Happy Spring to my fellow nurses in Idaho! This is a wonderful time of year for celebrating the beauty of life and all that this world has to offer us. As nurses, we spend our personal and professional lives caring for others and sacrificing physical and emotional health for the good of our patients, families, communities, and profession. Spring is a time of health and happiness, and with it comes the opportunity to celebrate you and the profession of nursing.

May 6 is National Nurse’s Day. It’s a day to recognize and raise awareness of the important role that nurses play in society. Nurse’s Week commences on May 6th with National Nurse’s Day and ends on May 12th, very appropriately, in honor of Florence Nightingale’s birthday.
Guidelines for Submissions to RN Idaho

RN Idaho (RNI), the official publication of ANA Idaho, is a peer-reviewed journal that is published quarterly. Views expressed are solely those of the authors or persons quoted and do not necessarily reflect ANA Idaho’s views or those of the publisher, Arthur L. Davis Publishing Agency, Inc. The RNI Editorial Board oversees this publication and welcomes nursing and health-related news items, original articles, research abstracts and other pertinent contributions of 200 to 800 words. Authors are not required to be ANA Idaho members.

For information about manuscript format, submission of photographs, publication selection and rights, and advertising in RNI, please visit the ANA Idaho website at http://www.idahonurses.org under “News/Links.” You may also contact the ANA Idaho at rnidaho@idahonurses.org or by phone 1-888-721-8904.

New Lower Dues – Only $15/month or $174/year!

Joint members in ANA Idaho and the American Nurses Association (ANA) is now just $15 a month – less than the price of a specialty coffee per week!

You owe it to yourself and to your career to join the largest and most inclusive group of registered nurses in your state and country. Join today at www.JoinANA.org!

Now is the perfect time for you to join ANA and ANA Idaho www.ANA.org

from the President continued from page 1

of knowing and working with Florence. Florence was not satisfied with a life of domestic responsibility and found her calling in caring for the ill. Florence transformed healthcare in her time by focusing on her patients, making nightly rounds to ensure their well being, ensuring a clean environment for healing, and monitoring progress through data as a statistician. She led the change effort by transitioning from a role that was frowned upon by upper constituents to one that was trusted worldwide. Florence Nightingale

New RNs - Case Managers

We are HIRING!

Change lives while enjoying the benefits of a true work-life balance.

Integrity - Initiative - Good Judgment - Teamwork

Visit ameriben.com/careers for more information.

Work, play, and live in beautiful Teton Valley, Idaho!

Apply online at www.tvhcare.org

RN Idaho is published by ANA, 1850 E. Southern Ave., Ste. 1, Tempe, AZ 85224

Toll-free Phone: 888-721-8904
Direct Dial: 404-760-2803 Extension: 2803
Email: rmidaho@idahonurses.org
FAX: 404-240-0998
Website: www.idahonurses.org

Editorial Board:
Carrie Anstrand, MA, BSN, RN, LCCE, IBCLC
Tracy Flynn, PhD, RN, CNE
Beverly Klesper, MSN, RN, NP-C
Katie Laufenerberg, MSN, RN
Barbara McNeil, PhD, RN-BC, Editor
Robin Schaeffer, RN, ANA Idaho Executive Director (advisory)

RN Idaho welcomes comments, suggestions and contributions. Articles, editorials and other submissions may be sent directly to the ANA Idaho office via mail, fax or e-mail. Please call the ANA Idaho office if you have any questions.

Join ANA Idaho Today

We need you!

Membership application http://nursingworld.org/joinana.aspx

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613, (800) 626-4081, sales@aldpub.com. ANA Idaho and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement.

Acceptance of advertising does not imply endorsement or approval by ANA Idaho of products advertised, the advertisers, or the claims made. Rejection of an advertisement does not imply a product offered for advertising is without merit, or that the manufacturer lacks integrity, or that this association disapproves of the product or its use. ANA Idaho and the Arthur L. Davis Publishing Agency, Inc. shall not be held liable for any consequences resulting from purchase or use of an advertiser’s product. Articles appearing in this publication express the opinions of the authors; they do not necessarily reflect views of the staff, board, or membership of ANA Idaho or those of the national or local associations.

RN Idaho is published quarterly every February, May, August and November for ANA Idaho, a constituent member of the American Nurses Association.
In this special section of RN Idaho, we are highlighting ANA Idaho nurses who have been nominated by ANA Idaho peers/co-workers for their outstanding qualities or contributions that ensure nursing excellence in care, management/leadership, or education. Please send your nominees to spotlight in future issues: rnidaho@idahonurses.org.

What are the reasons for nominating this ANA Idaho Member?

“Progressive leader who is hiring and promoting projects that make a difference...for REAL! She is literally shaping the future of nursing in the Women's Health sector!”

Describe your career path in nursing.

For the past 15 years, I have specialized in Maternal-Child Healthcare and have held numerous leadership and programmatic positions within the specialty. I also taught hands-on clinical care at the university level. I hold a Master's Degree in Nursing Leadership, as well as a post-graduate certificate in Adult Learning Theory, from Regis University. I am a natural educator who loves teaching as well as learning and mentoring others. I have experience developing, implementing and maximizing new healthcare programs to serve women and children, both locally and nationally. My diverse clinical background in trauma, cardiac and adult intensive care, NICU, and obstetrics in regional and rural settings has deepened my understanding of healthcare and how to deliver it effectively. As a healthcare executive, my desire is to utilize my knowledge in business development, workforce management, transformational change, rapid cycle improvement, advocacy and strategic thinking to improve the outcomes of our community.

How are you making a difference in nursing or healthcare?

I have substantial interest in building healthcare teams to face the needs of the 21st-Century patient. I energetically mentor and professionally support the development of leaders from all backgrounds. I actively support healthcare students completing their master’s degrees byprocuringtheirgraduatepracticums,workwithpeersseekingaprofessionalmentor,andpartnerwithcolleagueswhoarebuildingbestpracticeinitiativesintheirhealthcaresetting. I believe in leading by example, and I am committed to the role I play in the mission of St. Luke’s, which is to improve the health of the people in the communities we serve. I believe these factors are essential to becoming an inspiring, emotionally intelligent, strategically effective, values-driven leader. I am working to be a leader who rises above business as usual – because there’s nothing usual about the future and I want to be truly exceptional.

During my professional tenure, I have developed numerous innovative programs and have spoken across the country on topics including: Generational Workforce Management, Adoption and Surrogacy Sensitive Care, Medical Bio-Ethics and Leadership Development. My current focus is on the development of a substance abuse during pregnancy program, utilization of integrative therapies, and culturally competent care. Currently, as the Regional Manager, the patient setting for women, outreach and perinatal education programs for the female prisoner population, and the development of a perinatal patient education smart phone app.

What are the signature events or highlights of your career?

- I have participated with Rebecca Vahle, Founder and Executive Director of the non-profit Family to Family Network, to help hospitals across the country implement a new model of care. Family to Family Network is a pro-education, non-profit organization that partners with hospital professionals to better serve families through offering parenting education, adoption support, and community connection.
- Currently participating with this organization to complete a national roll-out of the program with hospitals across the country. By the end of 2017, the program will have been implemented in 11 hospitals across Washington, Idaho, Colorado, and Louisiana.
- In 2018, numerous hospitals across the country will be implementing the Unique Families Program.

Over the last 5 years I have had the opportunity to speak locally and nationally on a multitude of healthcare, leadership and work force management topics.

- 2016–Keynote Speaker, Managing a Multi-Generational Workforce: The Nursing Leader’s New Imperative, and Serving the Unique Family.
- 2016–Keynote Speaker: Managing a Multi-Generational Workforce. Idaho Perinatal Project Winter Conference, Nampa, ID

How has ANA Idaho impacted your career and actions in nursing?

The ANA Idaho organization has been the gold standard for professional nursing at the state level. ANA Idaho has a long history of representing and advocating for Idaho nurses. I have worked in tandem with the ANA through the Association of Women’s, Obstetrical and Neonatal Nurses (AWHONN) to lobby and advocate for healthcare issues important to Idaho residents and women nationally. The ANA represents nurses when it matters most and I have been impressed with the ANA’s commitment to issues such as staffing, nurse workforce development, overtime and improving access to care.

I energetically mentor and professionally support the development of leaders from all backgrounds. I actively support healthcare students completing their master’s degrees by procuring their graduate practicums, work with peers seeking a professional mentor, and partner with colleagues who are building best practice initiatives in their healthcare setting. I believe in leading by example, and I am committed to the role I play in the mission of St. Luke’s, which is to improve the health of the people in the communities we serve. I believe these factors are essential to becoming an inspiring, emotionally intelligent, strategically effective, values-driven leader. I am working to be a leader who rises above business as usual – because there’s nothing usual about the future and I want to be truly exceptional.

During my professional tenure, I have developed numerous innovative programs and have spoken across the country on topics including: Generational Workforce Management, Adoption and Surrogacy Sensitive Care, Medical Bio-Ethics and Leadership Development. My current focus is on the development of a substance abuse during pregnancy program, utilization of integrative therapies, and culturally competent care. Currently, as the Regional Manager, the patient setting for women, outreach and perinatal education programs for the female prisoner population, and the development of a perinatal patient education smart phone app.
Margaret Henbest Retires as IALN Executive Director and New Director Announced

Randall Hudspeth, PhD, MS, APRN-CNP/BC, FAANP, NEA-BC, Idaho Alliance of Leaders in Nursing (IALN) and the Idaho Nursing Action Coalition (INAC) SIP-3 Grant Manager
Email: randhuds@msn.com

At the January meeting of the Idaho Alliance of Leaders in Nursing (IALN) held in Boise, Joan Simon, MSA, BSN, RN, NEA-BC, CENP, Chief Nursing Officer at Kootenai Medical Center in Coeur d’Alene and President of the IALN Board of Directors, announced the resignation and retirement of Margaret Henbest. Margaret has served as the IALN Executive Director since 2009. During her tenure as Executive Director, IALN focused on promoting nursing education and practice issues statewide. IALN received two Robert Wood Johnson Foundation (RWJF) and American Association of Retired Persons (AARP) Grants that focused on overcoming barriers to APRN practice and developing nurse residency and nurse leadership programs and a large grant that focused on achieving the Institute of Medicine goals from the 2010 Future of Nursing Report that was co-funded by the Idaho Department of Health and Welfare (IDHW) and the American Association of Nurse Practitioners (AANP). The IALN also coordinated the bi-annual workforce report that details the status of nursing education, including the supply and demand data within the state. A third area of work is the Special Interest Groups. This includes being the Idaho affiliate of the Nurses on Boards Coalition (NOBC). Additionally, we work with preceptoring graduate students, being a resource for developing new programs, exploring and either seeking or supporting new grant opportunities for healthcare organizations, and being a professional nursing resource to other organizations in Idaho and nationally.

New IALN Executive Director

At the conclusion of the IALN board meeting, President Simon announced that the Board of Directors had contracted Randall Hudspeth, PhD, APRN, FAANP, to be the new Executive Director. He has managed the SIP-3 grant and worked with Margaret for the past two years. Before that time, Randall had retired as Chief Clinical and Nursing Officer for Cleveland Clinic International and had previously been Program Director for Patient Care Services for APRN programs. Randall was also a nurse practitioner at Saint Alphonsus Regional Medical Center in Boise. He is a past chairman of the Idaho Board of Nursing.

Welcome Dr. Hudspeth and thank you Margaret Henbest!
Community Health Workers – New Members of the Health Care Team and Implications for Registered Nurses

Mark Siemon, PhD, RN, APHN-BC, CPH, Population Healthcare Consulting, PLLC. Email: msiemonunn@gmail.com Phone: 208-629-6752

Ryland Lindsay, PhD, MPH, Assistant Professor, Idaho State University Idaho Public Health Association Email: lindyra@isu.edu Phone: 208-375-1779

The authors do not have any conflicts of interest, financial or other; Mark Siemon is a Public Health Nursing Consultant and CEO with Population Healthcare Consulting, PLLC.

Community Health Workers (CHWs) and promotores (gender-neutral term for lay Hispanic/Latino community members who receive specialized training to provide basic health education in the community without being a professional health care worker) are increasingly being used by health care organizations to help meet the goals of the Triple Aim of health care reform: reducing costs, improving quality of care, and improving population health outcomes (Berwick, Nolan, & Whittington, 2008). While statewide measures of Idaho’s health are in or near the top quartile in recent surveys for U.S. health outcomes (United Health Foundation, 2016; Trust for America’s Health, 2016), there continue to be many Idaho residents and underserved communities that lack access to health care services. Social determinants of health, including affordable housing, access to healthy affordable foods, and job opportunities, also make it difficult for many residents to maintain a healthy lifestyle and increase disparities in health outcomes (County Health Rankings, 2016). CHWs have been used by health care organizations to help meet the goals of the county’s Health Care Team and Implications for Registered Nurses. In 2016 the first cohort of CHWs successfully completed the training and hiring CHWs increases. Many of the services CHWs provide have been done in the past by licensed health providers such as Registered Nurses (RNs), Counselors, and Social Workers. The ability of health care teams to successfully integrate CHWs into existing health care teams depends on team members knowledge and experience in working with CHWs, the availability of resources to develop policies and procedures outlining CHWs roles and responsibilities, and adequate supervision and monitoring (Katzhen & Morgan, 2014). CHWs are considered Unlicensed Assistive Personnel, and some health and social service professionals may be unclear on the role CHWs have in the health care system (Spencer, Gunter, & Palensiano, 2010). Keller, Borges, Hoke, & Radassa, 2011). RNs may be hesitant to delegate duties to unlicensed CHWs because standards of care limit the types of duties that can be delegated and primary responsibility for the patient’s safety remains with the RN (American Nurses Association, 2015; American Nurses Association, 2012). Clear scopes of practice and guidelines for referrals need to be developed by organizations for successfully integrate CHW into their health care services (Katzhen & Morgan, 2014), and RNs can play a key role in the development, implementation, and initial supervision of CHW programs.

Key Role of RNs in Idaho

CHWs can help RNs and other health care professionals improve the health of individuals and communities. RNs can assist with the integration of CHWs into health care organizations through increasing their knowledge of evidence-based care involving CHWs. Idaho RNs can learn more about the roles and responsibilities of CHWs through the Centers for Disease Control and Prevention’s website on Community Health Workers: www.cdc.gov or the Association of Territorial and State Health Office’s website: www.atsho.org. The Idaho Department of Health has formed a Community Health Worker Advisory group as part of SHIP, and information on the advisory group can be found at www.ship.idaho.gov. The Idaho Public Health Association is also advocating for CHWs in Idaho to develop a statewide organization to help ensure CHWs have a primary role in the development and advocacy of CHW programs in promoting healthy lifestyles and preventing disease among Idaho residents.

References


Vibra Hospital of Boise is Seeking Talent Like You!

Vibra Hospital of Boise is a growing hospital located in Meridian, ID 83642.

Vibra Hospital of Boise is Seeking Talent Like You!

Full Time RNs Needed! 

Mark Siemon, RN APHN-BC, CPH is hiring Contact Kellie Davidson Today! 

kdavidson@vibrabheralth.com or 812-399-2805

Tenure-Track Nursing Faculty

Visit Professors Clinical Associates

Our School of Nursing is Notable

Our innovative BSN program seeks creative faculty and staff who are passionate about teaching and who have a commitment to diversity and learning-centered education. Linfield’s concept-based nursing curriculum provides a quality education designed to educate and inspire the next generation of nurses. Whether in the classroom, in our state-of-the-art simulation laboratory, or in community-based and acute care clinical settings, we prepare students to provide holistic nursing care. We are actively seeking candidates for the following positions:

Linfield Good Samaritan School of Nursing

Portland, Oregon

The Power of Nursing. The Power of Teaching. At Linfield Good Samaritan School of Nursing, we experienced teaching faculty and staff integrate critical thinking and clinical skills to educate and inspire the next generation of nurses.

All candidates must be eligible for Oregon licensure, and three years of nursing practice in the desired track, visiting professor, and clinical associate roles. Evidence of effective teaching at the BSN level preferred. Advanced degree requirements vary by position. The doctoral is the terminal degree for tenure in Linfield College.

Join Us

Contact Kellie Davidson Today! k davidson@vibrabheralth.com or 812-399-2805

Vibra Hospital of Boise is Seeking Talent Like You!

Join Us

We invite you to visit http://linfieldfaculty.applicantpool.com/jobs/ to apply.

Linfield

Linfield College is a private, comprehensive undergraduate institution with 2600 students across three campuses. The main campus, chartered in 1858, is located in McMinnville, Oregon.

Our Benefits Stand Out

Linfield offers a comprehensive benefits package including 100% employer paid medical for full-time employees, life insurances and 11-16% retirement contributions once eligibility requirement is met. In addition, faculty and staff are eligible for Linfield’s tuition Remission Program.

Required Qualifications

All candidates must be eligible for Oregon licensure, and three years of nursing practice in the desired track, visiting professor, and clinical associate roles. Evidence of effective teaching at the BSN level preferred. Advanced degree requirements vary by position. The doctoral is the terminal degree for tenure in Linfield College.
The 2017 Idaho Legislature Session Wrap-Up

Michael McGrane, RN, MSN
Nurse Leaders of Idaho/ANA Idaho lobbyist
Email: mcgraneconsulting@gmail.com

Compiled March 27, 2017

Summary
The 2017 Idaho Legislature was scheduled to adjourn March 24th, however factions within the Republican dominated House pushed the session into its final week. During the session, 534 bills were introduced. Of those 18 failed and another 148 are being held in committee with no action. The Governor signed 133 and these will become law on July 1st. Three have so far been vetoed including one that would have allowed state employees to enroll in high deductible health insurance plans with health savings accounts. Another 93 bills have been sent to the Governor for his signature and others are still being debated. These numbers show the difficulty in passing legislation.

The 2017 session was very bland overall with little substantive action. During the last few days of the session, legislators have been the most active by considering tax cuts and highway repair. The major controversy was generated by a group of ultra-right-wing legislators fighting the conventional House leadership considering tax cuts and highway repair. The major controversy was generated by a group of ultra-right-wing legislators fighting the conventional House leadership through accusations and attacks in the media, public demonstrations, and tactics to stall floor action. This through accusations and attacks in the media, public demonstrations, and tactics to stall floor action. This was the outcome of an interim legislative workgroup last March 22, 2018. Plan to participate. There will be more information to come.

Health Care Legislation
Regarding health care, the Legislature was in a “wait-and-see” mode, waiting for the federal government to repeal the Affordable Care Act. So, no action was taken to address those working Idahoans caught in the “Gap” between coverage under Medicaid and federal subsidy to purchase health insurance. Four bills with minimal intention to solving the Gap were aired. Three did not get a hearing and the fourth failed. The substance of those bills was the outcome of an interim legislative workgroup last summer providing $10M for basic primary care and only covering a portion of those in the Gap. New rules become effective upon adjournment of the Legislature, “sine-die.”

Several bills to extend consumer choice in health care did pass including allowing pharmacists to prescribe low-risk, single application medications; chiropractors to administer IV vitamin and mineral solutions; and psychologists to prescribe limited psychiatric medications.

A bill to address the faith-healing exemption to the Child Welfare Act which would have allowed court intervention in cases where parents refuse medical treatment for preventable, life-threatening illnesses, failed with strong defense for prayer and freedom of religion over life.

Behavioral health continued to get strong support this year noting the success of the Suicide Prevention Hotline and Center, and allocation for a separate, secured adolescent unit as part of the Jeff D Settlement. Behavioral health continued to get strong support this year noting the success of the Suicide Prevention Hotline and Center, and allocation for a separate, secured adolescent unit as part of the Jeff D Settlement.

All the rules and bills proposed by the Board of Nursing passed with no opposition. A bill to clarify that advanced practice nurses, in addition to physicians and physician assistants, limited to their scope of practice and authorized by the facility credentialing process, can admit patients to psychiatric facilities also passed and will become law in July.

ANA Idaho and Nurse Leaders of Idaho sponsored the first Nurses’ Lobby Day at the Capitol in February. It was an opportunity to create awareness among legislators of the role and strength of nursing in Idaho. Next year’s lobby day will be on Thursday, February 22, 2018. Plan to participate. There will be more information to come.

Board of Nursing Rules
Two bills and four rules presented by the Board of Nursing were adopted:

- **Passed in 2016 – Continued Competence Requirements**
  - **Expand Clinical Preceptors for Advanced Practice Nursing Programs**
    - To expand preceptor opportunities for advanced practice nurses, the rule allows MDs, DOs, and physician assistants practicing in an area relevant to the educational course objectives of the APRN student to be preceptors.
  - **Expand Official Board Notifications to Include email**
    - Given the current use of email as a method of communication, the rule allows the Board of Nursing to use email, when allowed by the recipient, to receive official notices, such as summons, complaints, and subpoenas, as an alternative to traditional mail.

- **Clarify “Impairment Related Disability”**
  - The rule expands and clarifies the definition of impairment, including “alcohol” or “drug abuse,” in the rules by replacing “Impairment Related Disability” with “Substance Use and Mental Health Disorders.”
  - **Eliminate the Renewal and Fee for Emeritus Status Licensure**
    - Emeritus Licensure is a classification available to retired or non-practicing nurses, allowing them to continue to use their license designation (RN, LPN, APRN), but not allowed to actively practice.

  Current rules assess a $25 fee every two years to renew an Emeritus license. The new rule would eliminate the renewal fee, and an associated bill would eliminate the necessity to renew the Emeritus license every two years, making the Emeritus status a lifetime designation.

- **Increase Compensation for Members of the Board of Nursing**
  - Since the compensation for members of the Board of Nursing is set in law rather than rule, this bill increases the daily compensation for Board members from $50/day to $75/day. The last increase in compensation for Board members was in 1998 (19 years ago).

New rules become effective upon adjournment of the Legislature, “sine-die.”

- **Passed in 2016 – Continued Competence Requirements for Renewal of an Active License**
  - Bills passed by the House and Senate and signed by the Governor become law on July 1st unless there is an emergency clause which makes them effective at the end of the legislative session.

The rules add requirements for continuing education and/or clinical practice when renewing a nursing license. The additional competency requirements will become effective with the 2018 licensure renewal cycle.
Advocacy In Action continues from page 6

- A licensee must complete at least two learning activities within the two-year licensure renewal period.
  - Practice Current nursing specialty certification or 100 hours of actual or simulated clinical practice
  - Continuing Education:
    - 15 contact hours
    - 1 semester credit hour from college or university
    - Board recognized refresher course
    - Participation in or presentation of a workshop, seminar, conference or course relevant to nursing practice recognized by a recognized organization.
- The rule specifies requirements for documentation and the retention of records.

BILL SUMMARY


H0081 J-1 VISA WAIVER PROGRAM - PASSED - The Visa Waiver Program currently allows recruitment of up to 30 foreign primary care physicians to practice in underserved areas. The bill would allow 10 of the 30 positions to be used to recruit specialty physicians. Signed by Governor. Becomes Law.

H0091 IMMUNIZATION REGISTRY - FAILED - Idaho Immunization Reminder Information System (IRIS) reporting. IRIS is maintained by the Department of Health & Welfare and is a centralized database to track and notify providers and patients of recommended vaccinations, immunization information, and recall notifications. There is an opt-out provision for those who do not wish to be tracked. Failed House. Bill Died.

H0146 SEXUAL ASSAULT MEDICAL EXAMS, ASSAULT EVIDENCE, NOTIFICATION - PASSED - Victims of sexual assault cannot be denied a medical examination. Inability to pay cannot be an obstacle to receiving an examination. Addresses retention of evidence and notification of victim of case status change. Signed by Governor. Becomes Law.

H0160 HEALTH CARE ASSISTANCE PROGRAM - WITHDRAWN - Primary care, limited prescription and care coordination to cover primary healthcare for those not qualifying for employer or governmental coverage or subsidy including Medicaid; Medicare, or enrollment in the healthcare exchange. House Health & Welfare – Withdrawn. Reintroduced as S1142.

H0161 LICENSING OF MEDICAL LABORATORY PRACTITIONERS - HELD - Establishes licensure requirements for medical lab science practitioners. House Health & Welfare.

H0191 PHARMACY PRESCRIPTION AUTHORITY - PASSED - Allows the Board of Pharmacy to authorize pharmacists to prescribe. Signed by Governor. Becomes Law.

H0195 CLINICAL NUTRITION CERTIFICATION - PASSED - Allows the limited administration by IV of mineral and vitamin preparations by dietitians licensed by the Board of Dietetics. Passed Senate. Sent to Governor. Withdrawn. Reintroduced as S1212.

H0212 PSYCHOLOGISTS PRESCRIPTION AUTHORITY - PASSED - Allows limited prescription authority for mental health drugs. Requires psychopharmacology degree and one year psychiatrist supervision. Signed by Governor. Becomes Law.

H0300 IDAHO ACCOUNTABLE COMMUNITY CARE ACT - HELD - Creates primary care program for Medicaid and those at less than 100% federal poverty level, and creates standards for providers, and incentives for addressing primary care physician shortage. House Ways & Means Committee.
The 2017 Legislative Session

Sandra Evans, MAED, RN, Executive Director Idaho Board of Nursing, P.O. Box 83720, Boise, Idaho 83720-0061
Email: Sandra.evans@ibn.idaho.gov

The 2017 Legislative Session
The 1st Regular Session of the 64th Idaho Legislature will have adjourned by the time you read this “Update from the Board of Nursing.” Each year, this annual activity provides your Board the opportunity to:
• influence state policy by providing helpful, sometimes critical information to lawmakers on request;
• review proposed legislation as it moves through the lawmaking process, to determine what, if any, impact a bill may have on nursing practice, education, or regulation in Idaho;
• engage in dialogue in support of what is in the best interest of public safety; and
• present proposed legislation to amend the Idaho Nursing Practice Act (Idaho Code Title 54, Chapter 14) and Administrative Rules of the Board in order to sustain the relevance of Idaho’s nursing laws.

The Idaho Board of Nursing experienced a rather light, but quite successful legislative year in 2017, including:
• Legislative approval of administrative rule changes allowing for the use of electronic addresses for purposes of nurse-to-board communication, updating language referencing substance use and mental health disorders (previous language referred to “alcohol or drug use” and “emotional or mental health impairment”); deleting the biennial renewal and related fees for an Emeritus License; and deleting the fee for APRN prescribing and dispensing authority;
• Approval of administrative rules amending the requirements for clinical preceptors for APRN students. This change was introduced as temporary rules in July 2016 to allow APRN educational programs to use MDs, DOs and PAs as appropriate clinical preceptors for APRN students in an effort to expand clinical placement opportunities in Idaho;
• Enactment of legislation amending the Nursing Practice Act to discontinue the biennial renewal of an Emeritus License. On implementation of the law on July 1, 2017, an Emeritus License, once issued, will remain in effect until the nurse applies for reinstatement to active practice and a renewable license is issued; and
• Enactment of legislation revising compensation for Board members to $75/day while performing the duties of a Board member (Board compensation, last addressed in 1998, was no longer consistent with that awarded by other Boards of Nursing in the US), also to become effective on July 1, 2017.

Appreciation is extended in particular to ANA Idaho and the Idaho Alliance of Leaders in Nursing for supporting the Board’s pending rules and legislative bills.

January 2017 Board Meeting
The Board of Nursing meets quarterly consistent with the statutory directive to “meet at such times as required to conduct the business of the Board” to regulate nursing practice and education for the purpose of safeguarding the public health, safety and welfare.

At their meeting on January 19-20, 2017, Board members Vicki Allen, RN, Pocatello, Chair; Carrie Nitsch, LPN, Jerome, Vice Chair; Jennifer Hines-Josephson, RN, Rathdrum; Whitney Hunter, Consumer, Boise; Jan Moseley, RN, Coeur d’Alene; Rebecca Reese, LPN, Post Falls; Clay Sanders, APRN, CRNA, Boise; Merrilee Stevenson, RN, Wendell; and Renéé Watson, RN, Boise, considered business related to licensure, practice, education, discipline and alternatives to discipline, governance, communication and operations. In addition to reviewing outcomes of meetings attended, discussing reports from committees, and approving revisions to Board policies, the Board took formal action to revoke six RN licenses and one LPN license and deny one application for RN licensure by endorsement all for violations of the Idaho Nursing Practice Act and/or Rules of the Board; took action to amend a prior Order of the Board to allow early reinstatement of a previously disciplined RN license; and granted continued full approval for the period ending July 25 to the practical nursing program administered by Carrington College, Boise.
The Board also reviewed and suggested revisions to Board foundational belief statements related to Education and Safety to Practice. These statements, developed and adopted by the Board, provide for congruence between Board philosophy, strategic goals and operational priorities and provide for consistency over time as Board member terms expire and new members are appointed. The statements are regularly reviewed and refined to ensure they remain relevant and reflective of the current Board’s thinking. Once finalized, foundational statements are posted to the Board’s website at www.ibn.gov.

At the January meeting, the Board also discussed key issues of relevance to the Board, including:
• Future Board of Nursing structure and member requirements, specifically the preferred number of members, diversity of members (e.g. number of LPNs, RNs, APRNs, consumers), and the 2015 request from the Idaho Nursing Action Coalition (INAC) to delete criteria specific to pre-licensure preparation of RN members
• Role of the Board in regulating nursing assistant training, including instructor and program approval, functions dating back to adoption of the 1987 Congressional Omnibus Budget Reconciliation Act (the “Nursing Home Reform Act”) when the Idaho Department of Health and Welfare contracted with the Board of Nursing to manage certain requirements related to nursing assistant training, testing and maintenance of the Idaho Nurse Aide Registry
• Regulatory implications of legalizing medical marijuana, if that should occur in Idaho, but also as a result of that legalization in many of Idaho’s neighboring states
• Real or perceived obstacles to innovation in education, such as increasing the application of simulation in nursing education and interdisciplinary education and faculty qualifications, to name a few.

Enhanced Nurse Licensure Compact
On March 16, 2016, Governor C.L. “Butch” Otter signed Senate Bill 1251 into law, making Idaho one of 10 states to enact the “enhanced” Nurse Licensure Compact (eNLC) that year. The threshold for implementation of the eNLC is 26 enacting states or December 31, 2018, whichever occurs first. At the writing of this article, 13 states have adopted the eNLC and 15 more have legislation pending… we are very close to (see Figure 1) enactment of this new Compact!

Board Meetings
As always, the Board invites the public to attend scheduled Board meetings and participate in the Open Forum held on the second day of each meeting. The Open Forum provides the opportunity to dialogue with the Board on issues of interest that are not necessarily included on the published agenda. The Board will not take action on issues introduced during the Forum, but may choose to address them at a later scheduled Board meeting.

Board members are appointed by the Governor to four-year terms and may be appointed to serve up to three consecutive terms. Each term ends April 1 of the defined 4-year period. Persons interested in serving on the Board should visit https://gov.idaho.gov/boards/boards.cfm for more information.

The next meetings of the Board are tentatively scheduled for April 20-21, July 20-21, and October 12-13, 2017. Meetings are held in Boise at locations to be determined. For further information, visit the Board’s website or contact the Board office at 208.577.2476.

Barbara McNeill, PhD, RN-BC (nursing informatics)
Adjunct graduate faculty Gonzaga University
and Nova Southeastern University
Editor, RN Idaho
Email: mcneilb@gonzaga.edu or bmcnell@nova.edu

The author declares there are no conflicts of interest associated with writing or submitting this paper.

Formatting an article or report for publication in a journal or newsletter is a challenge for writers because publications have different format requirements for organizing content, references, length, etc. There are “Guidelines for Authors” found within the pages of specific journals/newsletters or these must be obtained through the Internet (RN Idaho, 2016). The purpose of this article is to build on Part 1 Writing Tips and to provide guidance for writing in the 6th edition American Psychological Association (APA) style. These formatting guidelines are required for submission of articles/reports to RN Idaho.

General APA Format for All Pages

Font Style, Font Size, Space Between Lines, Margins, and Headings
For all pages, utilize 12-point font size and Times New Roman style. Double space between lines, including the citations on the reference page. The margins should be one inch on all sides and each paragraph should be indented five spaces.

Use level headings to organize the content of the paper. The APA 6th edition (APA, 2010, Section 3.03) shows five levels of headings that can be utilized (Purdue Online Writing Lab [OWL], 2007). The use of level headings not only organizes the paper but also makes it easier to read and for the reader to understand the content. For RN Idaho, you do not need to submit a separate title page or introduction page.

Be sure to number the pages of the paper sequentially and, although required for APA format, you do not need to include a page header on each page.

APA Reference Page Citations: Typical Examples
Here are some common examples of how to cite types of sources within APA format on the Reference page. Tips are included with selected examples. In general, APA formatted journal references will include these five elements: author, date, article title, publication title, and publishing date (volume, issue & page numbers).

One or two authors for a journal reference. The APA template is:

Author(s), A.A. (Year of publication). Title of the paper. Journal Name, volume number(issue number), page range. doi number if available

Examples of References Citing One or Two Authors of a Journal Article:


Tips:
1. Sentence case for the title of the paper. Capitalize proper nouns or names.
2. Omit “volume” and “issue” and “page” – include just the numerals.
3. Italicize the journal name and the volume numeral.
4. Spell out journal name – no abbreviations.
5. Indent second and subsequent lines (hanging indent).
6. Capitalize first word in a subsection of a title (after a colon).
7. Omit period after the DOI number.

Eight or more authors of a journal. This is a special case in APA format for the reference page when the citation includes eight or more authors. Include the first six author names, add three ellipses, and then add last author’s name. Remember that “number 7 is unlucky” e.g., the seventh author does not show in a reference citation of eight authors or more.

Example of a Reference Citing Eight (8) or More Authors of a Journal Article:


Webpage references. Citing electronic sources may be challenging. APA recommends using the Digital Object
APA Format for In-Text Citations

In-text citations are embedded into the sentences and paragraphs of a paper. They are used to refer to quoted and paraphrased ideas and facts. There are APA rules for inserting the number of authors for each source. In-text citations are found within the body of the paper and have specific formats. An in-text citation is like a beacon that will refer the reader to the reference page to find the detailed information about the source. Thus, the in-text citation must match the reference page information.

In-text citation for one or two authors. The format is as follows.

Example of In-Text Citation of Multiple Sources:

In this example, there are three studies (in alphabetical order) that are cited to support this information in the sentence text of the paper. The APA Manual of the American Psychological Association (6th ed.) provides a more detailed information about the source. Thus, the in-text citation must match the reference page information.

Conclusion

This article was designed to help authors understand the guidelines for submitting a manuscript to the American Psychological Association (APA) format. Several examples of APA (6th edition) format are provided for references, in-text citations, and setting up the paper. Additional information about citing unusual types of sources, formatting the page, and using quotation marks is found in the APA Manual and other APA online resources, including APA blogs. Nurses also want to confer with their workplace or university librarians who have expertise in professional writing and APA format. APA format will continue to evolve; it is important to use this format consistently and to realize that APA guidelines will change as new sources of information develop. Although the APA formatting rules may at first seem overwhelming, they will become familiar as you continue to write. Refer to the APA Handbook at your side as you write and need to add new sources to your manuscripts and reports. In time, you can become a knowledgeable APA user and may even find it fun as you discover how to cite a different document in APA format!

References


Example of Reference from a Webpage with No Author and No Date of Publication:


Example of Reference from a Webpage with No Author and Date of Publication:


Tips:

1. No date of retrieval unless the information changes over time.
2. Italicize the Web page title.
3. Omit the period after URL.
4. Note there are special formatting rules when information is missing such as the author name or date of publication (see below)

Webpage reference with no author and no date of publication. Substitute the title of the webpage in the place of the author and insert “n.d.” if no date of publication is listed. There is no period after the URL and the hyperlink should be removed. The title of webpage is italicized.

Example of a Reference Citing a Webpage from a Website:


Tips:

1. No date of retrieval unless the information changes over time.
2. Italicize the Web page title.
3. Omit the period after URL.
4. Note there are special formatting rules when information is missing such as the author name or date of publication (see below)

APA Format for In-Text Citations

In-text citations are embedded into the sentences and paragraphs of a paper. They are used to refer to quoted and paraphrased ideas and facts. There are APA rules for inserting the number of authors for each source. In-text citations are found within the body of the paper and have specific formats. An in-text citation is like a beacon that will refer the reader to the reference page to find the detailed information about the source. Thus, the in-text citation must match the reference page information.

In-text citation for one or two authors. The format is as follows.

Example of In-Text Citation:

In the following example, one source with six or more authors supported this statement in the text of the paper. One study provided evidence for this information (Johnson et al., 2017).

Tips:

1. If there are five or less authors, cite within parentheses all author last names the first time. Remember that “5 is a lucky number” and all authors are cited in-text the first time. Subsequently, cite the first author and et al. with the year.
2. Ampersands are always used within parentheses to separate multiple author last names.

The authors who are Johnson, Ito, Jackson, Spiro, Rogers, & Carlos, use “et al.” as in the example. Et al. means “and others.”

Example of an In-Text Citation of Six or More Authors:

In the following example, one source with six or more authors supported this statement in the text of the paper.

One study provided evidence for this information (Johnson et al., 2017).

Tips:

1. If there are five or less authors, cite within parentheses all author last names the first time. Remember that “5 is a lucky number” and all authors are cited in-text the first time. Subsequently, cite the first author and et al. with the year.
2. Ampersands are always used within parentheses to separate multiple author last names.

Citing multiple sources to simultaneously support in-text information. Alphabetize sources by first author’s last name and separate sources by a semi-colon within one pair of parentheses.

Example of an In-Text Citation of Multiple Sources:

In this example, there are three sources (in alphabetical order) that are cited to support this information in the sentence text of the paper.

Three research studies provided evidence to support this new intervention (Johnson et al., 2017; Maradi & Dirks, 2015; Mathews, 2015).

Tips:

1. If there are five or less authors, cite within parentheses all author last names the first time. Remember that “5 is a lucky number” and all authors are cited in-text the first time. Subsequently, cite the first author and et al. with the year.
2. Ampersands are always used within parentheses to separate multiple author last names.

The authors who are Johnson, Ito, Jackson, Spiro, Rogers, & Carlos, use “et al.” as in the example. Et al. means “and others.”
The Problem with Stress During Pregnancy

Holly Lammer, RNC-OB C-ECFM, St. Luke’s Labor and Delivery, Boise, Idaho
email: HollyLammer@embryoga.com

“The history of man for the nine months preceding his birth would probably be far more interesting and contain events of greater moment than for all the three score and ten years that follow it.”

—Samuel Taylor Coleridge

Decreasing the amount of stress that we encounter daily is beneficial to our health. Stress initiates the body’s “emergency response system” which activates the adrenal glands to secrete cortisol and adrenaline. Cortisol is important for energy (glucose metabolism), blood pressure regulation, immune function and inflammatory response, but is secreted in higher levels during increased stress. Heart disease, diabetes, autoimmune disorders, chronic inflammatory disorders, mental health issues and obesity can all in some way be linked to how the chemicals of stress wreak havoc on our body. Stress initiates the body’s ‘emergency response system’ which activates the adrenal glands to secrete cortisol and adrenaline. Cortisol is important for energy (glucose metabolism), blood pressure regulation, immune function and inflammatory response, but is secreted in higher levels during increased stress.

One concern is how these chemicals affect a woman and her growing fetus during pregnancy. Many pregnant women in the U.S. are exposed to chronic stress and these stress chemicals pass directly to the growing fetus through the placenta, basically priming the baby for what to expect when it’s born. The stress of job responsibilities, finances, family responsibilities, the expectation and drive for success, high fat and low nutrient diets, lack of time for physical activity, lack of community and family support, intimate partner violence, effects of racism and social marginalization are all examples of common stressors during pregnancy. The stress chemicals that the fetus is exposed to during gestation can have lasting effects for the rest of its life – manifesting in disorders of mood, behavior, heart disease, immune disorders, and obesity.

Watering the Seeds of Peace

But there is hope. Pregnant women can seek to balance and reduce their stress in order to pass on positive neurological chemicals to their babies. In the same way that babies are primed for disease and violence and pass on these tendencies to their offspring, babies can also be primed for emotional intelligence, joy, and a generally happier and healthier life. In particular, mindfulness practices such as yoga and meditation has profound impacts on the human brain and, when practiced in the prenatal period, can also influence the growing brain of the fetus (Pena, Monk, & Champagne, 2012).

References


Finances 101: Combatting Rising Health Care Costs

Nurse Leaders of Idaho: Welcome New Board Members!

Deena R. Rauch, MSN, RN, NEA-BC, FACHE; Executive Director, Nurse Leaders of Idaho
Email: drauch@nurseleaders.org or kiuliano@nurseleaders.org or 208-367-1171

Nurse Leaders of Idaho (NLI) welcomes three new board members. First, Margaret Henbest is once again joining the leadership of NLI to fulfill an unexpired term as Treasurer left by Kyle Packard from the College of Southern Idaho. We thank Kyle Packard for his year of service and we wish him the best in his new position! Second, we welcome Joanne Pearce from Idaho State University. Joanne is filling the vacancy for Region 6. Third, we welcome Tracy Watt from St. Alphonsus Medical Center in Nampa. Tracy is fulfilling the unexpired term that has been left by Jennifer Wagenaar in Region 3. We thank Jennifer for her service and we wish her the best as she takes the position of Chief Nursing Executive, Mountain Division, for the Healthcare Corporation of America.

As I reported in the last issue, NLI is working on strategies to increase membership engagement.

• NLI has expanded its membership recruitment to include nurse leaders across the care continuum.
• NLI has partnered with American Nurses Association Idaho to implement Phone2Action, a grassroots advocacy platform. Phone2Action was used by both organizations to advance our legislative agendas during this year’s legislative session. Special thanks to Mike McGrane, our lobbyist!

• Based on feedback from our members at the 2016 Idaho Hospital Association meeting, we are sponsoring our first Evidence-based Practice Workshop on September 20, 2017 at Boise State University (BSU). Special thanks to BSU’s College of Nursing for providing a venue for this event.

• NLI is increasing the use of social media. Please, join us on Facebook. With input from members, NLI is in the process of updating the website.

References
ANA Idaho is pleased to honor deceased registered nurses who graduated from Idaho nursing programs and/or served in Idaho during their nursing careers. Included information, if known or when space allows, will include the date when deceased and the Idaho nursing program.

The names will be submitted to the American Nurses Association for inclusion in a memorial held in conjunction with the ANA House of Delegates. Please enable the list’s inclusiveness by submitting information to idaho@ana.org.

Connors, Nancy Catherine, January 21, 2017. Nancy earned a BSN from the University of Virginia and initially worked as a traveling nurse. She later was employed for 17 years in the Neonatal Intensive Care Unit (NICU) at St. Luke’s Children’s Hospital in Boise, caring for premature and severely ill newborns and precepting new nurses. Nancy then transferred to Boise, caring for premature and severely ill newborns and precepting new nurses. Nancy then transferred to the Veterans’ Home until 2013. She then moved to Lewiston, where she worked at the Veterans’ Home until 2013. She cherished her career as a nurse, but health issues forced an early retirement. Sheryl loved nurturing and caring for people, and will be fondly remembered by the many individuals whose lives she touched.

Griner, Carmelita, December 20, 2016. Carmen learned how to overcome tragedy at a young age, having lost her mother at the age of 3. She was an excellent student, attending the country school outside of Palouse, and skipped the third and fifth grades. She studied at Walla-Walla Community College to become a Licensed Practical Nurse, working first at Tri-State Memorial Hospital and St. Joseph Hospital and later with Dr. Banks and Dr. Stouten at Valley Medical Center. Carmen loved all the nurses and doctors she worked with and was passionate about the care she delivered.

Hodges, Ireta Rae Egbert, January 2, 2017. Ireta was raised on a farm located in Murtaugh, Idaho. She learned at an early age how to overcome tragedy, having lost her mother at the age of 3. She was an excellent student, attending the country school outside of Palouse, and skipped the third and fifth grades. She studied at Walla-Walla Community College to become a Licensed Practical Nurse, working first at Tri-State Memorial Hospital and St. Joseph Hospital and later with Dr. Banks and Dr. Stouten at Valley Medical Center. Carmen loved all the nurses and doctors she worked with and was passionate about the care she delivered.

Hodges, Ireta Rae Egbert, January 2, 2017. Ireta was raised on a farm located in Murtaugh, Idaho. She attended Rick’s College and graduated from the LDS School of Nursing. As a registered nurse, she served in Boise as a Humanitarian Specialist at the LDS HomeCraft, making quilts for others in need across the globe. Ireta found happiness in providing daycare to many children in her community. She is remembered by her many friends, kindness, and joy she brought to so many others.

Joslyn, Grace Elizabeth Arnold, January 3, 2017. Grace was a native Idahoan and lived a full life spanning 101 years. She attended Boise Junior College and earned her registered nurse credential from St. Luke’s Hospital in Boise. Grace loved nature, water color painting, and the Sawtooth Mountains. Her positive thinking, resilience, kindness, and concern for others will be remembered by family and friends.

McCaskill-Crisp, Elaine, December 31, 2016. Born and raised in Idaho, Elaine completed her LPN training at the College of Southern Idaho. She worked in the Twin Falls Clinic on the medical-surgical unit and in the VA Community Living Center. Her courage, spirit of adventure, and love of travel and raising poodles are her legacies. She will be missed greatly by family and friends.

Tobin, Ethel Elsie, March 4, 2017. Known by many simply as “E,” Ethel grew up in the Grangermont area and moved to Lewiston to pursue her passion in nursing. She graduated from the St. Joseph School of Nursing in May, 1951, beginning her career as a registered nurse that would span over 36 years. Ethel was loved by many as the pediatric nurse for Dr. Mannschreck and Dr. Olson, then later as a nurse in the Lewiston Orthopedic Clinic. Ethel’s unconditional love changed many lives, and she will be forever missed.

Young, Winifred Wynona, March 16, 2017. Winnie realized her dream of being a nurse and worked in Oklahoma, Arizona, South Dakota, and Idaho. In Caldwell, Idaho, she worked at the West Valley Medical Center. In Boise, she was employed by the State of Idaho. Winnie will be remembered for her generosity, hard work, dedication to nursing, and love of travel.

Columbia County Healthcare System is a dedicated group of professionals who are committed to serving Dayton, Washington and the surrounding communities. With skilled practitioners, state of the art technologies, and access to an outstanding network of higher level care, CCHS is a great place to work. Nestled in the beautiful Blue Mountains and a bedroom community to one of the top wine regions in Washington, Dayton is a great place to call home. It is the perfect place for a great work life balance with its small rural character, many outdoor recreation opportunities and unique vibe.

CCHS is currently growing and we are seeking skilled nursing candidates for the following opportunities. Acute/ED, Clinic, LTC, RN, LPN and CNAs. If you are interested, please visit cchd-wa.org/employment. We offer full benefits – medical, dental, vision, life, paid time off, 401K retirement and more.
The reason to screen is to intervene! Problems can be detected in the first months of life. Babies can’t tell us they can’t hear, but hearing loss can. About 1 in every 10 babies who do not pass the newborn hearing screen are found to have a hearing loss. An estimated 70 babies are born with some degree of hearing loss every year in Idaho – May is Better Speech and Hearing Month! It’s your choice! It’s your privilege! We need just two things, a snappy brand logo like Mickey and you!

Executive Director’s Report continued from page 1

The three-year WMSD business pilot was completed in December 2016 and proved so successful, both financially and operationally, that your ANA Idaho Board of Directors has given the green light to work with three other states (Arizona, California, and Utah) to create a permanent and sustainable business structure. What does this mean for ANA Idaho members? It means that your membership dollars will go farther and be spent wiser. It means that ANA Idaho staff can focus 100% of their efforts on unique state-based work while back-office business will be consolidated with other states and run by the WMSD Regional Director. It means that two members of the ANA Idaho Board of Directors will have a seat on the newly created WMSD Board of Directors. It is important to note that the work of ANA Idaho continues. We are simply streamlining business functions that are common to each state.

As a member of ANA Idaho, here is what you can expect to experience in the next year:

- More member engagement opportunities (virtual and live)
- More robust communication strategies
- Idaho Executive Director (Robin Schaeffer) moving to the Regional Director role of the WMSD
- Idaho State Director (new position) focused only on Idaho-based advocacy and membership

It is my belief that every nurse should belong to ANA Idaho, but many just don’t know it yet. Christensen (2017, para 1) describes Disruptive Innovation as “a process by which a product or service takes root initially in simple applications at the bottom of the market and then moves up, eventually displacing established competitors.” For example, traditional doctor’s offices have been disrupted by retail medical clinics. Running an association in the 21st century requires some level of disruptive innovation to stay viable and relevant. Nurses are looking for a different association experience.

It’s great to be on the same track as Disney pursuing Operating Efficiency, Revenue Generation, Stakeholder Satisfaction, and Attracting and Retaining Customers (or as we call you… members). We need just two things, a snappy brand logo like Mickey and you!

References
LOVE YOUR EDUCATION, LOVE YOUR CAREER IN NURSING.

Whether you are an RN wishing to complete your bachelor’s degree, you are ready to step into leadership with an MSN, or you are looking to become an independent practitioner with an FNP, NNU has a program to help you reach your career goal. You’ll love our experienced nursing faculty, rigorous academic preparation and flexible online format.

Call 1-877-NNU-GRAD or visit NNU.EDU/NURSING to get started today.