The relationships that I have developed over the years are an opportunity that I feel privileged to have forged for a lifetime. The past year’s successes are the shining star of years of sweat and perseverance from and with all of my nursing family, and I am immensely proud of our collective accomplishments. Thank you all for the memories and the honor of working with you.

So – now that I am very sad – I must say this is not a good-bye; for the next year I will stay active as your past president. I am committed to seeing our district leader congresses grow, and strengthen in their policy influence. I am dedicated to the passage of the APRN rules for HB 4334, the result of the APRN full practice authority bill passing both houses of the legislature in 2016 and being signed into law by then-Governor Tomblin.

I will defend the rights of all the nurses being regulated by the WV Board of Nursing, and continue to welcome the board’s new executive director, Sue Ann Painter, DNP, RN, to that position. I will promise to help guide and be a resource for the new president – my forever friend, Toni DiChiacchio, DNP, APRN, FNP-BC. I hope you all will jump in and be a great source of support for her and for the entire WVNA board. More than ever, we will need to stick together to deliver healthcare of the future that our WV citizens so desperately need and deserve.

Nurses of West Virginia, I wish you all the best as I move to the next phase of my professional life. As some of you know, I will be starting over in a newly regulated state with full practice authority bill passed both houses of the legislature in 2017. As you all know, I will be starting over in a whole new state in a new home. My family and I have relocated to our retirement dream home in Delaware by Bethany Beach. Although I am not ready to retire, I will enjoy the community – and the ocean, I am sure, on a regular basis. I will keep a home base in West Virginia for the next couple of years and look forward to completing the professional initiatives we have started together.

Thank you again for the opportunity to serve you as the president of your state nursing association!
We appreciate your information! Going West article in the previous issue (Nov 2016–Jan 2017) of received a gubernatorial request for recommendations for soliciting applicants from qualified registered nurses a list of names to the governor from which he or she

A big thank you to those of you West Virginia nurses

West Virginia Code §30-7-3 outlines the method by which appointments to the WV Board of Examiners for Registered Professional Nurses are made. The West Virginia Nurses Association is responsible for providing a list of names to the governor from which he or she makes selections for appointments. The WVNA is soliciting applicants from qualified registered nurses who are interested in Board service. To date, we have not received a gubernatorially requested for recommendations for membership; however, we want to be prepared to respond in a timely manner when that call occurs.

The qualifications defined by statute to serve on the Board are that each member must be a US citizen and WV resident, be a graduate of an accredited educational program, college, or university with a nursing major; be licensed as an RN in WV or eligible for licensure as such; have at least five years of teaching experience in a registered professional nursing program or in a combination of such teaching and nursing administration or nursing education administration; and have been engaged in registered professional nursing for at least three of the past five years preceding appointment or reappointment.

If you are interested and meet the above qualifications, please email a letter of interest and a résumé or CV to the WVNA Central Office at centraloffice@wvnurses.org. Interviews will be scheduled with qualified applicants.

Nursing Workforce Update: Participatory Summit Coming

Special to the West Virginia Nurse

A big thank you to those of you West Virginia nurses who have reached out in response to our “Safe Staffing” article in the previous issue (Nov 2016–Jan 2017) of West Virginia Nurse. We appreciate your information! Going West, the ultimate concern – from all stakeholders – is that patients receive good care. To arrive at good solutions of this very complex situation, we must adopt the patients’ perspective as our own and look at the entire “stream.”

We would like to hold a “Nursing Workforce and Issue Analysis Summit” for West Virginia staff nurses. At the summit, we plan to share the work being done in West Virginia to look at nursing workforce issues. Additionally, the summit would feature facilitated breakout sessions to analyze how West Virginia patients view their care, the barriers to that care, and how to overcome the barriers. The perspectives of the nurses delivering care are vitally important to this work, and without your engagement this effort will not work. We would like to have this event in late February or early March of 2017. Please email centraloffice@wvnurses.org to let us know if you are interested in joining us to contribute ideas and solutions for optimal nursing care delivery.

Dynamic Career Opportunity

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

RNs | LPNs | HEALTH SERVICE WORKERS (CNA) INTERPRETERS FOR THE DEAF

Benefits include:

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- Accrued sick leave
- Accrued annual leave
- Shift differential for evenings and night shifts
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- Annual increment pay after 3 years of service
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- Comprehensive health insurance plans, including PEA
- Prescription drug plan and optional dental and vision coverage

Temporary positions do not include benefits. Interested individuals should contact: dhrrmmbh@vvmh.gov

Westbrook Health Services has an immediate opening for a Nurse Practitioner in our Primary Care Program.

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Mildred Mitchell-Bateman Hospital is an approved NHSC Loan Repayment Site.

Requirements: current, unrestricted WV License and DEA certificate.

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West Virginia Nurse

Official Publication of the West Virginia Nurses Association

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The opinions contained herein are those of the individual authors and do not necessarily reflect the views of the Association.

WV Nurse reserves the right to edit all materials to its style and space requirements and to clarify presentations.

WVNA Mission Statement

The mission of WVNA is to empower the diverse voice of nurses in all settings toward unified focus of nursing knowledge, skill and ability to promote the health & well-being of all West Virginians, through education, legislation, and health policy.

Executive Board

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dichia@yahoo.com

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Joyce Wilson, 2nd Vice President: joyceswift@gmail.com

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West Virginia Nurse Copy Submission Guidelines

All WVNA members are encouraged to submit material for publication that is in keeping with the mission of the Association. The material will be reviewed and may be edited for publication. There is no payment for articles published in the West Virginia Nurse.

Article submission is accepted in Microsoft Word or similar format. Please do not convert the file to a PDF. When sending pictures, please provide a description identifying the people in the pictures.

Copy submission via email: Please attach a Microsoft Word (or similar) file to email. We ask that you not paste the text of article into email. Please do not embed photos in Word files; send photos as separate .jpg files.

Approximately 1,600 words equal a full page in the paper. This does not account for headlines, special graphics, pull quotes, etc.

Submit material to:

West Virginia Nurse
PO Box 1946, Charleston, WV 25327
Email: centraloffice@wvnurses.org

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Selected nursing and multidisciplinary conferences, meetings, and events scheduled for the upcoming months.

Meetings in West Virginia

March 4, 2017 (Saturday)
American College of Nurse-Midwives (ACNM) WV CNM meeting; earn veterans’ mental health CE for WV licensure
Facebook “West Virginia Midwives” or moiratan@hotmail.com
Bridgeport • WV ACNM members: see your email

March 31-April 2, 2017 (Friday-Sunday)
WV Association of Nurse-Anesthetists (WVANA) Oglebay Resort, Wheeling • www.wvana.com

April 5, 2017 (Wednesday)
WVNA Nurses Unity Day
See page 10 of this paper
Capitol Complex, Charleston • www.wvnurses.org

May 12, 2017 (Friday)
West Virginia Oncology Society
Stonewall Resort, Roanoke • www.wvosinfo.com

Meetings Beyond West Virginia

Some conferences in “destination” areas. Recharge your professional practice by attending a longer conference with colleagues from around the nation.

February 6-9, 2017 (Monday-Thursday)
“Engineering Healthy Communities” Community Anti-Drug Coalitions of America 27th National Leadership Forum & SAMHSA’s 13th Prevention Day National Harbor, Maryland https://www.ruralhealthinfo.org/events/11288

February 20-22, 2017 (Monday-Wednesday)
“Be extraordinary! Be a camp nurse” – Association of Camp Nurses (ACN) Symposium Albuquerque, NM • www.acn.org

March 8-10, 2017 (Wednesday-Friday)
“Translating Quality into Practice” – American Nurses Association (ANA) Annual Conference Tampa, FL • www.nursingworld.org

March 24-25, 2017 (Friday-Saturday)
“Nursing Care Women and Newborns Deserve” – AWHONN Virginia section
Assoc. of Women’s Health, Obstetric and Neonatal Nurses Falls Church, VA • www.awhonnova.org

April 6-9, 2017 (Thursday-Sunday)
“Advance to Higher Leadership” – Community Anti-Drug Coalitions of America National Harbor, Maryland https://www.ruralhealthinfo.org/events/11288

April 20-22, 2017 (Monday-Wednesday)
“Be extraordinary! Be a camp nurse” – Association of Camp Nurses (ACN) Symposium Albuquerque, NM • www.acn.org

May 4-6, 2017 (Thursday-Saturday)
“New Horizons in Clinical Lactation” – USLCA San Antonio, TX • uslca.org

May 12, 2017 (Friday)
WV Association of Nurse-Midwives (WVANA) Oglebay Resort, Wheeling • www.wvana.com

May 19-23, 2017 (Friday-Tuesday)
Wound Ostomy and Continence Nurses Society: Annual Conference Salt Lake City, UT • www.wocn.org

May 21-23, 2017 (Sunday-Tuesday)
American Association of Critical-Care Nurses National Teaching Institute and Critical Care Exposition Houston, TX • www.aacn.org

May 21-23, 2017 (Sunday-Tuesday)
American College of Nurse-Midwives – 62nd Annual Meeting Chicago, IL • www.midwife.org

May 21-23, 2017 (Sunday-Tuesday)
American Psychiatric Nurses Association – 62nd Annual Meeting Chicago, IL • www.midwife.org

June 8-11, 2017 (Thursday-Sunday)
American Psychiatric Nurses Association (APNA) 113th Annual Clinical Psychopharmacology Institute Baltimore, Maryland • www.apna.org

October 5-8, 2017 (Thursday-Sunday)
Birth Institute: American Association of Birth Centers (AABC)
WV has just one birth center now. Want more? Anchorage, AK • www.birthcenters.org

October 12-17, 2017 (Thursday-Tuesday)
Academy of Medical-Surgical Nurses – 26th Annual Convention Connect with other “med-surg” nurses who share your compassion and commitment Palm Springs, CA • www.amsn.org

October 18-21, 2017 (Wednesday-Saturday)
American Psychiatric Nurses Association (APNA) – 30th Annual Conference Phoenix, AZ • www.apna.org

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Please send us information on your organization’s events for inclusion in the West Virginia Nurse. List with us and find new members for your group!

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The votes are in! Thanks for voting for the nurses who will represent you in your organization.

### 2016 WVNA ELECTION

The newly elected officers for the West Virginia Nurses Association are as follows.

**President**

Dr. Toni DiChiacchio has been a family nurse practitioner since 1995. She earned an associate of science in nursing (ASN) from Indian River State College in Florida in 2005, her MSN with a family nurse practitioner concentration at Florida Atlantic University in 2008, and her doctorate of nursing practice (DNP) from West Virginia University in 2014. Dr. DiChiacchio is also a certified public accountant, and received a bachelor’s degree with a double major in accounting and economics from Shepherd University in 1992. She worked in tax accounting for 13 years before becoming a nurse.

For three years, Dr. DiChiacchio owned Health Thru Care, a primary care clinic in Morgantown where she worked with patients to maximize their health and wellness by utilizing the nursing model of care. She has also worked as an NP in an urgent care setting, at WVU Hospital in the preadmission unit, and as a hospitalist in a community hospital in Florida. Since July 2015, Dr. DiChiacchio has served as WVU School of Nursing's Assistant Dean for Faculty Practice and Community Engagement.

Toni is a member of, and finance chair for, the Monongalia County Health Department. Prior to her election as president of WVNA, she was WVNA's treasurer. She has been recognized by the WV Center for Nursing, the American Academy of Nurse Practitioners (AANP), and Florida Nursing Spectrum magazine with clinical excellence awards. She is also engaged in healthcare policy and legislation and was awarded “Politically Active Nurse of the Year” in 2014 by the WVNA.

**First Vice President**

Denise Campbell, MSN, RN, FNP

Denise Campbell earned an ASN from Davis and Elkins College in 1993, a BSN from Alderson Broaddus College in 2002, and a master’s degree in nursing administration from Marshall University in 2009. She is currently pursuing a DNP, with an expected graduation date in 2018. With over 20 years of nursing experience, Denise is currently a West Virginia licensed registered nurse, an assistant professor in the Alderson Broaddus University of Nursing, and a nursing home administrator. She is a certified school nurse (NCSN), certified case manager, certified nursing home administrator (NHA), and certified nursing assistant instructor.

Her professional background in over 20 years in nursing includes being a compliance officer, assistant director of nursing at an extended care nursing and rehabilitation center, administrator (also at an extended care nursing and rehabilitation center), case manager, and hospital department manager.

Denise served in the WV House of Delegates, representing the 36th district, including Calhoun, Marion, and most of Randolph County, from 2010 to 2016. She was narrowly defeated for the 11th district Senate race in 2016, in which she ran as a challenger to incumbent Senator GregBoss.

While serving in the House of Delegates, Denise’s most recent committee assignments were Senior Citizen Issues, Education, Governmental Affairs, and Natural Resources; she was appointed the minority vice chair of the House Health Committee. Denise was a co-sponsor – and instrumental in the 2016 passage – of House Bill 4334, the APPN full practice authority bill.

Denise has won numerous community activities and awards, some of which include:

- Legislator of the Year – West Virginia Nurses Association, 2013
- Heroes Hall of Fame, Third Ward Elementary School, Elkins, 2014
- National Nurse Practitioner Advocate of the Year, 2015

Denise serves, or has served, as a board member of numerous organizations, including:

- Appalachian Community Health
- WV Autism Supportive Center
- Greenbrier Birthing Center
- Davis Health Systems Foundation
- Legislative Committee for WV Health Care Association
- WV Health Care Association
- Division of Nursing Advisory Council Member, Davis & Elkins College

**Treasurer**

Brenda Keever, MSN, APRN, FNP-C

Brenda is employed as an APRN/family nurse practitioner at Charleston Area Medical Center (CAMC), where she serves as a lead nurse practitioner, precepts nurse practitioner students, and has served as principal investigator (PI) in two research studies.

**Secretary**

Sandra Shockey, MSN, APRN, FNP-C

Sandra has been in nursing practice for over 30 years. She received an associate’s degree in nursing from Miami Dade Community College in Miami, Florida, and practiced as an emergency department nurse (including serving as a charge nurse) and staff nurse for many years in Pennsylvania and West Virginia. She returned to school for a BSN from Wheeling Jesuit University in Wheeling, WV, followed by an MSN in the nurse practitioner track, also from Wheeling Jesuit University.

As a family nurse practitioner, Sandra has practiced in urgent care, walk-in” clinic, and now practices in an ear- nose-throat (ENT) practice.

Sandra is certified to teach the Trauma Nursing Core Curriculum (TNCC), the Emergency Nursing’s Pediatric Course, and Basic Cardiac Life Support (BCLS).

In addition to her WVNA membership, Sandra is a member of the American Nurses Association (ANA), American Academy of Nurse Practitioners (AANP), and Sigma Theta Tau International Nursing Honor Society, along with the Oncor Mu Chapter of Sigma Theta Tau at Wheeling Jesuit University.

**Second Vice President**

Joyce Wilson, MSN, APN, FNP-C

Joyce Wilson, of Barbour County, WV, has been an RN for over 30 years and has worked in various nursing roles.

She knew from the time she was seven years old that she wanted to be a nurse. She loved visiting the school nurse, not because she was sick but because the woman pretended that she was the nurse taking care of sick students. She loved the smell of the alcohol that the glass thermometer was sitting in.

She graduated from Davis and Elkins College in 1985 with an ASN. The ASN degree supported her family well as she raised her 2 daughters, but she always knew that she would someday finish her degree.

In 2009 she graduated with a BSN from Alderson Broaddus College in Philippi, WV, and in 2012 graduated from the University of Pittsburgh with an MSN degree with a family nurse practitioner concentration.

Currently she is working at the Belington Clinic in Belington, WV, as a family nurse practitioner. She starts her day at the clinic’s school-based clinic at Philip Barbour High School taking care of adolescents. In the afternoons she does house calls, nursing home visits, or sees patients at the Belington Clinic.

Joyce has been a member of the WVNA for most of her nursing career but regrets the years that she was not involved. She has served as the WVNA secretary and is now hoping to serve as the Second Vice President.

She strongly advises that all WV nurses join the WVNA and be involved in the organization. “In West Virginia, we are 37,000 nurses strong. The WVNA is our legislative voice; imagine how much stronger that voice would be if every nurse joined!”

As West Virginia’s only equal opportunity employer.

West Virginia Nurse February, March, April 2017

L.P.N. $500 Signing Bonus

Fulltime positions available working in our Crisis Stabilization Unit. Flexible schedules available. Current LVN license required. Must pass criminal and OHRR background checks as well as urine drug screen.

Submit application or resume to: Nurse Recruitment, Hopemont Health Services, 2121 Seventh Street, Parkersburg, WV 26101 or e-mail to: hrdept@westbrookhealth.com

We are an EOE. All qualified applicants will receive consideration for employment and will not be discriminated against on the basis of disability, veteran status or other protected status.

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2016 West Virginia Restore Conference

Mike Brown, RPh
Executive Director, West Virginia Restore

West Virginia Restore’s annual conference was held October 22-23, 2016, at the Embassy Suites in Charleston, in collaboration with the Appalachian Addictions Conference. The two-day event included many topics for health care professionals concerning the disease of addiction.

Speakers from all over the US came together to talk about various topics, ranging from understanding the disease to best practices for treatment, monitoring, and outcomes for health care professionals.

For day two of the conference, the focus was on the WV Restore program itself, with education and contact hours for participants. The morning session provided a skills training and an update on the West Virginia program. In the afternoon, there were breakout sessions for drug diversion education and a nurse support group facilitator training.

The conference also featured an exhibitors’ hall. The conference was not only informative, but also the perfect opportunity for staff nurses, nurse administrators, employers, counselors, treatment providers, and organizations – such as the West Virginia Board of Examiners for Registered Professional Nurses and the West Virginia Nurses Association – to gather and discuss current and future opportunities to support colleagues with the disease of addiction.

WVNA Endorses the Safe & Effective Management of Pain Guidelines

Toni DiChiacchio, DNP, APRN, FNP-BC
WVNA President-Elect

In the last issue of the WV Nurse, Mark Garofoli, PharmD, MBA, CGP, introduced us to the Safe & Effective Drug Management of Pain (SEMP) Guidelines. These guidelines were written by West Virginia experts in medicine, osteopathy, pharmacy, nursing, dentistry, psychology, and public health, as well as representatives of insurers along with members of the state’s prescription drug monitoring program (PDMP) – who collectively constitute the West Virginia Expert Pain Management Panel.

The SEMP Guidelines™ provide expert recommendations on the treatment of neuropathic, nociceptive, and mixed pain with clarity and thoroughness. In addition to providing direct nursing care, our profession advocates for, educates, and prescribes for – patients experiencing pain. The SEMP Guidelines can be used to enhance all nursing roles. Experiencing pain is a common reason for patients to seek care. We nurses, we could use your help. If you’re interested in joining the campaign and lending your support, at any level, please contact me at kelli@wvahc.org.

Kelli Caseman is the Children’s Health Director with West Virginians for Affordable Health Care (WVAHC).

A Few Cents Makes Sense – Support a Sugary Drink Tax

Kelli Caseman

There’s a movement underway to pass a sugary drink tax in our state. Folks like me who are part of the effort are looking for folks like you – health care professionals and health-minded advocates, who are desperate to see us rise from the ranks of the “worst health” lists – to help support this movement.

I’m sure you know that drinking soda is one of the biggest causes of the steady increase in obesity in our country. The New England Journal of Medicine reported this back in 2009, and recommended a sugar-sweetened beverage tax to help curb consumption, while also recommending using the resulting funds to address the rising health costs of treating obesity.

Over the years, calls for a similar tax have since come from a variety of health organizations – most recently, from the World Health Organization. Douglas Bettcher, PhD, director of the WHO’s Department for the Prevention of Noncommunicable Diseases, stated:

“If governments tax products like sugary drinks, they can reduce suffering and save lives. They can also cut health care costs.”

That’s exactly what we want to do here in West Virginia with the “A Few Cents Makes Sense” education campaign.

Through February 2017, keep your eyes out for public relations pieces in local and social media that will focus on the benefits of a tax to improve our WV children’s health, our obesity and diabetes rates, and our oral health.

This is a homegrown campaign. Many of the faces and organizations that you’ll see speaking in support of the campaign are your colleagues in the health care professions. They may not be your typical advocates, but they’re ready to take bold steps to address the primary cause of significant health disparities in our state.

Nurses, we could use your help. If you’re interested in joining the campaign and lending your support, at any level, please contact me at kelli@wvahc.org.

Kelli Caseman is the Children’s Health Director with West Virginians for Affordable Health Care (WVAHC).

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Shepherd University

Department of Nursing Education
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Shepherd University
202, Box 5009
301 North King Street
Shepherdstown, WV 25443

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The first meeting of the gubernatorially appointed Joint Advisory Council on Limited Prescriptive Authority was held on Friday, December 9, 2016, in Charleston. The Council has no regulatory authority and serves primarily in an advisory role, similar to the Nurse-Physician Advisory Task Force for Colorado Healthcare (NPATF), formed in 2009, which is housed in the Division of Professions and Occupations at the Department of Regulatory Agencies in that state.

In West Virginia, the Council will research and provide recommendations on issues that might impede access to safe, quality APRN care. The first meeting included presentations on the history of the APRN bill in West Virginia, as well as a review of the final bill that became law on June 10, 2016. The election of chair, vice-chair, and secretary was also held. Warren Eller was selected as chair, Toni DiChiacchio as vice-chair, and Sandra “Sam” Cotton as secretary. The Council will hold its next meeting on Monday, March 13, 2017, in Morgantown.

Members of the Council, which requires six APRNs with at least one nurse practitioner, one certified nurse-midwife, and one certified registered nurse anesthetist; two allopathic physicians; two osteopathic physicians; a faculty midwife, and one certified registered nurse anesthetist; two APRNs; a pharmacist; and a public member, include:

- David Avery – allopathic physician
- Adam Breitling – osteopathic physician
- Linda Bertsche – APRN, clinical nurse specialist
- James Comerci – allopathic physician
- Sandra Cotton, Secretary – APRN, nurse practitioner
- Toni DiChiacchio, Vice-Chair – APRN, nurse practitioner
- Warren Eller, Chair – public health
- Mike Frame – APRN, certified nurse-midwife
- Lavetta Hutchinson – APRN, nurse practitioner
- Anna Kent – APRN, certified nurse-midwife
- Howard Laferty – osteopathic physician
- Zachary Tennant – pharmacist

Since I have been voting – for the last forty years – I cannot remember a more contentious election… including the necessity of guidelines for “polite family chatter” over the Thanksgiving table issued in order that we might have a more peaceful holiday. To be certain, this has been one election for the records: one in which a nontraditional Republican candidate beat 17 other candidates, nearly all career politicians, in the primaries and eventually went on to win the presidency as the opposing party’s career politician candidate was seen as “out of touch with working people,” especially in rural areas. An election filled with the loudest voice of the moment versus discussion about real issues. And one in which friends became “unfriendly” and even family members ceased to communicate.

As one of nine children growing up, we had many lively political discussions over the kitchen table, the place where all the world’s problems were solved. I was indoctrinated early on with the philosophy that if we could just break bread together “…have a potluck instead of a war”—we could probably solve most of the world’s problems. As of the 2016 election cycle, though, I’m not so certain any longer.

OK, before I digress any further, flashlight to the recent 2016 elections. The WS Nurses Political Action Committee (WVN-PAC) framed candidate questionnaires for the General Election based upon the WVNNA’s HP&L Statement, which was in part derived from the American Nurses Association Legislative and Regulatory Priorities for the 114th Congress (ANA, 2016). Key issues included nursing workforce initiatives, safe patient handling and mobility, APRN prescribing, nursing faculty retention, and school nursing.

We had a brisk and fairly robust response rate to our questionnaire. There were a few candidates who did not receive the questionnaire initially—as not all candidates had an email listed with the Secretary of State’s website—the official listing of all candidates registered for the 2016 General Election. We saved the WVN-PAC over $200 in postage and printing by using email for the first time this year!

Regarding the 2016 election results: Jim Justice was elected governor (we supported Senator Bill Cole) by 6.8% of the popular vote, while Mac Warner won secretary of state by 2% (we endorsed Natalie Tennant). John Purdum captured state treasurer by 6% and Kent Leonhardt led by 7% for secretary of agriculture (we endorsed both of these candidates). The comptroller’s race was won by 10% by Patrick Morrissey over Doug Reynolds—the candidate the PAC endorsed. Of those candidates WVN-PAC endorsed for the WV Senate, nearly 60% were elected. And finally, in the WV House of Delegates, 72% of the candidates endorsed by the PAC were elected.

Our endorsement process was not without controversy. There were some candidates who endorsed nurses liked more than others. We had to disagree. We reminded ourselves that the process is nonpartisan. Ultimately, the final endorsements were voted upon by members of the PAC, including the WVNNA Board of Directors. No one individual on the committee personally agreed with every candidate endorsement, but we did have a methodical process which evaluated each candidate with the same variables, including the heavily weighted variable of the voting record on bills for which WVNNA lobbied.

Nurses must be involved in the HP&L process, including the elections. The Hallorans of Chapel Hill, NC, probably said it best in a recent letter to the American Journal of Nursing (AIN). They commented:

“The failure of the World Health Organization (WHO) and Britain’s National Health Service (NHS) to reappoint nurses to visible public policy positions doesn’t bode well for people in need of health services…”

And, they noted:

“Everybody, sick or well, needs a nurse. While hospitals are superb at helping people recover, using community nurses to prevent their use is a more sustainable objective for health services everywhere.”

The Hallorans – both nurses, as you’ve probably guessed – place some blame on the fact that “few nurses in public policy positions have offered the global presence of 16 million nurses as a solution” (Halloran & Halloran, 2016). Franklin doesn’t agree more that there is power in numbers. If every eligible nurse in West Virginia joined the WVN-PAC, we would be able to provide significant donations to all of the state candidates in West Virginia who support our issues and work for us in the legislature, and support those WV delegates to the US Senate and House who will work for us nationally. Eligible nurses are those who are members of WVNNA, West Virginia Organization of Nursing Leadership (WV-ONE), or the WV Association of Nurse Anesthetists.

The nursing profession continues to rank highly as a respected profession, and many candidates and other health care organizations seek our support and advice. Join us in making a difference for nurses and for health care. Make a resolution to get even more involved with your profession this year.

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References


Halloran, E. J., and Halloran, D. C. (2016). Nurses and policy variables, including the heavily weighted variable of the voting record on bills for which WVNNA lobbied.

Fulltext/2016/12000/Nurses_and_Policy_Positions.4.aspx


The nursing profession continues to rank highly as a respected profession, and many candidates and other health care organizations seek our support and advice. Join us in making a difference for nurses and for health care. Make a resolution to get even more involved with your profession this year.

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References


Aila Accad, MSN, RN
Future of Nursing WV Executive Director

The Future of Nursing WV (FONNW) Action Coalition is made up of nurses and non-nurses working together for a healthier WV through strengthening nursing practice, education, and leadership. Here is an update on our progress.

Gala
Save the date! The next FONNW Gala will take place August 19, 2017, at the Embassy Suites in Charleston. We will provide information on nominating nurses for awards to be presented at the gala: www.futureofnursingwv.org.

Education Toolkit
The Team is developing an online nursing education toolkit and app to facilitate more students in getting the right courses and financial support to be prepared and successful in nursing school. Two senior students have been assigned to the project through the Department of Integrated Science and Technology at Marshall University.

Health Ambassador RN
Cheryl Vega, RN, is developing this project in collaboration with the WV Department of Education and Read Aloud WV for nurses who are interested in teaching health/wellness topics to grade school students. This project has two objectives: (1) to improve the culture of health through student awareness and (2) to inspire students to consider a career in nursing. If you have a child or grandchild in elementary school and would like to participate in this project, please contact Aila.

Faith Community Nursing Project
The Faith Community Nursing Toolkit and Network are being developed online at http://www.futureofnursingwv.org/faith-community-n-toolkit. The initial goal is to have at least one faith community nurse available in every county in WV. If you are interested in developing a health ministry in your faith community, these resources are for you!

Nursing Practice Team
The Practice Team members are working with the Board of Examiners for Registered Professional Nurses to develop the rules for the APRN statute that passed in the last legislative session. The WV Partnership for Elder Living (WVPFL) is working with the team to explore developing a community nursing model for WV.

Non-Profit Excellence Award
We are pleased and honored to announce that the Future of Nursing WV West Virginia received the West Virginia Non-Profit Association’s inaugural “Excellence Award” on October 27, 2016, at the annual conference held in Huntington. Three awards were given, with eligible organizations categorized based on the size of their annual budget. FONNW was the recipient for an organization with a budget less than $300,000. The “budget of $300,000 to 750,000” award went to the West Virginia Child Advocacy Network, while Carnegie Hall, Inc., of Lewisburg received the award for the organization with a budget over $750,000.

Join Us!
You can explore more about all of the projects and join a team on the website or by contacting Aila by e-mail at futureofnursingwv@gmail.com. You can also keep up with FONNW updates on the national website at www.campaignforaction.org.

Also, join us on our social media sites:
• Facebook – look for Future of Nursing WV
• LinkedIn.com/in/FONNW
• Twitter.com/FONNW

West Virginia Nurses Association Meetings 2017

April 4, 2017 (Tuesday)
Board Meeting – the evening before Unity Day – Review of 1st quarter’s association business and activities.
Charleston

July 15-16, 2017 (Saturday-Sunday)
Retreat – Review of 2nd quarter association’s business and activities; review and analysis of Health Policy & Legislation (HP&L) Agenda and Bylaws.
Location TBA

October 10, 2017 (Tuesday)
WVNNA Board Meeting – review of 3rd quarter association’s business and activities. Teleconference only

December 9, 2017 (Saturday)
General Assembly for all membership. Review and endorsement of election results; vote on by-law changes; vote on HP&L Agenda and 2018 Budget; review of association’s business and activity for the year.
Flatwoods

Assistant/Associate Professor of Nursing
Family Nurse Practitioner Program

Open Until Filled, Full Time

The faculty will teach in the FNP program and be responsible for networking and coordinating with clinical agencies to ensure practicum sites are available for student experiences.

Qualifications: A successful candidate will have an MSN degree (doctorate preferred), hold current national certification as a Family Nurse Practitioner from ANCC or AANP, have a valid (or qualify for a valid) West Virginia nursing license, a minimum of two years current nurse practitioner experience and have an unencumbered driver’s license. Previous experience as a faculty member is preferred.

Salary: Commensurate with education and experience.

For full consideration, applicants may submit a letter of interest, current curriculum vita, and names of three references. Nominations may be submitted electronically to Dr. Boyd Creasman, Academic Dean, at academicaffairs@wvu.edu.

PRINCETON HEALTH CARE CENTER is seeking qualified candidates for the following position:

Registered Nurse and Licensed Practical Nurses able to work 12 hour shifts

Applicants must be able to work all shifts and have a valid WV nursing license to be considered.

We also offer a payroll package option that pays more than $2.00 per hour above the average wage in lieu of benefits.

Interested parties should apply at Princeton Health Care Center, 315 Courthouse Road, Princeton, WV from 8:00am-4:00pm M-F.

Applications require full addresses and phone numbers for all professional and personal references in order to be submitted to Human Resources.

NO PHONE CALLS PLEASE.

PHCC is an Equal Opportunity Employer. PHCC is a drug free workplace.
I am truly humbled and honored to receive this prestigious John D. Rockefeller IV award from West Virginia for Affordable Health Care. I would like to accept this award on behalf of myself, my fellow nurses, and the West Virginia Nurses Association, for it has truly been a team effort that has led to the successful policy advances WV’s Advance practice registered nurses now enjoy, and that we expect will benefit WV residents for years to come. The story of improving health care access in West Virginia is one that encompasses years of persistence. As one of the most respected leaders of our country, John F. Kennedy, once said simply, “Things do not happen. Things are made to happen.”

I have personally experienced that this group knows how to make things happen. Some people work a lifetime and never see the successes that we have forged together through united effort in West Virginia. It has been my pleasure to work side by side – with some of the most dedicated and diverse health care policy leaders in the country – towards a common goal increasing health care access to West Virginia’s people in order to improve health outcomes for all our citizens.

The success of HB 4334 in removing unnecessary and burdensome over-regulation of West Virginia’s advanced practice registered nurses has already begun to alleviate many of the stressful and time-consuming barriers that have plagued the health care delivery system within our state for decades. The barriers became apparent as the perfect storm of adverse health care economics and a lack of health care for which the health care system respond. The APRN solution to expanding healthcare access has been driven in part by the increasing need for an advanced health care workforce within WV, in part due to the large number of West Virginians who enrolled in coverage under the Affordable Care Act.

Quickly, leaders recognized the need for expansion of primary care, and now was the time. Stories abounded of families having to wait on paperwork to get loved ones released for burial; of long-distance travel – or wasteful duplicate appointments – for medication refills. Loss of midwives and OB or family doctor coverage for prenatal visits ordered to improve health outcomes for all our citizens.

The successful passage of HB 4334 has already begun to alleviate the barriers in health care access from the burdensome bureaucracy that was crippling our systems. West Virginia has seen an increase in the number of end-of-life decisions they wish for their families and loved ones. West Virginia’s rate has already surpassed the rate of other states in the nation that have similar legislation.

According to the most recently released rural health care data, APRNs have notably increasing numbers within the state of West Virginia and are beginning to cover health care shortage areas. Wetzel County Hospital is one example that has embraced this “newfound asset” and will be using APRNs in leadership roles to help keep this critical-access hospital open for business, providing high-quality standards of health care to residents with hope of seeing improved health outcomes – which is the ultimate goal for all health care systems across the country.

For the success of HB 4334, West Virginia’s APRNs owe a debt of gratitude to the amazing believers and advocates from across the state:

First, I – and the West Virginia Nurses Association – would like to thank the West Virginians for Affordable Health Care organization, board, and staff for their early and steadfast recognition of the need in order to work, at the state level, toward the success of HB 4334. Perry Bryant and Terri Giles have not only shown up at every nurses’ event and spoken at legislative hearings and stakeholders’ meetings, but they were also lobbying, presenting, and educating on the solutions to the problem of access to care is all health care providers, including nurses, working to the top of their license and certifications. She promoted the topic at every possible venue – including at her own personal physician visits – by asking, “And how do you feel about APRNs?” Chris Plein jumped in, not only to provide nurses on health policy initiative, but also to give expert testimony and advice to West Virginia legislators on the importance of increasing the primary care workforce and the benefits of removing unnecessary regulatory bureaucracy. Thank you to all of these good people at West Virginians for Affordable Health Care, and many more.

West Virginia healthcare was on a rapid downhill slide, with over 1/3 of the state’s residents on Medicaid. Health care systems rapidly overburdened demanded that all qualified providers be deployed to the front lines of health care systems. Freewing APRNs to care for this vulnerable group of patients seemed necessary to protect the public’s health.

The successful passage of HB 4334 has already begun to alleviate the barriers in health care access from the burdensome bureaucracy that was crippling our systems. West Virginia has seen an increase in the number of end-of-life decisions they wish for their families and loved ones. West Virginia’s rate has already surpassed the rate of other states in the nation that have similar legislation.

I would like to personally thank and recognize my nursing team, without whose efforts none of the advances of HB 4334 would have been possible. First, my West Virginia Nurses Association board partners – and extended nursing family Toni DiChiacchio and Sandra “Sam” Kinsey – thank you for your hours of time spent on preparing and writing numerous white papers and briefs. Toni, you thank for the countless hours you spent in Charleston as the nurses’ legislative whipping boy” over the past year, and for the future triumphs you will forge as my successor as president of the West Virginia Nurses Association. And, Angela Nunez, and the entire West Virginia Affiliate of the American College of Nurse-Midwives, for many years of joint effort, with lots of time and lots of lobbying. We could have never made it if I believe all the bonds we built even after hours were key to our successes.

I want to thank our entire West Virginia Nurses Association board, our legislative director, Lori Chaffins, for all the support and for helping me keep all the balls in the air at all times, and for picking me up any time I would stumble. All these people make up the best team any association could ask for, and are a key reason for the success of our APRN bill.

Thank you to Deb Casdorph for your grassroots efforts in organizing our senate district nurse leaders: your support and efforts were incredible. Our success was secured by the amazing leadership of – and cooperation with – AARP; Future of Nursing West Virginia, and the Americas for Prosperity, as well as many other supporting groups too numerous to mention.

I would also be remiss if I did not recognize my family, including those here with me tonight, for always supporting my time away from home in order to work at this huge project which has so preoccupied me. I want to recognize my husband, Larry; my mother, Judy Hunter; my father, the former 14th district WV Senator Jon Blair Hunter, who sponsored our very first bill over 10 years ago; and my granddaughter, who marched and carried the banner with West Virginians for Affordable Health Care to promote the Affordable Care Act. I will never forget how she even taught my niece and her friend, who then could be heard chanting “What do we want? Health care! When do we want it? NOW!”

The personal friendships I have forged in these joint efforts are the personal memories of a lifetime, and I thank you all.

Finally, I would like to thank everyone present here tonight and everyone you supported through your involvement in getting the passage of the Affordable Care Act, to the promotion of education about the act – which resulted in the most successful statewide initiative that I have ever had the honor to be part of. The legislation is now in the hands of the West Virginia Medicaid Board, including those here with me tonight, for their good work. I would have been possible. Perry Bryant and Terri Giles have not only shown up at every nurses’ event and spoken at legislative hearings and stakeholders’ meetings, but they were also lobbying, presenting, and educating on the solutions to the problem of access to care is all health care providers, including nurses, working to the top of their license and certifications. She promoted the topic at every possible venue – including at her own personal physician visits – by asking, “And how do you feel about APRNs?” Chris Plein jumped in, not only to provide nurses on health policy initiative, but also to give expert testimony and advice to West Virginia legislators on the importance of increasing the primary care workforce and the benefits of removing unnecessary regulatory bureaucracy. Thank you to all of these good people at West Virginians for Affordable Health Care, and many more.

We are enriched the lives of those with whom we work through our service to our communities. To our patients, our families and our friends, we are dedicated to meeting their needs and helping them achieve and maintain a healthy lifestyle. Beth Baldwin, APRN, PNP, BC

Beth Baldwin Receives John D. Rockefeller IV Award
Why? Have you often wondered why you chose nursing as a profession? Did you ever ponder the idea that you did not choose nursing as a career but instead, nursing chose you? Nursing is a noble profession, it is not only tough but it throws us unforeseen challenges and curveballs. These challenges are our daily norm, and being self-driven by the desire to care is a must. The most experienced nurses will tell you that there are days you have wanted to quit. Heart-wrenching shifts have moved them to tears, and frustratingly difficult moments in dealing with patients, doctors, and other nurses have made them question whether they’re in the right place, doing the right thing. These are the moments when we take a step back, take a cleansing breath, and remember why we began this journey of making a difference in the lives of our patients and families.

Before earning a bachelor of science in nursing from Marshall University almost twenty years ago, I started my journey as a student scrub technician in the operating room at St. Mary’s Medical Center (SMMC). It was there that this young lady in her early twenties began a humble adventure of making a difference in others’ lives. Well hidden behind a gown, mask, and shield was a massive bundle of overwhelmed nerves, frightened to forget the million and one instruments, and petrified that she would not recall each surgeon’s routines and their individual idiosyncrasies. Moreover, full of excitement to explore another cavity with the anticipation to palpate a different organ – these were some of my initial driving forces.

After graduating and officially becoming a registered nurse, my new role (with additional responsibilities) was that of a circulator nurse. Together, the scrub nurse and circulator made a difference one patient at a time during the most vulnerable moment a person can endure, and we managed to maintain their privacy. As an operating room team, we triple-checked the identity of our patient, made sure we were doing the correct procedure, always asked the patient about their surgeon. Daily, we consistently maintained a sterile environment that decreased the chance of post-operative infections.

It is said that when one door shuts, another will open. In my thirties, after more than a decade as a surgical nurse, I decided to follow my desire to learn more of the critical care aspects of nursing. Those same internal feelings of being frightened and overwhelmed that had lain dormant for so long now resurfaced. This time there was no mask to hide behind. Being recognized as a critical care nurse was definitely an eye opening – not an ordinary, but an extraordinary – experience that greatly impacted my career. It was not only learning how to maintain critical drips, care for a mechanically ventilated patient, assist a patient and family with life-threatening and life-altering decisions, but more importantly it was teamwork, it was seeing patients at their most critical, and working as a group: the entire team.

The most challenging career choice of today is that of a patient care coordinator, better known as a house nursing supervisor. In this role, I must juggle patient care issues, staff concerns, and staffing needs for the next shift; medical staff relationships; supply inadequacies; attending all codes and alerts house wide; and assist with organizational initiatives. We patient care coordinators truly wear a hat of many colors, but having the opportunity to assist nurses through crisis issues, aid them in critical thinking, or guide them through a terminal process with their dying patient and grieving family members is all very rewarding.

I have had great opportunities in our wonderful profession, so remember: no matter what avenue you may choose to explore, embrace each with compassion and an open mind, and always provide a positive atmosphere.

In closing, as nurses, we often feel the need to fix everything. We are uncomfortable when we are helpless and unable to offer our skills, service, or even an inspiring nurse story to improve the situation. In reality, there are many times when we cannot make a situation better for our patients and their families. However, there is something greatly needed that we are well equipped to provide. That is our presence. This presence goes beyond just being physically close in proximity. It is being fully aware of the moment and intentionally focusing on the situation at hand. This is often hard for nurses because we feel the need to multitask and operate at warp speed.

I have often worked with patients and family members during times of tragedy. I used to feel a need to be busy, and I was uncomfortable when I did not have something active to do to make a patient’s situation better. Nowadays, I realize that one of the most beneficial things we can do in providing patient care is to simply be present during their time of need, giving them our full attention. There may be no words to say or any advanced nursing skills to offer. We may be unable to change the outcomes. Our caring presence alone can provide a source of comfort in making a difference that can have lasting effects.

These lasting effects of nursing compassion are the very reason that led me to begin this journey many years ago – a journey that I can proudly look back upon, and know that I and my fellow nurses have compassionately touched and affected the lives of many. For this, we are forever grateful.

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**A Culture of Safety: Empowering Every Voice**

**Unity Day 2017**

Joyce Wilson, MSN, APRN, FNP-C

WVNA 2nd Vice President

April 5, 2017, will be Unity Day, West Virginia Nurses Association’s annual day at the legislature. This year’s theme will be “A Culture of Safety: Empowering Every Voice.”

Students from nursing schools around the state will begin the day at 8 a.m. at the Charleston Culture Center. Each year, a program is planned to introduce future WV nurses to the WVNA, to promote the importance of belonging to the state’s professional nursing organization, and to explain the legislative process.

Equally important, Unity Day provides a showcase for nursing work in WV, as there is a display of juried posters. (See page 10 of this issue for applications due February 24, 2017.)

We are honored to have as our keynote speaker the American Nurses Association’s senior associate director of state government affairs, Janet Haebler, MSN, RN. Ms. Haebler’s role within the ANA includes a broad portfolio of nursing issues as they pertain to state legislation and regulation, including scope of practice and workplace safety.

At the program’s conclusion, the nursing students march to the Capitol to fill the galleries of the WV House of Delegates and WV Senate to get a first-hand look at the legislative process.

After lunch, which is provided, there will be an awards ceremony in the Rotunda of the WV Capitol.

For WVNA district nurse leaders, as well as any other WV nurse interested in politics and advocacy on nursing issues, Unity Day provides the perfect opportunity for lobbying our elected officials.

There will be 400-500 nurses at the Capitol on April 5, 2017. We hope you will join us! There is strength, and power, in numbers. Let’s stand together!

Registration for Unity Day costs $35. Attire is nursing uniforms or business clothes; a white coat is optional, but encouraged. You can find registration information at www.wvnurses.org.

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**Western State Hospital**

**Opportunities available for RNs, LPNs, & Psychiatric Nursing Assistants**

- Psychiatric acute admissions units
- Psychiatric long-term units
- Med/Psych unit

Conveniently located in the Shermansdale Valley, WSH affiliates with 9 Schools of Nursing and major universities.

**WVNA Unity Day, 2016**

**Western State Hospital:** State psychiatric hospital licensed and operated by the Virginia Department of Behavioral Health and Developmental Services.

**Western State Hospital | Human Resources**

P.O. Box 2500 | Staunton, VA 24402-2500 | 540-332-8300

https://virginiajobs.peopleadmin.com

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**Call for Articles and Photos**

Do you know of a nurse who has faced huge obstacles in their career, but kept going? Do you know about some new trend in WV health that you want to publicize? Do you have a piece of WV health care history to share? Do you want to read more about any of these topics in your West Virginia Nurse newspaper? Do you want to see your name in print?

Or – do you have a photo of nurses and others in healthcare at an important event? Send us in with an explanation of who’s in the picture. Email is best for article or photo submissions, the right thing. These are the details for the next issue of WV Nurse is February 27, 2017.
Abstract Submission Guidelines for Poster Presentations

- The West Virginia Nurses Association is accepting abstracts for poster presentations for Unity Day 2017, in Charleston, West Virginia. Abstracts on the following topics are invited:
  - Practice issues (scope of practice, patient safety, staff safety)
  - Moral, ethical, or social justice issues
  - Nursing education
  - Nurse recruitment & retention
  - Access to care and cost of care issues
  - Patient rights and confidentiality
  - Social determinants of health
  - School health initiatives
  - Mental health issues
  - Substance abuse, drug diversion
  - Abuse, neglect, violence, bullying
  - Patient care coordination
  - Health issues pertaining to veterans
  - Community health education (immunizations, community health risk, etc.)

- The abstract should NOT exceed 250 words and should contain no pictures, charts, or tables.

Abstracts are due Friday, February 24, 2017, by 5 p.m. EST.
The first author of an accepted poster presentation will be notified by Friday, March 3, 2017.

EARLY ACCEPTANCE: Abstracts received by Monday, January 9, 2017, at 5 p.m. EST will be notified of acceptance by Thursday, January 19, 2017.

- If the abstract is accepted for a poster presentation:
  - The primary presenter must register for Unity Day and present the poster.
  - Instructions for poster format will accompany the acceptance notification.

- Abstracts should be submitted electronically using the abstract submission form to:

  Central Office, WVNA
  Phone: 304-342-1169  |  Email: centraloffice@wvnurses.org

WEST VIRGINIA NURSES ASSOCIATION
Poster Abstract Submission Form

PART 1 – Name and Contact Information

Personal Information:
Prefix: ______ Full Name: _______________________________________________
Credentials: ___________________________________________________________
Job title and/or student status: ____________________________________________
Organization/Affiliation: ________________________________________________
Address: Address: _______________________________________________________
City: ____________________________ State: ______ Zip: _______________________

Contact Information:
Phone contact: _________________________________________________________
Email address: _________________________________________________________

PART 2 – Title and Objectives

Title of Poster: _________________________________________________________

Objectives: After attending this poster presentation, the participant will be able to:
1. _________________________________________________________________
2. _________________________________________________________________
3. _________________________________________________________________

PART 3 – Abstract

Please type, or copy and paste, the abstract onto an 8.5 x 11 sheet of paper and submit it with this packet. Please keep abstract to maximum of 250 words. At a minimum, the abstract should include the policy topic, evidence supporting the issue, and recommendations.

PART 4 – Presenter Bio-sketch

Every person who will be presenting at the poster presentation must complete and submit a bio-sketch (form below). The abstract cannot be accepted without a completed bio-sketch.

PART 5 – Signature

Please confirm the following information when submitting your abstract:

- I confirm that I previewed this abstract and that all information is correct. I accept that the content of this abstract cannot be modified or corrected after final submission and I am aware that it will be published exactly as submitted. I hereby confirm that the contact details are those of the corresponding author, who will be notified about the status of the abstract. The corresponding author is responsible for informing the other authors about the status of the abstract.

Printed Name: _________________________________________________________
Signature: _____________________________________________________________

Abstracts are due Friday, February 24, 2017, by 5 p.m. EST.

BIOPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors.
Follow this format for each person. DO NOT EXCEED FOUR PAGES.

NAME  POSITION TITLE

City or Town, State

EDUCATION/TRAINING (Begin with associate’s or other initial professional education, such as nursing, and include graduate training.)

Institution and Location  Degree  Year(s)  Field of Study

Please describe qualifications to present on the topic, including subject expertise, special education and training, certification, presentations, publications, and/or research on the subject being presented.
Faith community nursing, formerly known as parish nursing, began in the mid-1980s in Chicago through the efforts of the Rev. Dr. Granger Westberg as a newer version of the faith community nursing outreach done by religious orders, such as the “parish deaconesses,” in Europe and America in the 1800s. Faith community nursing is rooted in the Judeo-Christian tradition and the historic practice of professional nursing, and is consistent with the basic assumptions of many faiths that we care for self and others as an expression of God’s love. However, it is available not only in Christian congregations – there are both Muslim and Jewish congregational nurses, and registered nurses (RNs) only in Christian congregations – there are both Muslim and Jewish congregational nurses, and registered nurses (RNs) serving in similar capacities within other faith traditions.

Faith community nursing (FCN) is a specialty nursing practice approved by the American Nurses Association (ANA). According to the ANA, “Since the late 1990s, ANA has partnered with other nursing organizations to establish a formal process for recognition of specialty areas of nursing practice” (ANA, 2012).

To become a certified faith community nurse, the RN must have:
- minimum two years’ nursing experience
- current license in the state where the faith community is located
- completion of a faith community nursing foundations course for the specialty practice, as recognized by ANA
- minimum 1000 hours’ practice in the previous two years in the faith community

There are sixteen standards of faith community nursing practice, which reflect the specialty’s professional values and priorities, and provide practice directions and the framework for practice evaluation. In 2012, ANA and the Health Ministries Association published the second edition of Faith Community Nursing: Scope and Standards of Practice. This work defines the FCN specialty as “…the specialized practice of professional nursing that focuses on the intentional care of the spirit as part of the process of promoting holistic health and preventing or minimizing illness in a faith community” (ANA, 2012).

Faith community nurses serve in a number of roles, including:
- health advisor and educator
- visiting faith community members at home or in the hospital
- provider of referrals to community resources
- developing support groups within the faith community
- training and coordinating volunteers
- arranging and providing health screenings

Notably, faith community nurses are not expected to provide patient care in the house of worship or at a patient’s home, but rather to be a source of referrals for services in the community. They coordinate existing services and supplement them with a holistic dimension of health and caring.

A faith community nurse program can operate in several different ways. Models include one faith community supporting its own full or part-time nurse, and several different models, including:

- Vision
- Medical
- Dental
- 401K with matching
- Paid Time Off Program
- Shift Differential & Bonus
- Excellent Benefits Package

WWU School of Nursing launched a faith community nursing certificate course in fall 2016. The course is offered both online and as a hybrid. The latter option includes both online courses and a face-to-face educational session with nursing faculty in Morgantown. For more information about the WWU School of Nursing faith community nursing program, including the application process, visit [http://nursing.hsc.wvu.edu/academics/continuing-education/](http://nursing.hsc.wvu.edu/academics/continuing-education/).

The Future of Nursing WV is developing an online toolkit and network to support faith community nurses in WV. The goal is to have faith community nurses serving in every county in the state. If you are interested in joining the network, go to: [http://www.futureofnursingwv.org/faith-community-n-m-toolkit](http://www.futureofnursingwv.org/faith-community-n-m-toolkit).

References
Are you seeking a nursing opportunity with a dynamic and progressive healthcare organization? Then explore a future with Mon General Hospital.

*$10,000 RN Sign-on Bonus

Registered Nurse opportunities are available in:

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- Infusion Center
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- Step Down Unit
- Surgery
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*Call HR at 304-598-1485 for additional information on the Sign-on Bonus

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Thomas Memorial Hospital and Saint Francis Hospital are prepared to take your nursing skills to the next level. Our hospitals are two of the region’s most progressive and are growing.

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We have career opportunities in many specialties, including Med/Surg, Oncoology, Pulmonary, Cardiac/Telemedicine, Critical Care/Progressive Care, Labor and Delivery, Neonatal/Neonatal Care, Surgery, Emergency Department, Cardiac Cath Lab, Surgical Services, Ambulatory Services, Behavioral Health, Joint Replacement, One-Day Surgery, Endoscopy, Wound Care, The Center for Pain Relief, Skilled Nursing, and Case Management.

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Please apply online at thomaswv.org or stfrancishospital.com.

Saint Francis Hospital
304.347.6698
stfrancishospital.com

Thomas Memorial Hospital
304.766.3631
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