Happy New Year to all the wonderful nurses of Idaho. The new year has a way of bringing excitement and energy, but can add stress related to new expectations we place on ourselves. This can be a wonderful opportunity to set resolutions as we outline goals for life, love, career, family, and all that we work towards to achieve a full and meaningful existence. Successful goal setting starts with a reflection on the past and then set a thoughtful intention related to future goals, aspirations, and desires. To achieve these goals, it is important to have an understanding and openness to what can be gained through the process. By letting go of rigid expectations, we often arrive at a result that exceeds previously set goals.

In November, I had two great professional experiences during which we discussed resilience through an ever evolving, dynamic profession, and engagement in this process whether that be through political advocacy or professional practice. The second was at the ANA Annual Leadership Summit in Washington D.C. where we discussed the intricacies of association leadership, nursing leadership and advocacy at the state and national level, and the evaluation, explanation, and promotion of the nursing profession as a vital role in the health and well-being of our nation. Each of these experiences left me feeling proud and energized by the individuals surrounding me, the new information I learned, and the opportunity it gave me to share my knowledge, expertise, and ideas with extraordinary nurse leaders from our community and around the nation.

They also left me realizing that we, as humans, spend a significant amount of time waiting for someone else to do the work. We wait for guidance, for consensus, for commitment, or we criticize the process rather than do the work. We wait. This realization felt as vague and daunting as it sounds, but as I traveled home back into my life and responsibilities, I was able to reflect on how to juggle it all, it dawned a place where we can call home, our professional home that is.

A place where our Badge of Pride resides!

So, what exactly is the Badge of Pride and how do we acquire it? It is a cost-effective membership to the only Idaho-based nursing organization that represents the vital role in the health and well-being of our nation. Each Idaho-based nursing organization that represents the vital role in the health and well-being of our nation. Each

from the President continued on page 3
the interests of ALL Idaho nurses. Joining ANA Idaho (formerly, Idaho Nurses Association) automatically makes you a member of the state AND a member of the national American Nurses Association (ANA). That’s 2 levels of membership for just $15/month! Membership shows commitment to your profession and supports state-based work that affects your job and your career. The Badge of Pride is something that looks a bit different on each nurse. After all, with over 23,000 nurses in Idaho, diversity is one of the keys to association engagement and success. Here are some of main reasons why so many of you are already members and why, if you are not a member you will want to join and wear your Badge of Pride:

Advance your Career
• As one member stated “I attended the annual conference and sat next to a nurse leader. She helped me get an interview and I was hired!”
• Attend local and national conferences at a discounted rate
• Sit on local boards and committees
• Attend free webinars
• ANCC certification discounts
• Attend leadership courses

Stay Current with these publications
• RN Idaho and American Nurse Today
• OHIN – Online Journal of Nursing Issues (peer-reviewed)
• Foundation of Nursing (Code of Ethics, Social Policy Statement)
• Professional Tools: CINAHL, Drug Name Error Finder Tool, PubMed Citations

Influence decisions that impact nurses at the state and national level
• It’s all about using your voice. Meeting with Idaho representatives and senators at our state and national Capitol continues to be one of the most powerful experiences that our nurses report year after year. One nurse stated: “This was such an awesome experience; it made me realize there is more to nursing than just 12-hour shifts.” February 22nd is our Nurses for Idaho Lobby Day. Visit www.idahonurses.org and sign up. Also, did you know that nurses from ANA are on Capitol Hill regularly where issues like safe nurse staffing are being addressed with members of congress?

Save Money
• Discounts on ANA-published books
• Protect yourself with ANA personal benefits: Professional Liability, Financial Planning, Auto Insurance and more
• Priceless has a price and this one is only $15 a month! Visit the ANA – Idaho (www.idahonurses.org) and ANA (www.nursingworld.org) websites to learn about the work of nursing on the local and national level. Membership process is online or printed on 15.

Thank you for choosing our great profession of nursing. Thank you to our hundreds of ID nurses who are already ANA/Idaho/ANA members. To those that are not members, thank you for reading this article; there is nothing I would like more than to see your name on our next new member list.

Executive Director’s Report continued from page 1

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 views of the staff, board, or membership of ANA. 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.
on me that there is a tangible and realistic solution. If we all just show up as our authentic selves in all aspects of our lives, giving what we can to fuel our passion and commitment, there is a real chance we’ll achieve the things that felt previously unattainable. We can find professional progress and personal growth, satisfaction, and peace purely by engaging at our highest level.

So, what does it mean to show up as our authentic selves? It means first understanding who you are, where your strength lies, and what is meaningful and important to you. What are you passionate about? When was the last time you sat down and evaluated your passion, your drive? The best way to start this process is to become present and aware of yourself. Be aware of your surroundings, of your experiences, of life, and listen to what it is telling you and guiding you to do. Notice how you react during professional and personal interactions, and let the positive experiences guide your purpose. And then go after that with all you have. Sometimes that will mean that we can’t take on the extra committee work right now because we need to be focused on a child or other family member who needs our full attention to be healthy and successful. Other times it means stepping back to evaluate your inner self, questions, and truth. And other times it means engaging at the next level for the profession. Nurses do show up, every day, for their patients and usually for each other as well. We come to work with experience, knowledge, and purpose, and we give it our all. Often that means bringing some creative genius to a situation to enhance the patient experience and ensure positive patient outcomes. What if you took that creativity to the next level and engaged in a process to improve that experience for all patients, not just your own? Show ing up in your professional practice means realizing that nursing is about the entire patient experience – those we care for directly, and indirectly. To ensure positive patient outcomes for all and maintain the well-deserved description as the most trusted profession, we must each bring our own creativity, expertise, knowledge, and collaboration to whatever table is available to you. That may be your unit huddle, a short-term project, serving on a shared governance committee, leading a committee, leading a unit, precepting a new nurse, volunteering within this state association to advance nursing practice, or showing up to a day at the capitol for the first time. Whatever your capacity is and where your passion is guiding you, recognize it, and go for it.

I personally have spent the last year on a path to self-discovery, personal evaluation and reflection, and find myself with more questions than answers at the end of a focused twelve-month journey. Yet through this path I have also become calmer in my sense of being, more present in every action I take, and am closer to a sense of peace than ever before. I attribute this to my knowledge that all we can do is to bring our best, fullest self to everything we do. That means being honest with where you are in life, what you have to give, and what you need for yourself to be successful. Authenticity to who you are and what is important to you is key to success in personal and career fulfillment. Once you determine what is most important to you, show up completely. Give to receive. Invest in your profession, your career, your family, yourself. If you show up in your life with your sense of passion and truth, you will be successful.

2018 Access to Affordable Healthcare
Michael McGrane, MSN, RN

A top priority for ANA/Idaho is “Promoting legislation that provides access to affordable healthcare for all Idahoans.” For the past two years efforts in the Idaho Legislature have failed to provide affordable coverage for the nearly 78,000 Idahoans (those in the Coverage Gap) who make too much to qualify for Medicaid and too little to qualify for financial support to purchase private health insurance. For a family of four with working parents, an annual income of $6,318 is too much to qualify for Medicaid, and an annual income of $24,300 is too much to get assistance through “My Idaho Health,” the state health insurance exchange. While most Idahoans receive health coverage through their employer, small businesses and individual markets account for 40% of the cost. By shifting them just 2% of those on the individual insurance market to purchase coverage.

1) Under Section 1115 of the Social Security Act allows states flexibility in Medicaid and the Children’s Health Insurance Program (CHIP). The Idaho Department of Health and Welfare has a proposal to add those Idahoans under age 65 who earn less than 400% of the federal poverty level ($9,400 for a family of four) and who have high-cost, medically complex conditions to qualify for Medicaid. This proposal would shift this group from coverage under the private health insurance market onto Medicaid which is financed with 70% federal dollars and 30% state funding. This group with complex high-cost conditions account for just 2% of those on the individual insurance market but account for 40% of the cost. By shifting them out of the individual market, it would reduce private insurance premiums and help stabilize the insurance market while providing needed coverage for those with complex conditions such as end-of-life care, cancers, quadriplegia and severe genetic disorders.

Following several public hearings in December, Idaho anticipates submitting the waiver requests to the federal government (Centers for Medicare & Medicaid Services [CMS]) in January and to seek legislative approval during the 2018 legislative session in March. Based upon approval of the legislation, the state would expect a determination sometime in May with coverage beginning for those eligible in July 2018 and January 2019.

Our 2018 “Nurse’s for Idaho!” Advocacy Day is fast approaching! We will gather on the first floor rotunda of our Idaho State Capital. We look forward to seeing nurses from across the state come together to form one collective and powerful voice for nursing. As a bonus, we anticipate being approved for 2 CEUs for your attendance at this event.

As most of you know, our legislative session begins in January and runs into March. We would love to have your presence and your voice at the State Capitol to help raise awareness for the issues that impact Idaho’s 27,000 Nurses, the nursing profession as a whole, and the public we serve. Our #1 goal each legislative session is to raise awareness about the importance of nursing among legislators and increase the presence of Idaho’s nurses – YOU are the expert on issues that affect our patients and our communities, YOU understand the issues that impact your workplace on a daily basis, and YOU represent the most trusted profession for the 15th year in a row – YOUR voice needs to be heard in Idaho’s legislature.

The ANA-Idaho Legislative Committee will be available throughout the day if you’d like to schedule an appointment to speak with your District Representatives. If you would like help scheduling those appointments please contact us at info@idahonurses.org or if you’d like one of us to attend with you, we’re more than willing and happy to do so! We will see you on February 22nd!

The Boise VA Medical Center is currently recruiting for:

- 10 Paid Holidays
- Salary based on Education & Experience
- Retirement Plan
- Health Insurance w/ employer
- 2122 S. Secretariat Way Nampa, ID 83686
- Must be U.S. citizen. EEO employer.
- For more information, visit g vahealthcarejobs.com or email boirecruiter@va.gov.

We want to hear your stories and see your experiences guide your purpose. And then go after that professional and personal interactions, and let the positive experiences guide your purpose. And then go after that professional and personal interactions, and let the positive experiences guide your purpose. And then go after that professional and personal interactions, and let the positive experiences guide your purpose.

Questions: Contact Human Resources at 208-422-1211 or email bairnrec@va.gov.
Department of Veterans Affairs Medical Center 505 West Fort Street, Boise, ID 83702
Phone U.S. citizens: 1-800-999-6832

Take your nursing career to the next level
- Special discount offers for Nurses and their families through the ANA
- Life Insurance - living benefit options

Blaine is a broker who has been selected by Anchor Health (chosen by the American Nurses Association) as a special advocate for Nurses and their families in planning for long term care protection.

February, March, April 2018 From the President continued from page 1
The State of Idaho, Prenatal Care, and the Opiate Epidemic

Kristy Schmidt, MRN
Clinical Program Manager,
St. Luke's Health System, Women's Services
schmidtk@slhs.org

According to the Centers for Disease Control (CDC), the State of Idaho has a rate of 9.4/1000 people of opiate misuse and dependence, including prescription drugs and heroin (2015). The same information from the CDC reveals that Idaho ranks among states with the lowest access to treatment for opiate use disorder at a rate of 0.73 per 1,000 people. This disproportionate rate of substance use to treatment availability has created a deficit in our communities for those seeking treatment and stabilization for substance use and addiction issues. In order to address the current state and national trends of opiate use and issues associated with addiction, Idaho must advance its access to safe, affordable, rural, and best practice treatment programs for patients needing services in all regions of the state.

A particularly vulnerable population that is greatly impacted by the opioid epidemic is pregnant women. According to Substance Abuse and Health (NSDUH), 5.6% of pregnant women reported using illicit drugs within the last 30 days (Substance Abuse and Mental Health Services Administration [SAMHSA], 2015). Women are more likely to seek help for addiction treatment during pregnancy (World Health Organization [WHO], 2014). Access to treatment for this population is frequently lower than the general population due to lack of pregnancy specific services and general misconceptions about how to care for these patients. This access to care must be improved, be made readily available, and Idaho must have increased resources and treatment options for this population. Caring for pregnant women with opiate use disorder has the potential to positively impact outcomes for the woman, the infant, the family, and the community. A care approach in assisting pregnant women with substance use issues is the pinnacle of population health.

As a nursing community, we must advocate for this patient population by educating ourselves and others on substance use disorder. We must practice evidence based care for treatment during pregnancy and our hospital policies and state laws need to reflect this. The decriminalization of substance use during pregnancy is needed. It needs to be treated as a mental health issue and most patients do not have access to addiction services in the jail setting (American College of Obstetricians and Gynecologists, 2017; Stone 2015). Substance use and addiction issues are specific to trauma informed care must be implemented at all levels from the Obstetrical and Family Practice outpatient setting to Labor and Delivery and the Neonatal Intensive Care Unit (NICU) (SAMHSA, 2011). And finally, we must reflect on our own personal opinions, biases, and stereotypes regarding this patient population. We must understand that these biases may impact patient care in a non-neutral or non-compassionate manner. We must strive to change the stigma that is associated with pregnant women who have substance use issues in order to help them access services and care in a way that is non-punitive and non-judgmental. We should approach care in a way that provides positive interventions and support for women who seek treatment so that they may experience recovery.

References


Center for Behavioral Health Statistics and Quality (2016). 2015 National Survey on Drug Use and Health: Detailed Tables. Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD.


Online RN to BSN Track

Flexible scheduling
Completely online
Local preceptors
Complete in as few as 9 months

For more information, visit us at www.lcsce.edu/nursing

Exploring Reimbursement Parity for Idaho's Nurse Practitioners

Melanie Nash, DNP, APRN
mel_nash56@yahoo.com

The Nurse Practitioners of Idaho (NPI) organization has partnered with Idaho center for rural health to provide registrated nurse anesthetists (CRNAs) and certified nurse midwives (CNMs) to explore stakeholder position and future solutions for “reimbursement parity” for nurse practitioners (NPs). Reimbursement parity requires insurance entities to provide equal reimbursement for the same work billed under the same codes. Currently in Idaho, NPs are paid 85% of what is paid to physician colleagues for the same health care services.

Impact of Current Reimbursement Rates on NPs in Idaho

Statistics from the Idaho State Board of Nursing (Rick Myers, personal communication, August, 10, 2017) for advanced practice registered nurses (APRNs) document there are 65 CNMs, 136 NPs, and 516 CRNAs as active practitioners statewide. These numbers reflect hundreds of thousands of patient encounters per year. Colleen Shafekld, APRN, FNP, Vice-President of the NPI, stated (personal communication, December 13, 2017) that the motivation behind the pay parity exploration is to meet the primary care needs of our predominately rural state. Naylor and Kurtzman (2010) supported this goal and identified the need for NPs to practice to their full authority so that they can continue to make important contributions to high-value primary care.

In 2015, Melanie Nash, DNP, APRN, surveyed (manuscript in preparation) Idaho independent nurse practitioner practice owners and NPs who provide care in NP-owned practices to better understand their perceptions and barriers to NP-provided care in Idaho. Overwhelmingly, these care providers cited the 85% reimbursement rate to NPs by private insurers and the Centers for Medicare and Medicaid Services (CMS) as a dynamic barrier to practice financial stability, to expand their practice, and to provide patient access to care. According to Dr. Nash’s work, independent NP practice owners, particularly in rural areas, struggle to sustain a business when practice overhead is paid out at 100%, but the NP receives only 85% of the standard reimbursement for services.

Successful Pay Parity Legislation in Oregon

Oregon’s current nurse practitioner payment parity law, Senate Bill 1503 (2016), is the first law in the country to require private insurance companies to reimburse primary care and mental health NPs, NP assistants (NPs), and physicians at the same rates when they perform the same services. It evolved when in 2013, the Oregon Nurses Association (ONA)/Nurse Practitioners of Oregon, and their lobbyists, developed legislation after several NPs alerted the nursing organizations that Oregon’s insurance companies were arbitrarily cutting NP reimbursement (personal communication, Dr. Larelane Lamsru, ONA, December 16, 2017). The ONA asserted this practice jeopardized patient access to care. The original legislation included a sunset clause, which was set to expire in 2017. The 2016 Oregon legislative session removed the sunset clause, passing Senate Bill 1503 (2016), and it was signed into law. The law requires insurers to provide equal reimbursement to primary care and mental health NPs, PASs, and physicians.

Call for Support and Dialogue

The movement toward equal reimbursement for the same services, billed under the same billing codes, serves the interest of a growing Idaho population, which needs access to health care in local communities. As the 2018 Idaho legislative session begins and ANA Idaho nurses prepare to meet their Idaho congressional representatives, the NPI organization welcomes the support and open dialogue with colleagues and health care stakeholders about this issue. The goal of the NPI, by forwarding and stimulating the reimbursement parity discourse, is to provide Idahoans with appropriate and timely patient access to APRN health care providers in their own community and to encourage NPs to practice in Idaho.

References


February, March, April 2018

RN Idaho
Page 4
ANCC Awards First National Healthcare Disaster Certification™

ANA press release

The new American Nurses Credentialing Center (ANCC) National Healthcare Disaster Certification™ is the first interprofessional certification designed to verify the competence of the individual disaster health care professional. ANCC has awarded its first National Healthcare Disaster Certification to Wesley L. Marsh Jr., MBA, CCHW, FAEM, CHEP, NHDP-BC, system safety/life safety and emergency manager at Brooks Rehabilitation in Jacksonville, FL.

“We recognized the need to develop a customized credential that would validate the expertise of national healthcare disaster professionals,” said ANCC Director of Certification Marianne Horahan, MBA, MPH, RN, NEA-BC, CNORQ. Obtaining the certification was a key next step in Marsh’s professional development because, according to him, “it validates your mastery of specific skills and demonstrates that you have the knowledge to perform your job effectively, which in turn improves patient and staff satisfaction.”

“I was very impressed with its thoroughness,” Marsh said of the exam he was required to pass in order to be awarded his credential (NHDP-BC). “It covered a broad base of topics, especially in terms of healthcare disaster decision making.” Before his current position, Marsh worked for the Florida Department of Health as a Strategic National Stockpile, Cities Readiness Initiative, and Medical Reserve Corps coordinator. Additionally, he currently serves as vice president of the First Coast Disaster Council and is Medical Service Corps Officer in the U.S. Air Force Reserve.

“The ANCC National Healthcare Disaster Certification immediately communicates competence,” Horahan noted. “It assures employers and the public that health care disaster professionals have mastered an interprofessional body of knowledge and skills related to all phases of the disaster cycle.”

Actively licensed individuals, including RNs, APRNs, emergency management professionals, public and behavioral health specialists, social workers, and other health care workers are candidates for ANCC National Healthcare Disaster Certification. Candidates must have experience in an actual disaster or disaster exercise and a certificate of completion for at least one FEMA emergency management course. “This certification will support the mission and vision of the hospital,” which was recognized as an ANCC Magnet® Hospital last year, said Joanne S. Hoertz, MSN, RN, CRRN, senior vice president of nursing at Brooks Rehabilitation.

Reference


Take Action On Opioid Public Health Emergency

ANA Press Release

President Trump declared the opioid epidemic a public health emergency on Oct. 26. 2017. Nurses see the devastating impact of the opioid crisis every day. And because of their profession and passion to advocate for their patients, nurses are uniquely positioned to lead the way in finding solutions to alleviate the suffering of individuals and families affected by the opioid epidemic.

In the Senate, the American Nurses Association (ANA) has signed on to support the Combating the Opioid Epidemic Act, introduced by Bob Casey (D-PA) and Ed Markey (D-MA). In the House, Reps. Paul Tonko (D-NY) and Ben Ray Lujan (D-NM) introduced H.R. 3692, the Addiction Treatment Access Improvement Act, with support from ANA and our nursing partners.

ANA encourages you to send an email to your representatives in Congress encouraging them to support critical, nurse-backed legislation to battle the opioid epidemic that is harming communities across America. Use this tool at http://p2a.co/zj8L4IN. Stay up to date with ANA’s Capitol Beat blog at http://anacapitolbeat.org/

Reference


Drug Shortages in America: A Quick Synopsis

Margo Hickman, BSN, RN hickmanm@slhs.org

Medication shortages have been a hot topic amongst Treasure Valley nurses. Floor nurses are being updated weekly about new medications on backorder due to a critical shortage nationwide. New processes are rolling out to help mitigate the effect felt by a lack of IV medications used daily in hospitals, like IV fluids, antibiotics and analgesics. Who manages medications and a lack thereof nationwide? Is there something specific happening to cause shortages? When can we expect a resolution?

A brief inquiry into these questions uncovered some interesting facts. The Food and Drug Administration (FDA) is the organization responsible for monitoring proper production and distribution of food, medications and medical supplies in America by conducting safety and quality checks on products, ensuring proper labeling, verifying product effectiveness, and assisting in future product developments. The FDA has an entire branch devoted to medication shortages: The Drug Shortage Program. Their website maintains a list of medically necessary products that help maintain public health and further categorizes them into those currently in shortage, those resolved and drugs that have been discontinued. They list common reasons for the shortages such as lack of active or inactive ingredients, demand increase for the drug, delays in shipping and issues complying with standards of manufacturing. Anyone, person or business, can report a medication in short supply, and the FDA updates and maintains the list on a regular basis (FDA 2017).

There have been shortages in IV fluids for multiple years now, but this shortage has been exacerbated by hurricane damage done to one of Baxter’s main production locations in Puerto Rico. The FDA released a statement November 14th of 2017 addressing this issue. Reportedly, Baxter is using production plants in various countries while the Puerto Rico plant recovers. This helps minimize the gap between supply and demand of IV fluid bags while the Puerto Rico location is not yet operating to capacity. In the statement by the FDA, they assure Americans that these outsourced locations have safety and production processes properly vetted to ensure they would pass requirements for product use within the United States. They also describe their efforts to fast track approval submissions made by new production plants who would like to start producing IV fluids and/or medications. The end goal is to have more locations producing the same products, thereby increasing their availability nation-wide (FDA 2017).

Hurricane Maria has earned a top spot on the devastating natural disasters list and FEMA predicts another 6-10 months at the time of this publication before all of Puerto Rico will have power restored. With another 6-10 months at the time of this publication, demand of IV fluid bags while the Puerto Rico location is not yet operating to capacity. In the statement by the FDA, they assure Americans that these outsourced locations have safety and production processes properly vetted to ensure they would pass requirements for product use within the United States. They also describe their efforts to fast track approval submissions made by new production plants who would like to start producing IV fluids and/or medications. The end goal is to have more locations producing the same products, thereby increasing their availability nation-wide (FDA 2017).

Hurricane Maria has earned a top spot on the devastating natural disasters list and FEMA predicts another 6-10 months at the time of this publication before all of Puerto Rico will have power restored. With another 6-10 months at the time of this publication, demand of IV fluid bags while the Puerto Rico location is not yet operating to capacity. In the statement by the FDA, they assure Americans that these outsourced locations have safety and production processes properly vetted to ensure they would pass requirements for product use within the United States. They also describe their efforts to fast track approval submissions made by new production plants who would like to start producing IV fluids and/or medications. The end goal is to have more locations producing the same products, thereby increasing their availability nation-wide (FDA 2017).

References


You've always dreamed of being a nurse.

Now find your dream job at nursingALD.com

FREE to Nurses!

We all have a role to play in preparing Idaho for the challenges of responding to a public health emergency or natural disaster. Please share your nursing skills by registering with the Medical Reserve Corps in your area. Training is free.

www.volunteeridaho.org

You've always dreamed of being a nurse.

Now find your dream job at nursingALD.com

FREE to Nurses!
In September, 130 nurse leaders from education and practice (LEAP) met in Boise for the annual conference that focused on partnerships between clinical practice and formal education. A highlight of the conference was a celebration dinner that focused on recognition of nurses who were nominated by their peers in one of 5 categories: aspiring clinical nurse leader, outstanding nurse leader in innovation, outstanding nurse educator, outstanding clinical nurse, and nurse leader in transitions in care. Each category has exceptional nominees that represented multiple practice settings from throughout Idaho.

The selection committee was chaired by Dr. Claudia Miewald, DNP, APRN-CNS, PMHCNS-BC, who is the Secretary for Idaho Alliance of Nurse Leaders in Nursing (IALN) and Nurse Leaders of Idaho (NLI) Board of Directors. Awardees for 2017 are: Jody Acheson, from St. Luke’s Health System, as Aspiring Nurse Leader; Crystal Vlastelic-St. John, from Kootenai Health, as Outstanding Leader in Innovation; Dr. Pam Strohfus, from Boise State University, as Outstanding Nurse Educator; Valerie Leonard, from St. Luke’s Magic Valley, as Outstanding Clinical Nurse; and Dawn Swick, from St. Luke’s Health System, as Nurse Leader in Transitions in Care.

Other nurses recognized by their peers for contributions were Denise Camacho, Leanna Hanson, and Reuben De Kaste, St. Luke’s Health System; Kathleen Prindle and Renee McDaniel, Valor Health; Barbie Vander Boegh, College of Idaho; Becky Benderson, Boise State University; Derek Andersen and Regina Allen, Kootenai Health. IALN and NLI President Joan Simon, Chief Nursing Officer at Kootenai Health, presented the awards. She also recognized two Idaho Nurse Leaders for Lifetime Achievement Award Recognition, Sandra Evans and Margaret Henbest.

Sandra Evans is the current Executive Director of the Idaho State Board of Nursing and she has held that role for 21 years, longer than any other Executive Director since the Board of Nursing was formed in 1952. She is an Idaho native and graduated from high school in McCall. After graduation from Idaho State University (ISU) with her BSN she worked in Boston, MA for 4 years. She returned to Idaho where she continued a career of significant contributions. After obtaining a master’s degree from ISU, she became the state supervisor of health occupations education with the Idaho Division of Vocational Education. Part of her role was the supervision of health education programs, especially LPN programs. In order to be the least disruptive to the schools, she and the board of nursing surveyed, Phyllis Sheridan, would do coordinated visits. This was Sandy’s first education about the role of the board of nursing.

In 1990 Sandy had the opportunity to become the Associate Executive Director for the board of nursing, and in 1996 she was promoted to be Executive Director. During her tenure, Idaho has been recognized as both creative and innovative. Sandy has served nationally as the National Council of State Boards of Nursing Treasurer, chairman on the national nurse licensure compact group, mentor to new state board of nursing executives in other states, and she has been a consistent voice in Idaho that legislators and the governor have gone to with nursing questions over the years. She has received the highest honors from the National Council of State Boards, recognized with the Professional Achievement Award from ISU, and continues to write, mentor and couch nurses to enhance their careers. Her impact in guiding Idaho through several revisions of the Nurse Practice Act, implementing compact licensure, emeritus licensure status and her ongoing positive relationships with other regulatory boards have resulted in all of us benefiting from her thoughtfulness and her calm and reassuring manner as she represents nursing issues.

Margaret Henbest has made significant impacts on Idaho nursing as a Boise State University nursing instructor, a pediatric nurse practitioner, a state legislator from District 16 and as Executive Director of IALN and NLI. Margaret graduated with her BSN from Oregon Health Science University and then received a Pediatric Nurse Practitioner Master’s at the University of California Long Beach. Since she graduated she has devoted her professional life to caring for children, families and communities.

Margaret’s engagement in Idaho began almost 30 years ago when her family moved to Boise with three young sons and a husband who established a neurosurgical practice. Initially she taught nursing at BSU, but an opportunity arose when St. Luke’s opened an outpatient clinic called CARES that focused on evaluating children at risk for sexual abuse and an innovative nursing administrator promoted using a pediatric NP to manage the overwhelming work load. Margaret worked as a PNP at CARE part time until 2009.

Margaret was always a strong believer in the power of public policy and in 1996 she was encouraged by her nurse friends to run for public office. She ran as a democrat for the District 16 House Seat against a strong incumbent. She won by just a few votes and since that time she has been re-elected until she decided to retire from the legislature in 2008. During her tenure, she was recognized as one of a few, and often the only, nurse in the House. Margaret was an effective legislator and worked closely with republican colleagues. During her time in office, she was the floor sponsor of over 140 pieces of health focused legislation. Twice, she sponsored significant revisions to the Nurse Practice Act including the 1998 updating and revision to the statute that was hotly opposed, but ended up passing with minor revisions. Six years later she sponsored the removal of required physician supervision of APN’s language from the statute. Both Sandy Evans and Margaret Henbest were honored by IALN and NLI with crystal bowls and commemorative plaques.

The 2018 LEAP committee is already planning the next statewide conference and is hopeful to expand the recognition event to include more nurses who are making significant contributions in Idaho. The target date will be in the fall 2018. Proceeds from the event, including an onsite donation that collected $2,500, are used as a resource fund for NLI member RNs to pay in-state continuing education activities.

Leaders in Education and Practice Recognize Nurses

Sandra Evans and Margaret Henbest.
Meet our New Editorial Board Members

Margo Hickman, BSN, RN
My name is Margo Hickman, and I was born and raised in Boise, Idaho. I moved back home after graduating from Westminster College in Salt Lake City, Utah. While there I earned my Bachelor’s in Science Nursing and played collegiate soccer. I am most excited to join the board for RN Idaho because of the great nursing message they spread to the community. They work hard to get information out and provide opportunities to nurses across the state. I hope to attend graduate school at some point in my career and the skills and knowledge I will gain from working on the board will help me achieve that goal.
Margo Hickman, BSN, RN
hickmanm@slhs.org

Sydney Parker, BSN, RN
I reside in Moscow, ID and work in Labor and Delivery and as a nursing instructor. I am thrilled to join the Editorial Board as I am passionate about writing, editing, and helping advance through the profession through scholarly publications. I am also pleased to have the opportunity to connect with nurses throughout the state. In my spare time, I enjoy running and competing in races, backpacking, hiking, remodeling our 100-year old house, and spending quality time with my husband and our dog, Oakley.
Sydney Parker, BSN, RN
Nursing Instructor, Lewis Clark State College
Division of Nursing and Health Sciences
separker@lcsc.edu

Susan Cline, DNP, MBA, RN, NEA-BC,
I have held a variety of nursing leadership roles over the last 13 years. I am currently a consultant with Nursing Consulting Partners and adjunct faculty for Grand Canyon University. I live in Donnelly, ID.
I moved to Idaho four years ago, and I have looked forward to participating in our state-level nursing organization. I enjoy reading and writing, and I’m excited about contributing to our ANA Idaho newsletter.
My husband and I enjoy everything that our mountain home in Donnelly has to offer: boating, kayaking, hiking, snowmobiling and Nordic skiing.
Susan Cline, RN, DNP, MBA, NEA-BC
Associate Consultant, Nursing Consulting Partners
Adjunct Faculty, College of Nursing, Grand Canyon University
susanclinern@icloud.com

Distinguished Nurse Award
ANA Idaho 2017: Barbara McNeil, PhD, RN-BC

Barbara McNeil has been an active voice for the nursing profession in Idaho for over two decades. Her passion for the profession has led her to be involved in the advancement of nursing in many ways over her career to date. Some of the notable impacts she has made thus far include being a collegiate professor, and editor of RN Idaho. As a nursing informatics professor, Barbara motivates her students to excel in their careers and further their education: She is raising the next generation of nurse leaders. As past editor of RN Idaho for over 10 years she has left her mark by upholding the highest standards of publication in order to promote and present the nursing profession to Idaho as a legitimate and powerful voice in the state. Her dedicated volunteer work as both a contributing author and editor have left a lasting legacy for RN Idaho which is distributed to all Registered Nurses and Licensed Practical Nurses in the state, whether ANA Idaho members or not, and includes influential readership of state legislators, employer executives, and Idaho schools of nursing. The total quarterly circulation is over 23,000.
Mentoring up and coming nurse leaders is also a task Barbara has set as a priority in her career. She volunteers her time to guide the current editor of RN Idaho to ensure a smooth transition to the role. Using her years of experience, she offers support in ensuring modes of communication are open and effective for the many contributing authors across the state, the publishers, as well as among the leaders of ANA Idaho and the editorial board of RN Idaho.

Barbara's enduring qualities of dedication, hard work, and diligence make her the perfect recipient for this prestigious honor. She shines as a long-standing champion for the nursing profession.

Meet our New Editorial Board Members

Margo Hickman
Sydney Parker
Susan Cline

Happy National Nurses Week!
May 6–12, 2018
At the reading of this update from your Board of Nursing, 2017 will have come to an end and a new year filled with energy and anticipation will have begun. Although the Board of Nursing operates on a fiscal year that begins each July 1 and ends on June 30, the calendar New Year is still regarded as a time for closure with the opportunity to reflect and begin anew.

The Board begins 2018 knowing Idaho continues to be positioned nationally as a recognized leader in nursing regulation, a status the Board has worked to achieve and sustain over the past many years. Idaho’s position is evidenced by:

• Alternatives to discipline for nurses whose practice is/may be impaired due to substance use and/or mental health disorders (the Program for Recovering Nurses - PRN) and nurses with identified practice deficiencies that may be remedied through education or remediation (the Practice Remediation Program – PRP);

• Integration of concepts of “just culture” into all licensure and discipline decisions;

• Paperless licensure processes that extend to all LPN, RN and APRN licensure applications including initial licensure by examination and endorsement, license renewal and reinstatement, temporary and conditional licensure and emeritus-status licensure;

• Full implementation of national ‘Uniform Licensure Requirements’ for LPNs and RNs, including fingerprint-based criminal background checks; success on the NCLEX or its predecessor, the State Board Test Pool Examination; graduation from a Board of Nursing recognized nursing education program or its equivalent; and demonstrated compliance with reporting requirements to the National Practitioner Data Bank

• Redefined “practice of nursing” that addresses where, what, and by whom; clarifies concepts of relatedness to licensure, practice, education, discipline, alternatives to discipline, communication, governance and organization. Current Board members include Vicki Allen, RN, Pocatello, Chair; Carrie Nutsch, LPN, Jerome, Vice Chair; Jennifer Hines-Josephson, RN, Rathdrum; Whitney Hunter, Consumer, Boise; Jani Moseley, RN, Coeur d’Alene; Rebecca Reese, LPN, Post Falls; Clay Sanders, APRN, CRNA, Boise; Merrilee Stevenson, RN, Wendell; and Reneé Watson, RN, Boise.

At their meeting on October 12-13, 2017, Board members:

• Reviewed the status of Idaho facilities that employ Board-approved nurse apprentices (currently enrolled nursing students employed for remuneration in a non-licensed capacity);

• Engaged in dialogue with two nurses each presenting an issue of concern during the ‘Open Forum’, a scheduled highlight of each meeting. Issues included:
  1) Current role of the nurse apprentice and consideration of possible future expansion

  2) State requirement for disclosure of one’s US Social Security Number on an application for Idaho licensure;

• Considered updates on various projects and initiatives, including results of the recent audit of Idaho’s compliance with reporting requirements to the NPDB; progress toward successful launch of the Board’s new in-house data management software program that includes the Idaho Nurse Portal; recent meetings/outcomes of the Board’s Program for Recovering Nurses (PRN) and APRN Advisory Committees; results of the recent audit of the Board’s fiscal management processes by the state Legislative Services Office; progress to date on pending administrative rules and one legislative bill to be introduced to the 2018 Idaho Legislature for adoption; and progress to date on proposed rules necessary for implementation of the new Nurse Licensure Compact.

• Took action to:
  1) Appoint Jessica Jameson, MD, Post Falls, to a 3-year term on the APRN Advisory Committee; Dr. Jameson is a pain management specialist and founding partner of Axis Spine Center, Post Falls, ID;
  2) Appoint Alissa Miller, RN, to a second 3-year term on the PRN Advisory Committee; Ms. Miller is employed at Kootenai Behavioral Health, Coeur d’Alene, ID;
  3) Accept APRN certifying organizations approved by the National Council of State Boards of Nursing as aligned with the APRN Consensus Model and population focus areas as recommended by the APRN Advisory Committee;
  4) Revoke the license of an RN for failure to comply with terms and conditions of participation in the PRN;
  5) Deny an application for RN licensure by examination citing false representation of facts on the application for licensure.

EXECUTIVE ORDER NO. 2017-06
On May 19, 2017, Lieutenant Governor Brad Little, in his capacity as acting governor, signed Executive Order No. 2017-06, requiring a review of Idaho’s occupational licensing requirements. The Lieutenant Governor wants to hear from those affected by licensing requirements. Go to https://www.ibsp.idaho.gov/EO%202017-06.pdf to read the order. Comments can be emailed to freedomact@igo.idaho.gov or posted at gpo.idaho.gov/freedomact/. In addition, the Board encourages the public, including licensed nurses, to complete a brief, anonymous on-line survey accessible on the Board’s website at https://ibn.idaho.gov/IBNPortal/ before May 1, 2018 to assist the Board in further complying with the order. Results of the survey will be reported in the aggregate as part of the Board’s report to Lieutenant Governor Little this coming spring.

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.

The next meetings of the Board are tentatively scheduled for January 18-19, April 19-20, July 26-27, and November 1-2, 2018 in Boise at a location to be determined. For further information, visit the Board’s website or contact the Board office at 208.377.2476.
Knowledge Deficit within the Nursing Community about LGBTQ Issues

Byron Fjeld, BSN, RN, Katelyn King, BSN, RN, Alexandria Mitchell, BSN, RN, CD, Meghan Sparks, BSN, RN
mesparks@lcmail.lcsc.edu

Acceptance has grown within the last few decades leading to an ever growing and evolving lesbian, gay, bisexual, transgender, and queer (LGBTQ) community. With this expanding group comes new room for knowledge in healthcare. Healthy People 2020 and the Institute for Healthcare Improvement both list addressing health disparities as a priority in the United States. With these changes, new education needs to be implemented not only for people of the LGBTQ communities but also for the general public. Sexual orientation has been hidden for the general public. Sexual orientation has been hidden in the past, and though it is becoming more of an openly accepted culture, there is a gap in education that needs to be addressed within the medical profession. Education should include things like appropriate pronoun use, what to look for with mental health issues within this community, the use of gender inclusive forms, awareness of support services, and ways to properly take care of a person who identifies as LGBTQ. Nurses have the duty to make everyone feel safe and comfortable no matter their religion, race, ethnicity, or sexual orientation. Nurses must be aware of the issues faced by members of the LGBTQ community and work to provide a safe and welcoming environment for this population.

References:


A Year of Self-Care

Carrie Anstrand, MA, BSN, RN, LCCE, IBCLC carriealuv@icloud.com

Thank you for walking through the past year on a journey of improved self-care with me in our Self-Care Corner column. Now that we are enjoying 2018, I want to leave you with a poignant set of graphics I came across from author and licensed clinical psychologist, Dr. Claire Nicogossian. She gave me permission to share these with you because she knows nurses are the backbone of healthcare and need outstanding self-care practices. You have a year of tools from RN Idaho to do so! I encourage you to engage in devoted time toward your personal growth, by nurturing and developing your self-care muscles. After all, YOU are the strength of our Nation, YOU are a Nurse.

For more information about Dr. Claire and her work helping others foster self-care, she is available on line at www.momswellbeing.com. Remember past issues of RN Idaho are available on line on the ANA Idaho website at idahonurses.org.

Resources
In his most recent book, *Prescription for the Future – The Twelve Transformational Practices of Highly Effective Medical Organizations*, Ezekiel Emanuel, physician, author, and health policy expert, describes how to move the American health care system toward higher quality, patient centered, and value-based care. Using examples from current health care organizations who have adopted and implemented innovative transformational practices that improve the delivery of health care, the author provides a tiered system of changes that can be adopted by health care organizations desiring to improve care outcomes.

Nurses need to be aware of the transformational practices described by Dr. Emanuel so they can actively participate in organizational change as key members of health care teams. Nurses can act as change agents helping clinics and health care organizations adopt and implement many of these transformational practices, especially in care coordination, palliative care, and performance measurement.

Dr. Emanuel prioritizes the twelve transformational practices into three tiers to assist leadership teams and managers with adoption and implementation of the most critical changes that impact health care delivery. Tier 1 practices include: open patient scheduling, performance measurement systems, coordination of care, and site of service for providing care, most of which are already a part of many health care organizations’ health care delivery models, but the implementation of these practices may need to be reviewed to ensure optimal effectiveness. For example, Dr. Emanuel describes the impact of Care Coordinators that are “physically embedded” within primary care offices, as being more effective than off-site or outsourced care coordination. The ability to provide a direct hand-off to care coordinators within the facility improves “high-touch” care that Dr. Emanuel considers to be an essential element in value-based care.

Tier 2 transformational practices include: activities in registering and rooming of outpatient clinic patients, standardizing care practices within health systems, the integration of behavioral and mental health care into primary care, and the de-institutionalization of care. Registered nurses working in acute care settings are already aware of the de-institutionalization of care. Efforts by health insurers and payers to decrease in-patient stays, and the delivery of care at home and through out-patient clinics will continue to accelerate as value-based reimbursement models increase. All of these changes will continue to accelerate as value-based reimbursement models increase. Emanuel highlights efforts such as improved transitions of care from hospital to home, where nurses are critical to implementing high-quality systems for safe and effective transitions to different care settings. The use of RNs and nurse practitioners in the monitoring of vulnerable patients with multiple chronic conditions once patients return home, is only one of many areas where nurses are critical to care transition and de-institutionalization of care.

Tier 3 practices include, shared decision making with patients, increased use of palliative care, integrating Community Health Workers into health care teams, and increased emphasis on improving healthy lifestyles (e.g., smoking cessation, increasing physical activity, and fall prevention programs for seniors). While important, Emanuel believes these practices are more focused on long term outcomes, and the need for implementing them is less important initially. However, the impact on long term health care costs by accelerating the adoption of these Tier 3 programs must be considered in order to bend the cost curve for federal programs like Medicare and Medicaid.

Change within organizations is difficult. Emanuel provides some insights that may help nurses and leadership teams in transforming their current health care delivery system. Unfortunately, Emanuel continues to view health care systems as predominately physician centered organizations, and his views on physician as the most effective leaders to transform health care organizations fails to recognize other health care professions that contribute to change and innovation in health care organizations. The transformation of health care to ensure higher quality, patient centered, and value-based care must continue, and nurses need to be knowledgeable about evidence-based programs to improve care practices and to effectively work within organizations to lead the change. Overall, Dr. Emanuel’s book is a useful guide to help nurses move their organizations toward the health care system of the future.

**Resource**

The cost of health care in the United States continues to rise at an alarming rate. According to the Centers for Medicare and Medicaid Services (Centers for Medicare and Medicaid Services [CMS], 2017), the health care spending portion of the Gross Domestic Product is expected to rise from 17.8 percent in 2015 to 19.9 percent by 2025 (2017). A significant share of these expenditures occurs in the post-acute period, including skilled nursing, home health, inpatient rehabilitation services, and long term acute care (Dummit et al., 2017). CMS continues to search for strategies to reduce health care spending. The Bundled Payments for Care Improvement (BPCI) Initiative was developed by the Centers for Medicare and Medicaid Innovation under the Affordable Care Act. The goal of this initiative is to incentivize providers to work together across the continuum of care to improve quality and reduce costs (Press, Rajkumar, & Conway, 2016). Nurses caring for patients enrolled in BPCI are ideally positioned to make important contributions throughout the episode of care. Additionally, nurses in all settings can apply best practices learned from the initiative to support care that is both excellent and efficient.

The BPCI Initiative includes four distinct models. In Model 1 CMS pays a discounted rate for the acute inpatient stay. In Models 2 and 3 participants assume the risk or benefit for costs based on a target price for the entire episode of care. An episode of care is triggered by acute care admission and ends thirty, sixty or ninety days after discharge. Model 2 and 3 participants select DRG groups from 48 clinical episodes. In Model 4, CMS pays a prospective payment to an acute care hospital, and all facility and provider fees are paid from this single payment (CMS, 2011).

Patients who qualify for the program must meet criteria for eligibility. These criteria include: a) enrollment in Medicare fee-for-service; b) primary DRG in one of the selected clinical episodes; c) attending physician or care facility enrolled in BPCI; d) the patient may not have End Stage Renal Disease (CMS, 2011). Clinicians apply these criteria to patients to predict who will fall into the BPCI program. When a patient meets criteria, clinicians then enhance their focus on care coordination across the entire episode of care.

CMS completed its’ third evaluation of the BPCI initiative in October of 2017. The most significant impact of the program to date was a reduction in post-acute spending related to lower rates of discharge to skilled nursing facilities (SNF) and inpatient rehabilitation facilities (IRF). CMS also reports reductions in SNF length of stay, which translates to lower Medicare payments (Dummit et al., 2017). The health care industry is anxiously awaiting the next iteration of the BPCI initiative.

Participants in the BPCI initiative have identified best practices for improving patient care quality while reducing cost. First, enhanced communication from acute care provider to post-acute care provider supports effective and efficient transitions of care. Second, end-of-life conversations and advanced care planning can reduce readmissions and ensure that patients have control over their plans of care (Hardin, 2017). Third, robust discharge education focused on medication reconciliation, follow-up care and home safety are essential. Finally, home is the best and safest discharge disposition for most patients, and it is usually their first choice destination. Edwards, Mears, and Barnes (2017) report that the greatest opportunity for improving quality and reducing cost is achieved by managing length of stay and discharging patients to home. The early success of the BPCI initiative has identified notable best practices that can be employed by nurses in all settings to reduce costs and improve quality and patient safety.

The following are features of the LactMed resource:

### Summary of Use During Lactation
This part of the record offers guidance on the use of the drug or substance during breastfeeding. It summarizes the important points which are provided in the record. If there are conflicting recommendations by experts, the summary mentions all and gives citations to the research.

### Drug Levels, Maternal and Infant
This section summarizes studies that have measured drug concentrations in breastmilk, and serum or urine concentration in infants.

### Effects in Infants
Known side effects from the published literature are included here, using an adverse drug reaction assessment methodology which categorizes reactions as definite, probable, possible, or unlikely to have been caused by the medication.

### Alternative Drugs to Consider
This segment lists drugs that have common uses with the drug being searched, and have a record included in the LactMed database.

LactMed also includes over 100 dietary supplements (such as Black Cohosh, Cranberry, Dandelion, Elderberry, Fenugreek, Glucosamine, Hibiscus, and Lavender). Supplements may be searched by name in the search box, or a list may be retrieved by typing “complementary therapies,” with quotes, in the search box.

Nurses are such important advocates for breastfeeding, and LactMed is an invaluable tool useful for informed decision making regarding medications during lactation. Both the healthcare provider and the nursing mother can benefit from its use.

**References**


ANA Idaho Annual Conference Wrap Up

Attendees at the annual ANA Idaho conference, Better Together: Renewing Ourselves and Our Profession through Resilience on November 17th, 2017 held at the St. Luke’s Anderson Center, left the conference recharged and refreshed after a day of engaging with motivating speakers. Those attending enjoyed hearing about timely topics that directly impact nursing such as resiliency, maintaining strength and spirit during challenges, celebrating goodness in others, identifying those at risk for suicide, and healthcare advocacy through political activity.

The conference opened with an inspiring keynote address “Resilience: Maintaining Strength and Spirit in Challenging Times” from Virginia “Ginny” Beeson, former Deputy Director of the Navy Nurse Corp, Chief Nurse Executive, and nationally renowned speaker. Beeson addressed the importance of how and why nurses must practice resiliency in today’s health care world. Building strong teams, re-igniting our passion for nursing, having a strong support system, confidence, faith, and spirituality were all key pieces Beeson touched on. Beeson had the audience both laughing and in tears with her inspirational stories.

Jim Everett, retired CEO of the Treasure Valley Family YMCA, spoke on “Celebrating the Good in the World.” Everett has a strong history of volunteering and mentoring in the Treasure Valley. He touched on the privilege that nurses have in helping people and how we have the opportunity to make a difference in someone’s life every day in our profession.

Another relevant topic, “How to Identify and Talk with Someone Who is Considering Suicide” was addressed by Cynthia Mauzerall, LCPC, Director of the Health and Wellness Center at the College of Idaho. Mauzerall has a robust background in volunteer work and has served on many committees advocating for mental health, substance abuse, and suicide prevention in Idaho. Mauzerall offered thoughts and strategies about why nurses are in a key position to identify those at risk for suicide and strategies for identifying those at risk and connecting them with available resources.

Michael McGrane, MSN, RN, and ANA-Idaho Lobbyist provided a legislative update for nurses attending the conference. Key legislative areas ANA Idaho continues to focus on are access to care, behavioral and mental health issues, patient safety, workplace violence, the nursing shortage, and the ability of APRN’s to practice to their full scope of authority. He highlighted the second annual Nurses for Idaho! Nurse at the Capitol, which will be held on February 22, 2018 and will provide the opportunity to meet our Idaho legislators and continue healthcare advocacy.

The final thoughts of the day came from Margaret Henbest, MSN, RN, CNP conveying her views on “Nurses and Politics: Now More Important Than Ever!” Henbest, a former Idaho Representative, served for 12 years in the Idaho legislature advocating for healthcare in Idaho. Henbest addressed the important role nurses have in healthcare advocacy through involvement in organizations, communities, state, and national government. As the country’s most trusted profession 15 years in a row, nurses have the power to impact what happens in healthcare. There must be a nurse at every decision-making table giving voice to healthcare issues.

The 2017 Distinguished Nurse Award was presented to Barbara McNeil, PhD, RN-BC for her service to nursing as an educator, volunteer, and editor of RN Idaho. She has been an active voice for nurses in Idaho for over 20 years. McNeil stepped down as editor of RN Idaho this year after 10 years of serving and representing Idaho nurses. Her contributions to Idaho nursing and nursing as a whole have been invaluable.

2017 was the first year ANA Idaho has included poster presentations during the conference and there were several interesting topics presented relating to current research and issues affecting nursing. This was a great opportunity to network with fellow nurses and learn about the research our colleagues in Idaho are doing.

The following comment overheard from a conference attendee summarizes the energy of the conference, “This conference has been so great, this helps me remember why I wanted to be a nurse in the first place. I am re-energized and excited to be an RN.” We hope to see you all next year!

ANA Idaho would like to thank the generous sponsors and exhibitors of the 2017 Conference. Without their support, this event would not be possible:

- Anchor Health Administrators
- Arthur L. Davis Publishing Agency, Inc.
- Boise State University School of Nursing
- First Choice Home Health-Hospice-House Calls
- Grand Canyon University
- Idaho Department of Health and Welfare
- Idaho Diabetes, Heart Disease and Stroke Program
- Idaho Health Data Exchange
- Idaho Sound Beginnings
- National Library of Medicine
- Northwest Nazarene University
- Pfizer Vaccines
- Saint Alphonsus
- University of Utah College of Nursing
- University of Idaho School of Nursing
- University of Utah College of Nursing
- University of Wisconsin College of Nursing
- University of Wyoming College of Nursing
- Virginia Commonwealth University
- White Bird Indian Health Service
- Wondisa
- Xcel: Your Healthy Life

From left to right: ANA Idaho President, Kimberly Froehlich; Vice President/President-elect, Brienne Sandow; Secretary, Anna Rostock; Assembly Representative Darci McCall, and RN Idaho Editor, Carrie Anstrand.

Keynote speaker Captain Virginia Beeson, BSN, MSN, NEA-BC

Attendees enjoying the first ever ANA Idaho conference Poster presentations
AD MEMORIAM

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 ed@idahunurses.org.

Desky, Francis Elizabeth, May 2, 2017. Francis began her career as an LPN and then worked as a registered nurse in hospitals in Pennsylvania, Indiana, Florida, and Idaho. She enjoyed her work in the emergency room and instructing student nurses. Her independent spirit and love of travel will be remembered. Francis was devoted to her nursing career and her sons.

Hattrup, Mary Louise, November 14, 2017. Mary Louise was born in Cottonwood, Idaho on March 31, 1925. Mary Louise attended nursing school at Sacred Heart School of Nursing in Spokane, Washington. She graduated in 1946 and worked at Sacred Heart Hospital. After a few months, she returned to Cottonwood, Idaho where she worked at Our Lady of Consolation Hospital for almost 20 years. She met her husband at Sacred Heart Hospital, they married in 1948 and together raised 10 children. She will be remembered as a caregiver and living that spirit. She was active in her community and her church.

Harroun, Patricia, December 9, 2017. Patricia was born in St. Marys, Idaho on October 13, 1943. She attended Lewis Clark State College and received a bachelor’s degree in nursing in 1972. She received her master’s degree from the University of Buffalo in 1995 as a Nurse Practitioner. She worked at Nimiipuu Health Clinic until she retired in 2008, after a few months, she returned to Cottonwood, Idaho where she worked at Our Lady of Consolation Hospital for almost 20 years. She met her husband at Sacred Heart Hospital, they married in 1948 and together raised 10 children. She will be remembered as a caregiver and living that spirit. She was active in her community and her church.

Hichman, Carol Ann, October 5, 2017. Carol Ann earned a graduate degree in nursing from the University of Laverne in California, and moved to Boise to work as a registered nurse for almost 20 years. She is remembered for her commitment to ongoing education and for love of her family.

Hewitt (Funda), Gladys Vlasta, June 11, 2017. Gladys was born in Emmett, Idaho, and completed her education at Boise Junior College (BSU) and the University of Idaho. Among other work opportunities, she worked as a nurse in her husband’s podiatry clinic. Gladys is remembered for her sense of humor and love of animals. She will be missed by all who knew her.

Hubbard, Carolyn Kay, October 23, 2017, Carolyn was born in Nampa, Idaho, and completed her education there. She worked in Nampa and is remembered for her love of caring for others.

Kovis, Florence L., October 30, 2017. Florence was born on a homestead in Montana, received her early education in a one-room country school, and entered the nurse cadet program at Montana State University in Bozeman, Montana. As a registered nurse, she found joy in helping the mothers and babies in hospital nurseries and neonatal intensive care units in California, Nebraska, and Idaho. Her hard work and caring spirit will be remembered by family, friends, and all who knew her.

Magee, Kathyrn Ellis (Kay), December 9, 2017; formerly of Moscow Idaho. Ms. Ellis passed away in her home in Meridian, Idaho. She studied nursing at USC where she received her bachelor’s degree. She received a master’s degree in health education from the University of Oregon. She worked as a school nurse in Moscow, Idaho until she retired. She will be remembered as someone with a zest for life. She will be missed by her family and friends.

Masser, Reita Towell, September 27, 2017. Reita was a pioneer Idaho descendent. She received her nursing diploma from St. Luke’s School of Nursing in Boise, Idaho. She worked in the Emergency Room (ER) and as a floor supervisor at St. Luke’s Hospital in Boise. When in Germany, she volunteered at the military hospitals assisting military physicians. Her career spanned over 25 years in long-term health care as a director of nursing and a nursing home administrator in Idaho, California, Oregon, and Washington. She is remembered for her industriousness and a beautiful soul. Family and friends will forever miss Jeannette.


Rasch, Joseph Thomas, November 28, 2017. Joe was born in Twin Falls, Idaho, and passed away unexpectedly. He earned an associate of nursing degree from the College of Southern Idaho. In 2010, he was awarded the March of Dimes Idaho Nurse of the Year award. Joe’s compassion, witty personality, gentle demeanor, and curiosity will be missed by all.

Stark, Jean Kay, November 27, 2017. Jean was born in Kirkville, Missouri, and worked as a registered nurse in Colorado, Nevada, and Idaho. In Idaho, she served as a nursing instructor at Boise State University and taught at St. Luke’s Hospital in Boise. At the end of her career, Jean became the first AIDS Surveillance Specialist in Idaho and initiated the AIDS drug program. She loved travel and the peace of the ocean. Jean is remembered for touching the lives of so many patients and for her love of her cherished family and friends.

Stevenson, Jeanette Stuehrys, November 26, 2017. Jeanette was of Dutch heritage and graduated from the Geneseo School of Nursing in Rochester, New York. As a registered nurse, she worked in Ohio, California, and Idaho. Her specialty was pediatric nursing. Jeanette found joy in studying history, loving animals, gardening, attending church, and spending time with her family. She is remembered for her industriousness and a beautiful soul. Family and friends will forever miss Jeanette.

Weidenbach, Doris, October 8, 2017. Doris was born in Ontario, Oregon, and for nearly 30 years, she worked as a Licensed Vocational Nurse (LVN) at Mercy Medical Center in Nampa, Idaho. She was an active member of her church. Doris will be remembered for her dedication to her profession and a long, productive life. She will be greatly missed by family and friends.
From the bedside to the boardroom: Are you ready to serve?

By Connie Mullinix, PhD, MBA, MPH, RN; AnnMarie Lee Walton, PhD, MPH, RN, OCN, CHES; and Diana Ruiz, DNP, RN, APHN, CTCM, CWOCN, NE-BC

Reprinted from American Nurse Today

Use the skills you have—and learn new ones—to advance health care and improve the health of your community.

You’re educated and prepared to lead in safety and quality. You’re at the bedside caring for patients and working to improve care. However, decisions about the allocation of resources for caregiving are made at the board level, and there’s a dearth of nurses in board positions. Why?

A nurse’s insights

The late nurse leader Connie Curran told the story of a nurse on a hospital board asking significant questions with no financial data were needed. The proposed solution was to discontinue pharmacy services in remote parts of the facility during off shifts. The nurse board member asked, “Who would go to the central pharmacy when patients need medications in the middle of the night?” The answer: “The nurses.” Her next question: “Who will do the nursing care while the nurse is transporting the medicines?” By the end of the conversation, the board realized that the proposed budget solution would actually increase costs.

Because of her intimate knowledge of bedside care delivery and her understanding of the relevant systems, this nurse board member prevented her hospital from making a costly mistake. Clearly, the nursing voice is critical at the board level to help hospitals make effective, financially viable and sustainable healthcare decisions.

What’s stopping you?

So why don’t nurses serve on hospital boards? Do policymakers not appreciate the value nurses bring, or are nurses not stepping forward to join? If they’re not stepping forward, is it because nursing culture is built on competence? Most nurses are women, so Kay and men—and that to succeed, confidence matters as much stepping forward, is it because nursing culture is built on competence. Because of her intimate knowledge of bedside care delivery and her understanding of the relevant systems, this nurse board member prevented her hospital from making a costly mistake. Clearly, the nursing voice is critical at the board level to help hospitals make effective, financially viable and sustainable healthcare decisions.

Where are you strong and where do you need more refinement? If you’re deficient in any area, don’t let this stop you from serving; take the time to hone your skills. (See Get ready to serve.) Patients and healthcare organizations deserve your expertise at the bedside and in the boardroom.

Count and be counted

Ready to be counted as someone who wants to serve? Visit the national Nurses on Boards Coalition website (www.nursesonboardscoalition.org) and let boards know you want to serve. If you’re already serving, you can help build a list of nurses who want to be counted.

The nursing voice is critical at the board level to help hospitals make effective, financially viable and sustainable healthcare decisions.

The Future of Nursing: Campaign for Action reached its goal of 10,000 nurses on boards by 2020 by visiting www.nursesonboardscoalition.org to make sure you’re counted and improve the health of their communities across the country.

Connie Mullinix is an associate professor in the department of nursing at the University of North Carolina—Pembroke. AnnMarie Lee Walton is a postdoctoral fellow at the University of North Carolina Chapel Hill, School of Nursing. Diana Ruiz is the director of population & community health in the Medical Center Health System in Odessa, Texas.

Selected references


Get ready to serve

If you’d like to serve on a board but don’t feel you have a complete skill set, take advantage of these resources.

AME Learning: Finance for Board Service

This online, self-paced course gives you the tools and vocabulary to understand the language of finance.

The program includes:

- 10 to 30 hours of online, interactive, self-paced content
- Straightforward instruction on how to read and analyze financial statements.

To access the program:

2. Purchase the PIN for $45.
3. Follow instructions to log in to the course.

Selected references


Get Ready to Fight the Flu

ANA

The best way to prevent the flu is to get vaccinated against this highly contagious respiratory illness as soon as the vaccine is available. The Centers for Disease Control and Prevention (CDC) and the American Nurses Association (ANA) urges nurses and other healthcare professionals to get vaccinated to protect themselves, their patients, and their families.

Although the exact timing and duration of flu season varies from year to year, activity often begins in October, peaks between December and February, and can last into May, according to the CDC. The agency recommends a flu vaccine for everyone 6 months and older, and the 2017-2018 influenza vaccine has been updated to better match circulating viruses.

More specifically, the CDC recommends the use of injectable influenza vaccines (including inactivated influenza vaccines and recombinant influenza vaccines) during 2017-2018. The nasal spray flu vaccine (live attenuated influenza vaccine or LAIV) should not be used during 2017-2018. Additionally, the CDC states that vaccinating high-risk persons, such as those with chronic conditions and those 65 years old and over, is especially important to decrease their risk of severe flu illness.

To learn more about seasonal influenza recommendations, go to: [https://www.cdc.gov/flu/professionals/vaccination/index.htm](https://www.cdc.gov/flu/professionals/vaccination/index.htm)

For resources, go to [www.nursingworld.org/immunize](http://www.nursingworld.org/immunize).

Ready for a change?

Blue Cross of Idaho is looking for RNs to join our team of professionals.

Come work for one of Idaho’s leading insurance companies and enjoy:

- Competitive salaries
- Excellent benefits
- Flex-time
- 401(k) plans
- Incentive programs
- Tuition assistance

To learn more about current openings, or to apply, visit [bcdaho.com/careers](http://bcdaho.com/careers).
Complete your Bachelor’s Degree
RN-BS Completion
Advanced Nursing Competencies and Skills
30 Credits | Self-Paced | Tuition: $10,500

Become a Nurse Practitioner
AGNP Master of Nursing
Primary Care or Acute Care
50 credits | 3 Years | Tuition: $37,500

Develop Expertise in Simulation
Graduate Certificate
Simulation Operations, Education and Management
9 Credits | 3 Classes | 1 Year | Tuition: $5,400

Prepare for Leadership
DNP
Post-Master’s Doctor of Nursing Practice
40 Credits | 2.5 Years
Tuition: $30,000

Contact Us
hs.boisestate.edu/nursing
nursing@boisestate.edu
208-426-5308