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Mark Your Calendars
• August 18, 2018, Rural Healthcare Symposium, Elko, NV
• September 22, 2018, NNA Annual Meeting, Multiple Sites
• October 6, 2018, 3rd Annual Future of Nursing Nevada
• October 6, 2018, Shining Stars of Nursing, Reno, NV
• February 26, 2019, Nurses Day at the Legislature
The Nevada Nurses Association promotes professional nursing practice through continuing education, community service, nursing leadership, and legislative activities to advocate for improved health and high quality health care for citizens of Nevada.

**NNA Mission Statement**

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

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Are you interested in submitting an article for publication in RNFormation? Please send it in a Word document to us at MCurley@nvnurses.org. Our Editorial Board will review the article and notify you whether it has been accepted for publication. Articles for our next edition are due by June 1, 2018.

If you wish to contact the author of an article published in RNFormation, please email us and we will be happy to forward your comments.

Join us to Celebrate Nurses 3rd Annual Future of Nursing in Nevada!

By: Elizabeth Fildes and Laura Lynne Loungo

The Nevada Action Coalition (NAC) remains the driving force for transforming healthcare through nursing in our state. Recognizing that important work is currently being done, and the goal of long-term sustainable change, the NAC continues to lead the way to improve the health of Nevadans.

To support NAC’s important work and to honor nurses in Nevada, the 3rd Annual Future of Nursing in Nevada black-tie event will be hosted on Saturday, October 6, 2018, at the Suncoast Hotel and Casino. This year’s event theme is “Nevada Nurses Strong.” Doors will open at 5pm and Registration will begin at 5:30pm. Cocktails and Silent Auction will be from 5:30pm – 7pm. Dinner will be served at 7:15pm and the program will be underway by 8pm.

In addition to honoring Nurses on Boards, Nevada Nurses Strong Responders and Professional Progression Accomplishments; this year we will award outstanding nurses in the following categories:

- **Advanced Practice**
  - Ambulatory Care
  - Behavioral Health & Public Health
  - Case Management
  - Clinical Leadership – Management
  - Critical Care/Emergency/Surgical
  - Clinical Leadership – Administration
  - Education
  - Inpatient Acute Care
  - Hospice Nursing & Palliative Care
  - Home Health
  - Long Term Acute Care/Long Term/Rehab
  - Specialty Practice
  - Pediatric Nursing
  - Research
  - Women’s Health
  - Future Nurse Leader
  - Diversity Award
  - Lifetime Achievement

A person can be recognized in more than one area for Recognition Awards only.

- Professional Progression
- Nurses Serving on Boards
- Nevada Nurses Strong

Quick synopsis of the event is as follows:

- Forms can be uploaded to the FONN Awards page.
- The Nominator or the Nominee then submits a Nomination Questionnaire – Part 2 for judging, which is done by a committee of nursing peers.
- We will award in eighteen (18) Future of Nevada Nurses categories.
- Individuals will be notified that they have been nominated, a congratulatory email is sent to them along with information on how to complete the process and details of the event.
- The Nominator or the Nominee then submits a Nomination Questionnaire – Part 2 for judging, which is done by a committee of nursing peers.
- Forms can be uploaded to the NevadaActionCoalition.org FONN Awards page.
- Winners will be announced the evening of the event.

All funds raised from “Future of Nursing Awards Celebration” will support both nursing scholarships and the work of the Nevada Action Coalition.

If you have any questions or need additional information, please email us at:

- FONNevadaNursesStrong@nevactioncoaltion.org
If you would like to contact NNA or President Tyrell, please call 775-747-2333 or email davetyrellrn@gmail.com.

Have you visited the NNA Job Board recently? Visit our website www.nvnurses.org and click on the Job Board tab to view many available Nevada nursing jobs. If you want to receive email notice when a new job is added, join our Job Board mailing list! Just send your email address by text message:

Text NNAJOBBOARD to 22828 to get started or email nnajobs@nvnurses.org.

If you have a job to advertise, contact Ian at nnajobs@nvnurses.org. Our rates are reasonable and money raised helps to benefit Nevada nursing.

"In dealing with those who are undergoing great suffering, if you feel "burnout" setting in, if you feel demoralized and exhausted, it is best, for the sake of everyone, to withdraw and restore yourself. The point is to have a long-term perspective." ~ Dalai Lama

As nurses we are well known for neglecting our immediate and long-term needs to take care of the needs of others. We have a tremendous amount of learning, training and experience on how to stay healthy but we famously neglect our own health in pursuit of caring for others. Keep in mind that when I write about health I am not just talking about physical but I am referring to mental health also. In addition we nurses also suffer from a high rate of burnout due to not being able to refuel after the high stress of caring for others has drained us emotionally.

The American Nurses Association defines a healthy nurse as “One who actively focuses on creating and maintaining a balance and synergy of physical, intellectual, emotional, social, spiritual, personal, and professional wellbeing.” ANA has done a significant amount of research in the area of keeping nurses healthy. For some time now they have been promoting an initiative called Healthy Nurse Healthy Nation. The link is listed below and I would encourage all of you to take a moment and look at the site. It has a lot of information and ideas focused on helping nurses improve our health both physical and emotional.


Registered Nurses Needed for Open Health Facility Inspector Positions in Nevada

Qualified applicants sought for openings in Las Vegas and Carson City.

Regulatory nursing is an exciting field that enables you to use your clinical expertise to ensure that facilities comply with federal and state regulations governing nursing care in several health care settings. Job duties include: conducting federal and state inspections and complaint investigations of health facilities; providing education to providers and the public; helping with special projects as needed, such as regulation development; and more. Inspectors drive and/or fly to facilities locally and to more distant destinations within Nevada. Occasionally inspectors travel for out-of-state training.

APPLY NOW — Search Google for “Nevada NEATS,” click on the “Jobs Home Page” result and search “health facilities inspector.”

GREAT BENEFITS — Includes 11 paid holidays a year, 3 weeks vacation, 3 weeks sick leave, no state income tax, medical & dental insurance, and more.

Imagine walking into a business where you’re the owner. Just think how well you’d be treated. They’d say ‘hey’ and offer to help and then when there’s a profit, you get a share of it.

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AB474 (Governor’s prescription drug abuse bill) implementation nears completion and election season is in full swing. Several meetings over the last few months started wrapping up the AB474 regulations from the Board of Medical Examiners, Board of Nursing, Board of Pharmacy and Board of Health. All regulations must be adopted by the Legislative Commission and their final meeting is scheduled for the end of June. We will likely see a long list of regulations up for approval at that meeting. Starting July 1, LCB begins working on bill drafts and budgets for the upcoming session.

Elections
June 12 is Primary Election Day! Primary elections allow voters within a party to vote for their nominee for elected positions across the state. For example, Democrats must choose between Chris Giunchigliani, Steve Sisolak and a list of other candidates to be their pick for Nevada’s governor. Republicans have Adam Laxalt, Dan Schwartz, Jared Fisher and a few others to choose between for their pick for Nevada’s governor. Below is press and a list of resources to help you make informed decisions and get out to vote:

Nevada Secretary of State Early Voting Information (Early voting is May 26 – June 8)
https://www.sos.nv.gov/elections/voters/early-voting-information

Polling From The Nevada Independent
https://thenevadaindependent.com/articles/polls

The Nevada Independents Election Resources: Previous voting records and website links for most candidates https://thenevadaindependent.com/election/2018/governor

Check your local press for coverage on your local races.

Relevant Press
Telemedicine is paving the way for medical diagnosis

State to move program focused on early stages of serious mental illness in-house

Indy Q&A: Former U.S. Health and Human Services secretary talks past, present, future of Obamacare

Meeting Summaries
AB474 Implementation & Regulations
Board of Medical Examiners R100-17 Subcommittee | April 11, 2018

The subcommittee unanimously approved a recommendation to the Board of Pharmacy for the definition of informed written consent: For the purpose of sections 53 and 54 of AB474 (2017), an “informed written consent” can address a classification of medication listed in a schedule II, III or IV for the treatment of pain, if when prescribing an initial prescription, the practitioner informs the patient that the medication is the class and allows the patient to ask questions. The subcommittee also unanimously approved a recommendation for disciplinary action language. It was modeled after the Board of Dental Examiners language. Subcommittee language sets a minimum of continuing education credits but allows for the Board of Medical Examiners to take any other action they see fit. All of the previous regulation language was dismissed. Approved language is below:

1. In accordance with sections 15 of Assembly Bill No. 474, chapter 605, Statutes of Nevada 2017, at page 4410, if the Board determines that a physician or physician assistant issued a fraudulent, illegal, unauthorized, or otherwise inappropriate prescription for controlled substances listed in schedule II, III, IV or violated the provisions of sections 52 to 58, inclusive, of Assembly Bill 474 or any regulation adopted by the State Board of Pharmacy pursuant thereto, the Board will impose the following disciplinary action:
   a. For a consent or settlement agreement or final order fining one or more violations, the Board shall impose disciplinary action including, but not limited to: 1. Additional continuing education concerning prescribing controlled substances listed in the scheduled II, III, IV
   b. The Board or any investigative committee of the Board, may, in its discretion, take into consideration a physician or physician assistant’s good faith attempts at compliance with the provisions of sections 52 to 58, inclusive, of Assembly Bill 474, chapter 605, Statutes of Nevada 2017, in the determination of whether the physician or physician assistant has committed an act or acts constituting a violation of NRS 630.3062(7) and NRS 630.3062(8).

There was praise for the good faith clause in 1.b. of the proposed language. If this language is accepted by the Board of Medical Examiners, the language will be submitted to LCB for final drafting. There was back and forth about providing stronger language. However, that the language would be duplicative of the existing statute as the Board already has authority to take action they see fit. It was stressed that practitioners are already scared enough, and stronger language isn’t necessary.

The subcommittee proceeded to walk through the draft definitions of the bill (Sect. 55-61). The biggest point of conversation was the exclusion of “for the treatment of pain” in section 57 which outlines things to consider when prescribing controlled substances. They are waiting for a legal opinion from LCB. They hope to have the decision before the next meeting.

Board of Medical Examiners R100-17 Subcommittee | May

The R100-17 Subcommittee unanimously approved a letter to send to the Board of Medical Examiners with regulation recommendations. The recommendations included support of the Board of Pharmacy regulations as well as draft disciplinary language regulation language. The Board of Pharmacy hopes to approve the last of their regulations in June. Under the Board of Pharmacy section of the letter, the subcommittee unanimously approved a change in the regulation language from “classification” to “class” for consistency and clarity.

The letter recommends that the Board withdraw R100-17, the previous regulation regarding disciplinary measures, and create an entirely new regulation for the new discipline language. The disciplinary language in the letter includes that language above.

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EEO Employer • Non-smoking facility, non-smoker preferred.
However, the subcommittee made minor changes to the order of the disciplinary measures moving 1.b. to an entirely new section 1, which then makes section 1 the new section 2. The rearranging of language will have no impact on the process for the Board of Medical Examiners, but the subcommittee felt the good faith clause was important to practitioners and should stand alone.

The subcommittee also requested that language be included in the letter to encourage the Board staff to provide education to practitioners. They recommended education include an outline of the discipline process in a newsletter and on their website. The Executive Director anticipates the subcommittee’s recommendations be adopted in whole or at least in part.

Board of Medical Examiners | June 1, 2018

The State Board of Medical Examiners considered the letter and proposed discipline regulations from the subcommittee who discussed the AB474 regulations. There was little discussion on the issue. The Board withdrew the old disciplinary regulation and accepted the recommendations from the subcommittee. The regulations will have to move through a new public hearing and workshop process before final approval of the regulation.

Board of Pharmacy | June 6, 2018, Regulations

The State Board of Pharmacy heard two regulations regarding AB474. The first regulation was a public workshop to gather public input for revisions to language before sending to LCB for legal drafting. The language addresses informed written consent and prescription medication agreement. The two documents may include a class of a drug instead of listing all drug options the practitioner may prescribe. A practitioner must use an assessment of their choice to assess the risk for abuse and dependency. The assessment must include one question regarding depression. The assessment can be done verbally or via a written form. Staff emphasized that the regulations set the minimum, but practitioners often do more. The regulations do not set best practice standards. The Nevada State Medical Association provided comment in support to the regulation as it will provide clarity to physicians. The Board approved the regulations and will be sent to LCB for final drafting before final approval by the board.

The R047-18 is the other regulation regarding AB474. This regulation moves through existing reports to try to limit the data that they collect. The Division to look into ways they collect the data. The Board withdrew the old disciplinary regulation. There was little discussion on the issue.

The subcommittee felt the good faith clause was important to practitioners and should stand alone.
Second Quarter Policy Report continued from page 5

that will be done annually. A star rating system is found in SB482 Section 1.8: 5 stars means there were no deficiencies; 4 stars means there was a Severity 1 deficiency and no harm was committed; 3 stars have Severity 2 deficiencies where there was potential for harm; 2 stars have Severity 4 deficiencies where minimal harm was committed; 1 star-facilities have had Severity 4 deficiencies where serious harm took place. A public workshop was held on March 6 to discuss the star rating system. The proposed regulations will go to the Board of Health for an adoption hearing and then the Legislative Committee on Health Care will be informed. The Star system will go into effect immediately after the regulations are adopted; everyone will start with 5 stars.

Senator Hardy asked if legislators can see the regulations before they are formally proposed, and the answer is no. Legally, the committee cannot be informed as a whole, but the action will be published on the LCB website. Assemblywoman Spiegel asked about the case of institutions that have multiple infractions on the same deficiency level; they will maintain their star level even if more than one deficiency is reported; only severity will lower a star level. Assemblyman Sprinkle asked when the investigations will be held. Periodic inspections that already take place or lower a star level. Assemblyman Sprinkle asked when the investigations will be held. Periodic inspections that already take place or lower a star level. Assemblyman Sprinkle asked when the investigations will be held. Periodic inspections that already take place or lower a star level.

Work Plan to Study the Rates Paid to Group Homes Contracted with Southern Nevada Adult Mental Health Services Required by Assembly Bill 343

The rates paid to group homes are being reviewed by a data team to determine if any changes will be necessary. The plan will also include detailed descriptions of facility types that are available to people with mental illness, statuses of facility types, and determine what types of homes are reimbursed by public funds. The taskforce is reviewing the rationale of group living, if the group living structure should be maintained, and if consistent oversight is necessary. Case management will be screened to identify support services, report on the details of determining case management, and best practices for effective case management. A request for information with the Department of Health and Human Services was filed and answered last week regarding data. Once the data is reviewed and a plan is created, it will come to the committee for review.

Board of Pharmacy | June 6, 2018, Regulations

The State Board of Pharmacy heard R130-18 which intends to codify best practices of internet use of the PMP. The Board previously approved the regulation in draft form, but the language returned from LCB is more expansive than intended. The Board staff provided proposed revisions to narrow, simplify and remove duplicative language. The regulation now states that those who dispenses to enroll for internet access to the PMP. The amended regulation also allows the Executive Secretary of the Board of Pharmacy to take immediate action to remove internet action of a practitioner in an incident where there is possible misuse. The practitioner may still request information via written forms to be processed by Board staff. The Nevada State Medical Association provided neutral testimony but encouraged the Board to approve the revised regulation from staff. They expressed some hesitance with the authority of the Executive Secretary as the success of the regulation depends on their reasonable judgement; it isn’t an issue now but may become an issue depending on future secretaries. The Retail Association of Nevada provided testimony in support of staff’s revisions to the regulations. The Board of Pharmacy adopted staff’s revised regulations. The regulations will be returned in LCB.

Legislative Commission Sunset Subcommittee | March 21, 2018

The Sunset Subcommittee of the Legislative Commission heard presentations on financial audits and recommendations by the Board of Nursing. The Board of Nursing has reserves of $5.6M. They plan to use the extra reserve funds for risk management, disaster and recovering planning, and technology upgrades. Their policy is to have two years of costs in reserves; it was a policy created before any of the current employees worked there so they were unable to explain the reasoning. The Board was asked about the training offered to new board members and the representative for uninsured people. The Board doesn’t require new board members to attend the AG’s training on board responsibilities. Board legal counsel walked members through the complaint, investigative and disciplinary process. The Board expressed the desire to try for the Nurse Licensure Compact bill in the 2019 session; Chairperson Bustamante Adams expressed support for the issue and hopes it passes.

The Subcommittee also heard a review on the Advisory Committee for Nursing Assistants and Medication Aides. The committee was originally created in the ‘90s to focus on certificates, training and qualifications of CNAs and Medication Aides. They have no problem filing seats and meeting a quorum at their meetings for this committee. This committee makes recommendations to the board but have had no statutory change recommendations. Chairperson Bustamante Adams is going to dig into the pay fair rate of particular skills and recommendations from the committee.

Legislative Commission Sunset Subcommittee | April 23, 2018

The committee unanimously agreed to continue the Nevada State Board of Nursing. They agreed to send a letter to the Board to request reporting on their reserves and plans for use of the funds. Discussion continued from the last meeting regarding a representative for uninsured people. Currently, a licensed ER nurse sits in that seat, but it was discussed she may not be aware of all of the issues surrounding uninsured. The committee proposed language to include a member who represents uninsured interests or an agency who serves that population. Assemblyman Pickard suggested that it may be outside of the Board’s scope to consider these issues as the State Board of Nursing focuses on nurse licensure. The Sunset Subcommittee decided not to move forward with any recommendation at this time as the issue needs further research.

The subcommittee unanimously approved that the Advisory Committee on Nursing Assistants and Medication Aides continue as is. There was some discussion about moving the committee under NSBN but the executive director said she didn’t see any advantage to that.

Legislative Commission Audit Subcommittee | May 2, 2018

The Audit Subcommittee to the Legislative Commission heard an update regarding the community-based living arrangements (CBLA). After an audit last year found unkept living conditions in many of the CBLAs, the Department of Health and Human Services has taken action to stop such conditions. Licensing and certification has moved from support staff to Health Care Quality and Compliance (HCQC) and they will also complete inspections. They have provided internal training to staff to emphasize their duty to report on living environments whether the state pays for care or not. Training to providers has included stressing active treatment to help patients eventually live independently and appropriate handling of medication. Many of the recommendations in the original audit have been completed with the transfer of responsibilities to HCQC and removal of support staff from the internal process. DHHS has cancelled contracts with the worst homes; other CBLAs with poor conditions have closed. Legislators seemed pleased with the update.

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Jane realized that communication with many of her patients was a major problem, especially since many were intubated. She wanted to show her patients that she truly cared. Since touch is a basic form of communication, she developed the ‘M Technique® to reduce stress and anxiety in patients. She describes her technique as “showing caring with action, not just words.” This structured system of touch is suitable when massage is inappropriate because the receiver is very fragile, critically ill, as well as healthy individuals of all ages. She believed the ‘M Technique® put the “care” back into healthcare! There are several published clinical trials, as well as over 300 individual case studies which support that the ‘M Technique® has effectively reduced stress and anxiety, reduced the perception of chronic pain, reduced agitation, promoted rest and relaxation—all without the use of medication!

The ‘M Technique® is a method of gentle touch and light strokes that is performed at a set pressure, set pace, and set sequence. It’s simple to learn and is appropriate for medical and non-medical staff. When you do the Hand ‘M Technique® on your patients, you can relax them in 5 minutes! Best of all, you’ll receive the same benefits as your patient, because with the ‘M Technique®, the giver receives the same relaxation benefits.

The Hand & Foot ‘M Technique Course allows the attendee to learn and perform the technique on the hands and feet for comfort and care, and to promote healing in any setting. This course is suitable for caregivers, family members, volunteers, patient ambassadors, as well as nurses and other health professionals. The course is approved to award CEU’s through ANNA (American Holistic Nurses Association) and NCBTMB (National Certification Board for Therapeutic Massage and Bodywork) for professionals.

I am Therese Merrill, BSN, RN, CMTP, owner of Holistic Health & Education Services. I am very passionate about educating and inspiring others in complementary modalities for health and wellness. I am the only Certified ‘M Technique® Practitioner in the state of Nevada, as well as the only Certified R.J. Buckle ‘M Technique® Instructor in the Western United States. Courses for the 4-hour Hand and Foot ‘M Technique are forming now! If you or your organization are interested in attending or hosting a course, contact Therese at info@holistichealthed.com or rjbuckle.com.

Therese Merrill, BSN, RN, CMTP
Holistic Health & Education Services

Do you integrate holistic nursing into patient care? Does your workplace have a delivery model that includes holistic integrative health? Do you know how to start implementing a holistic program? Do you think holistic nursing healthcare integration is a new concept? These are a lot of questions...read on to find ways for you to learn how to offer approaches to facilitate maximum caring and healing for your patients.

First of all, what is holistic nursing? Holistic nursing is defined as “all nursing practice that has healing the whole person as its goal” (American Holistic Nurses’ Association, 1998).

Is holistic nursing a new concept? If you think so, think again my friends! It all began with Florence! Florence Nightingale is considered one of the first holistic nurses! She emphasized the connection between patients and their environment. Florence made it known that “healing is an innate and natural process.” She focused on the principles of holism, the concept that healing should not just be physically, but rather all aspects of healing and should include body, mind, and spirit.

Do you integrate holistic nursing into your current patient care? Let’s be realistic...in a busy clinical setting, there is often little time to fully devote to each patient. A typical shift means: a high nurse to patient ratio, all the charting and administrative duties, the “ needy” family members, the doctors, the unexpected emergencies (that always seem to happen)...the list goes on. Basically, you need to do more with less. At this point, you might be saying, “with everything going on, how can I possibly get my work done, let alone have time to integrate holistic nursing actions”? Don’t despair, you’re probably already implementing some holistic practices without even realizing it! If you are patient focused and treat them as a “whole person,” rather than thinking of your patient as “one of your long list of patients” or “the patient that just came back from surgery”–you’re integrating a holistic approach. If you take the time to learn about the patient’s family, support system, their fears and anxieties, their cultural or spiritual beliefs, rather than simply marking those items off the initial patient assessment checklist–you’re integrating a holistic approach. If you encourage your patient to utilize the complementary treatment modalities available, such as relaxation techniques, listening and/or watching the music TV channel–you’re integrating a holistic approach.

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Antibiotic Stewardship

The Smoldering Outbreak of the “Nightmare Bacteria”

By Norman Wright, RN, MS, IP

Being an Infection Preventionist for over a decade I have worked in various facilities controlling outbreaks including Norovirus, Group A Strep, Flu, Legionella and Scabies. These outbreaks created an immediate sense of alarm to gain control over the situation. Both administrative and front line staff strove to eradicate the pathogen whether it was caused by a virus, bacteria, or an insect. All employees understood the problem and diligently worked together to eradicate it. For example, just mention that there is a scabies outbreak in your hospital or nursing home and watch how many of your co-workers start scratching and adhere to proper Standard and Transmission Based Precautions. No one ever has to be reminded to wear PPE.

The common denominator in these types of outbreaks – a sense of urgency. Outbreaks not only happen in a single facility but can impact large geographical areas – the entire USA, or the world as a whole. Examples of recent National and International outbreaks were the 2009 H1N1 influenza pandemic, West Africa Ebola, and the recent Zika crisis. In all of these circumstances forces were mobilized, resources invested, and repeated media attention was focused to raise awareness and control the outbreaks.

But this article is about Antimicrobial Resistance. Antimicrobial Resistance represents years of inappropriate and unnecessary prescribing patterns that have culminated in our patients being colonized with multi-drug resistant bacteria. Without minimizing the dangers of MRSA or VRE, Carbapenem-Resistant Enterobacteria (CRE) are much more dangerous. Carbapenem are our “end of the line” antibiotics for some of our most common bacteria responsible for sepsis such as E. coli, Pseudomonas, and Klebsiella. E. coli is the most common bacteria we see in our culture results. The reason why we now have this incredibly concerning situation is because we did not heed the lessons of MRSA and VRE: we failed to stop abusing antibiotics and failed to implement antibiotic stewardship.

Carbapenem Resistant Pathogens can swap genetic material between different strains of bacteria. One of these genes is the Mobilized Colistin Resistance (mcr-1) gene. According to the CDC, “Plasmids carrying resistant mcr genes can make other bacteria become resistant to colistin, including the “nightmare bacteria” carbapenem-resistant Enterobacter (CRE).” (1) This gene has been reported to be spreading around the world. In essence the gene has the capacity to avoid the effects of colistin, an antibiotic of ultimate last resort, and share its ability with other strains of bacteria. These bacteria have the capability of passing genetic resistance by a mechanism known as “bacterial conjugation” which is the transfer of genetic material between different species of bacteria; (e.g. between Enterobacter and Klebsiella). Klebsiella resistance to carbapenems is sometimes due to a gene called KPC. This gene has now been shared with other Gram negative bacteria as well, which spreads carbapenem resistance. KPC bacteria have become resistant to almost, and in some cases, all antibiotics. Attempting to further explain the specific microbiological dynamics of CRE / KPC development would complicate and elongate this article. So, let me just repeat; Carbapenem Resistant Klebsiella are bacteria that have become resistant to almost, and in some cases, all antibiotics.

If that doesn’t scare you, it should! Why? Because empirical data from various infection preventionists shows that there is a growing prevalence of CRE Klebsiella pneumonia in Southern Nevada.

Although there are occasional media stories about these “Nightmare Bacteria” (2) the articles are few and far between and, unfortunately, we do not yet have the resolve to address antimicrobial resistance. The lackadaisical attitude that we, as nurses, have about the smoldering outbreak of CRE and KPC is more than concerning, it is frightening. The danger when an outbreak slowly festers is that we may have an awareness that something is happening, that something is wrong, but the true dimensions of the problem remains hidden until the smolder bursts into flames.

Many nurses, doctors, CNA, and other direct care staff have an apathetic attitude about CRE / KPC and often break transmission based contact precaution protocols . . . Why? One reason may be that they believe they are “special” and falsely think they are immune to catching or transmitting the pathogen. Another, there are no immediate consequences related to the breech of precautions. What if the transgressor broke out with skin rashes and itching a few weeks after contact? – Guaranteed those entering the room would be putting PPE on as if they were going into a hazmat zone.

If the CRE / KPC “smoldering outbreak” that we are experiencing was a scabies outbreak everyone caring for the person diagnosed would immediately be aware of the threat. A scabies outbreak would not be allowed to spread from one facility to another and it would be quickly controlled. But there is a difference between scabies and the CRE / KPC outbreak that is creeping into our hospitals, nursing homes and our community already has numerous facilities that are infected and there is a reservoir of diagnosed and undiagnosed carriers of these pathogens.

It is up to you to promote appropriate antibiotic use, take personal responsibility, and prevent cross-contamination by ensuring that you adhere to all Standard and Transmission Based Precautions. It is up to you to ensure that all of your fellow co-workers whether they are a diagnostician, a nurse, a therapist, or CNA - complies - and if they don’t call them flames.

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The danger when an outbreak slowly festers is that we may have an awareness that something is happening, that something is wrong, but the true dimensions of the problem remains hidden until the smolder bursts into flames.

Norman Wright is the Infection Preventionist at Kindred Sahara LTAC Hospital in Las Vegas and an active member of the Nevada Antimicrobial Stewardship Program.

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1) https://www.cdc.gov/drugresistance/tracking-mcr-1.html

Other Resources

https://www.cdc.gov/vitalsigns/containing-threat/
https://www.cdc.gov/drugresistance/tracking-mcr-1.html
https://www.ahtq.org/professionals/quality-patient-safety/patient-safety-resources/resources/cretoolkit/cretoolkit1.html#1
http://aac.asm.org/content/59/3/1656.long

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August, September, October 2018
Graduate Professor Receives High Honor from the ANA

Graduate professor Elizabeth Fildes, EdD, RN, CARN-AP, PHNA-BC, FIAAN, was recently, unanimously voted as the American Nurses Association (ANA) Political Action Committee (PAC) Leadership Fellow. Members of the ANA-PAC Leadership Society are recognized as pinnacles of political activism. Society members who are chosen by the ANA-PAC Board of Trustees (ANA-PAC BOT) show extraordinary political talent and skill, and recognize the important connection between nursing, policy, political participation and the ANA-PAC. All candidate applications are reviewed by the ANA-PAC Board. If selected, members serve as an ANA-PAC Leadership Society Fellow (LS Fellow) and remain a part of the ANA Society Leadership Society as long as they are current ANA members and show an active commitment to serving as a Fellow. Congratulations to Dr. Fildes on this extraordinary honor!

Dangerous Youths –
Another Great CEU Event Sponsored by NNA-District 1.

On June 1st, Dr. Robert Kinscherff, PhD, JD, provided an informative and up-to-date presentation to a full room of approximately 25 attendees. Dr. Kinscherff was in Carson City speaking to groups of judges, attorneys and juvenile probation staff. He found time to have breakfast with NNA nurses to discuss our role in community safety. The event was held at the incredible Café at Adele’s in Carson City. The topic was on recognizing and intervening with youth before they become a danger to themselves or others. He spoke of the numerous school shootings and provided a list of “red flags” along with key risk factors that may reflect a heightened risk of violence to others. Attendees praised his presentation and wished there was more time for follow-up discussion. We were very fortunate to have such a well-known speaker present to our NNA members and guests.

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What Can SBIRT do to save Lives in Nevada?

By Dr. Bernadette M. Longo, RN

The Nevada Nurses Association is working to make alcohol screening and brief intervention (SBIRT) a routine element of Nevada’s health care to identify and help people who drink too much. Over 30 years of research has shown that alcohol screening along with a brief intervention is effective at reducing risky drinking.

What is drinking too much?

Over half of the nation’s adult population consumes alcohol. About 5% of the population has alcohol dependence, however, 20% are drinking at amounts that place them at risk for developing physical or psychosocial consequences or alcohol use disorder. In comparison, about 35% of the population are drinking within recommended guidelines.

Nurses are concerned about both how much a patient drinks on any day, and how often they drink. “Risky drinking” is drinking more than the single-day or weekly amounts shown. The adverse health outcomes are a bit different for exceeding the single-day amounts (called binge drinking), as compared to consistent daily drinking of even small amounts resulting in a chronic exposure of alcohol. For example, binge drinking is associated with accidents and injuries, whereas chronic or heavy alcohol use is associated with various disease processes (e.g. liver damage, cardiomyopathy). There are some patients who should not consume any alcohol, such as (1) women who are pregnant, may be pregnant or are trying to become pregnant, (2) patients taking prescription or over-the-counter medication that interact with alcohol, (3) young persons under 21 years, (4) certain medical conditions, and (5) those with a substance use disorder. Moreover, any alcohol use is unsafe during activities that could harm a person or injury others.

Talking with our Patients about Alcohol and Drugs

Traditionally, we learned to only ask our patients if they drink, and if they do the amount. The information was documented and reported. Sometimes we asked about the time of their last drink, anticipating when withdrawal symptoms might appear. The state-of-the-art was to ask and score the CAGE questionnaire, or to use effective but lengthy screening tools with multiple questions. Nowadays with evidence-based practice and a need for practicality in patient care, it’s not just about assessing for an alcohol problem, but also educating and communicating in a manner that motivates behavioral change in our patients.

Nurses have an opportunity to use a protocol called SBIRT – an acronym meaning screening, brief intervention for risky alcohol use, and referral to treatment for those with a substance use disorder. Healthcare agencies and APRNs can modify the protocol to their setting and practice. SBIRT can be used across settings such as primary care clinics, emergency departments and inpatient care. The key points are to use a universal and reliable screen on all patients, educate them about associated health impacts and then motivate a change in behavior if needed. Simply put, it is about saving lives and promoting health.

The Single Question Alcohol Screen:

How many times in the past year have you had 5 or more drinks a day? (“ for all women and men 65 years or older)

Interpretation: a positive screen for risky alcohol use is “one” or more occasions stated by the patient.

Asking permission from your patient to discuss the topic of alcohol and drugs opens a conversation that offers simple education about recommended drinking amounts and tips for reducing intake to “non-risky” quantities. Remember, 1 in 5 of your patients (20%) may be risky drinking or have alcohol dependence (5%). Many patients are unaware of the recommended amounts of alcohol and may show surprise as you educate them. By simply informing them in a non-judgmental manner can motivate them to cut back or change their pattern of use.

Performing a Brief Intervention with your Patient

Nurses have the capacity to shift a conversation in a different direction simply by how we respond to our patients’ dialogue. Changing from a directive style of communication that is often perceived as authoritarian, towards a more engaging and collaborative style, can have significant impact on the patient’s confidence and control over their health care challenges. Mutual respect between patient and nurse, along with trust is enhanced. Likewise, nurses may feel inspired in their professional role and establish healthy boundaries with their patients that prevent compassion fatigue over time.

After assessing for risky use of alcohol, the nurse guides the patient into a brief intervention of education about recommended drinking levels and explaining the adverse health outcomes associated with risky drinking. As with any patient education, nurses first ask
the patient what they already know. This empowers the patient, shows respect, and also allows the nurse to clarify any myths or misinformation. Education can be augmented by handouts that serve as visual cues for learning. All the while the nurse is assessing a readiness for change in the patient by listening for statements and non-verbals about any self-motivation to change (“change talk”) expressed by the patient. If motivation is present, the nurse steers the patient into an action plan of changing their drinking pattern, using the ideas shared by the patient and offering evidence-based tips. Again, this style of engaging communication promotes the confidence and self-esteem of the patient and enhances the nurse-patient relationship.

Nurses can support a patient’s self-efficacy by expressing confidence and pointing out the patient’s strengths and past successes. If the nurse senses a lack of readiness, resistance to change, minimization of drinking or denial in the patient, then interventions can be offered that may help motivate change. These consist of exercises where a patient may reflect on their values and how drinking has affected them, or having the patient rate their perceived importance to cut back on drinking or quit their use. It is important to meet the patient on their level of readiness and not to push. That means sometimes ending the brief intervention in a non-judgmental manner, thereby allowing the patient to reflect upon their relationship with alcohol. By the nurse meeting the patient on their readiness level, there is a better chance for revisiting the subject at a later date.

If a substance use disorder is identified or diagnosed (APRNs) during the screening, then the action plan further includes offering referral to treatment opportunities. The best is a “warm handoff” where the plan of care transitions smoothly into a treatment program.

Ending the brief intervention consists of thanking the patient for sharing, then summarizing any action plan they established for themselves (charted as the plan of care). Finally, it is important to keep the door open for follow-up or revisiting the subject at the next visit or the next day if hospitalized.

How can I learn to perform SBIRT?
The Nevada Nurses Association is pleased to offer free continuing nursing education on learning the SBIRT protocol. Visit the NNA website’s continuing education for a link to a course developed by the University of Nevada’s Center for the Application of Substance Abuse Technologies and the Orvis School of Nursing. http://www.nvnurses.org/Main-Menu-Category/Continuing-Education

References & Resources:
• TEACH SBIRT - Nursing Education Project http://teachsbirt.org/
• CDC’s Alcohol Screening and Brief Intervention Efforts https://www.cdc.gov/nccdphp/afed/alcohol-screening.html/
• National Institute on Alcohol Abuse and Alcoholism https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-use-disorders
• Substance Abuse and Mental Health Services Administration https://www.samhsa.gov/
• For Screening and Brief Intervention with Adolescents: https://pubs.niaaa.nih.gov/publications/Practitioner/YouthGuide/YouthGuide.pdf

Bernadette M. Longo, PhD, RN, PHNA-BC, CNL, FAAAN Associate Professor Emerita - University of Nevada Reno Co-Investigator; Screening, Brief Intervention and Referral to Treatment Health Professions Training – SAMHSA GRANT

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Comprehensive Cancer Centers of Nevada
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Mr. Operario volunteers his time and expertise by providing mental health education at the police academy in Las Vegas. After he completes 30 volunteer hours, his employer, United Health Group, donates $500 to the charity of his choice. The Nevada Nurses Foundation thanks Mr. Operario for all he does and thanks United Health Group for supporting your employees and their charity of choice.

Dr. Mary Bemker, a Touro University Nevada Associate Professor and NNF Advisory Board member developed and led the first Foundation interactive live webinar on Compassion Fatigue, May 12th for 2.5 CEU's. Dr. Bemker, an international speaker, published author and editor is donating all funds raised from her recorded NNF presentations to nursing scholarships. For those who missed the educational opportunity, a recorded course session is available online for a nominal fee of $25.00. Please visit https://_NVNursesFoundation.org to enroll and receive your continuing education units.

On behalf of the Nevada Nurses Foundation, thank you for donating your time and services to support nurses and future nurses. We applaud you for being the change you wish to see in nursing and by being of service!

### 2018 Spring NNF Scholarship Recipients

Jaime Young, BSN, RN, OCN, has lived in Sparks, Nevada, since 2006. In Spring 2018, she received a $1,000 NNF Doctorate Scholarship. She works as a Radiation Therapy RN at Gene Upshaw Memorial Tahoe Forest Cancer Center in Truckee, CA. She graduated from Truckee Meadows Community College with her ADN in 2010 and obtained her BSN through Western Governors University in 2015. She is enrolled at Orvis School of Nursing at the University of Nevada, Reno in the BSN to DNP program, Family Nurse Practitioner track. Her expected graduation date is May 2020. After graduation, Jaime plans to work as a primary care provider in Northern Nevada, focusing on healthcare provider shortage areas. She is interested in rural health and is currently working on her Doctoral project focusing on colorectal cancer screening in rural Nevada.

Katylynn "Katy" Hymas, RN is pursuing her MSN as a Psychiatric Mental Health Nurse Practitioner with anticipated graduation in spring, 2020. In Spring 2018, she received a $1,000 NNF Masters of Science in Nursing scholarship. She lives in Elko County and works full time for the Elko County School District. Katy has a passion for helping others and dreams of becoming a flight nurse, with psychiatric disorders, medical organic brain disorders, and substance abuse problems. She is the mother to five children. She has a love for rural Nevada, where she has practiced as a registered nurse for the past several years. She was recently nominated to serve on the Governor's Behavioral Health Planning & Advisory Council. Katy volunteers as a crisis counselor with the Crisis Text Line.

Joel Fairfield, RN completed his Associates Degree in Nursing from Great Basin College in 2017 after a successful 27 year career as a police officer and member of the Nevada National Guard. He has been working as an emergency room nurse at Banner Churchill Community Hospital in Fallon, Nevada. Joel received a $1,000 NNF RN to BSN scholarship this past Spring, as he advances his education at Great Basin College with a planned graduation date in Spring 2019. Joel and his wife, Terri, are the parents of six children, all of whom have been proudly raised in Nevada. Joel plans to continue his nursing career serving the rural populations of Nevada.

Lorin-Pierre Andre, the Spring 2018 recipient of the $1,000 NNF Pre-licensure to Nursing Scholarship, has lived in Henderson, Nevada, since 2010 when he relocated to perform for Cirque Du Soleil. After spending innumerable hours in various hospitals around the country searching for a diagnosis for his son, he decided to pursue a Bachelor's of Science in Nursing. Nevada State College’s program allows him the flexibility to pursue his goal. After his graduation in August of 2019, he hopes to work in intensive care where he feels he will be best suited to help patients and their families in their times of need.

Jennifer "Jen" Lewis, CNA the Spring 2018 recipient of the $1,000 CNA to RN Scholarship, has resided in Winnemucca, Nevada, for the last 11 years, and currently attends Great Basin College’s School of Nursing pursuing his BSN degree, anticipating spring 2018 graduation. Jen plans to focus her career on critical care nursing after graduation, and eventually to earn her APRN and work as a Family Care Nurse Practitioner. Jen’s own experiences with health problems and the amazing nurses who took care of her who were kind and caring inspired her to become like them, and the nurses who weren’t as caring inspired her to do better for her own patients. Jen has four children (Kylie, Cody, Dakota, and Nyah) with her husband Doug. Kylie is also pursuing a degree in nursing.

### 2018 Nevada Nurses Foundation Spring "Nightingale Legacy" Scholarship Recipients

Melissa Washabaugh, BSN, RN is a 3rd time NNF scholarship recipient. She is a change agent, advocate and leader and currently works at Pershing General Hospital in the acute/ED department. She is pursuing her Psychiatric Mental Health Nurse Practitioner Master’s program at Orvis School of Nursing and chairs the Rural and Frontier Nursing NNA committee and serves as NNA District 1 Director at Large. Melissa has been involved in several projects to improve mental health care in rural areas. She has been dedicated to training nurses as safeTALK instructors, increasing the availability of this evidence-based suicide awareness training in rural communities. Her graduate work is focused on studying the impact of tele-health psychiatric evaluation for crisis patients in rural emergency rooms. Melissa is the Spring 2018 recipient of the NNA District 1 Scholarship for $1,000.

Vimal Patel lives in Henderson, Nevada, and attends Nevada State College’s School of Nursing pursuing his BSN degree, anticipating graduation in August 2019. This is Vimal’s 2nd time as a NNF scholarship recipient. Vimal was awarded the Betty Razor scholarship in the amount of $1,000. He is employed as a Mental Health Technician at Desert Parkway Healthcare Hospital. After graduating, Vimal intends to pursue his interest in critical care and work in an Intensive Care Unit. Ultimately he would like to become a Certified Registered Nurse Anesthetist and become certified as a flight nurse. His long-term vision includes traveling throughout the United States and overseas providing care to those in need, especially in third world countries.

Jennifer Lewis, CNA, the Spring 2018 recipient of the $1,000 NNF Pre-licensure to Nursing Scholarship, has lived in Henderson, Nevada, since 2010 when he relocated to perform for Cirque Du Soleil. After spending innumerable hours in various hospitals around the country searching for a diagnosis for his son, he decided to pursue a Bachelor’s of Science in Nursing. Nevada State College’s program allows him the flexibility to pursue his goal. After his graduation in August of 2019, he hopes to work in intensive care where he feels he will be best suited to help patients and their families in their times of need.

Jennifer "Jen" Lewis, CNA the Spring 2018 recipient of the $1,000 CNA to RN Scholarship, has resided in Winnemucca, Nevada, for the last 11 years, and currently attends Great Basin College’s School of Nursing pursuing his BSN degree, anticipating spring 2018 graduation. Jen plans to focus her career on critical care nursing after graduation, and eventually to earn her APRN and work as a Family Care Nurse Practitioner. Jen’s own experiences with health problems and the amazing nurses who took care of her who were kind and caring inspired her to become like them, and the nurses who weren’t as caring inspired her to do better for her own patients. Jen has four children (Kylie, Cody, Dakota, and Nyah) with her husband Doug. Kylie is also pursuing a degree in nursing.

### Congratulations Scholars!

Melissa Washabaugh, BSN, RN  
2018 NNA District 1 Scholarship  
2016 NNF Fall Scholarship  
2014 NNF Scholarship

Vimal Patel  
2018 Betty Razor Scholarship  
2017 NNF Scholarship  
2016 NNF Spring Scholarship
Scholarship applications are open and awarded twice a year, February and August 1-20, 2018. All applicants will be notified in September about the status of their application. Scholarship recipients and sponsors are recognized at the Big Hat High Tea in the spring and the Shining Stars of Nursing in Nevada Gala on Saturday, October 6th, 2018 at the Nugget Casino and Resort. These scholarships available in October include but are not limited to the following:

There are multiple Nevada Nurses Foundation scholarships available two times a year, including:
- Certified Nursing Assistant (CNA), CNA to Registered Nurse (RN), Licensed Practical Nurse (LPN), LPN to RN, Pre-licensure to Nursing, RN to Bachelors of Science in Nursing, Masters of Science in Nursing, and Doctorate degrees.

Nevada Nurses Foundation “Named” Legacy Scholarships are sponsored scholarships named in memory or in honor of someone or an organization. The following 2018 NNF “Named” Legacy Scholarships will be available on October 1st. They may have additional criteria aside from being a NV resident, having an unencumbered nursing license, and attending an accredited nursing program.

- Arthur L. Davis Scholarship (writing competition, judged by RNFormation Editorial Board)
- Elizabeth & John Fields (Nevada Nurses Association member)
- Praus & Choie Scholarship (additional criteria)
- Jami Sue Coleman Scholarship (enrolled in an accredited PhD program)
- Maude Arnold & Ethel Ann Lewis Scholarship by Martha Drohobyczer (additional criteria)
- Nevada Nurses Association, District 1 Scholarship (must be a NNA, District 1 active member)
- Rural & Frontier Nursing Scholarship (practice nursing within Rural & Frontier Nevada, additional essay required)
- Jessie J Valentine Scholarship by Carson Tahoe Health (actively employed by CTH, pursuing an advanced degree, & in good standing. Co-evaluated by CTH and NNF scholarship evaluators)

The Nevada Nurses Foundation relies on people like you to support the mission of increasing access of quality health care for Nevada citizens by promoting the professional development of nursing through scholarships, grants, and recognition. Previous scholarship recipients share how the NNF scholarship has helped them and what they are doing now.

I graduated with my Masters of Science in Nursing degree in February, 2018. I am a board certified family nurse practitioner by the American Association of Nurse Practitioners. The support of the Nevada Nurses Foundation Scholarship donors helped me achieve my educational goals while continuing to work as a bedside ICU nurse and find balance in my studies and financial obligations. I started at Digestive Health Associates in April and I am actively learning and serving the local Reno community and surrounding rural areas to meet their gastroenterology needs. I am passionate about colon cancer screening and awareness as well as the management of gastroesophageal reflux disease to prevent complications. I look forward to the bright future and great opportunities I have in this field thanks to the foundation.

Thank you,
Kristina Spitalte-Efrstrati
2016 NNF MSN & 2017 NNA District 1 Scholarship Recipient

At a time when I needed it the most, I received the Nevada Nurses Foundation Scholarship in 2015 as I pursued my BSN at UNLV. While completing my second level of nursing school and working part-time, I was caring for my father who was dying of cancer. I remember days when I was too hungry and exhausted to focus on my course material. My father died prior to seeing me graduate. During my nursing school experience, I was moved to change majors. People with mental illness, in my opinion, were not receiving the quality care they needed and deserved to help them function in society. The patients in the hospital were being treated for their physical ailments however, their psychiatric needs were not being addressed. Too often I saw these people cast aside by the world, so it drove me to study Psychology and neuroscience. I want to help people and I found for me that nursing was not my highest best purpose. However, psychology and neuroscience are my passion. Without the nursing program I might never have realized where my true passion is. I recently graduated magna cum laude in Psychology with minors in neuroscience and information technology and research honors.

Thank you,
Richard Young
2015 NNF BSN Scholarship Recipient

As a recipient of the Nevada Nurses Foundation scholarship, I have been able to complete the required coursework in my PhD program and move forward into developing a pilot study for my research focus. The coursework has allowed me the opportunity to develop work which I have disseminated at several conferences through poster and podium presentations. As my dissertation work unfolds, I now am able to network with the population of study and involve them in the development of the research.

With care,
Dawn Koongkongsatian MSN Ed, RN, CNN, COI
Nevada State College Lecturer
2017 NNF Doctorate Scholarship Recipient
2018 NNF Advisory Board Member

I am continuing to work as a psychiatric nurse in Las Vegas while beginning my third and final year in the Doctor of Nursing (DNP) program at the University of Nevada, Reno (UNR). Since receiving several generous scholarships from the Nevada Nurse’s Foundation (NFF), I have been able to complete my DNP capstone project, which was a curricular design plan for the integration of psychiatric mental health concepts throughout the Bachelor of Science in Nursing curriculum at Orvis School of Nursing in Nevada. I was also able to develop a toolkit of resources for OSN faculty to facilitate opportunities for undergraduate nursing students to develop competencies and comfort working with the population suffering from mental health disorders. I hope that with early educational interventions, Nevada’s future nurses will enter the workforce fully equipped to meet the growing mental health needs of our state. The support provided by the NNF has been instrumental in my efforts to enhance mental health nursing education, and I am grateful for the recent opportunity to serve on the NNF Advisory Board.

Thank you,
Jeff McCarthy
2016 NNF $1,000 Scholarship Recipient
2016 Rosemary Witt $500 Scholarship by NNA District 3 Recipient
2016 Arthur L. Davis Publishing $1,000 Scholarship Recipient
2017 Kat Cylke $1,000 Scholarship Recipient
2018 Nevada Nurses Foundation Advisory Board Member

Thank you to the Nevada Nurses Foundation Board, Advisory Board, Shining Stars of Nursing and Big Hat High Tea planning committees, friends and partners for your support, time, and donations. Nothing great is ever accomplished alone. Please let us know if you would like to support the Nevada Nurses Foundation.

Thank you and have great days,
Sandy Olguin, DNP, MSN, RN
President and Chief Executive Officer

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On Saturday, October 6, 2018 from the Celebrity Showroom at the Nugget Casino Resort in Spark, NV, the Shining Stars of Nursing will be lighting the Nevada sky! We can all agree nurses are the backbone to healthcare by delivering safe, competent and compassionate quality care 24x7! With the exorbitant educational expenses required to pursue a nursing degree, becoming licensed or certified, and completing continuing education courses, nurses and student nurses need our assistance to offset the cost for education, research, and projects. If you are unable to attend the most spectacular nursing awards event of the year, please consider making a donation, purchasing an advertisement or sponsoring a ticket for a retired nurse, student, or an honoree to attend. Special student and retired nurse rates available. https://NVNursesFoundation.org or call 775-560-1118

Please join the Nevada Nurses Foundation to celebrate the Shining Stars of Nursing in Nevada. Honoring 50 Nevada nurse leaders under 50 years of age, Nurses on Boards, Student Nurse Leaders, Advanced Degree or Certification obtained in 2017, People's Choice CNO/DON, Distinguished Nurse Leader with Lifetime Achievement & Stellar Nurses throughout Nevada!

Saturday, October 6th, 2018
The Celebrity Showroom at the Nugget Casino Resort
6:00 PM - 10:00 PM

- 5:00 VIP Reception hosted bar, hors d’oeuvres, live entertainment
- 6:00 Silent Auction, Raffle, Cash Bar & Professional Photos
- 6:30 Dinner & Slideshow
- 7:00 Recognitions & Awards
- 9:00 Dancing, DJ & Live Entertainment
- General Admission: $100  VIP: $150
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Nevada Nurses Foundation, P.O. Box 34047, Reno, NV 89533, www.NVNursesFoundation.org
The first University Medical Center (UMC) Research Empowerment Day was held on Wednesday, May 9th at UMC Hospital in Las Vegas. This annual event was held in partnership with the School of Nursing at the University of Nevada, Las Vegas (UNLV).

The highlight of the event was a professional poster exhibition which featured 54 posters representing current research and topics in the healthcare field. A wide variety of posters were presented by a multitude of disciplines including medicine, nursing, therapies, pharmacy, academia, and even engineering. Topics covered at the event were patient case presentations, recent clinical research studies, completed quality improvement projects, proposed quality improvement projects, and a multitude of subjects to enhance participant’s general knowledge of current practice standards and literature.

More than 300 nurses, doctors, administrators, therapists, and others attended the poster sessions, and the event gave some of the participants their first exposure to professional clinical poster presentation. “Poster sessions are meant to inspire and give our healthcare community an opportunity to see the latest evidence behind why we practice as we do,” said Mary Bondmass, UNLV Associate Dean of Faculty Affairs.

The UMC Research Empowerment Day “opened the door and gave a platform for nurses and others to step out of the box and explore new avenues for delivering the most effective healthcare solutions,” said Dave Tyrell, President of the Nevada Nurses Association. “I believe this event will grow immensely in years to come.”

Research Empowerment Day came out of a vision by Debra Fox, UMC Chief Nursing Officer, to bring evidence-based practice to the bedside, support the idea of “any” nurse becoming a researcher, and to highlight and recognize the research being done at UMC and in our community. “The overwhelming response we had from our call for posters was amazing and confirmed to me that this event is needed in Las Vegas,” said Debra Fox. “I was so impressed by the quality of posters that were presented. The level of clinical research that is happening in our area deserves a platform on which to be showcased and UMC is more than happy to lead the way.”

Posters receiving the top honors at the event included:
- **A novel case of biliary atresia in a premature neonate with 1p36 deletion syndrome** presented by Vonita Chawla MD, Alaa Eldemerdash MD, Miran Rhee-Anagnost MD, Rabea Alhosh MD, Rebecca Scherr MD, Dahna Reyes MD, Kanayo Ezealonue MD, and Francis Banfro MD
- **The Epigenetics of Childhood Abuse: Global DNA Methylation Level in Whole Blood and its Associations with Childhood Abuse, Psychosocial and Behavioral Symptoms** presented by Hyunhwa Lee PhD, APRN, Jonica Estrada, Katrina Isla, BSN, RN, Laura Salado, and Annette Mullis, MSN, RN
- **Outcomes and Sustainability of a Successful Dedicated Education Unit: A Five-Year Evaluation** presented by Jennifer Pfannes, BSN, RN, CPN, Anne-Marie Schenk, MBA, BSN, RN, NE-BC, Janet Wright, MBA, BSN, RN, CCRN
- **Pediatric Sepsis Protocol** presented by Cynthia Petty BAN, RN
- **Lateral Violence, Bullying or Incivility in Professional Nursing** presented by Eva Busch BSN, RN

Planning for the 2019 Research Empowerment Day is already in process and the planning committee is expecting to add podium discussions to the poster exhibition. “We want to expand upon this year’s event and further enhance the opportunities for nurses in Southern Nevada to take part in the presentation of current research,” said Debra Fox.
Dr. Tracey Long is the founder and creator of Health care for Humanity, a nonprofit organization that brings volunteer nursing students and other allied health professionals to underserved rural settings for medical care (Long, n.d.). She also serves as adjunct faculty for International Service Learning by bringing medical and nursing teams to serve in Belize, Peru, Colombia, Costa Rica, Dominican Republic and Haiti (personal communication, February 7, 2017). Her published research has shown that nursing students who participated in an international medical-service learning experience demonstrated significant improvement in self-efficacy, self-confidence, skills, and self-awareness in working with the Hispanic culture and in developing cultural competence (Long, 2013). Dr. Long is adjunct faculty at Brightwood College and Chamberlain College. In this interview I inquired about Dr. Long’s many accomplishments in the area of cultural competence through her work with International Service Learning and as a nursing professor. The interview took place over the phone on February 7, 2017 from the international service learning summer medical mission opportunity for International Service Learning by bringing volunteer nursing students to international sites. Dr. Long described how she got into the literature and recognized the term cultural competence, which really was an evolution from the original term transcultural nursing. As nurses, we are interested in how we deliver good care to people and strive to identify how people define good care. Even within a family, there are different processes for healing, so it is significant that nurses identify means of care for each individual person. I find that really fascinating and a simple solution is to just ask them, “What do you need that will make you feel more comfortable?” This was the evolution of my interests. When I got into the literature review I found there wasn’t a whole lot of nursing specific data. I discovered that there were a couple of big key players and a couple of instruments that have been used, but the conclusion was that we in nursing needed to identify a real definition and identify how we can best measure cultural competence. Cultural competence can be quite intangible, and it is really a lifetime pursuit.

Decelie: How did you get interested in cultural competence?

Dr. Long: I was interested even before we put a name on it. I went on an international medical service learning program in India for my MSN. I was very interested in different cultures, different complimentary medicines and how cultural groups interpret and manage their own health. So, I got into the literature and recognized the term cultural competence, which really was an evolution from the original term transcultural nursing. As nurses, we are interested in how we deliver good care to people and strive to identify how people define good care. Even within a family, there are different processes for healing, so it is significant that nurses identify means of care for each individual person. I find that really fascinating and a simple solution is to just ask them, “What do you need that will make you feel more comfortable?” This was the evolution of my interests. When I got into the literature review I found there wasn’t a whole lot of nursing specific data. I discovered that there were a couple of big key players and a couple of instruments that have been used, but the conclusion was that we in nursing needed to identify a real definition and identify how we can best measure cultural competence. Cultural competence can be quite intangible, and it is really a lifetime pursuit.

Decelie: Is there a definition that you like and prefer to use?

Dr. Long: I really like Campinha-Bacote’s definition of cultural competence. She gives a five-pronged approach to define cultural competence with sensitivity, awareness, and controlling prejudices, it includes the skill, the knowledge and the experiences. I also like the Center for Disease Control’s (CDC) definition, which is holistic. They created an entire department in the NIH for cultural competence and provided cultural tools for health care professionals. Very few people can say that “I have arrived, I am culturally competent,” because there are so many different cultures and races and it is a constant evolution and progression.

One may feel culturally competent in the Hispanic culture. However, within the Hispanic-Latino culture, there are 22 different countries that are Spanish speaking as a primary language, and each one of those separate countries have their own unique cultures. Even though a person may feel that they have mastered the Hispanic-Latino culture, there are all of the other cultures, Asian, Indian, African and on and on. So, it is an evolution as you gain experience and knowledge of the different cultures.

Decelie: Some of your articles talk about developing a curriculum for nursing. You mentioned that it is an evolution, but unless nursing students are constantly working with a diverse population, how can they be supported in terms of their knowledge and practice of cultural competence?

Dr. Long: I definitely think it should be included in more in the undergraduate curriculum, graduate curriculum and as practicing nurses. Cultural competence training is a mandate that all accredited nursing programs incorporate into their curriculum. Most schools treat it as a box item and just put it in one module or class during the semester. Interestingly, in some of my research I asked students if they have ever had cultural competence training. When I obtained a baseline pre-assessment, I asked them if they ever had ever had any courses in cultural competence. The majority of them said “no” that they never had training in cultural competence. Well, I knew that my own school had checked off the box that “yes” we were teaching it. So, clearly, the training was not effective. The students did not know the term and the faculty might not know how to teach it effectively. We as faculty need to better understand what cultural competence includes. It is not just to teach it once and move on. Cultural competence should be a topic that we are striving to improve, so that we gain better skills and knowledge continually.

Decelie: How is your curriculum different from other school curriculums in terms of cultural competence?

Dr. Long: Most schools are working to cover the basic nursing program essentials in an already tight time frame. I acknowledge the difficult juggling act to fit all the required topics into a very full curriculum. As a small solution, I added the International Service Learning summer medical mission opportunity for several nursing schools. In some programs students complete a daily reflection journal as part of their learning. The students address whether or not they treated someone of a different culture from their own, and if so how did they adjust their care to meet their needs. This is one example of the curriculum and I think it was a step in the right direction. I completed a study on whether there was one teaching strategy that was more effective than any other on graduate nursing students about cultural competence (Long, 2012). I completed a study comparing the self-confidence of nursing students in cultural competence of those who learned from an expert module, or a report or simulation or by a standardized patient. I was really interested to see how those teaching strategies compared with an immersion-like international experience (Long, 2014). I created a rubric that scored and compared different parameters and teaching strategies to see which one was most effective. The one that was absolutely, resoundingly, more effective was an international immersion-like experience. Those students came away with a greater perspective of the variations in cultures.

Decelie: I found, I found you can create a simulated immersion experience if you have access to a community that is already very multi-cultural. Here in Las Vegas, we have huge diversity, whereas it is almost like one half Hispanic, one half African-American, one half Asian, and one half other. I did another study that compared students who were taken on an international exchange experience versus ones who did their preceptorship in Las Vegas. The results came out very similar on a quantitative scale, but the qualitative scale, which was a reflective journal, showed strong statistical differences. The students that served internationally reported that the experience was amazing, that it changed their lives, and that they learned so much about themselves and others. Although the nursing students who completed their clinical rotation in the Las Vegas community also scored high on academic learning about cultural competence, their own self-reflection was not as powerful. In conclusion, the good news is that you do not have to send your students internationally if your community is naturally diverse.

Decelie: What about populations that exist in nursing home, group homes, prisons, and residences that house people with disabilities; would these groups qualify as different cultures?

Dr. Long: Yes, absolutely. I love seeing the expansion of the definition of cultural competence. It is not about race. There are different subgroups, and I would love to see more studies done on these groups.

Decelie: Do you have a particular success story that you would like to share related to cultural competence? Whether in the nursing curriculum or outside nursing educational system.

Dr. Long: Every summer I take nursing students and other allied health professional students with me on these medical missions, which I absolutely love. I watch their eyes just widen and become brighter. You can see that it starts to click and every single student acts like they do, and not everybody needs what they need during illness. It is really fun for me to watch these young nurses expand their nursing skills to a higher level. Cultural competence is beyond learning generalizations about different cultures; it is really being able to treat patients empathetically, and that is super satisfying for me to watch and be part of that development for them.

Decelie: Education of cultural competence has been around since 1986. Yet there is a paucity of research in terms of patient outcomes. Why do you think that is?

Dr. Long: Yes, and that is excellent that you picked up on that, because most of the studies including my own are only self-reflections of the nurses. It is really a self-report, which we already know has its limitations in research. I think it would be really powerful to create a study that mirrors what it is actually how a competent nurse produces better patient outcomes. I would like to develop a study that looks at this. What makes it complicated is, first you have to identify what is a culturally competent nurse. Next, the challenge is identifying the right instrument to...
Congratulations to the following who achieved at the UNLV Commencement Ceremony.

UNLV doctoral students received their ‘hoods' achieve that number. On May 19, 2018, seven UNLV doctoral students received their ‘hoods’. On May 19, 2018, seven UNLV doctoral students received their ‘hoods’.

The UNLV School of Nursing is working to help report concluded that there should be twice seminal release of August, September, October 2018.

The Institute of Medicine (IOM) in their seminal release of The Future of Nursing report concluded that there should be twice as many doctorate graduate nurses by 2020. The UNLV School of nursing is working to help achieve that number. On May 19, 2018, seven UNLV doctoral students received their ‘hoods’ at the UNLV Commencement Ceremony. Congratulations to the following who achieved their terminal degrees!

**Terry Bartmus, DNP – Project**
*Implementing Dietary and Physical Activity Guidelines in a College Health Center*
Chair: Tricia Gatlin, PhD, RN

**Kathleen Cadman, PhD – Dissertation**
*Using Pictorial Action Instructions to Train Low-Literacy Adults to Construct a Basic Humanitarian Engineering Project*
Chair: Du Feng, PhD

**Sheryl Giordano, DNP – Project**
*An Intervention to Improve Healthcare Provider’s Comfort with Counseling Overweight and Obese Truck Drivers*
Chair: Michael Johnson, PhD, RN

**Rieneke Holman, PhD – Dissertation**
*Clinical Instructors’ Cultivation of Pre-licensure Nursing Students’ Pharmacology KSAs*
Chair: Lori Candela, EdD, RN

**Tammy McCoy, DNP – Project**
*Implementing High-Fidelity Obstetrical Simulation to Meet Undergraduate Clinical Requirements*
Chair: Jessica Doolen, PhD, RN

**Sarah Mollman, PhD – Dissertation**
*Concept Interview Assignment to Foster Intentional Learning in Nursing Students*
Chair: Mary Bondmass, PhD, RN

**Kandice Perez, DNP – Project**
*Educating Perinatal Nurses to Promote Bonding Techniques and Increase Support of Neonatal Intensive Care Unit Parents*
Chair: Carmen George, DNP

Michelle and Deborah (“Debbie”) are co-chairs for Holistic Nurses of Nevada, the local chapter of the American Holistic Nurses Association (AHNA). AHNA is a non-profit membership association for nurses and other healthcare professionals, serving more than 4,500 members internationally. AHNA serves as a “bridge” between the use of conventional medicine and complementary/ integrative healing therapies. It was founded in 1981 by Charlotte (“Charlie”) McGuire, along with a group of nurses dedicated to bringing the concepts of holism to every area of nursing practice. AHNA is a voice for holistic nursing and promotes the education of nurses, other healthcare professionals, and the public in all aspects of holistic caring and healing. Holistic Nursing is recognized as an official nursing specialty by the American Nurses Association. AHNA publishes Scope and Standards of Holistic Nursing Practice, Journal of Holistic Nursing, and Beginnings magazine. To date, there are more than 145 local chapters of AHNA across the United States. Holistic Nurses of Nevada was formed as Las Vegas’s local chapter in 2016. With an active membership of 33 members, chapter meetings are held at least every other month. The chapter’s mission is to, “Advance holistic nursing through community building, advocacy, research, and education.” The chapter’s vision is, “To have a community in which nursing nurtures wholeness and inspires peace and healing within each person.”

Chapter meetings are held at the Healthy Living Institute at UMC, located at 901 Rancho Lane, Suite 180, Las Vegas, Nevada, 89106. Participation from any health care professional interested in holistic care is highly encouraged. It is not required for people to join AHNA to attend chapter meetings, but joining is recommended as the benefits are many. They include, Beginnings (a magazine written by AHNA members addressing current holistic health news, published 6 times a year, and providing Continuing Nursing Education), Journal of Holistic Nursing (a journal focusing on the latest research in holistic modalities and care), and News From AHNA (an e-newsletter highlighting news on holistic nursing). AHNA membership also includes discounts on many activities, advertising, liability insurance, scholarships, and awards. In an effort to encourage participation and education on local events and happenings, a quarterly newsletter is likewise distributed at chapter meetings.

Several local hospitals, public and private clinics, and retirees are represented at chapter meetings. Multiple disciplines, including nursing, CNAs, energy workers, and other certified therapists, are also in attendance. Chapter growth is essential as members are positioned to offer varied and diverse points of view, experiences, and holistic practice patterns. Moreover, members discuss local events, holistic news, the AHNA newsletter, and provide education on assorted holistic integrative therapy techniques and topics. The chapter has also hosted speakers specializing in different integrative therapies. Classes on holistic nursing and aromatherapy are frequently taught at chapter meetings. Because of the growing number of research studies, along with supporting evidence-based practices reinforcing the use of integrative therapies in the in-patient setting, UMC started, Tranquility at UMC, in April of 2017.

**Tranquility at UMC** is a program that utilizes integrative/holistic modalities for health and healing for in-patients and staff alike. The program consists of two specially trained RNs working throughout the hospital providing Healing Touch, aromatherapy, breath-work, and music. Tranquility at UMC will soon be adding Heartmath and the C.A.R.E. Channel to its repertoire of integrative therapies. In addition, UMC has recently opened Tranquility Rooms to be available to all staff where they can go to relax, renew, and refresh. These rooms provide an opportunity to spend 10-15 minutes in a quiet space for meditation, aromatherapy, coloring, journaling, etc. UMC’s administration is directly involved in promoting wellness for staff. To that end, a Tranquility Treatment Room has been created where staff can go to experience integrative therapies, provided at no cost, to help with their own health and healing.

For more information on AHNA, please go to www.AHNA.org.

Join us on Facebook at, Holistic Nurses of Nevada. This group has 117 members from all across the U.S.

We’d love to have you with us!

Please feel free to contact Michelle or Deborah at:
Michelle.mcgrorey@umcsnv.com
Debbie.mckinney@umcsnv.com

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The Ryan White HIV/AIDS Program (RWHP) provides all People Living with HIV (PLWH) who are uninsured or underinsured with the opportunity to obtain primary medical care and essential support services. The Program also provides access to HIV medication. The State of Nevada Division of Public and Behavioral Health hosts the Ryan White HIV/AIDS Part B Program. The Part B Program provides medications and services to eligible Nevadans living with HIV/AIDS.

For more information please visit our website EndHIVNevada.org
This feature will present abstracts of research and evidence-based practice completed or spear-headed by nurses or student nurses in Nevada. The focus will be on new evidence (i.e., research) or the translation of evidence (i.e., EBP) in Practice, Education or Research. Submissions are welcome and will be reviewed by the RNF editorial board for publication; send your abstract submission in the format used below to Mary.bondmass@unlv.edu for consideration.

The inaugural submission comes from Deborah McKinney, BSN, RN and Michelle McGrorey, BSN, ONC, HTCP, CA; both are nurses at University Medical Center (UMC). These authors received an award for their poster presented at the First Annual Research Empowerment Day held at UMC on May 9, 2018.

Background/Introduction:
Integrative therapy is a term that has emerged to describe a new alliance that combines Complementary and Alternative Medicine (CAM) with conventional medicine. Available data indicate that the use of integrative therapies (also called holistic modalities) as an adjunct to prescribed treatments and regimens have been effective in the care of patients across multiple care settings.

Purpose:
The purpose of this quality improvement project was to translate the existing evidence related to integrative therapies into practice to improve patient care at UMC. Specifically, pain, stress, tension, anxiety and nausea were targeted for reduction.

Methods/Interventions:
A literature search was conducted and from the data extracted, specific modalities were initiated including healing touch, clinical aromatherapy, HeartMath, and music. All of the modalities were provided by either UMC’s nursing or ancillary staff as an adjunct to previously prescribed treatments, regimens, diagnostics, medications, and other traditional therapies.

The modalities and their scientific underpinnings are described below.

Healing Touch is a standardized modality that involves a practitioner moving her/his hands over the patient’s body, and/or using light touch on specified areas of the body, in order to evoke the relaxation response, change the patient’s natural bio-nodes electromagnetic output, thus placing the patient in a better position to heal. The practitioner’s electromagnetic output is different than that of the patient’s. Through the interference and interaction of the electromagnetic fields, the patient’s bio-electromagnetic field is changed. As little as 2 Hz has shown to help tissue healing. As little as 9 Hz helps bone healing. The touch portion of Healing Touch is thought to evoke the body’s relaxation response through various chemical and hormonal changes that occur as the patient undergoes a series of systematic hand placements by the practitioner(s). These hand placements cause conformational changes in the skin which, in turn, produce physiologic hormonal responses and neurotransmitter changes in the brain, thereby evoking the body’s parasympathetic nervous system response, the body’s relaxation response. Healing...
Clinical aromatherapy is the use of essential oils (EOs) to achieve a specific clinical outcome. EOs can be inhaled, via diffusion or the use of aromasticks, topically applied, or ingested. It has been demonstrated that EOs do, in fact, have predictable biological activity and are used to effect certain desired physiological, psychological, and cognitive outcomes. It should be noted that the use of EOs must involve the use of reputable, pure, unadulterated oils that come exclusively from the stated source. The use of EOs, will NOT produce the desired effects/outcomes. EOs have been shown to help relax, calm, stimulate, and improve mood and cognitive outcomes. It should be noted that the use of EOs must involve the use of any other oils, even though labeled as an EO, will NOT produce the desired effects/outcomes.

HeartMath is a type of biofeedback that has shown to relieve stress and achieve greater levels of personal balance, stability, creativity, intuitive insight, and fulfillment. It uses, “coherence,” or the heart-brain connection, as a measure of the stress one is experiencing. Research has demonstrated that the analysis of this coherence, through heart rate variability (HRV), a measure of the naturally occurring beat-to-beat changes in heart rate, is an indicator of neuro-cardiac fitness and autonomic nervous system function. Numerous studies have shown that heart coherence is an optimal physiological state associated with increased cognitive function, self-regulatory capacity, emotional stability, and resilience. By teaching stress reduction, or greater coherence, through various HeartMath techniques, one can change his/her emotional response to a stressor, thereby increasing coherence. This, in turn, benefits the entire body, profoundly affecting how we perceive, think, feel, and perform.

Music is used in conjunction with Healing Touch and aromatherapy as an adjunct for relaxation and stress reduction. While music, as a stand-alone therapy, has demonstrated positive effects on stress, relaxation, mood, and overall well-being, in this setting it is not used as a single holistic modality. It is along with Healing Touch and aromatherapy, to enhance the patient’s experience and achieve a more desirable outcome. The music, itself, is non-descript. That is, it does not have a melody, a pattern, or a familiar tune that can be followed or anticipated. The music is soft, relaxing, comforting, even ethereal in its composition, and designed to aid in effecting the body’s relaxation response.

Results/Conclusion:
Almost all patients reported a significant reduction in anxiety following the application of a treatment session(s). The Tranquility program, the first full-time hospital-based program in Nevada providing integrative therapies, has grown exponentially at UMC. While further, more formal research may be needed, we believe our quality improvement project of instituting our Tranquility program has made a difference ‘at the bedside’ for many of the patients at UMC.

Dr. Long Interview continued from page 16

measure cultural competence. This is difficult since the definition varies. We need studies that address culturally competent nursing and improved patient outcomes.

Mandates to include cultural competency training to undergraduate nursing students in the United States is being accomplished through various teaching strategies (American Association of Colleges of Nursing, 2008). Dr. Tracey Long has taken these teaching strategies one step further with the implementation of an international service learning short-term summer medical mission opportunity. She takes nursing students from many colleges in Las Vegas, Nevada and nurses already in practice. Through her leadership and guidance, nursing students and nurses gain a powerful learning experience that brings them closer to becoming culturally competent in their nursing care. To learn more about her medical missions and service learning opportunities, contact her directly at longforhome@gmail.com.

References


- B.S. in Nursing
- RN to BSN
- M.S. in Nursing
  - Clinical Nurse Leader
  - Nurse Educator
  - Adult Gerontology Acute Care Nurse Practitioner
  - Family Nurse Practitioner
  - Psychiatric Mental Health Nurse Practitioner
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