about Frontier Home Health and Hospice and this incredible opportunity.

National Guidelines/ Resources/Websites

Updated Immunization Schedules, tools and downloads at: www.cdc.gov/vaccines/schedules/

CDC 2015 STD Treatment Guidelines Released http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6403a1.htm?c=rr6403a1_e

The Alaska Immunization Program has a newly designed website. Go to http://www.epi.hss.state.ak.us/id/z/default.htm

Guidelines address when newborns are ready for hospital discharge

Guidelines from the American Academy of Pediatrics say there can be wide variation in newborn infants’ readiness to be released from the hospital and multiple issues for health care professionals to consider. The report, published in the journal Pediatrics, also lists criteria to determine when mothers are ready to care for their babies and themselves at home.[source ANA smartbrief 4/20/15]

International Guidelines address hepatitis B treatment, prevention

Clinical guidelines for chronic hepatitis B treatment and prevention have been released by the World Health Organization, and the document includes recommendations for low- and middle-income countries. Some 240 million people have chronic hepatitis B, according to estimates. “The guidelines are significant for parts of the world where there are no existing national guidelines and where the regional Liver association guideline ... cannot be applied [because of limited resources],” said Dr. Anna Lok, who helped develop the guidelines. [AANP 8/13/15]

ICD-10 Compliance Date October 1, 2015

www.cms.gov offers a website devoted to information and guidance on the transition from ICD-9 to 10. “The ICD-10 transition will affect every part of your practice, from software upgrades, to patient registration and referrals, to clinical documentation and billing. With the compliance date nearly approaching, now is the time to get ready.” Once the compliance date passes, go to the website for updated information.

Updated guidelines set flexible blood pressure goals

Updated guidelines tailor blood pressure targets based on patient heart health history. Experts suggest a target of 130/80 mm Hg for patients who have experienced events such as heart attack, stroke or abdominal aortic aneurysm, while patients who are at risk should maintain a blood pressure lower than 140/90 mm Hg. Experts noted the guidelines should be interpreted in the context, who may recommend a different target. The guidelines appeared in the journal Hypertension and were developed by the American College of Cardiology and the American Society of Hypertension. [ANA Smartbrief 4/1/15]

AK Pharmacists now have independent authority to give vaccinations

On May 11, 2015 Governor Bill Walker signed SB71 a new piece of legislation into law that allows vaccine certification for pharmacists, effective 8/6/15. This bill authorizes trained and certified pharmacists to immunize Alaskans without having to contract with a doctor or nurse practitioner to oversee their immunization program. The Alaska Immunization Program is evaluating its state-supplied vaccine and yellow fever authorization process policies in light of this new law. This exciting new opportunity for collaboration with pharmacists is important in furthering the Program’s mission to prevent and control vaccine-preventable diseases. [AK Immunization Program ImmuneNews-Spring 2015, DHSS]

DHSS Press Release 8/8/15

Anchorage suffers spike in emergency medical responses to “spice” overdoses and illnesses Harmful effects of synthetic marijuana include seizures and unconsciousness

A spike in the number of emergency medical responses suspected to have come from the consumption of synthetic marijuana or “spice” has prompted the Alaska Department of Health and Social Services to reissue a warning to Alaskans against smoking or consuming synthetic marijuana products or “sticks.” These products are often sold as incense in attractive packages and go by other names like zero gravity, King Kong, Godzilla, K2, great ape, and gorilla. Spice is also sold repackaged in Ziploc bags or as individual cigarettes.

Some patients suspected to have recently used synthetic marijuana products experiences symptoms such as seizures, difficulty breathing, confusion, convulsions, chest pain, altered mental status or altered mental status. They may require coughing, vomiting, seek medical attention immediately or call 911. If you are unsure about the need to call 911, you can contact Poison Control at 800-222-1222. Patients seeking help who are using spice can be referred to the Alaska Careline at 877-266-HELP (4357).

For more information and a full list of symptoms and resources, go to http://www.epi.alaska.gov/injury/ta/spice/SpiceFAQs.pdf

Mat-Su Pre-Diabetes Classes Offered Every Other Month

Pre-diabetes Classes offered every other month in Mat-Su. You can greatly lower your risk of developing Type 2 Diabetes by adopting healthy lifestyle changes.

This class is taught by a Dietitian and no physician referral is needed.

1. Cost: this class is offered free of charge as a service to the Mat-Su community.

2. Contact: to register for a class, please call: (907) 861-6687.

Register for Alaska Public Health Alerts at www.epi.alaska.gov/


State of Alaska Information Page on Marijuana www.dhss.alaska.gov/dph/ Director/Pages/marijuana/law.aspx

DHSS section of Chronic Disease Prevention and Health Promotion presents a monthly webinar series to help Alaskans make healthy lifestyle changes that can be participated in live or viewed in You Tube. go to www.dhss.alaska.gov/dph/Chronic/Pages/webinars/default.aspx to register or view previous webinars.

Alaska Guidelines/ Resources/Websites

Homer Chronic Disease Self-Management Workshops Available

South Peninsula Hospital Training center now provides a 6 week series of workshops for people with ongoing health conditions or their family members. The workshops include setting goals, understanding and handling symptoms, eating well and staying active while working with the health care team. They are led by RNs trained in guiding Living Well Alaska workshops.

The series cost is $10.00 and no referral is needed.

For information on upcoming dates or to register, call Bonita at South Peninsula Hospital 907-235-0285.
### Membership Magnet

#### 2015-16 Alaska Professional Nurses Organization Membership Application

Membership is available to individuals and is nontransferable.

**Fall Sale** Term of membership: August 10, 2015 – December 31, 2016 - Join or Renew Now!

#### MEMBER INFORMATION

| Name: |  |
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| Organization/Employer: |  |
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| Phone: | Home: | Work: | Fax: |  |
| Email Please Print Clearly: |  |
| Email (secondary): |  |

#### DUES and PAYMENT INFORMATION

- **Member Dues:** $100
- **Students in first year after graduation:** $25
- **Return application and check made out to:** AKPNO, 2922 Yale Drive, Anchorage, Alaska, 99508 or go to www.akpno.org and pay online!
- **Membership Application Form:** Please check box if you would like to be contacted about joining one of our committees, membership, conference or legislative.

### Continuing Education

ANT readers. Rather than typing in all those hyperlinks, you can also go to akpno.org and just click on any hyperlinks in the newsletter you are interested in.

#### AKPNO Wednesday Night CE Forum

**6:15-7:15 pm BP Energy Center**

900 E. Benson Blvd.

1 contact hour per session

updated information at www.akpno.org

**November 4, 2015 – Hepatitis C**

Annette Hewitt, ANP

pharmacology credit applied for $0.00 members, $10.00 non-members payable online or at the door

Sponsored by AKPNO and State of Alaska Division of Public Health

### Up and Coming Event Calendar

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<td><strong>AKPNO Wednesday Night CE Forum</strong></td>
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<tr>
<td>October 21-23, 2015</td>
<td>6:15-7:15 pm BP Energy Center</td>
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<td>Anchorage</td>
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<td>January 20-22, 2016</td>
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<tr>
<td>December 30, 2015</td>
<td>Annette Hewitt, ANP</td>
</tr>
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<td></td>
<td>pharmacology credit applied for $0.00 members, $10.00 non-members payable online or at the door</td>
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<td>Sponsored by AKPNO and State of Alaska Division of Public Health</td>
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### DUES and PAYMENT INFORMATION

- **Member Dues:** $100
- **Students in first year after graduation:** $25
- **Return application and check made out to:** AKPNO, 2922 Yale Drive, Anchorage, Alaska, 99508 or go to www.akpno.org and pay online!

### AKPNO Membership/Renewal Dates Explained

**The actual term of membership runs January 1 until December 31 of the year for all members. So, if you cannot remember writing a check, you are probably due to renew. However, for those who renew or join early, defined as August or later, their membership will run until December 31 of the following year. For example, this is for those folks who would like to join in October but realize what a bad deal it is to pay $100. for only two months membership! If for some reason you still have questions, please contact [tdelapp@ak.net](mailto:tdelapp@ak.net).**

- **Renewal can be by snail mail or online at www.akpno.org.**
- **Thank you!**
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Mary Elizabeth O’Neil, MD
Chief of Staff
Mat-Su Regional Medical Center