President’s Message

Fellow Nurses what an exciting time we practice in. As I return from a historical meeting with the American Nurses Association (ANA) I want to share with all West Virginia’s Nurses the historical events that have been birthed from this occasion. On June 12-16, 2012 every states’ nurses association along with the elected state delegations congregated in DC for the joint concurrent meeting of the constituent assembly followed by the biannual House of Delegates assembly. It is an amazing experience to be part of such historic decision making for the future of the nursing profession in the United States. I would be remiss not to mention the joining with outstanding nurse leaders from across the nation is a humbling life experience.

The first and most difficult decision made at the ANA HOD paralleled the change that our own statewide association underwent over a year ago. West Virginia Nurse Association during my presidency has made transformational changes of the association and representation of our state wide nurses. I witnessed equally astounding transformational changes of the ANA. WVNA no longer represents the collective bargaining nurse on labor issues at the state level. Membership is complete on a voluntary basis to represent promote and protect the nurses professional legislative policy at the state level. ANA will finalize the movement of national association to allow all states this choice and will also no longer participate in collective bargaining negotiations although some states may participate by choice in collective bargaining at the statewide levels. ANA will commit to representing the professional policy development for all nurses at the national level.

The next amazing national decision was to address the large cumbersome decision making model. ANA felt to remain relevant in the race to participate in the decisions require of a future policy association, it must be rid of the laden burdens of the old model. This resulted in the decisions to no long meet at the very large HOD decision making model. The very meeting that we all were joining in for united decision making was changing its makeup. This was an emotional roller coaster to say the least and a hard fought personal reflections. This decision was not chosen lightly but developed in collaboration with CSNA & ANA over the past few months. ANA analysis determined that as membership recruitment becomes a lean so must the representing organization of our profession. ANA determined that it must invest in a “race for relevance” for the nursing profession. Therefore the assembly decided that a smaller membership assembly would be the decision making model of the ANA constituent’s assembly and state associations, now call CSNA (Constituent/State Nursing Assembly)

Marla Weston the CEO of the ANA reminded us that “when nurses talk Washington listens.” Nursing policy and supporting legislative initiative are the main goal of ANA and WVNA. CEO Weston further elaborated that “The new ANA must continue to share a vision with all nurses in our nation. Where we can and will work toward common goals. We will move quicker and respond briskly with calculated risks to see a common goal.” This will be the future requisites to the success of our professional association. According to CEO Weston “ANA and the state associations will speak with one united voice for all the nurses across the country.”

It is my wish and goal as your president of WVNA that we also join in this patriotic vision with the nurses in our nation. In WV we have experienced and witnessed the success of a united nursing attendance as with WVNA Unity day 2012. Capacity attendance of this united nursing effort drove the success of the legislative effort for 3 bills in Charleston for the nursing profession this year. The song of over 800 nursing voices was a powerful message that belonged to each and every nurse attending this historical event in WV. This demonstration of coalition of voice and spirit was a statewide demonstration of commitment to our chosen professional policy goals.

“Florence Nightingale once said” little can be done under the spirit of fear” Marla Weston as the CEO of the ANA will further this spirit by challenging “each and every nurse in the country to move together in courage and collaboration, to move hope over fear and chart a new destiny for our chosen profession. Celebrate the future new model of a sleek new membership assembly.” I would add that the West Virginia Nurses Association will rise to this challenge and expand it to West Virginia’s nurses across our great state. This I promise will be a wild and wonderful journey of change. With a united voice we will experience the thrill of success for nursing legislative policy in our state and across our nation. Please join me and ANA in this journey.
News from the West Virginia Center for Nursing

The West Virginia Center for Nursing is preparing for the 5th annual Nursing Excellence and Scholarship Gala. The event will be held on Saturday, October 6, 2012 @ the Grand Pointe Conference Center in Parkersburg, West Virginia. This is a black tie invited event. The event is sponsored by the West Virginia Center for Nursing and our corporate and individual sponsors.

This event was created in 2006 to annually honor 50 of the state’s best nurses as nominated by their peers, employers, and family members. Only West Virginia Nurses are eligible to be recognized. Applications to nominate your favorite nurse may be found on the West Virginia Center for Nursing website @ http://www.wvcenterfornursing.org then click on the link that says GALA. You may also complete a nomination form on line at the same web address. Nominations are due no later than July 30, 2012 to the Center. According to Mr. Napior “each year we have received incomplete nomination forms so, please review the nomination form prior to completing so you will be able to provide the information requested. An example of a completed form is available for your review on the website. It would be unfortunate if your nominee is not chosen based on an incomplete application.” Recipients will be notified in August. The finalist list will be published by the Center in late August.

Each recipient and a guest are provided dinner and participate in an awards ceremony. This years’ guest speaker will be Cynthia Persily, PhD, RN, FAAN. Music will be provided by Bobby Nicholas and the John Mulkerin Band.

If you would like to be recognized as a sponsor, the sponsorship form and the levels may be found on the website as well. If you would like to attend the event as a guest to support your favorite finalist, tickets may be purchased for $50.00 each from the Center at 1018 Kanawha Boulevard, East, Charleston. For additional information please contact Duane F. Napior, Executive Director at 1.304.558.0838 or napior@wvnynet.org.
As you know, the prescription drug epidemic is destroying communities across this nation, wreaking havoc on our education system, devastating our workforce and our economy, and tearing our families apart.

Prescription drug overdose deaths are the fastest growing drug problem in the United States, and it is claiming the lives of thousands of Americans every year. According to a report issued by the Centers for Disease Control in November, the death toll from overdoses of prescription painkillers has more than tripled in the past decade. More than 40 people die every day—every single day—from overdoses involving narcotic pain relievers. These prescription painkillers kill more Americans than heroin and cocaine combined.

It's especially tough in my home state of West Virginia, which has the highest rate of drug overdose deaths in the country. Nearly 90 percent of those deaths are linked to prescription drug abuse.

For months now, I've been going out and listening to the stories of so many people in my state—law enforcement, business owners, school teachers, pastors, and especially the children who ask for help getting their parents off the stuff. So I worked with all of them to offer an amendment to this bill that would make it harder for anyone to abuse prescription drugs. That bipartisan amendment was submitted on behalf of the countess West Virginians and Americans whose lives have been cut short by drug abuse and the families who are picking up the pieces, and it is on their behalf that I thank my colleagues in the Senate for passing it unanimously.

Last night, I was so moved and encouraged to see the members of the U.S. Senate come together across party lines and unanimously approve that measure, to take a serious step to fight this prescription drug epidemic. I strongly urge our friends in the House to do the same, and the President to sign this important bill.

This measure is not the work of just one person, however. I'd like to thank the cosponsors of this bill, who all believe so strongly in it: Sen. Mark Kirk of Illinois, Sen. Kristen Gillibrand of New York, Sen. Chuck Schumer of New York. Prescription drug abuse is the fastest growing drug problem in the home state of West Virginia.

I also want to thank Governor Earl Ray Tomblin and Congressman Nick Rahall for their tireless work on this issue, along with Congressman Vern Buchanan of Florida, who is doing excellent work to end pill mills.

The Senate was given a solid step forward, but there is much work remaining to give our communities the right tools to fight this epidemic.

That's because all too often, we all hear stories like this one, which the Ohio County Substance Abuse Prevention Coalition in my state shared:

A young boy was injured and was prescribed prescription pain killers containing hydrocodone. After the injury he began using the opiates with the other teens in his school. They began by taking pills and eventually by graduation, snorting the pills on a daily basis. One day he was convinced by a friend to try IV use. He was married and was able to hold down a job until he began using IV. He was addicted to pain killers and their child was born addicted to drugs. He wanted more than anything to be a hard-working father and husband. He wanted to live and to amend his past behaviors. He completed treatment but eventually began using pain killers again. This man in his mid-twenties overdosed and died.

Think about it. This young man was snorting pills by high school graduation and dead in his mid-20s. Unfortunately, that story is more common than we would all like to believe.

A 2012 study by the National Institute on Drug Abuse found that 8 percent of high school seniors had admitted to abusing Vicodin in the past year. The Centers for Disease Control has found that about 12 million Americans have reported non-medical use of prescription painkillers in the past year.

Unlike many illegal drugs, prescription drugs aren't produced in basement labs or smuggled across the border—they're found in our own medicine cabinets. They are often prescribed for medically necessary reasons, which makes it much easier for people to become addicted or abuse these medications.

In 2010 alone, pharmacies dispensed the equivalent of 42 tons of pure hydrocodone—that is enough to give every man, woman and child in the United States 24 Vicodin pills.

The fact is, that number is just too high. And people are getting these pills because it is just too easy.
Compassion Fatigue and Medical Errors

Compassion fatigue is a condition that often affects caregivers and those in the helping professions. Compassion fatigue is defined as a high commitment to caring for others at the expense of themselves. People who are both taking on the responsibility of helping others to handle high stress situations are especially vulnerable to compassion fatigue.

Compassionate professionals and caregivers tend to be strong people. They are often asked to take on more than the average person would be expected to handle. Because of their compassionate nature, they tend to say “yes” when asked to help another, even when their own resources are low. This can lead to a loss of balance between personal and self-care.

Research shows that long-term exposure to people in severe pain, suffering, or trauma is often linked to compassion fatigue. Nurses and other professionals, who work in burn units, oncology, hospice and other areas where patients have prolonged suffering or extreme trauma are at risk.

Two factors that contribute to compassion fatigue are long-term or chronic exposure to extreme suffering and the lack of awareness or attention to the gradually increasing signs of fatigue. Additional factors in the work setting include lack of organizational support, overwhelming workload due to short staffing, and the tendency for caregivers to tend to the needs of others to the point of ignoring their own needs.

Compassion fatigue does not happen overnight, it happens over time, and the value for serving others to the detriment of one’s own health, while working under chronic stressful conditions is a formula for fatigue that contributes to medical errors.

A person who is developing compassion fatigue is often not able to see what is happening. It’s a normal human reaction to want to help everyone who needs help and make everyone else feel better. It is how they can maintain or improve their relationship to the caregiver who is in the best position to identify the signs of compassion fatigue.

Signs of compassion fatigue can include:

- Preoccupation and lack of attention to detail
- Poor concentration, focus, and judgment
- Complaining or not wanting to come to work
- Worrying about patients on days off

memory issues

- Loss of objectivity
- Emotional oversensitivity
- Emotional outbursts or mood swings
- Vital signs of the patient
- Avoidance or desensitization
- Weight gain
- Compliments
- Sleep deprivation
- Exhaustion

With the proper help a person can recover from compassion fatigue. The first step in recovery is to recognize that there's a problem. The next step is to get appropriate help. Learning how to care and be compassionate, while maintaining clear boundaries is a skill most caregivers have never learned.

Today’s healthcare environment can feel overwhelming at times for professional and personal caregivers. It’s important to recognize that when you take on more than your share of the burden, the need for more help may not be seen.

A compassionate person who is out of balance actually enables more problems.

Tips for preventing compassion fatigue

- Established daily health habits for eating regularly drinking water and taking deep breaths periodically
- Build enjoyable movement or exercise into your week.
- Create an environment and rituals for adequate sleep
- Express your emotions through art, journaling, or talking with a trusted friend
- Know your limits and don’t compromise quality care by exceeding your limits.
- Notice what energizes you and what drains your energy. Let this knowledge guide your behavior.
- Create opportunities for debriefing difficult situations.
- Learn to recognize the signs of compassion fatigue in yourself and others.
- Seek professional counseling or guidance if you are overwhelmed.
- Value self-care for yourself and encourage self-care in others.

We cannot afford to lose our most caring and compassionate people to the risks of compassion fatigue. It’s important to remember the advice we give one another and make sure we are hearing it and putting it into practice. Compassion fatigue is a condition we learn to recognize early and deal with.

Aila Accord, RN, MSN is an award-winning international speaker, bestselling author and certified coach and EFT advanced practitioner & trainer, specializing in quick ways to release stress and empower your life. A member of the National Speakers Association, she is a popular keynote speaker and radio and television guest. Her bestselling book “40 Instant Stress-Busters, Quick tips to de-stress fast with no extra time or money” is available at http://stresstestsbuster.com. Sign up for De-Stress Tips & News at www.ailaaccord.com and receive a gift, “I've Instant Stress Busters” e-book.

The Junior Nurse Academy is a program developed by the West Virginia Center for Nursing to inspire middle and high school age students to consider a career in nursing. The Center provides the guidelines and facilities to customize the programs to meet their needs. A three to four day event is planned with activities that allow the students an opportunity to see inside a typical day as a nurse. Activities may include CPR, sterile technique, the opportunity to experience nursing and encourage a love of nursing.

Junior Nurse Academy Programs Held June 2012

Tired of air pollution, traffic jams, crowds, and other stresses that plague the average person? Garrett County Memorial Hospital is nestled in the scenic mountains of beautiful western Maryland. Live and work in a place with clean air, blue sky, rolling hills, and working conditions that have been named one of the “Hottest Jobs in America” by CareerCast.

Tired of working in a place where you are expected to be a “nurse with no voice” and where you have to do more work for less pay? Garrett County Memorial Hospital is one of the few hospitals in the United States that do not have a two-tier pay system for nurses. We hire nurses with a BSN degree and bring them into the organization as RNs. We hire new RNs with an ADN degree and pay them to work toward a BSN degree.

Tired of working in a place where you have to work in emergency departments that are overcrowded, understaffed and overworked? Garrett County Memorial Hospital is among the best in the nation for all of its emergency departments.

Tired of working in a place where you have to work in departments that have low patient satisfaction ratings? Garrett County Memorial Hospital is among the best in the nation for patient satisfaction ratings in all departments.

Tired of working in a place where you have to work in departments that are short-staffed? Garrett County Memorial Hospital is among the best in the nation for staffing levels in all departments.

Tired of working in a place where you have to work in departments that are understaffed? Garrett County Memorial Hospital is among the best in the nation for staffing levels in all departments.

Tired of working in a place where you have to work in departments that have poor work environments? Garrett County Memorial Hospital is among the best in the nation for work environments in all departments.

Tired of working in a place where you have to work in departments that do not have enough nurses to do their jobs? Garrett County Memorial Hospital is among the best in the nation for nurses to patients ratios in all departments.

Tired of working in a place where you have to work in departments that have poor work environments? Garrett County Memorial Hospital is among the best in the nation for work environments in all departments.

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Attention: Advanced Practice Registered Nurses

An Emergency Rule Related to the Controlled Substance Monitoring Database was submitted to the West Virginia Secretary of State on July 22, 2012. The Secretary of State will make a determination as to whether this rule within 42 days of filing which will be August 2, 2012 or before. A notification of this decision will be placed on the web site of the West Virginia Board of Pharmacy for Registered Professional Nurses. This rule has also been filed as a Legislative Rule. The Comment Period for the Legislative Rule ends on July 22, 2012. To learn more about the New User Process, visit the West Virginia Board of Pharmacy web site and click on CS Monitoring Program on the top left side of the Home Page. This will navigate you to another page on the web site where you will click on NEW USER REQUEST FORM. The following link is to the User Request Form page: http://www.wvbop.com/index.php?option=com_content&view=article&id=61&Itemid=117

Substance abuse is a major health care issue in West Virginia. Senate Bill 637, passed during the 2012 Legislative Session, includes a variety of measures to be taken in West Virginia to help decrease and even stop substance abuse. One of the measures is a change in the law that requires the following:

W. Va. Code §60A-9-5a(a) provides that upon initially prescribing or dispensing any pain-relieving substance for a patient and at least annually thereafter should the prescriber or dispensing authority and in possession of a valid DEA registration identification number and licensed shall access the West Virginia Controlled Substances Monitoring Program database containing specific patients for whom they are providing pain-relieving controlled substances as part of a course of treatment for chronic, nonmalignant pain but who are not suffering from a terminal illness, and that the information obtained shall be documented in the patient’s medical record.

W. Va. Code §60A-9-5a(b) provides that emergency and legislative rules are to be promulgated to effectuate the provisions of W.Va. Code §60A-9-5a(b).

The rule in its entirety is provided below:

West Virginia Board of Examiners for Registered Professional Nurses
Title 19, Series 14
Practitioner Requirements for Accessing the West Virginia Controlled Substances Monitoring Program Database

§19-14-1. General.
1. Scope.—W. Va. Code § 60A-9-5a(a) provides that upon initially prescribing or dispensing any pain-relieving substance for a patient and at least annually thereafter should the prescriber or dispenser continue to treat the patient with controlled substances, all persons with prescriptive or dispensing authority and in possession of a valid Drug Enforcement Administration registration identification number and licensed shall access the West Virginia Controlled Substances Monitoring Program database containing specific patients for whom they are providing pain-relieving controlled substances as part of a course of treatment for chronic, nonmalignant pain but who are not suffering from a terminal illness, and that the information obtained shall be documented in the patient’s medical record.

2.1.a. “Administrating” means the direct application of a drug to the skin of a patient by injection, inhalation, ingestion or any other means.
2.1.b. “Board” means the West Virginia Board of Examiners for Registered Professional Nurses.
2.1.c. “Controlled substance” means a drug that is classified by federal or state law in Schedules I, II, III, IV or V, as defined in W. Va. Code § 60A-2-204 through 222.
2.1.d. “Course of treatment” means the period of time necessary to effect a cure for a acute disease, or the period of time from one office visit until the next scheduled or anticipated office visit for a chronic disease.
2.1.e. “CSMP” means the West Virginia Controlled Substances Monitoring Program repository and database.
2.1.f. “DEA registration identification number” means the federal Drug Enforcement Administration registration identification number issued to a practitioner.
2.1.g. “Dispensing” means the preparation and delivery of a drug to an ultimate user by or pursuant to a lawful order of a practitioner, including the prescribing, packaging, labeling, administering or compounding necessary to prepare the drug for that delivery.
2.1.h. “Medical records” means records including, but not limited to, any drug classified as a Schedule II through V controlled substance, all persons with prescriptive or dispensing authority and in possession of a valid DEA registration identification number and licensed shall access the West Virginia Controlled Substances Monitoring Program database.
2.1.i. “Opioid” means natural and semi-synthetic derivatives of the opium poppy, as well as similar synthetic compounds that have analgesic or pain relieving properties because of their effects in the central nervous system. These include, but are not limited to, codeine, morphine, hydromorphone, hydrocodone, oxycodeine, methadone, and fentanyl.
2.1.j. “Pain-relieving controlled substance” means any source other than the current practitioner within the twelve (12) month period immediately preceding the visit of the patient to the current practitioner.
2.1.k. “Practitioner” means a registered professional nurse licensed pursuant to the provisions of The Nurse Practice Act W. Va. Code § 30-7-1 et. seq. who possesses a valid DEA registration identification.
2.1.l. “Provision” means prescribing and administering.
2.1.m. “Terminal illness” means an incurable or irreversible condition as diagnosed by the attending physician or a qualified physician for which the administration of life-prolonging intervention will serve only to prolong the dying process.

§19-14-2. Definitions.

§19-14-3. General Rules for Practitioners for Patients Not Suffering from a Terminal Illness.

3.1. Prior to the initial provision of any pain-relieving controlled substance as part of a course of treatment for chronic nonmalignant pain to any patient not considered by a practitioner to be suffering from a terminal illness, a practitioner shall apply for and receive capability to access the CSMP for purposes of compliance with this rule.

3.2. Prior to the initial provision of a pain-relieving controlled substance as part of a course of treatment for chronic nonmalignant pain to a patient not considered by the current practitioner to be suffering from a terminal illness, a current practitioner is required to access the CSMP to determine whether the patient has obtained any controlled substance reported to the CSMP from any source other than the current practitioner within the twelve (12) month period immediately preceding the visit of the patient to the current practitioner.

3.3. Upon accessing the CSMP prior to the initial provision of a pain-relieving controlled substance as part of a course of treatment for chronic nonmalignant pain, the access and any controlled substances reported to the CSMP within the twelve (12) month period immediately preceding the visit of the patient shall be promptly documented in the patient’s medical record, with rationale for prescribing and dispensing the pain-relieving controlled substance by the current practitioner, with a copy of the CSMP accessed report signed and dated by the current practitioner.

3.4. After the initial provision of a pain-relieving controlled substance as part of a course of treatment for chronic nonmalignant pain, the access and any controlled substances from any source other than the current practitioner within the twelve (12) month period immediately preceding the access and any controlled substances from any other source other than the current practitioner within the twelve(12) month period immediately preceding the access shall be promptly documented in the patient’s medical record, with rationale for prescribing and dispensing the pain-relieving controlled substance by the current practitioner, with a copy of the CSMP accessed report signed and dated by the current practitioner.

3.5. Nothing herein prohibits the CSMP from being accessed for a specific patient more frequently than annually by the current practitioner, however, only access of the CSMP, controlled substances reported to the CSMP from any other source other than the current practitioner shall be promptly documented in the patient’s medical record, with rationale for provision of the pain-relieving controlled substance by the current practitioner, with a copy of the CSMP accessed report signed and dated by the current practitioner. Provided, that an electronic date and signature of the current practitioner will meet this requirement.

§19-14-4. Other legal authority
4.1. Practitioners must comply with all other applicable federal and state laws, rules, and regulations.

§19-14-5. Discipline.
5.1. Any practitioner who fails to comply with this rule 19CSR 14 is subject to Board disciplinary proceedings for failing to perform any statutory or legal obligation placed upon the practitioner and unprofessional, unethical, and dishonest conduct, pursuant to W. Va. Code § 50-7-11 and 19CSR 3.
Fairmont State University is pleased to announce an opportunity for LPNs to complete an Associate Degree in Nursing with our new “LPN to ASN Track.” The required general studies support courses need to be completed prior to admission. The theory portion of the track is offered via online with scheduled weekend clinical experience. LPN’s may progress to ASN and then to BSN in 2 years if support courses have been completed.

Additional Program offerings:
- Associate of Science Degree in Nursing
- RN-BSN
  - Web enhanced curriculum
  - Classes meet in the evening one day per week
  - Diploma and associate degree graduates receive 35 nursing credits when enrolling in the BSN
- The traditional RN to BSN is designed for nurses who want the BSN degree but need general studies/support courses in addition to required nursing courses
- The school offers an accelerated BSN for students who already have most of the support courses completed. The accelerated program allows the student to complete the Bachelor of Science in Nursing in one academic year. The course of study begins in August and the student can graduate in May.
- Online Program for School Nurse Certification

Admission information on website:
www.fairmontstate.edu/academics/schoolofnursingaha/default.asp

For more information please contact: Heidi Mahaney
Heidi.Mahaney@fairmontstate.edu • 304-367-4133
As if helping a family through the loss of a loved one isn’t difficult enough, it’s not the only hard part of Tracy Lilly’s job as a hospice nurse. In the moments just after a death, Tracy often finds herself having to explain to those same family members why it is necessary to flush stockpiles of narcotics down their toilet.

That was before Element MDS.

For the last year and a half, Hospice of Southern West Virginia has been using an innovative product designed to make medication disposal safer, easier and more efficient.

Element MDS is a product of Beckley-based V23, LLC.

V23, LLC worked to develop a product that efficiently accomplishes the recommendations of the DEA and FDA when disposing of medications. When mixed with water in the provided clinical-grade container, the plant-based chemical breaks down medications and creates a solid mass that can then be thrown in the regular trash. Element MDS is effective for both solid and liquid medications, including controlled substances.

“The families are a lot happier with it,” said LaForme, Executive Director of Hospice of Southern West Virginia. “Most of the families were pretty concerned about us putting the medications in the water. Unfortunately, we didn’t have any other way of disposing of it. We are asked to waste everything (controlled substance prescriptions) there, in the home.”

If something is harmful enough to be kept out of reach of children and anyone who didn’t have a prescription for it, families asked, is it really safe to empty into the water system?

No, it’s not, explained Chris Vaugh, the pharmacist behind Element MDS. Water system tests throughout the nation have shown not only traces of narcotics, but antibiotics, steroids, antidepressants and other medications. Some environmental impact studies, including one in Wyoming, have developed a relationship with Hospice of Southern West Virginia over the last decade. When he approached them about piloting Element MDS nearly two years ago they welcomed the opportunity.

“Our nurses love it,” said Janett Green, Executive Director of Hospice of Southern West Virginia.

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“It’s wonderfully convenient,” LaForme explained. “You put all the medication in it, then the powder and the water. You shake it up and it gels, and then you can just throw it in the trash. It’s just a great method.”

Bottles, which come in 17 and 33 ounce sizes, can be labeled with hospital, law enforcement, pharmacy or other customized logos. Volume discounts are also available.

“If we can get those controlled substances out of the homes quickly and efficiently, that’s less supply that will find its way into the streets and into the water system,” Vaugh said. “It is still very voluntary, but we think Element MDS can help.”

For more information, visit www.elementmds.com or call (304) 929-6910.

New Product Simplifies Med Disposal

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For more information, visit www.elementmds.com or call (304) 929-6910.
Dr. Robin Lewis, University of Charleston

Robin Lewis, EdD, MSN, RN, FNP-C has accepted WVNR Board Associate Director Position. She will start her position as of July 1, 2012. WVNA congratulates her on her new position and wishes her the best. Dr. Lewis was the chair of WVNA’s Health Planning and Legislative Committee and was given an award as the Political Active Nurse of the year for her dedication and volunteer work with the association.

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The West Liberty University (WLU) nursing program, established in 1988, will be getting a new home in 2013. This nationally accredited four-year registered nurse program will be one of six programs to move into the new state-of-the-art facility now being constructed on the WLU campus. A groundbreaking ceremony will take place on July 2, 2012 to mark the occasion.

Other degree programs that will move into the new facility include the new Master of Science in Physician Assistant Studies, which greets its inaugural class this July; the Bachelor of Science in Dental Hygiene, the Bachelor of Science in Medical Laboratory Sciences, the Bachelor of Science in Speech Pathology and Audiology and the Bachelor of Science in Chemistry.

The new building will be christened Campbell Hall, in honor of Dr. Clyde Campbell, who graduated from WLU and became a midwife through Shenandoah University’s accredited Nurse-Midwifery Program. The Endorsement in Nurse-Midwifery is provided through Shenandoah University’s Nurse-Midwifery program which is fully accredited by ACME (www.midwife.org/accreditation).

Opportunities

West Virginia University Hospital—East, a regional, not-for-profit healthcare system located in the growing Eastern Panhandle of West Virginia, is seeking experienced candidates for the following positions:

- Jefferson Memorial Hospital
- Med/Surge–RN
- ER–RN
- OR–RN

As a valued member of our team, you’ll enjoy a comprehensive benefits and compensation package including Medical/Dental/Vision and much more.

If you are part of a dedicated healthcare team known for strong teamwork and collegial support, we invite you to join us at this exciting time. Please call 304-525-7801 X 227 or visit www.batemanhospital.org for more information.

Enroll in Marshall University’s Graduate Nursing Program and become a midwife through Shenandoah University’s accredited Nurse-Midwifery Program.

WLU is seeking additional funding for the construction of the building. The state of West Virginia has committed $12.75 million of the total $28.5 million budget, the University has invested additional funds and several private donors have stepped forward. Currently, the Office of Institutional Advancement is seeking funding from alumni, friends of the institution, corporations and foundations.

Campbell Hall will greatly enhance the success of the WLU College of Sciences, which continues to offer educational and career opportunity to students. Campbell Hall will make the West Liberty University experience better for our students. Careers in health care enable graduates to achieve professional success, while they give back to their community. These are high-quality programs that prepare students for professions that are in great demand,” said President Robin C. Capechart.

“WLU programs deliver quality education. We are pleased that in 2011, 99 percent of our natural sciences graduates who applied to medical, dental, physician, and veterinary graduate schools were accepted and are now advancing their careers,” Capechart added.

The WLU Nursing Program prides itself on highly qualified faculty, comprehensive curriculum and clinical learning experiences in dynamic health care agencies. Historically, the program has maintained very good nursing board pass rates, highlighted by repeated years of 100 percent of the RN graduating class passing the boards on their first attempt.

“Passing the boards quickly is important. But we are equally proud that one of our program outcomes is ‘caring.’ Employers report being able to see this ‘WLU caring’ in the nursing care delivered to patients by WLU graduates,” said Dr. Robert Kreisberg, Dean of the College of Sciences. He went on to say that the employment rates remain strong for those who earn their Bachelor of Science in Nursing.

WLU nursing program graduates are employed within a few months of graduation. Also, many of our graduates have continued their education at the master’s level and are now employed as nurse practitioners, nurse anesthetists, nurse educators and nurse managers in the local area, the state and beyond,” he said.

The WLU Nursing program is currently working to upgrade its curriculum to keep students on the cutting edge of new technology in health care, including opportunities to study health care informatics. At the same time, the curriculum retains a strong clinical base, a focus on ethics, legalities, collaboration with other health care workers and professionalism.

The WLU Office of Institutional Advancement welcomes all WLU nursing program alumni to view this story online.

“We invite you to join us at this exciting time as Nursing and Health Sciences renew themselves at your alma mater,” said Jason Koegler, vice president of institutional advancement. Alumni are encouraged to update their records with the WLU Alumni Office to stay abreast of WLU’s progress. For more information on the Campbell Hall Science Building project, please call 304-336-8888 or visit wvlu.edu.
West Virginians Denied Access to Chronic Care Due to Bogus Warning to Physicians

Advanced nurse practitioner, Toni DiChiacchio, has a heavy heart as she heads to Orlando to receive the national American Association of Advanced Nurse Practitioners Award of Excellence. “I’m inventing new models of Veteran’s health care,” she says, “I’m not just a nurse.”

Advanced pediatric nurse practitioner, is also WV representative to the American Academy of Nurse Practitioners and president of the West Virginia Nurses Association. According to the WV Board of Examiners for RNs, there are 1,454 APRNs in WV licensed to provide direct care to the public. However, in addition to being educationally qualified, nationally certified and licensed, WV law requires APRNs to obtain a signed collaborative agreement with a physician to prescribe medication or practice. Several nurses have been forced to close their doors to the public in the face of these bogus warnings.

Baldwin says, “These warnings and increasingly restrictive guidelines from the BOM to WV physicians make it harder for APRNs to get an agreement signed. Without an agreement, needed services like Toni’s clinic must close their doors. We are very concerned for our patients. There is already a shortage of providers and WV is losing APRNs to neighboring states that realize collaborative agreements are unnecessary. Research proves advanced practice registered nurses provide high quality, safe care.”

The WVNA introduced a bill in the 2012 legislature to remove this barrier to access to care. The bill did not pass. Baldwin reports, “We are not giving up. Our patients need care and it is our mission as nurses to advocate for that care.” DiChiacchio concurs, “This hurdle may slow me down but I’m not ready to move to MD, where I could practice without any collaboration. My heart is here with the chronically ill of W.V and I think they deserve the best care we can give.”

“Unfortunately, this is not an isolated case” says Elizabeth Baldwin, RN. Baldwin, an advanced pediatric nurse practitioner, is passionate about working to set up Health thru Care, a chronic disease management clinic for patients with chronic heart failure, diabetes, lung disease, and metabolic syndrome, it all came to a halt.

“No one provides services in Morgantown for these weak and vulnerable homebound patients,” says DiChiacchio. The clinic would give these people access to telehealth equipment to monitor patient weights, blood glucose levels, peak flow values and more.

Everything was on target to open until a collaborating physician, who was interested in the services the clinic could provide, was “spooked” by not only his malpractice insurance company but the WV Board of Medicine. The WVBOM told him he would have a greater risk of malpractice by collaborating with a nurse practitioner.

“This is not true,” says DiChiacchio. The WV Medical Malpractice Act specifically states that physicians are not liable for the actions of a collaborator. “When physicians employ nurse practitioners, they are liable. When physicians sign a collaboration agreement, they are not liable.” She asked the BOM to contact the physician to correct the inaccurate advice they gave him. Even in light of the evidence, DiChiacchio presented to Deborah Rodecker, counsel to the WVBOM, they are unwilling to change their position.

“Deborah Rodecker, counsel to the WVBOM, they are unwilling to change their position. We are not giving up. Our patients need care and it is our mission as nurses to advocate for that care.”

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In its more than 25 years of providing Behavioral Health services, Diamond has distinguished itself for its exceptional focus on customer needs, its intense research into community needs and its commitment to clinical quality.

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5+ years of related psychiatric experience required. MSN highly preferred. Generous Salary and Benefit Packages with Relocation Assistance.

Visit our website www.wvuhealthcare.com to apply online, as well as review other exciting RN opportunities in the following specialties:

- **Nursing Per Diem Pool**
- **Neurology**
- **Operating Room**
- **Resource Pool**
- **Emergency Department**
This is an often misunderstood question. ANA recently did a survey of non-members and came away with some startling results. Many nurses felt that they were indeed members based on the fact that they were a licensed nurse. Many more felt that once they joined they would be a member for life. Some were not even aware of ANA or their state nurses association even existed. Where are we failing to educate nurses about ANA or WVNA membership? A license to practice professional nursing is granted through a state nursing board not through a nursing association; ANA/WVNA is a membership organization that a nurse must submit an application and dues to join. Once a nurse joins yearly membership dues are then paid to the organization. Although it does sound enticing as of now there is no lifetime membership available.

Here in West Virginia there is another misconception. Since all nurses in the state receive WV Nurse Magazine published by WVNA it is often assumed that this implies membership. WVNA looks to its members for articles, pictures, poems and other news worthy items for this publication.

There are different levels of membership available and this often causes confusion. These memberships are full (ANA/WVNA), state only (WVNA), ANA only, online and affiliate. Descriptions are in the table below as to the types and benefits.

<table>
<thead>
<tr>
<th>Membership Level</th>
<th>Benefits</th>
<th>Dues Information</th>
<th>Voting Rights</th>
<th>Online Access</th>
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</thead>
<tbody>
<tr>
<td>ANA/WVNA</td>
<td>ANA benefits only, no voting in state matters. Discounts only on ANA materials.</td>
<td>No voting in ANA matters, not eligible for ANA conference discounts, access to publication in WV Nurse, news blasts on nursing matters in WV, eligible to run for board or chair positions</td>
<td>Online access only to ANA web site, no voting in ANA or state elections or discount on certifications</td>
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<tr>
<td>ANA only</td>
<td></td>
<td>No voting in ANA matters. Discounts only on ANA materials.</td>
<td>Online access only to ANA web site, no voting in ANA or state elections or discount on certifications</td>
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<tr>
<td>WVNA only</td>
<td></td>
<td>No voting in ANA matters. Discounts only on ANA materials.</td>
<td>Online access only to ANA web site, no voting in ANA or state elections or discount on certifications</td>
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<tr>
<td>E-membership</td>
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<td>No voting in ANA matters. Discounts only on ANA materials.</td>
<td>Online access only to ANA web site, no voting in ANA or state elections or discount on certifications</td>
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</table>

Members can come and go in both ANA and WVNA. Monthly members may forget to update their billing information resulting in cancelled membership when the credit card on file cannot be accessed for the monthly payment. Yearly members may not renew or move to another state. Some fall into the category misconception of once a member always a member without paying yearly dues. Others may conclude that membership is not for them due to financial situations, conflict of interests and a host of other personal reasons.

What do members receive for their membership? Members in ANA/WVNA are eligible for free CE’s on the ANA web site. All members are kept up to date on nursing policy on the national and state level through the Online Journal of Issues in Nursing, American Nurse Today, ANA and state news blasts. Nursing certification done through ANCC is at a reduced rate for members. Discounts are also available for travel, gifts and nursing books. Being a member gives a nurse a say in national and state matters concerning nursing relating to policies, procedures, political stance and the ability to serve on boards and committees. Members are able to attend national and state conferences at a discount and to represent ANA or WVNA in voting for changes in nursing.

Join ANA/WVNA today and add your voice to the nurses who are members. ANA and WVNA are eager to welcome you to our family of nurses. Log onto www.wvnurses.org or clip out the membership application in this edition and join today!

Get Ready Today to Volunteer Tomorrow!

www.wvredi.org

For more information call: (304) 558-6900 ext 2009


Margaret has had a successful career in nursing and had to alter her nursing career path after developing a severe latex allergy.


• Barnes & Noble
• Amazon.com
• kankpublishing.com

If ordered through the website, you’ll receive an autographed copy!

The HIV panic of the 1980s prompted CDC and OSHA to mandate the use of natural rubber latex gloves as protective equipment for all health care workers. This increased use of rubber gloves created a latex allergy crisis. The author gives an engaging historical perspective of latex glove use in healthcare. In addition, the author’s personal experience and the experience of others who suffer from a latex allergy is told.

Margaret has had a successful career in nursing and had to alter her nursing career path after developing a severe latex allergy.
Membership News

WVNA/ANA Membership Application

Contact Information

Personal Information

Full Name

City

State

Zip

Phone

E-mail

Membership Categories

Check One:

[ ] Full Membership

Full Payment: $778.00

Electronic Bank Transfer*: $72.87

[ ] Special Membership

Special Payment: $69.00

[ ] WVNA Only

WVNA Only Payment: $51.94

Full Payment: $158.00

Electronic Bank Transfer*: $13.91

Additional Membership Opportunities

[ ] ADVANCED PRACTICE COUNCIL

Join the WVNA/APC Council for an additional $60 per year. This CAP Council specialty is included in the WVNA/ANA membership and offers a variety of educational and networking opportunities for Advanced Practice Nurses.

[ ] WV NAAP-POLITICAL ACTION COMMITTEE

Join the WVNA Political Action Committee for an additional $50 per year, which supports the WVNA Political Action Fund to support political candidates who support nurses and health care issues.

[ ] WV MEMBERSHIP ACTIVITY REPORTS

[ ] WVNA/ANA EVENT CALENDAR

Please complete and return to:

West Virginia Nurses Association

PO Box 1946

Charleston, West Virginia 25327

(304) 414-3369

PAYMENT DETAILS

Annual Membership Fee

$738.00 (Paid)

$738.00 (State Only)

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Money Order

Credit Card (Visa or MC)

Expiration Date

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