



# Nevada RNFORMATION

THE OFFICIAL PUBLICATION OF THE NEVADA NURSES ASSOCIATION

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

Quarterly publication direct mailed to approximately 35,000 Registered Nurses and Licensed Practical Nurses in Nevada

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- February 4, Bullying and Incivility Train the Trainers, Reno
- February 18, Bullying and Incivility Train the Trainers, Las Vegas
- February 22, Nurses Day at the Legislature, Carson City
- February 22, Nurses Day at the Legislature Reception, Carson City
- May 20, Future of Nursing in Nevada Awards Dinner, Las Vegas

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### NNA Mission Statement

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

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# The President's Corner

Dave Tyrell, BSN, RN  
President, Nevada Nurses Association



Happy New Year to each of you and your families. My name is Dave Tyrell and I am your new Nevada Nurses Association President. In my first article as president I wanted to first of all, introduce myself and then tell you a little about me and some of my objectives for the NNA over the next couple of years.

Before I begin I would like to recognize Scott Lamprecht for his outstanding leadership of NNA over the past 4 years. Under Scott's leadership NNA has grown both in membership and influence throughout the state of Nevada and beyond. Thank you, Scott, for your unselfish leadership and your tireless devotion to the nursing profession throughout Nevada.

I want to thank you all for giving me this opportunity to lead the NNA. I am honored and humbled at the same time. I am fully aware that this will not be an easy journey but I am confident that with the help and guidance of the board and input from the many involved NNA members, this journey will be a successful one with continued growth and advancement for all nurses in Nevada and beyond.

## A little about my nursing background...

Currently I am a clinical supervisor in a safety net hospital in Las Vegas. The nursing profession is a second career for me. My first career was in retail where I held many management roles for over 20 years. I started my nursing career in 2006 as a Medical Surgical nurse and then moved to an Intermediate Care Unit. During the past few years I have worked as a clinical manager and director in MedSurg and Intermediate Care units. Currently I am the Clinical Supervisor for a Renal Transplant program.

## Why did I get involved with the NNA?

A couple of years ago I was attending a nursing summit, and the CNO of Renown was speaking. During his comments he stated a quote that has really stuck with me as a sound illustration of why we as nurses need to be actively involved in our profession. The quote went like this "If you are not at the table, you are probably on the menu." That quote has stuck with me and I have probably repeated it over a thousand times when it comes to nurses getting involved in their place of work, and with their associations. I have been a member of NNA and ANA since 2006. I have been an active member in the NNA since 2011. I have served as a board member, director-at-large and President of District #3.

As your incoming President I want to continue the initiatives that have been started. I will work to keep us focused on basically two areas:

1. Membership growth
2. NNA influence throughout the state

During the last 4 years NNA membership has almost doubled. I want to continue that growth with initiatives around getting the message out to nurses in Nevada about the benefits of NNA membership and the importance of having a voice at the table when nursing issues are being discussed. And by the way, this voice needs to come from the North, South and Rural areas.

During the next decade serious issues that have been on the horizon for nursing are going to become front and center. Some of these looming issues will be:

- ⇒ The retirement of one-third of the nursing workforce over the next 10 years
- ⇒ The retirement of 70 million baby boomers, many of whom will have multiple chronic and degenerative conditions
- ⇒ Health care reform
- ⇒ The physician shortage

Nursing cannot sit on the sidelines and allow these issues to be discussed and proposed solutions put in place without strong input and guidance from the nursing profession.

When it comes to influence in nursing, NNA has more and more become the voice for nursing issues in the state. We have built some strong relationships with leaders in both the political arenas and hospital C suites. We will look to continue this networking to strengthen the influence that Nurses have on the policies and laws that affect the nursing profession.

In closing, I must once again express that I am deeply honored and humbled by this opportunity you all have entrusted me with to lead the NNA. I look forward to working with each and every one of you towards the advancement of the nursing profession in the state of Nevada and beyond.

If you would like to contact NNA or President Tyrell, please call 775-747-2333 or email [nna@hdiss.net](mailto:nna@hdiss.net).

## What our members have to say about NNA membership...

**"The opportunity to work closely with nurse leaders through NNA has helped me to grow professionally."**

**"It helps me to maintain my certification in my med-surg module! We have level of pay according to what level you function at as a RN. Certification is part of the higher levels"**

**"You never know how valuable being a part of an organization is until you need it. Participation in NNA activities has connected me to nursing colleagues throughout the state and has made me realize, "we are all in this together." Whenever I have a nursing question, I know there is someone I can reach out to for an answer."**

**"What attracts me to NNA is that Nevada nurses are impacting Nevada nursing practice"**

**"I joined NNA to keep up with news, changes or opportunities in nursing. Recently, I have become more involved with NNA and realized the larger benefits of being able to meet and talk with nursing professionals throughout the state who are involved in advancing nursing and gaining nursing the recognition it deserves in the healthcare field. Being able to take an active part in advancing the status of nursing in Nevada is a benefit I had not anticipated."**

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Join NNA for the first time during January 2017 and receive a 10% discount! Enter code NNA2017

## NNA 10,000 Step Challenge



It's that time again!

- Have you been in hibernation mode over the winter?
- Still carrying evidence of holiday goodies on your hips?
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Whatever your reason, you are invited to join Nevada Nurses for the 4th Annual February 10,000 Step Challenge. Just go to our website [www.nvnurses.org](http://www.nvnurses.org), and follow the link for the 10,000 Step Challenge to learn more and SIGN UP TODAY.

- Sign up at [www.nvnurses.org](http://www.nvnurses.org)
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# Legislative Update

## The 2017 Nevada Legislative Session: A Call to Action for Nevada Nurses

by Denise Rowe MSN, APRN, FNP-BC

The contentious political campaign season has ended and the Nevada state legislative elections are final. Despite any partisan political opinions that remain in a closely divided country, nurses must now prepare to take non-partisan action in the next legislative session. The 2017 State of Nevada legislative session begins on February 6, 2017 and legislative business will be conducted for the next 120 days. As Nevada nurses prepare to take action in the upcoming legislative session, here are a few things to be aware of:

The composition of the State legislature will be changing for the 2017 legislative session. Both the Nevada State Senate and State Assembly will change from a republican controlled to a democratic controlled majority. The Senate will consist of 11 democrats and 10 republicans. The Assembly will consist of 27 democrats and 15 republicans. Nurses should know who their representatives are and how to contact them. The website listed below provides mailing addresses, emails, and telephone numbers (work, personal) for legislators. Nurses must contact legislators to advocate on issues related to nursing practice, policy, and regulation.

- **Senate:** <https://www.leg.state.nv.us/App/Legislator/A/Senate/>
- **Assembly:** <https://www.leg.state.nv.us/App/Legislator/A/Assembly/>

Assembly Bill 18 pre-filed by the Committee on Commerce and Labor at the request of the State Board of Nursing is set to ratify the nurse licensure compact implemented by the National Council of State Boards of Nursing. If adopted, nurses who reside in Nevada and have a multi-state compact license will have licensure privileges in all other member states. Nurses moving to Nevada can immediately begin to practice without delays if they have a multi-state compact license. Details of the bill are provided here: <http://www.leg.state.nv.us/Session/79th2017/Bills/AB/AB18.pdf>.

Global signing authority legislation will be introduced to remove additional barriers to autonomous practice for Advance Practice Registered Nurses (APRNs). Despite the fact that Nevada passed the autonomous practice APRN law in the 2013 legislative session, Nevada laws and regulations still contain barriers that do not allow APRNs to practice to the full extent of their education and training. Legislation will be introduced to authorize APRNs to complete disability forms for patients seeking parking placards, sign death certificates for patients, sign Physician Orders for Life Sustaining Treatment (POLST), and complete workman's compensation forms without a co-signature of a collaborating physician. These restrictions really impede the ability of APRNs to practice autonomously, particularly in rural communities where many APRNs are more likely to practice

and collaborating physicians are not readily available to co-sign these forms. For these issues, both the American Association of Nurse Practitioners (AANP) and the Nevada Advanced Practice Nurses Association

(NAPNA) support the issuance of global signature authority to revise the appropriate Nevada Revised Statutes (NRS) to add language of "advanced practice registered nurse" next to the word "physician."

Safe staffing in hospitals continues to present challenges that impact quality of care and patient safety. As a constituent member of American Nurses Association, NNA continues discussions with the Nevada Hospital Association and the Nevada Organization of Nurse Leaders (NONL) on developing reliable and safe nurse staffing plans in Nevada hospitals. 2017 will present opportunities for the NNA to work with their partners on educating the state's nursing population on Nevada's Safe Staffing Law and its processes in order to optimize patient safety and quality of care.

While the state of Nevada holds legislative sessions biennially, during alternate years,



### CALL FOR NURSES for safeTalk Train the Trainers

NNA, in collaboration with the Nevada Office of Suicide Prevention, is planning a Train the Trainers for safeTalk. safeTalk is a 3-4 hour evidence-based program designed to increase awareness of suicide. Nurses completing the Train the Trainers will be certified to present safeTalk in their communities, facilities, organizations, and will be expected to provide at least 3 trainings over the following year.

There are very limited openings for the Train the Trainers, and the focus is on rural Nevada, although some slots may be available for Las Vegas and Reno. If you would like to be a part of this project, please contact Margaret Curley, [MCurley@nvnurses.org](mailto:MCurley@nvnurses.org) or call 775-747-2333.

### NNA Nurses Day at the Legislature

Join 120 nurses from around Nevada to discuss important health policy issues and meet with your legislators.

This event provides an excellent opportunity to gain exposure to the political process and an appreciation for the increasingly important role of the Registered Nurse in effective health policy. Attendees will have opportunities to observe state lawmakers in action both in a committee setting and on the floor of the Nevada State Assembly, and there will be opportunities for meetings with individual legislators.

Be a part of the action as experts provide you with timely legislative news and information and help to unlock your potential to be an influential part of Nevada political process.

- Learn to communicate effectively with those in power.
- Hear success stories of nurses in action.
- See behind-the-scenes of the Nevada legislative building and learn its history.
- Watch legislative committees.
- Educate your individual legislators about health care issues closest to you and your daily life.

**Nurses Day at the Legislature is free,**  
but space is limited. Please email [MCurley@nvnurses.org](mailto:MCurley@nvnurses.org) for more information.

**THERE WILL BE NO REGISTRATION AT THE DOOR.**

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# Legislative Update

nurses have the opportunity to provide public comments and testimony to the interim legislative planning meetings that are conducted throughout the year in preparation for the next legislative session. Many bills and regulatory statutes are proposed and pre-filed at this level of the legislative process. The interim committee legislative planning meetings were held earlier this year as various Senate and Assembly committees prepared the agenda for the 2017 legislative session. These interim meetings were video-conferenced between Las Vegas, Carson City, and Elko, Nevada. Meetings were open to the public and interest groups including the Nevada Nurses Association and the Nevada Advanced Practice Nurses Association.

The health care system in the United States and the processes that influence and change health policy are complex. Health care and nursing practice policy are influenced by many interest and coalition groups that lobby legislators to support or oppose health policies and regulations that promote their interests. Shaping policy requires a concerted interaction and alliance between organizations of common interests. NNA and NAPNA are non-partisan nursing organizations that need the support of informed nursing professionals to advocate for issues of importance to the nursing profession. If nurses individually and collectively take action and engage legislators in the political process, the 2017 legislative session provides an opportunity to advocate for laws and regulations that strengthen the autonomy of nurses as health care providers and support nursing practice.

**During the legislative session, NNA will be providing testimony at legislative committee hearings on healthcare related bills. THE COMMITTEE NEEDS THE ASSISTANCE OF NEVADA NURSES WHO ARE EXPERTS IN A SPECIALTY OR AREA OF PRACTICE TO PROVIDE ORAL OR WRITTEN TESTIMONY AS NEEDED. There may be a need for nurses who are expert in any area of practice, such as care of the post-acute care, elderly at home, critical care, labor and delivery, air ambulance care, anesthesia, or rural nursing. "Expert" means that you have either strong experience or credentials or both in this specialty area. Calls for expert testimony may have 24 hours or less lead time. Oral testimony can be given in Carson City or Las Vegas. Written testimony can be faxed in from anywhere. If you might be willing to provide expert testimony to legislators or expert advice to the NNA legislative committee if needed during the legislative session, please contact Margaret Curley at NNA 775-747-2333 or [MCurley@nvnurses.org](mailto:MCurley@nvnurses.org). You can make a difference!**

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### THE HEALTHY NURSE, HEALTHY NATION™ GRAND CHALLENGE

In 2017, the ANA Enterprise will launch the Healthy Nurse, Healthy Nation™ Grand Challenge, a national movement designed to transform the health of the nation by improving the health of the nation's 3.6 million registered nurses.

The Grand Challenge will:

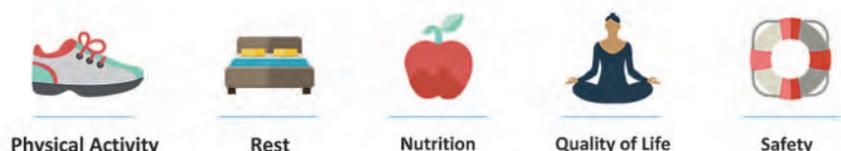
- Broadly connect and engage individual nurses, employers of nurses, state nurses organizations, and specialty nurse associations to take action within five domains: physical activity, rest, nutrition, quality of life, and safety
- Provide a web platform to inspire action, cultivate friendly competition, provide content and resources to users, gather data and serve to connect registered nurses with each other, with employers and organizations

In a number of significant indicators, nurses are less healthy than the average American. Nurses are likely to be overweight, have higher levels of stress, and get less than the recommended hours of sleep. Because health care delivery requires 24/7 support, the demands of shift work challenges the health of nurses. In addition, hazards such as workplace violence and musculoskeletal injuries are contributing factors to poorer health. According to the Bureau of Labor Statistics, registered nurses have the fourth-highest rate of injuries and illnesses that result in days away from work when compared with all other occupations.

As the largest group of health care workers, nurses are critical to America's healthcare system. Nurses protect, promote, and optimize the health of their patients by preventing illness and injury, facilitating healing, and alleviating suffering. Their well-being is fundamental to the health of our nation. Nurses should be viewed as exemplars of health, and serve as role models for their patients, colleagues, families, and communities.

**\Grand Challenge\: bold, socially beneficial goals that successfully address a systemic and embedded problem through collaboration and joint leadership**

The domains of Healthy Nurse, Healthy Nation™ will include the areas of:



# Nevada's Youth and Suicide: We Can Make a Difference

Heidi Johnston, MSN, RN, CNE

There are many reasons why youth consider, attempt, or commit suicide. Suicide is the second leading cause of death in Nevada in youth ages 10-24 years old (Centers for Disease Control and Prevention [CDC], 2016a) and Nevada has the 10th highest suicide rate in the nation (Office of Suicide Prevention, 2012). These statistics show an alarming trend and a problem that needs an action plan to prevent further youth suicides in our state.

Many risk factors contribute to youth suicide, while protective factors decrease youth suicide. Having local epidemics of suicide is a risk factor (CDC, 2016b), while social connectedness can be a protective factor against suicide (James, 2015). Feelings of isolation and difficult situations such as bullying, abuse, and poverty increase the risk of suicide. However, youth who have a strong support system and life skills, such as coping, serve as protective factors against suicide (Social Prevention Resource Center [SPRC], 2016a). Youth often hesitate to seek help due to the stigma attached to mental health disorders (CDC, 2016b), which puts them at higher risk for suicide. Youth are susceptible to surrounding influences such as peers, and established behavior patterns, such as psychosocial patterns, can determine their health risks (Healthy People 2020, 2014).

Easy access to weapons, such as handguns, increases the risk of suicide (CDC, 2016b). Higher rates of youth suicides in rural areas correlate with easy access to weapons in homes (Nevada Division of Public and Behavioral Health, 2014). In fact, 49% of youths in Nevada used firearms as the means to commit suicide (Children's Safety Network, 2013).

Drug and alcohol use and abuse are also significant risk factors. One month prior to being surveyed, 3.2% of Nevada's youth reported dependency on or abuse of illicit drugs, and 9% reported dependency on or abuse of alcohol. These statistics are higher than the national average (Substance Abuse and Mental Health Services Administration [SAMSHA], 2014). Additionally, Nevada youth ages 12-17 rank in the nation's top 20% of youth who reported abusing prescription drugs (Nevada Division of Mental Health and Developmental Services, 2012).

Youth suicide takes a significant emotional and financial toll on the family and loved ones who survive. Suicide also impacts entire communities and can lead to an assortment of negative outcomes such as increased mental health issues and increased risk of suicides overall (Suicide Prevention Resource Center [SPRC], 2016). An effective way to decrease youth suicide rates is to implement suicide awareness and prevention community programs. For example, evaluations show implementing a suicide awareness/prevention toolkit in middle and high school settings reduces overall teen suicide rates (Crepeau-Hobson, 2013). Other interventions may include mobile crisis teams and clinics. Another community program is a gatekeeper training program that can be implemented within communities. These types of programs teach



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## New Continuing Education Course!

### *Preventing Fetal Alcohol Spectrum Disorders: Nurses are Vital to Protecting Children*

A single encounter with a woman of childbearing age is an opportunity to educate and reduce the harm caused by Fetal Alcohol Spectrum Disorders (FASD). This Continuing Education Course is 90 minutes and offers 1.5 CEUs for Registered Nurses. The aim is to provide skills, tools and resources that nurses can immediately apply in their work setting. Content includes current information and recent research findings for evidence-based approaches to discuss the topic with women, and procedures for screening and referring for intervention services.

This course, developed by *Catherine S. Wade, M.S., M.S.N., R.N., P.H.N., L.A.D.C.-P.C.*, includes the core competencies for educating health professionals about FASD as designated by the Centers for Disease Control & Prevention.

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Located on NNA's Continuing Education resources webpage.



individuals to recognize and respond to those who are at risk for suicide (SPRC, n.d.).

Unmet and delayed healthcare needs and no preventative services can increase costs and result in more intensive mental health treatment, poorer mental health outcomes, and higher rates of suicide (Goodwin & Tobler, 2013). Policies and action plans are necessary to increase access to youth suicide awareness and prevention resources and meet the goal of decreasing youth suicide rates in Nevada.

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# NEVADA YOUTH SUICIDE FACT SHEET

**Problem**

Suicide is the second leading cause of death in Nevada youth ages 10-24 years old (CDC, 2016), and Nevada has the 10th highest suicide rate in the nation (Office of Suicide Prevention, 2012). Youth suicide takes a significant emotional and financial toll on the family and loved ones who survive. Suicide also impacts entire communities and can lead to an assortment of negative outcomes such as increased mental health issues and increased risk of suicides overall (SPRC, 2016).

Risk factors	<ul style="list-style-type: none"> <li>• Lack of mental health care access</li> <li>• Drug/alcohol abuse</li> <li>• Easy access to weapons in home</li> <li>• Feelings of isolation, bullying, abuse, poverty</li> </ul>
Protective factors	<ul style="list-style-type: none"> <li>• Strong support system</li> <li>• Strong life skills such as coping</li> <li>• Social connectedness</li> <li>• Access to mental health care</li> <li>• Cultural and religious beliefs</li> <li>• Community programs</li> </ul>

**49%**  
of youth in Nevada used firearms to commit suicide

**20%**  
Nevada youth ages 12-17 rank in the nation's top 20% of youth who reported abusing prescription drugs

**Health Risks**

Unmet and delayed healthcare needs, combined with no preventative services, leads to increased costs, the need for more intensive mental health treatment, poorer mental health outcomes, and higher rates of suicide (Goodwin & Tobler, 2013).

**Prevention**

An effective way to decrease youth suicide rates is to implement community programs. For example, evaluations show implementing a suicide awareness/prevention toolkit in middle and high school settings reduces overall teen suicide rates (Crepeau-Hobson, 2013). Other interventions may include mobile crisis teams and crisis clinics.

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For more information, please contact Nevada Nurses Association at <http://www.nvnurses.org/>



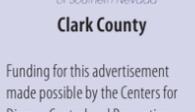
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Basic School of Nursing

\_\_\_\_\_  
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\_\_\_\_\_  
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Would you like to receive NNA email updates with information relative to nursing & healthcare? **YES NO**

**Membership Options (Check One)**

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**S-Special Membership**

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**\*State nurses' association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense.**

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# Thank You to Scott Lamprecht



In 2011, Scott Lamprecht, at the urging of Denise McGuinn, ran for and was elected to the NNA State President-Elect position, and was installed as President in 2012. From 2012-2016, Scott has served the association and the nurses of Nevada. He has given countless hours to the leadership of the Association and to Nevada nursing, and we recognize the value and importance of his contribution.

He became involved in NNA because he felt nursing needed to have a real presence in Nevada. Scott was concerned that Nevada hadn't done much with nursing practice.

Looking back over the past 5 years, Scott reflects on his and the association's accomplishments:

1. In the 2013 Legislative Session, "we blew the doors off the Legislature." NNA supported and helped with 9 pieces of legislation, including APRN autonomous practice, school nurse epipen legislation, and oral chemo parity with the oncology nurses.
2. The association has made many IT improvements, including video meetings.
3. Scott has helped to increase NNA's presence in the news media, insuring that the voice of nursing is heard on important issues. He has appeared on every news channel in Las Vegas, and some in Reno, too.
4. He has been instrumental in helping NNA to achieve national recognition, through our healthy nurse initiative, lateral violence initiative, and APRN scope of practice. Scott actually participated in a panel discussion at NIH.

Scott has led NNA during a period of growth and expansion. He believes the key to association leadership is letting people do what they need to do. Don't overmanage—turn them loose and get them out there communicating.

Scott identifies a number of personal and professional gains from his years as NNA President, including:

1. Opportunities and recognition he never dreamed of, e.g. presenting at NIH
2. "Met some of the coolest people I've ever met."
3. Opportunities to meet nurses around the state
4. He had a chance to spend time with ANA President Pam Cipriano, when she visited Las Vegas in May, 2016. Scott enjoyed getting to know her and says "I could have spent days on end with her."
5. Scott has gained from getting involved in legislative process, testifying, receiving calls asking for his opinion. The take-away lesson is that "nursing needs to be involved."

Scott finished his term as President on October 20, 2016, but has hopes for NNA for the future. He hopes NNA will keep going on same growth trajectory, which has been phenomenal, and remain politically active on issues, not candidates. Scott stresses the importance of maintaining a good working relationship with Board of Nursing. And finally, he advises the incoming President of the importance of the need to be active and involved in what is going on with the organization.

We thank Scott for his leadership and commitment to nursing. You will be missed.

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meet the nna leadership

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**Director-at-Large**  
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**MBA, BSN, RN**

## D'Ann Reynolds

Dorothy Reynolds, MS, RN, CMSRN, CNEI graduated from Community College of Southern Nevada's LPN program in December 1994 and worked in Mental Health and community health as an LPN. She graduated from CCSN's ADN program in December 1995, and was hired as a New Grad at University Medical Center in April 1996. She worked as a staff nurse in Neuro/Med/Surg, as a Charge Nurse and in Employee Health at UMC. She received a BSN in 2010 and MS in 2012. A Post-Graduate Certificate was awarded in 2012 in Healthcare Education. She became a Certified Medical Surgical Registered Nurse in 2013 and has been a Clinical Educator for UMC since October 2010. I also serve as an adjunct Clinical Instructor for Medical Surgical courses for the College of Southern Nevada (CSN) and enjoys working with new grads, bedside nurses and nursing students. She recently received a Certification in Nurse Education (CNE) from the National League for Nursing (NLN).

## Juliette Robinson

Juliette Robinson, RN, LTC (Retired) Lieutenant Colonel (retired) served her country honorably for 24 years as an Air Force Officer and Nurse. She had 9 moves during her military career which included inpatient, outpatient, and aeromedical evacuation assignments. Juliette had a number of deployments to include a deployment to Afghanistan. Her military career culminated as the Chief Nurse of the 375th Aeromedical Evacuation Squadron at Scott Air Force Base in Illinois.

Juliette retired from the Air Force in 2011, completed a second masters' degree and volunteers with service organizations. She currently volunteers with the American Red Cross of Las Vegas as the Associate Division Nurse Leader. She is a member of Disaster Health Services, the Blood Donor Program, and numerous Community Outreach programs

## Ruth Politi

I have lived in Las Vegas long enough to be called a native and have seen incredible growth in the healthcare community. Early

in my career, I worked in both primary and acute care. I then worked for a managed care organization in case management and later worked as a hospital case manager. I developed business skills during my work as a clinical research coordinator and manager. As part of the management role, I was responsible for the department's budget and the budgets of each study. I eventually turned to academia where I taught undergraduate courses and continue to teach graduate nursing courses, primarily in research and healthcare policy. In addition to my faculty role, I currently work as a RN Clinical Improvement Consultant.

I have an earned PhD in Health Sciences, where I focused on International Health Education and Research and my MSN focus was in Nursing Administration. I am a Certified Nurse Educator (CNE) and also have a Certificate in Bioethics from UNR.

## Mary Bondmass

Dr. Mary Bondmass is currently the Associate Dean for Faculty Affairs at the University of Nevada, School of Nursing. She earned her bachelor's and master's in nursing from Loyola University in Chicago, and her doctoral degree from the University of Illinois at Chicago. She has almost 30 years of critical care and emergency nursing experience, has been certified and practiced as a clinical nurse specialist, and is currently a certified nurse educator with more than 15 years in the academic setting.

Bondmass has led grant-supported research focused on advanced practice tele-management of chronic heart failure, diabetes, and atrial fibrillation. More recently, her research has examined nursing education with an emphasis on teaching and learning evidence-based practice at the undergraduate and graduate levels.

Bondmass has published data in medical, nursing, and lay literature, and has several research book chapters to her credit. She has reviewed manuscripts for professional publications including Journal of Nursing Education, International Journal of Nursing Education Scholarship, and Research in Nursing and Health, and has served on several health advisory boards in Washington D.C.

## Jenjira Hendrix

Jenjira Hendrix is originally from a small village in Lampang, Thailand. She came to the states at a young age and has been in wonderful Las Vegas ever since. She received her Bachelors of Science in Nursing (BSN) from Nevada State College in 2016. She has been in the nursing field for almost 10 years starting out as a Certified Nursing Assistant and then a Licensed Practical Nurse. She was a member of the Student Nurse Association from 2015 - 2016 and is a member of Sigma Theta Tau International. She worked full time as a server during school. Jenjira has an incredible passion for nursing and the amazing machine we call the human body. She is very dedicated and passionate about the importance of education, understanding, cultural sensitivity and respect.

## Arvin Operario

Arvin Operario has been a Director At Large since 2015 and a registered nurse for 21 years. His education includes a BSN from Emilio Aguinaldo College, Philippines, Masters in Business Administration from University of Phoenix, and he is currently finishing an Adult Mental Health Doctor of Nursing Practice from Arizona State University. He has been part of the nursing community here in Las Vegas for the last 8 years and currently works as an RN Clinical Manager and teaches part time at Nevada State College. He is a husband and proud father of 2 wonderful daughters. He hopes to utilize his experience and education as a nursing professional in advocating and promoting the nursing profession in the State of Nevada.

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# meet the nna leadership

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**Heidi Johnston, MSN,**  
**RN, CNE**

### Dave Tyrell

Dave has been a nurse with University Medical Center, in Las Vegas since October of 2006. He is currently Clinical Manager for the Oncology and Transplant units at UMC. Before coming into nursing, Dave held management/leadership positions with several private companies.

Dave received a Bachelor of Science degree from UNLV School of Nursing in 2006. He has been an active member of the Nevada Nurses Association and has served as the President and Director-at-Large for Southern Nevada District 3. He enjoys travelling, photography, and has recently rediscovered running for exercise.

Born and raised in New Jersey, Dave moved to Las Vegas Nevada in 1995. He is married to Lynn Comis Tyrell and the proud father of four daughters, Andrea, Nicole, Lee and Jordan.

### Donna Miller

Born and raised in Romania, Donna immigrated to the U.S. in 1991. She was 22 years old and spoke no English. She became a U.S. citizen in 1994; graduated from nursing school in 1996; moved to Vegas in 1999; and obtained her flight nurse wings in 2001. A year later, in 2002, she founded Life Guard International Air Ambulance. In 2007 she reorganized Life Guard International into Flying ICU and bought its first airplane.

Today, Life Guard owns four aircraft; a hanger at McCarran Airport; employs about fifty medical and aviation professionals; and earned the reputation of providing safe, quality, patient-oriented,

worldwide aeromedical transportation to any acuity of patients, from simple to most complex ICU-patient.

In 2013 Donna was instrumental in passing SB285 through Nevada Legislature; she participated in Governor-led trade missions to China, Israel, Mexico and Canada, pursuing global economic development of Nevada and addressing global nursing issues; and she partnered with LVCVA, Las Vegas HEALS, and UNLV to develop a strategic plan to promote Las Vegas as medical and health-and-wellness tourism destination, which was officially released on August 6th, 2014. For the past two years, Donna has served on the NNA State Board as District 3 President.

### Nicki Aaker

I have been involved with Nevada Nurses Association (NNA) since 2009 and am currently the State Treasurer, NNA's Bioterrorism Course Administrator and NNA's CEU Provider. Other positions previously held are the Director at Large (2009 - 2011), Secretary (2011-2014), and the Professional Education and Development Committee Chair. I obtained my Master's in Nursing and Master's in Public Health in 2007.

My certifications include: Public/Community Health Clinical Nurse Specialist, and Nurse Executive. I have been employed at Carson City Health and Human Services (CCHHS) since January 2013 and have been the Director since August 2013. My nursing experience includes Infection Control, Education

Coordinator, Employee Health, Quality Assurance/Improvement, Nursing Leadership, Nursing Research, Public Health, Public Health Administration, and Shared Governance.

### Bernadette Longo

Bernadette "Bernie" Longo has been a Nevada registered nurse for 35 years. Her experience includes working at Washoe Medical Center in Reno, Great Basin College in Elko, and currently teaching students in a variety of healthcare settings as an associate professor at the University of Nevada Reno. Bernie has served the Nevada Nurses Association as State Secretary since 2014 and as Chair of NNA's Environmental Health Committee.

### Heidi Johnston

Heidi Johnston, MSN, RN, CNE, has been teaching at Great Basin College in Elko Nevada since 2008 in the Associate of Applied Science and the online RN-BSN program. Currently serving a second term as a Director-at-Large for the Nevada Nurses Association. She currently chairs the NNA Rural and Frontier Nursing Advisory Committee which is committed to serving nurses in rural Nevada with the goal of improving health outcomes in the rural population. Heidi also participates on the NNA legislative committee. Heidi is currently a student at Boise State University Doctorate of Nursing Practice program. Heidi has a passion for rural nursing

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and improving health outcomes in this underserved population.

### Amy Pang

Amy graduated from the University of Nevada Reno in 2012 and became a member of the NNA State Board in 2013. She is an active member on the Safe Staffing Taskforce, a Membership Committee Chair, and the State Collaborative on Incivility and Bullying in the Healthcare Workplace. She is a nurse at Saint Mary's hospital in Reno, where she resides with her fiancée and 18lb cat.

### Peggy Lee

Peggy Lee is a Las Vegas native and received her Bachelor of Science in Nursing (BSN) from Nevada State College in 2016. She served as the student liaison to Nevada Nurses Association from 2014-2016, the treasurer for Nevada State College - Student Nurses Association from 2014-2016, played an instrumental role in the revitalization of the Nevada Student

Nurses Association, and is a member of Sigma Theta Tau International. Peggy was also a course assistant during nursing school and helped students excel in difficult courses in the nursing program. She is passionate about providing opportunities for nurses to develop the skills need to provide culturally sensitive care and to respect the differences of each person. She believes that with the correct mentor, anyone can be a leader!

### Julie Wagner

Julie Wagner PhD, MSN, RN has been active for many years as a nurse educator and geriatric nurse consultant in health care agencies, nursing schools, and professional organizations. Her passion is to improve and advance nursing, both in practice and education. Since making Nevada her home in 2005, Julie has been an active member of Nevada Nursing Association. She currently is the NNA president for District 1. She is a strong advocate of the "Healthy Nurse Initiative" and promotes health

promotion and wellness activities within the community, as well as raises money for nursing scholarships.

### Carl Bottorf

Carl Bottorf presently holds the dual position of Program Director and Chief Flight Nurse of Life Guard International/Flying ICU. Mr. Bottorf has been involved in transport medicine since 1981 holding various positions in both government and private sectors. He was elected President-Elect of District 3 in 2015, and assumed the duties of President of District 3 October 19, 2016.

### Carol Swanson

Carol is a retired Army Nurse Corps Colonel who brings to NNA 40+ years of nursing experience, particularly in nursing administration. She has a diverse background in a variety of settings. In the military she was heavily involved in multidisciplinary problem-solving. She completed her DNP at UNR in 2012.

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### Julie Wagner

Dr. Wagner's bio is listed under the NNA State Board.

### Carrie Hintz

Carrie graduated from Great Basin College with an associate degree in nursing in 2007. She completed her BSN at Washington State University, and her MSN in Nursing and Healthcare Leadership at Duke University. In 2015, Carrie graduated with her DNP from University of Nevada, Reno, and is currently an Assistant Professor at the Orvis School of Nursing. She is very passionate about healthcare policy and interdisciplinary education, as well as rural policy development and support. The foundation of her DNP project was to improve access to care in rural communities as well as fostering interdisciplinary education to improve communication and coordination systems to enhance rural healthcare delivery. Carrie strives to contribute to organizational awareness, promotion of healthcare

knowledge, and in the advancement of leadership through service and engagement.

### Darlene Bujold

Darlene C. Bujold, MSHI, BSN, RN is a practicing registered nurse and a health informaticist. Her current position in the home health arena allows her to bring broad based nursing and supervisory experience; health information technology education; and clinical skills to her vocation. She received a Master's of Science in Health Informatics from Walden University. She attended Orvis School of Nursing where she graduated with distinction; as a member of Sigma Theta Tau International. She is certified from the Alliance of Professional Health Advocates (APHA), and has participated, and been trained as a trainer by the NNA lateral violence initiative.

### Glenn Hagerstom

I am originally from Orlando, Florida where I worked as a staff nurse in various Medical Surgical areas. After earning my

MSN, I relocated to Atlanta, Georgia and worked as a Family Nurse Practitioner while working on my doctoral degree in nursing at Georgia State University. I also started teaching online RN-BSN students at the University of Central Florida, and I commuted between Atlanta and Orlando for 6 years. In 2007, I accepted a teaching position at the University of Nevada, Reno where I continue to work today. I was elected as Treasurer for District 1 of the Nevada Nurses Association in 2013. I truly enjoy living and working in Northern Nevada.

### Linda Bowman

I received my RN diploma from Western Nevada Community College. Upon graduation, I worked several years in rural Nevada managing multiple grant-funded programs that provided services to various populations. I began working for Medicaid in 2005 where I helped develop Medicaid policy for Nursing Facilities, Hospice and Adult Day Health Care. I am currently the Manager of three Northern Nevada Medicaid District

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Offices where I supervise nurses and social workers, who provide case management and care coordination to Medicaid recipients. I have been married to my husband for 34 years and my grand-children are seventh-generation Nevadans.

### Christy Apple-Johnson

I represent the rural region of District 1, maintaining a relationship with student nurses and their professional organizations to improve future ANA/NNA involvement.

### Debi Ingraffia-Strong

I bring to NNA my lifelong passion for nursing; and an ongoing drive to foster the blend between nursing education, professional development and health policy.

### Hayley Coley

I was born and raised in Reno, Nevada and cannot wait to raise my children in my hometown. I always knew I wanted to be a nurse since I was a young girl taking care of my father, who fought for our country in the Vietnam War. After graduating high school, I set out to accomplish my life long dream of becoming a nurse and to show my patients the kindness they most certainly deserve. I was accepted into the University of Nevada Reno in 2011 and graduated from the Orvis School of Nursing with my Bachelors degree in Health Sciences and Nursing in 2015. Without an amazing support system, I would not be where I am today, living my dream as a Critical Care Nurse in the Cardiac Intensive Care Unit at Renown Regional Medical Center. I know how important teamwork is and I am fully dedicated to working with my fellow nurses to improve and educate not only our nursing community but the entire community as well. I have a desire to speak out for those who have lost their voice and engage them to try and find it once again. My passion in nursing is with a heavy emphasis in the geriatric community. This is an area of nursing that has an increasing need of tenderness and compassion.

### Jeremy Martinez

After 4 years on an ambulance in Reno I applied to nursing school. I was accepted to and graduated from Carrington College

of Reno in 2014. While at Carrington I was elected VP of student council. As VP I took part in organizing many successful events and successfully advocated for my fellow students. I have been recognized at both REMSA and Carrington with the following: Peer Recognition Award (Carrington College, Reno); Achievement Award for Professional Growth (Faculty Carrington College, Reno); Chief's Certificate of Commendation (Steve Pitts, Chief of Police Reno); Above and Beyond the Call of Duty (Patrick Smith & Michael Williams, REMSA/Rasi) ; The Commendation Award (Patrick Smith CEO & Michael Williams VP, REMSA/Rasi). After graduation and passing the boards I promptly started working on the floor at Renown Regional on telemetry. I know the current struggles of being a student and new nurse. I have proven that I have the capacity to succeed in the current climate of floor nursing. I have a desire to share my experiences and skill with my fellow nurses, new and seasoned, as well as collaborate with those that share this desire. I want to work close with those that have experience behind them to guide me in this journey of promoting happy, healthy and competent nurses for our community, state and nation.

### Kristina Efstratis

Hello colleagues! I am Kristina Spitale-Efstratis and I am a registered nurse working in critical care in Reno, NV. After graduating from the University of Nevada, Reno with my degree in Biology, I pursued nursing. Since becoming a nurse nearly four years ago, I have absolutely fallen in love

with the profession and am eager to become the best, most well-rounded nurse I can be. When I'm not working or completing my studies, I am enjoying my free time with my family, horses, dogs and cats.

### Melissa Washabaugh

Hello fellow nurses! My name is Melissa Washabaugh and I currently work for Pershing General Hospital in Lovelock, Nevada where I grew up. I've been in healthcare since my first job at 16 as an auxiliary aide at PGH. I took my CNA class while still in high school and worked many different facilities as an agency CNA in Las Vegas. I spent 4 years as a registered pharmacy technician while I worked on my nursing degree at Western Nevada College. I've been an RN for four years now and will be completing my BA from Great Basin College this spring. I've held many positions in rural healthcare since beginning my career including experience in long term care, outpatient clinic, home health care, acute care, and emergency services. I am also an AHA certified BLS instructor and am developing a program through my hospital to train community members in CPR and first aid. I have a personal interest in behavioral health studies which has led me to an exciting project working with NRHP on a grant program to bring tele-psych services to rural Nevada facilities. I'm currently preparing to apply to the UNR behavioral health nurse practitioner program next fall. I hope to provide this much needed service to my community after graduation.

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# Bullying is *Still* Alive and Well

Midge Elkins, PhD, RNC-OB, Assistant Professor Roseman University of Health Sciences

There was a time that bullying was considered “eating our young” and it was almost a rite of passage for the new nurse. Those days should be behind us, but unfortunately they are not. Numerous articles have been written on bullying, how to prevent bullying, and how to directly approach the bully to stop the behavior. But while the topic may be coming to the forefront of the conversation among nursing leaders, it continues to plague our hospitals and clinics and even in our universities.

The definition of bullying according to the American Nurses Association (2015):

“Lateral violence refers to acts that occur between colleagues, where bullying is described as acts perpetrated by one in a higher level of authority and occur over time. The acts can be covert or overt acts of verbal or non-verbal aggression. Relational aggression is a type of bullying typified by psychological abuse. Behaviors include gossiping, withholding information and ostracism. Behaviors can extend outside the workplace and can occur in person or in cyberspace. (Dellasega, C. 2009)”

According to statistics from the ANA:

- 48% nurses, pharmacists and others reported strong verbal abuse (Institute for Safe Medication Practices, 2004).
- 43% nurses, pharmacists and others reported experienced threatening body

language (Institute for Safe Medication Practices, 2004).

- A study of student nurses reported that 53% had been put down by a staff nurse (Longo, 2007).
- 56.9% reported having been threatened or experienced verbal abuse at work (ANA, 2001).
- 40% of clinicians “kept quiet” or “ignored” an improper medication due to an intimidating colleague (Institute for Safe Medication Practices, 2004).
- Unmanaged anger contributes to hypertension, coronary artery disease, depression, psychological problems or other health problems (Meyers, 2006).
- Low staff morale, increased absenteeism, attrition of staff, deterioration in the quality of patient care. (Hughes 2008).
- Nurses leave the profession due to lateral violence and bullying contributing to the nursing shortage

The problem continues. In July of 2015, ANA put out a new position statement on Incivility, bullying, and workplace violence. In August of 2015, the organization further put out a zero tolerance policy for workplace violence.

It is important to note in the 2015 publication of the Nursing Scope and Standards of Practice, 3rd ED. the following standards that rebuke bullying and incivility.

Standard 7 states that we are to practice ethically. This includes advocating for the rights of others and respecting the dignity of all people.

Standard 8, the RN practices in a manner that is congruent with cultural diversity and inclusion principles.

Standard 9 further promotes RN communication.

Standard 10 asks the RN to practice effective conflict management and resolution.

Standard 11 requires the RN to treat coworkers with respect, trust and dignity.

Standard 12 encourages the RN to seek knowledge and competence, and to mentor and acclimate new nurses to their role. (ANA, 2015c).

We must ask ourselves, are we abiding by what our own organization requires of us? Are we being inclusive and mentoring our new nurses to their roles while advocating for their rights not to be bullied. Are we standing up to the bullies in our hospitals, clinics and universities? How have you prevented bullying in your institution or workplace?

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# Looking for a Safe Place to Land

Paula Schneider, MPH, BSN, RN

With great interest I studied the November, December 2016, January 2017 issue article, "Avoid Malpractice and Protect Your License" in Nevada RNformation. After a long career in nursing (almost 40 years), I feel intense sadness to read of nurses turning on each other in the ways that were outlined so well for us in that piece: "Nurses can be quick to judge each other and often fail to realize that errors and lapses of judgment can happen to **any nurse** at any moment under the right circumstances." As a wise sage said, "If we had known better we would've done better." We sometimes need to give ourselves and each other a bit of growing room!

In the early 1980's, I had the good fortune to take a ride in a WW II biplane owned and flown by a physician with whom I worked in Houston, Texas. It was exhilarating to say the least. He told me after the flight that the entire time he was flying he was always looking for a place to land in case of emergency. Many details of that time in the air have evaporated into the mists of time for me, but his statement remains clear. And after reading the excellent article by Tracy L. Singh, RN, JD and Narayan Singh, MA, I began reflecting over my nursing career to see if I had exercised on-the-job vigilance in always looking for a place to land. I concluded that I could've done a better job in the first half of my career and that I did better in the second half.

The Singh's clarified that it's very important for nurses to remember that, paradoxically, they simultaneously work in a team environment and practice independently. She gave an interesting example of a nurse who diverted narcotics and subsequently the rest of the team was investigated and reported to the Board of Nursing for co-signing wasted meds they did not actually witness being wasted. In other words, there was a responsibility on the part of all the nurses on that unit to be keenly aware of what the others were doing at all times! This places a heavy burden of responsibility on all working nurses. Perhaps if each of the team members had been more skilled at looking for a place to land at all times this ugly scenario might have had a more positive outcome. Placing myself into many of the situations outlined in this article, I had to admit I probably would not have been any more adept at looking for places to land than the nurses who were investigated (and who avoided discipline) by the Board.

During the second half of my career, I became more focused and proactive. For ten years I served as a hospice RN case manager. These hospice years were highly rewarding for me, in part because I was allowed and expected to independently plan my days, reach my goals, evaluate the outcomes, and make needed changes or improvements. And at the same time, I was keenly aware that I was just one member of a team of professionals who relied heavily on my good judgment and communication skills as well as excellent problem-solving abilities.

I became a nurse who tried to avoid surprises that would throw a kink in my day or week, though those events most definitely happened. To maintain some order in my days, I became, over time, increasingly focused and attentive to what was going on with all my patients and their families, and then relayed the pertinent information to my teammates. With very few exceptions, I called my patients or their families every Monday and Friday to inquire about changes in condition, needs for refills or medical equipment, and any other situations that may have been brewing. This was in addition to visiting the patient at least once during the work week. I went the extra mile to make sure they knew how to get in touch with me during work hours, and who the nurse covering for me would be in the event I was on vacation. Every patient received a written card that indicated my normal work hours during a typical week. This card had my picture on it so they could always connect a name with a familiar face.

I challenge nurses to read the Singh's article very carefully and follow their advice at the end, for they provide excellent tips on how to keep yourself safe in your nursing practice. Remember to always be searching for a place to land in your nursing job, which I believe fits in with Number 7 on their list: "Put yourself, your license, and your patients first!" Think deeply about what you do at work and why you do it. Take a moment in quiet time to consider your work space--your employer's expectations, your personal and professional goals, and the work habits and goals of your co-workers. Mentally go through your day and see if you might have left out or overlooked places you might need to be ready to land. I believe this type of self-evaluation can help you identify your habits much more clearly, and when you do, your professional life will soar as you grow in focus and effectiveness. Taking a proactive approach should also serve to empower you and result in feelings of accomplishment, success, satisfaction, and achievement.



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# Nevada hosts a new Fellow in the American Academy of Nursing

Dr. Bernadette Mae Longo, NNA's current state board Secretary, was inducted in October 2016 as a Fellow in the American Academy of Nursing. "This is a great honor and I hope to inspire other nurses across Nevada to seek membership in the Academy. There are nurses in our state who are making a difference through their clinical practice, advocacy, leadership and scholarly efforts to strengthen our discipline and spread nursing's influence to improve the health of Nevadans and the nation." Dr. Longo was sponsored by Dr. Sandra Talley of Nevada and Dr. Alice Tse of Hawai'i. Nevada is home to only eight Fellows in the American Academy of Nursing.

As a nurse epidemiologist, Dr. Longo was the first researcher worldwide to identify adverse health effects in a population exposed to air pollution emitted from volcanoes. This seminal work advanced scientific knowledge in nursing, geology and toxicology. Her continuing work is investigating the burden of



**Dr. Bernadette Longo with American Academy of Nursing's President Dr. Bobbie Berkowitz during the 2016 New Fellow Induction Ceremony in our Nation's Capitol.**

disease, the human-environmental interaction, and developing evidence-based interventions for populations exposed to air contaminants from natural sources such as wildfire smoke. Advocacy and service efforts have included serving as the American Nurses Association's Clean Air Ambassador for Nevada and Hawai'i and testifying for lower pollution limits, establishing an Environmental Health Committee for Nevada Nurses Association, and serving as an expert for the International Volcanic Health Hazard Network. Her research provided evidence for legislation that now protects Hawaiian residents.

Dr. Longo received an ADN from Michigan Technological University, her BSN from University of Nevada Reno, and an MS in nursing from Idaho State University. In her career here in Nevada, she worked on a mental health unit (now Renown) for many years and had taught nursing at Great Basin College in Elko. After living abroad in Latin America and witnessing disparity and inequities in health, she was inspired to become a public health nurse. She later completed her Ph.D. in Public Health with a focus on environmental epidemiology from Oregon State University. Presently, she is an Associate Professor in the Orvis School of Nursing at the University of Nevada Reno where she is the Advisor for the Clinical Nurse Leader MSN Track and serves on the Executive Board of the University's Faculty Senate.




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# Watch Your Language: Gender in Nursing

Christine Aramburu Alegría, PhD APRN FNP-BC

It's time to stop gendered language in nursing. Though women predominate in the nursing workforce in the United States and abroad, the number of men in nursing continues to increase (US Census Bureau, 2013). Yet, there is a call to increase the diversity of the nursing workforce, including increasing the number of men in the profession (IOM, 2010). So, when we speak in generalities about nurses, it is time to stop speaking as if all nurses are female. This is damaging to men in nursing, women in nursing, and the profession itself.

Language is key in creating and establishing culture. It has explicit and implicit properties that shape attitudes and actions, and words can stigmatize or normalize. For example, the description, "The massive patient" has a different sentiment as compared to, "The obese patient." Consistently using language and other representations of nurses as female further stereotypes and perpetuates nursing as a "female profession." Moreover, female-gendered language marginalizes men in nursing and discourages other men from entering the profession. In a study examining attrition of male nursing students, respondents reported perceived discrimination and marginalization related to the consistent use of female-gendered language by faculty and in nursing textbooks (O'Lynn, 2004). A clear message is sent: Nursing is for women.

There are a few relatively easy ways to avoid gendered language when speaking about a hypothetical nurse: 1) Make the noun in the sentence plural. This necessitates use of the applicable plural pronoun. Example: Nurses must report to their unit at 7AM; 2) Use the singular they/their/them. The singular use of these pronouns has been recognized as acceptable (Allen, 2016; Mullin, 2015). Example: Each nurse will report to their unit at 7AM; and 3) Use she/he. Example: She/he must report to her/his unit at 7AM. This option can make sentences cumbersome.

Old habits die hard, but language that genders nurses as female must stop. It diminishes men in nursing, reinforces the social construction of nursing as a "female profession," and thwarts efforts to diversify the nursing workforce.

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# Addressing Mental Health Nursing Attitudes and Curricula: A Call to Nevada's Undergraduate Nurse Educators

Jennifer McCarthy, BSN, RN

The United States is facing a dire shortage of mental health nurses. More than half of all practicing psychiatric nurses are anticipated to retire by the year 2018, and studies reveal less than 1% of nurses pursue a career in mental health nursing (Hanrahan, 2009; Hunter, Weber, Shattell, & Harris, 2015). For the past 30 years, research has consistently shown the mental health field is least desirable nursing specialty among undergraduate nursing students (Happell & Gaskin, 2013; Hunter, et al., 2015). This unpopularity has resulted in a continuous escalation of demand for psychiatric nurses.

Recent research has identified undergraduate nursing programs as the main avenue for attracting nurses into the mental health field (Happell & Gaskin, 2013). As such, undergraduate nursing educators must critically examine their attitudes and mental health nursing curricula and actively work to ensure their graduates are adequately prepared for a career in this specialty.

A recent study revealed 100% of undergraduate students believed psychiatric mental health nursing was an important and relevant part of nursing education, but over 50% felt unprepared to care for the mentally ill after completion of their clinical experiences (Hunter et al., 2015). Research has suggested insufficient mental health course theory hours and inadequate clinical experiences have contributed to the lack of popularity and preparedness to work as a mental health nurse (Gouthro, 2009).

Nursing institutions must closely examine the number of psychiatric mental health theory hours, quality of clinical experiences, and preceptorship opportunities available to their

undergraduate students and ensure mental health nursing receives equal emphasis and training as other specialties. Quasi-experimental studies have demonstrated a positive correlation between increased theory hours and more positive attitudes toward mental health nursing (Gouthro, 2009; Happell & Gaskin, 2013). Extended clinical placements that provide students ample opportunities to apply knowledge to practice and act in patient advocacy roles may increase desire to work in this specialty (Happell & Gaskin, 2013). Pairing students with experienced preceptors has also been shown to play an influential role in shaping more positive attitudes (Happell & Gaskin, 2013; Hunter et al., 2015).

Stigma and negative stereotypes toward psychiatric nursing have also been identified as factors deterring new nurses from entering the mental health field (Gouthro, 2009; Hunter, et al., 2015). Evidence suggests undergraduate students' perceptions of mental health nursing are highly influenced by their educational experiences and the attitudes of nursing faculty (Gouthro, 2009; Hunter et al., 2015). Research has shown more positive attitudes developed by nursing students during undergraduate years may aid in the recruitment of new nurses into this specialty (Happell & Gaskin, 2013). Nursing educators must realize the key roles they play in influencing students' attitudes and recognize that ignoring or perpetuating negative attitudes toward mental health nursing contributes to the shortage of professionals in this field.

Our country's current psychiatric mental health nurse workforce cannot meet the growing behavioral health needs of our citizens. In particular, Nevada is facing a crisis: Our state has the second oldest mean age of psychiatric nurses in the country and only lags behind Texas in having the lowest number of mental health nurses per 100,000 population (Hanrahan, 2009). Our undergraduate nurse educators should be at the forefront of the movement to meet our society's demand for well-prepared psychiatric nurses. Nevada's institutions must assess their curricula for marginalization of psychiatric nursing, and faculty should recognize the impact they have on the career choices of their students. We must work diligently to foster positive attitudes toward mental health nursing and sufficiently prepare our undergraduate students for careers in this field.

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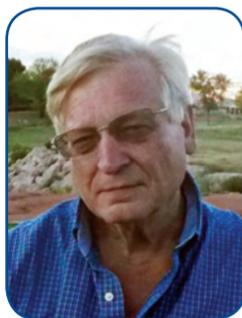
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# Antibiotic Stewardship: A Call to Action #3

## New Joint Commission Standards Effective January 1, 2017

By Norman Wright, RN, BSN, MS

On January 1, 2017 The Joint Commission's new Antibiotic Resistance (AR) protocols became effective. These Antibiotic Medication Management standards "MM.09.01.01" use CDC, WHO and other sources to establish initiatives that are now included in the JCAHO survey process. JCAHO's new standards are inclusive to acute care hospitals and long term care facilities; and are divided into hospital / LTAC and nursing home sections but, with exception of a few minor wording changes, both acute care and long term care facilities must adhere to the same standards. The complete criteria are found at: [https://www.jointcommission.org/assets/1/6/HAP-CAH\\_Antimicrobial\\_Prepub.pdf](https://www.jointcommission.org/assets/1/6/HAP-CAH_Antimicrobial_Prepub.pdf)



These new JCAHO standards are divided into eight areas as summarized, paraphrased and quoted below.

1. Facilities are required to name leaders that "establish antimicrobial stewardship as an organizational priority" ...including making budgets and creating strategic plans to collect antimicrobial stewardship data using electronic health records to collect the information.
2. Facilities must "educate staff and licensed independent practitioners involved in antimicrobial ordering, dispensing, administration, and monitoring antimicrobial resistance and antimicrobial stewardship practices. Education occurs upon hire or granting of initial privileges and periodically thereafter, based on organizational need."
3. Facilities must "educate patients, and their families as needed regarding the appropriate use of antimicrobial medications, including antibiotics."

4. Facilities must have – "an antimicrobial stewardship multidisciplinary team that includes the following members, when available: Infectious disease physician, Infection Preventionist(s), Pharmacist(s) and practitioners."... "Part time or consultant staff are acceptable as members of the antimicrobial stewardship multidisciplinary team."
5. "The antimicrobial stewardship program includes the following core elements: Leadership commitment: Dedicating necessary human, financial, and information technology resources – Accountability: Appointing a single leader responsible for program outcomes...Drug expertise: a pharmacist leader working to improve antibiotic use...implementing recommended actions... Monitoring the antimicrobial stewardship program, which may include information on antibiotic prescribing and resistance patterns...Educating practitioners, staff and patients...Regularly reporting information on the antimicrobial stewardship program and information on antibiotic use and resistance, to doctors, nurses, and relevant staff."... - JCAHO recommends facilities use protocols "cited from the Centers for Disease Control and Prevention's Core Elements of Hospital Antibiotic Stewardship Programs." A detailed review of the CDC core elements is found at: <http://www.cdc.gov/getsmart/healthcare/pdfs/core-elements.pdf>
6. The facilities antimicrobial stewardship program uses "organization-approved multidisciplinary protocols, policies and procedures." ... Including and incorporating formulary restrictions, assessing appropriate antibiotic use for pneumonia, skin and soft tissue infections, UTI, C-diff, etc. Preauthorization is required for certain specific antibiotics, and the use of prophylactic antibiotics.
7. Facilities must "collect, analyze, and report data on its antimicrobial stewardship program."... This includes "evaluation of the antimicrobial stewardship program, antimicrobial prescribing patterns, and antimicrobial resistance patterns."
8. Facilities must "take action on improvement opportunities identified in its antimicrobial stewardship program. (See also MM.08.01.01, EP 6)"

Essentially MM.08.01.01 requires a facility to evaluate the effectiveness of its medication management system. And EP6 (Elements of Performance #6) requires the facility to improve opportunities identified as priorities for its antibiotic medication management system.

JCAHO uses the CDC as the basis of their new standards and all are encouraged to review additional information provided by the CDC found at: <http://www.cdc.gov/getsmart/healthcare/implementation/core-elements.html> and the Long Term Care Standards at: <http://www.cdc.gov/longtermcare/prevention/antibioticstewardship.html>

In addition JCAHO cites the World Health Organization's Antimicrobial Stewardship initiatives found at: <http://www.who.int/mediacentre/factsheets/fs194/en/#>

### Need for coordinated action

The World Health Organization states, "Antimicrobial resistance is a complex problem that affects all of society and is driven by many interconnected factors. Single, isolated interventions have limited impact. Coordinated action is required to minimize the emergence and spread of antimicrobial resistance."

The Nevada Antimicrobial Stewardship Program - [www.NVASP.net](http://www.NVASP.net) – believes in coordinating interventions, but we also know that we must - Think Globally and Act Locally. In that regard NVASP is working to develop a coordinated antibiotic stewardship program throughout Nevada. NVASP promoted the CDC "Get Smart About Antibiotics Week, from November 14–20, 2016" and Governor Brian Sandoval issued a proclamation supporting "Get Smart Week" and NVASP.

This is a start but Antibiotic Stewardship is something that must be developed and promoted year round. The JCAHO initiatives that became effective on January 1st are a positive step that encourages health care facilities to limit the use of antibiotics and discourages inappropriate antibiotic prescribing, but this must only be the beginning. Antibiotic Stewardship requires the commitment and dedication of all who provide health care services. Please join NVASP in our quest to promote appropriate antibiotic use and stewardship.





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# Nevada Nurses Antimicrobial Stewardship: Bugs, Drugs and Us

Felicia Lowenstein-Moffett, DNP, APRN, FNP-BC, NP-C, PHN, CNE, CCRN

Antimicrobial Stewardship is one of the most pressing health care problems today, yet it is an emerging topic for nurses. The discovery and further development of antibiotics that started in 1928 was an amazing breakthrough in science and patient safety. It was widely thought that patients suffering serious complications and even death, from infections would be obsolete. Unfortunately, as the use of antibiotics has increased throughout the 20th and 21st centuries, so has the sequelae of antibiotic-resistant bacteria's.

Antibiotic misuse by patients, inappropriate prescribing practices and historical non-compliance with infection control guidelines have all contributed to the pan drug resistant organisms (PDRO) that we see across our nation today. According to the Center for Disease Control (CDC) antibiotic use and misuse is the most important factor leading to increasing microbial resistance (2016). In January 2017, The Joint Commission has mandated that all accredited hospitals establish an antimicrobial stewardship program that is appropriate for their facility. I would challenge all nurses to take an active role on these committees.

Nurses are at the forefront of healthcare and can lead this important initiative to promote health and reduce risks in the patients they care for. Antimicrobial stewardship and awareness by all healthcare disciplines can help thwart the rapid

development of multidrug resistant organisms (MDRO). Stewardship can help reduce unnecessary drug use and costs associated with expensive, broad-spectrum therapies used to treat healthcare acquired infections (HAI). As nurses we have the responsibility to educate ourselves and others about this growing threat to global health.

Nurses are uniquely situated to reach many community members in the various areas of professional and personal work environments across Nevada. Educating patients that antibiotics should be taken only when a bacterial infection is present is a key element that is basic to stewardship. When antibiotics are taken for viral illnesses they only kill good bacteria in the body leaving the body more susceptible to become resistant to those antibiotics in the future. Antibiotic resistance is an immediate threat to the health of our state. If a patient is taking the wrong class of anti-hypertensive medication that ineffectively controls his hypertension it only affects that one patient. However, if a patient is on the wrong antibiotic, taking it for an incorrect time or are taking an antibiotic when they do not need one, resistance organisms result. This means increased resistant organisms in the hospital unit, hospital, community and Nevada. Using antibiotics inappropriately results in all of the risks associated with antibiotic use without any of the benefits. We as nurses, have the opportunity to improve

how we think about antibiotics and be change agents in our respective organizations and local communities.

In the past few years nurses and the healthcare community have worked hard to implement antibiotics quickly for patients who need them. When properly used they are lifesaving interventions. Now it is time to ensure that only patients who really need antibiotics are receiving them and that they are receiving the right antibiotic, at the right dose for the right duration. Nurses are uniquely oriented to be the leaders for this growing concern.

Speak out, speak up, get smart about antibiotics and join the call to action!

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# Remembering Tiffany Urresti, BSN, RN

## Tiffany Urresti

Carrie Hintz, MSN, RN University of Nevada Reno

On Friday, November 18, 2016, the Nevada nursing community got a little smaller.

An American Medflight transport bound for Salt Lake City crash landed in Elko, Nevada. On board, Captain Yuri Ire, Paramedic Jake Shepherd, Flight Nurse Tiffany Urresti, and patient Edward Clohesey. Our thoughts and prayers are with all of the friends, families, and communities during this trying time. The tragic accident left the Elko community with a devastating loss, and the rural nursing community mourns the death of one of their own.

Tiffany Marie Urresti was born February 2, 1987 to Jim and Debi Urresti. Tiffany graduated from Great Basin College with her Associate degree in nursing in 2012, and her BSN in 2014. She loved being a nurse. She started her nursing career at Golden Health Family Medical Clinic, a family practice clinic providing care to the mine employees and their families. For the past two years, Tiffany served her community as an Emergency Room nurse at Northeastern Nevada Regional Hospital (NNRH). NNRH provided Tiffany an opportunity to combine her love of service with emergency nursing care. This love propelled her into flight nursing, as she recently accepted a position at American Medflight. Being a flight nurse was Tiffany's dream, and now she flies with the angels. Tiffany was full of life, and preparing for her next chapter. She recently announced her engagement to Jim Foster of Elko. The couple was to be married in May.

An active member of her local and state community, Tiffany served as a volunteer firefighter for the past ten years with Lee Engine Company. She also served on the Board of Directors for the Nevada State Firefighter's Association. Service was engrained in every fiber of her being. Her dedication to service and community embodies everything that is right in healthcare. Tiffany's interdisciplinary commitment demonstrates the importance of combining the things that you love.

As we say goodbye to this amazing human being and nurse, we remember that a loss of one of our own affects us all. Nevada Nurses are a family, and we have lost a loved one. As we say farewell to Tiffany, we honor her with the Nightingale Tribute.

The Nightingale Tribute –Nursing is a calling, a lifestyle, a way of living. As nurses we honor our friend and colleague, Tiffany Urresti, and her life as a nurse. Tiffany will not only be remembered by her years of service, but by the difference she made during those hours by stepping into the lives of her patients, colleagues, family, and friends... those special moments that only a nurse can fill.



"She Was There" (Jaeger, 2004)

When a calming, quiet presence was all that was needed...She was there.

In the excitement and miracle of birth or in the mystery and loss of life...She was there.

When a silent glance could uplift a patient, family member, or friend...She was there.

At those times when the unexplainable needed to be explained...She was there.

When the situation demanded a swift foot and sharp mind...She was there.

When a gentle touch, a firm push, or an encouraging word was needed...She was there.

To witness humanity in all of its beauty, in good times and bad, without judgment...She was there.

To embrace the woes of the world, willingly, and to offer hope...She was there.

And now, that it is time to be at her Heavenly Father's side...She is there.

To the nursing community and to the family and friends of Tiffany Urresti, she is gone but not forgotten. We are blessed to have known such a remarkable person, and with brave wings, she has now flown home.

Tiffany Urresti will be entered on the Nevada page of the American Nurses Association Nightingale Record during the Nightingale Tribute in June, 2017. This permanent record is housed with the Kansas City Nurses Association in Kansas City, Kansas.



## Tiffany Urresti Memorial Flight Nurse Scholarship

*The Flight Nurse's Creed first appeared in a speech given by Maj. Gen. David N. W. Grant, the Air Surgeon of the U.S. Army Air Forces, on Nov. 26, 1943, to the seventh graduating class of flight nurses of the Army Air Forces School of Air Evacuation at Bowman Field, Ky.*

*"I will summon every resource to prevent the triumph of death over life.*

*I will stand guard over the medicines and equipment entrusted to my care and ensure their proper use.*

*I will be untiring in the performances of my duties and I will remember that, upon my disposition and spirit, will in large measure depend the morale of my patients.*

*I will be faithful to my training and to the wisdom handed down to me by those who have gone before me.*

*I have taken a nurse's oath, reverent in man's mind because of the spirit and work of its creator, Florence Nightingale. She, I remember, was called the "Lady with the Lamp."*

*It is now my privilege to lift this lamp of hope and faith and courage in my profession to heights not known by her in her time. Together with the help of flight surgeons and surgical technicians, I can set the very skies ablaze with life and promise for the sick, injured, and wounded who are my sacred charges.*

*...This I will do. I will not falter in war or in peace."*

These words aptly exemplify the character of Flight Nurse Tiffany Urresti who, during the performance of her duties, perished on 18 November, 2016. A life-long resident of Elko, Nevada, Tiffany's path took her through working as an emergency medical technician, firefighter, and emergency room nurse before achieving her dream of becoming a flight nurse and although her candle burned for a short season, it was vibrantly bright and she definitely "lived it well!"

The entire flight nursing community in Nevada is grieving the loss of Flight Nurse Urresti in the line of duty. The loss of "family" is painful and this is no exception. In an effort to remember and honor her sacrifice, Life Guard International Flying ICU has established the "Tiffany Urresti Memorial Flight Nurse Scholarship," to help other nurses that desire to take-off and share in Tiffany's dream of providing "life and promise for the sick" and injured traversing the skies. The scholarship will be awarded through the Nevada Nurses Association annually. For further information, contact Carl Bottorf, EMS/RN, President of NNA District #3 ([carlbottorf@flyigicu.com](mailto:carlbottorf@flyigicu.com)).

Carl Bottorf, RN, MPA  
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# Opioid Wave of Change

Sheryl Giordano, APRN-C

Currently in Nevada, we struggle with the issue of opioid misuse and abuse as a sociopolitical issue in the health care environment. This topic permeates newspapers, television news and social media on almost an hourly basis. What is interesting is that even with education, we have nurses and health care practitioners (HCP) among us that continue to overprescribe narcotics in staggering amounts.

Nevada, along with 47 other states, is not making a "passing" grade in its' way of handling narcotic and substance abuse/misuse. This is according to Governor Sandoval's Summit on Prescription Abuse and Misuse (2016). We are failing our patients and it's not entirely our fault. This happens because the HCP is trying to help patients gain a "pain free" state in their disease process. Some hospitals have satisfaction surveys that query "how did we do" where the patient is asked if their pain was adequately controlled. Further, discussion of the problem is the HCP who starts the opioid medication in lieu of conducting key assessments. The HCP may fail to get the best testing possible for the patient because the HCP recognizes the financial burden for the patient, insurance denial issues; the HCP

abbreviates treatment because the patient lives in a rural area. Nurses can take an active role in the change that is needed. The nursing process has prepared us well for this task, we must now implement the steps of assessing the situation at our practice environment, work to develop policies in the prescribing and care of those patients with opioids as part of their treatment plan, and then to finalize and evaluate the effectiveness of these policies periodically.

These sociopolitical and ethical challenges posed to the nurses are evident because the opioid epidemic has alarmed the nation. Patients are dying from overdoses daily. As nurses we need to take steps to encourage our colleagues to make ethical and sound medical decisions in care and when prescribing narcotics. When those patients come through the doors with back pain, we should take the time and do a thorough work-up. Don't fall prey to brevity of a visit, prescribing an opioid and push them out the door. Rather, get a comprehensive history and discuss with the patient what their activities of daily living entail. When considering a treatment plan, all members of the health care team should collaborate to obtain the best possible outcomes

for the patient. Physical therapy, over-the-counter medications as a first line treatment, supportive measures (e.g., Epsom salt baths, massage therapy), homeopathic options (e.g., essential oils) are all options and alternatives. Learning from colleagues and others who have had successful interventions with patients and their personalities. Use of local, state and federal support services can also provide a benefit to the patient and many times nurses are the voice of experience in this area along with social workers.

Our society and prescribers fail to realize that one's actions with pen to a prescription pad (e.g., writing a narcotic prescription) can lead a patient into addiction and substance abuse. This is an ethical and sociopolitical problem that we must all work together to fix starting with prescribing habits. Nurses should consider rallying for limits on the amounts of narcotics prescribed for simple acute conditions (e.g., wisdom tooth extraction) and not deviating from these protocols (e.g., three days maximum). The challenge will be a disruptive innovation to some but may be a welcome turning of the tide to others. We must all remember, it will take a community and a commitment for the ripple to become a wave.

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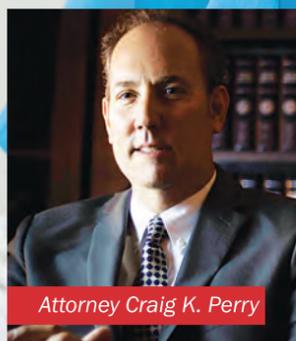
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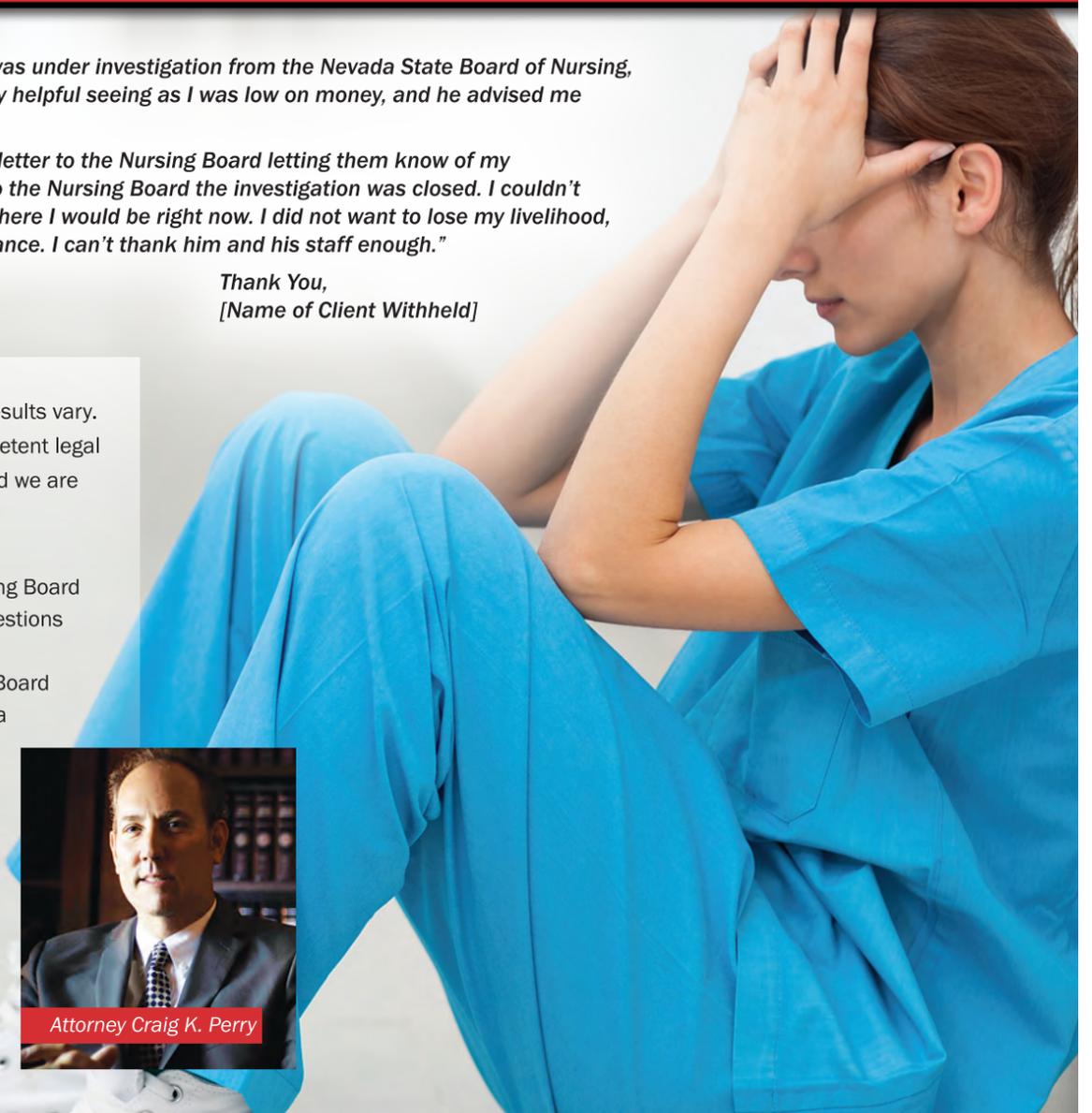
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