RN IDAHO

AMERICAN NURSES ASSOCIATION IDAHO

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August, September, October 2018

from the President...

Kim Froehlich, MSN, RN, NEA-BC
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Kim Froehlich

Hello to all the wonderful nurses of Idaho. It is with bittersweet emotion that I write this final article as your President for ANA Idaho. This has been such a fulfilling and humbling experience as a nursing professional. ANA Idaho has given me the opportunity to view nursing from a national level, impact and enhance the voice of Idaho nurses, and allowed me to work with some of the most intelligent, passionate, and caring nurses I have ever met. It has been my honor to serve in this role for the past two years.

During my time as ANA Idaho President, we have accomplished a tremendous amount of work. We were able to build and sustain an active Legislative Committee to represent the nurses of Idaho and the patients we serve. From this work we have accomplished several things:

- Held two successful 'Nurses at the Capitol' events;
- Had several engaging conversations with both our House Representatives and Senators;
- Board members of ANA Idaho visited Washington D.C. representing Idaho three times;
- Our current Legislative Committee Chairperson, Anna Rostock, attended formal legislative training with ANA;
- Entered a joint partnership with Nurse Leaders of Idaho (NLI) to hire a formal lobbyist to represent the nurses and patients of Idaho.

This year we were able to finalize a collaborative partnership with the western state associations to continue work that supports association strength and sustainability to ensure the voice of the Idaho nurse continues to be represented at a state and national level. This partnership also allows us to share ideas, share resources where appropriate, and improve efficiency and effectiveness in understanding and responding to the needs and interests of nurses. I am also pleased to announce that we most recently hired Randall Hudspeth, RN, PhD, a long time

from the President... continued on page 2

Executive Director's Report

Randall Hudspeth, PhD, APRN-CNP/CNS, FAANP
Executive Director
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Randall Hudspeth

Over the past months as the ANA Idaho Board of Directors negotiated relocating the association office back to Idaho after an absence of more than 10 years, two old sayings kept going through my mind: "Everything that is old is now new again" and "The more things change, the more things stay the same." I remembered the time when the state nurses' associations had special interest groups, including educators, leaders, and nurse practitioners that represented the interests of those segments of the profession and that are now represented by their own independent organizations, such as Nurse Leaders of Idaho (NLI) and Nurse Practitioners of Idaho (NPI). Without a doubt it is wonderful to see a stronger ANA Idaho, formerly the Idaho Nurses Association (INA). A loss was felt when INA was forced to leave Idaho because of low membership numbers and a lack of financial resources to be solvent and maintain an office.

My own relationship with the association has endured since I was a student in the 1970s. I served twice on the INA board, as the Region 5 representative in the old days (1976-1978), as the first editor of *RN Idaho* (1977), and then four years as treasurer (1999-2003) until I left the board when Governor Kempthorne appointed me to the Board of Nursing. Writing *Charting Idaho Nursing History* gave me a great appreciation of the significant contributions and leadership that former executive directors have made

Executive Director's Report continued on page 2

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Inside this Issue

FEATURE:
When Disaster Strikes: Are RNs prepared for a Mass Casualty Incident (MCI)?
Cara Gallegos, PhD, RN, Cat Ostrem, Sarah Lew, BS, Taylor Beckman, Alanna Belz
Page 7

FEATURE:
See Me as a Person
Shelly Jensen, MHA, BSN, RN, NEA-BC
Page 8

FEATURE:
Telephone Triage: A Unique Nursing Challenge
Ruth Tretter, RN-BC, BSN
Page 8

Letter From the Editor
Sydney Parker, MSN, RN
Page 3

Updated *RN Idaho* Submission Guidelines
Page 3

Update from NLI
Randall Hudspeth, PhD, APRN-CNP/CNS, FAANP
Page 4

Licensure for Laboratory Professionals
Debbie Shell, BS, MLS(ASCP)CM SM,DLM
Page 4

Update from the Idaho Board of Nursing
Sandra Evans, M.A.Ed, RN
Page 5

Advocacy in Action
Anna Rostock, RN, BSN, NE-BC, CPN
Page 6

Medical Reserve Corps Activities Summary
Kim Monson, RN, BSN, MSHEP
Page 6

"He said WHAT?" Helping Nurses Address Inappropriate Sexual Behavior
Julia D. Parker, BSN, PhD, RN-BC
Page 9

Identity Theft – Part 1
Peggy L. Farnworth, CPA, CFP, CSA
Page 9

In Memoriam
Page 10

from the President... continued from page 1

Idaho nurse leader, as the Executive Director for ANA Idaho. Randy already brought tremendous wisdom, energy, and innovation to our association. Through his leadership we have begun a partnership with NLI to strengthen and enhance the voice of the Idaho nurse. Please join me in welcoming Randy and look forward to many more details about the growth of ANA Idaho. Lastly, I want to thank all of you for your engagement, encouragement and interest over the last few years. We have more than doubled our membership in three years! I'm so impressed with the nurses of Idaho and the amount of dedication I see every day to your patients, colleagues, and the profession as a whole. The most inspirational part of my career as a nurse has always been the opportunity to work alongside people like you. Thank you for all that you do every day to improve the health and the lives of your patients and families.

It is my distinct pleasure to now hand the reigns over to my very dear friend and colleague, Brie Sandow. Brie is an accomplished nurse leader with a breadth of experience through the continuum of acute care and leadership. She is a compassionate nurse, trusted colleague, loving mother to two beautiful girls, devoted wife, and a loyal friend. Brie has been an active member of ANA Idaho throughout her career. I am thrilled to see how the association continues to grow and thrive under her leadership. Please join me in welcoming our new ANA Idaho President, Brie Sandow.

Executive Director's Report continued from page 1

to the importance and the sustainability of the association. Perhaps none were as great as the 16 years of Betty Daley (1955-1972) after she had been the Director of Nursing at St. Luke's Hospital in Boise from 1947-1955. She shepherded membership increases, financial sustainability and strong statewide relationships. During my own time there were two executive directors that gave much to nurses in Idaho, Maria Eschen (1988-1998) and Judy Murray (1998-2006). We need to recognize that during Judy Murray's tenure, there were hard times for INA and Judy served her entire tenure without taking any salary...a true gesture of love for the profession and the association.

We must recognize and thank Robin Schaeffer, who is the Executive Director of the Arizona Nurses Association, and who has served as the Executive Director of ANA Idaho through the Western Multi State Division of ANA, for the past 6 years. Idaho has benefitted because of her efforts and she has been a wonderful partner during the months of this transition back to Idaho. Thank you, Robin!

My tenure as Executive Director will not be as long or as significant as those who came before me, but I am happy to be in the role today while we transition back to a physical presence in Idaho and build partnerships with other associations. Because of my Executive Director roles with the Idaho Alliance of Leaders in Nursing (IALN) and NLI, and our existing relationships with Nurse Practitioners of Idaho (NPI), we have the opportunity to consolidate and strengthen the relationships for all professional nursing organizations in Idaho, including the Council of Nurse Education Leaders (CNEL) and the Idaho Association of Nurse Anesthetists (IDANA). Our goal is to form a collaborative group of individual membership organizations that share information, resources and build a strong framework of working together on common issues. This collaborative group will become the Idaho Center for Nursing.

Within the coming months you will learn more about the Idaho Center for Nursing's activities. Hopefully through the actions of each organization's strong boards of directors, working together with their partner associations, you will continue seeing nursings' presence in addressing political and social issues that impact the health of Idaho citizens and the abilities of professional nursing to influence them.

Welcoming this opportunity as a challenge and working together to reestablish ANA Idaho's physical presence back in Idaho will be rewarding for all of us. Again, I won't be Executive Director forever, but I promise to give it my all while I am! Thank you for the support and the opportunity, and please join ANA Idaho. Strength in numbers can make an impact. It has in the past and it will again. Remember, "everything that is old is now new again."

ANA Idaho Welcomes New & Returning Members

March 2018 – May 2018

Arco, Idaho
Jackie O'Connell

Boise, Idaho
Candice Battson
Krystina Cervantes
Hollie Ciplinski
Megan Clark
Caroline Davis
Cheryl Drake
Thomas Heaps
Randall Hudspeth
Carly Jivelekas
Katherine Kerner
Susan Lahart
Sydney Morris
Heidi Rutz
Leah Stambaugh
Serena Young

Caldwell, Idaho
Cheyenne Kopp
Anna Larosa
Donna McDowell
Lynn Scheller

Chubbuck, Idaho
Amy Petersern

Coeur D'Alene
Kimberly Ashmore
Danielle Booth
Kriston Crisler
Jessica Daugharty Sterner
Melissa Gallo
Joan Martellucci
Amy Maykuth
Janene Wuest

Eagle, Idaho
Patricia Moore
Tammy Triffo

Emmett, Idaho
Kathy Joyce

Filer, Idaho
Susan Boone

Hailey, Idaho
Chelsea Head

Heyburn, Idaho
Laura Burns

Jerome, Idaho
Amy Savage
Esmeralda Sorensen

Kimberly, Idaho
Terese Gutierrez

Kuna, Idaho
Barbara Allerton

Lewiston, Idaho
Dino Giolitti
Jennifer Wilkinson

Malta, Idaho
Melinda Williams

Marsing, Idaho
Becky Salove

Meridian, Idaho
Alana Bennett
David Collins
Tina Harris
Rebecca Humphreys
Lori Schimschock
Shannon Spencer

Mountain Home, Idaho
Sable Darling
Linda Hensley

Nampa, Idaho
Angela Brinkman
Misty Nunes

Pocatello, Idaho
Mikel Cosens

Post Falls, Idaho
Ann Ealy

Preston, Idaho
Kim Geddes

Priest River, Idaho
Nikole Mills

Rexburg, Idaho
Shaneece Young

Rigby, Idaho
Angela Peterson

Rupert, Idaho
Nydia Tellez

Sandpoint, Idaho
Ann Cox

Star, Idaho
Elaina Thoman
Erica Wright

Twin Falls, Idaho
Amanda Gonzales
Samantha Gonzales
Tamara Schulz

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

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RN Idaho is published quarterly every February, May, August, and November for ANA Idaho, a constituent member of the American Nurses Association.

Letter from the Editor...

Sydney Parker, MSN, RN

Hello fellow Idaho nurses! I am excited and honored to assume the role of chief editor for *RN Idaho*, and I look forward to hearing more from each of you in the future.

I want to express my sincerest gratitude to Carrie Anstrand for her work in advancing the publication over the last year, as well as serving as a mentor to me during the transition to this new role. Carrie has been influential in continuing collaborative efforts with ANA Idaho and was able to host the first "Poster Presentations" at the ANA Idaho annual conference in November 2017, allowing nurses to present their research at poster sessions throughout the conference. Carrie also helped highlight issues related to the health and wellbeing of nurses through the "Self-Care Corner" in each quarterly publication. I want to thank her for her dedication and passion in her role and wish her the best in the future.

My goals in this role are to continue to increase authorship throughout our state by encouraging all nurses to consider submission through the new guidelines (See "Updated *RN Idaho* Authorship Submission Guidelines" below), as well as continued collaborative efforts with ANA Idaho to increase membership. Finally, I hope to continue to highlight the efforts of nurses in bringing evidence-based practice and nursing research to improve the quality of patient care throughout the state. I am grateful for the opportunity to serve the amazing nurses of Idaho and hope to see your submissions soon!

Updated *RN Idaho* Author Submission Guidelines

RN Idaho (RNI), the official publication of ANA Idaho, is a peer-reviewed journal that is published quarterly. *RN Idaho* is distributed to every Idaho licensed Registered Nurse and Licensed Practical Nurse, state legislators, employer executives, and Idaho schools of nursing regardless of membership to ANA Idaho. The total quarterly circulation is over 23,000.

Views expressed are solely those of the authors or persons quoted and do not necessarily reflect ANA Idaho's views or those of the publisher, Arthur L. Davis Publishing Agency, Inc. The RNI Editorial Board oversees this publication and welcomes nursing and health-related news items, original articles, research abstracts and other pertinent contributions, which may be of interest to its readership. We encourage short summaries and brief abstracts as well as lengthier reports and original works. An "article for reprint" may be considered if accompanied by written permission from the author or publisher. Authors are not required to be ANA Idaho members.

Writing Style Guidelines

- Follow APA Style (6th edition) for font, spacing, in-text citations, references, tables, and direct quotes.
- Use clear and concise language in an informal style. Avoid lengthy sentences.
- Give examples from your practice to illustrate your point.
- Use first person as if you were speaking to the reader; "as a busy nurse, you may often…"
- Use an active voice.

Content Guidelines

We are seeking articles in four main categories:

1. Brief reports on implemented evidenced based practice, quality improvement, or original research findings. -700 words; APA format

Nurses who read *RN Idaho* are searching for articles that describe the implementation of evidenced based practice and quality improvement initiatives. Focus your article on the process of implementation of a new intervention or change in your practice. That may include how the problem was identified, successful strategies to gain support within the organization to implement the change, needed staff education or training, improvement of patient outcomes, and next steps or lessons learned. Write your article in an understandable and engaging style. Provide references and citations to support your content. Due to space limitations, references may be included in print or provided to the reader upon request.

We also publish articles that provide nurses access to nursing research findings. Our readers are looking for authoritative research shared in a straight forward format. Translate the research findings into understandable implications for patient outcomes and/or nursing practice. Use a style that is understandable, engaging and tailored to direct care nurses, nurse educators, and nurse managers.

2. Articles on general topics of interest in a variety of service settings. -500 words; APA format for references

In each issue, we feature articles on clinical or leadership/management successes. Our readers are always interested in how other nurses solve challenges in their service settings. This may include clinical successes, team building, implementing change, innovative approaches to problem solving, legal or ethical issues, or any other topic you think may be of interest to other nurses. The topic can be relevant to any setting, including acute care, ambulatory care, home health, school nursing, hospice, occupational health or other. Use references as appropriate. A writing style that is engaging and informative appeals to our readership.

3. Art and literature: Joys of Nursing -300 words; APA format for references

Our readers enjoy submissions that demonstrate the joy of nursing though art and literature. That joy may be expressed in poetry, photography, painting, or a well written glimpse into a moving moment in your practice. Be sure to protect the privacy of patients and families in your submission.

4. Wellness and self-care for nurses. -300 words; APA format for references

In each issue, we feature articles on wellness and/or self-care for nurses. Our readers are always interested in how other nurses practice health and wellness as advocates of our profession. This may include mental or physical health, self-care strategies, healthy work environments, or any other topic you think may be of interest to other nurses. Use references as appropriate. Use a writing style that is engaging and informative.

Format Guidelines

Manuscript Format

Articles should be submitted in APA style (6th edition) as a double-spaced Word document using 12-point font. Acceptable file formats for documents are:

- Word files in .doc format without embedded photos (please save "down" to .doc instead of .docx if .docx is your default file format)
- .jpg or .tiff for photographs

Submissions should include the article's title and the author(s) name, credentials, organization/employer and contact information including a current email address. Authors must address any potential conflict of interest, whether financial or other, and also identify any applicable commercial affiliation. Submissions should be emailed as attachments to ANA Idaho at rnidaho@idahonurses.org.

Photographs

Photographs of high resolution (300 dpi preferred) may be submitted digitally as a separate file in .jpg or .tiff format. **Submit a signed photo release form** (available online at http://idahonurses.org/Main-Menu-Category/NewsLinks/RN-Idaho-Newsletter/Photo-Release-Form.doc) and supply a caption and photo credit for each photo. Photo release forms should be completed online and emailed or scanned and emailed to rnidaho@idahonurses.org. They may also be submitted by fax at 404-240-0998. Photographs should be emailed in the same manner as manuscripts. All photos become the property of ANA Idaho.

Publication Selection and Rights

Articles will be selected for publication based upon the topic of interest, adherence to publication deadlines and guidelines, the quality of writing, and after peer review by members of the *RNI* Editorial Board. When there is space for one article and two of equal interests are under review, preference will be given to ANA Idaho members. *RNI* reserves the right to edit articles to meet style and space limitations. One-time publication rights are reserved by *RNI.*

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NLI Update

Randall Hudspeth, PhD, APRN-CNP/CNS, FAANP
Executive Director, NLI
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The Nurse Leaders of Idaho (NLI) have had a very busy and productive six months. The 12 members of the board of directors met in February in Boise to plan the upcoming year. NLI membership consists of both individual members, who are mostly nurses in a management position in hospitals, schools, public health, home health and hospice and some APRNs, in addition to the organizational members that are hospitals throughout Idaho.

The major programs managed by NLI include the RN and LPN refresher programs, the online nurse residency program through the University of Iowa, the 3-day Fundamental of Nursing Leadership and the 2-day Advanced Nursing Leadership skills. NLI also serves as the Idaho affiliate of the American Organization of Nurse Executives (AONE) and is engaged with many initiatives both on the state and national levels. NLI partners with the American Nurses Association of Idaho (formerly the Idaho Nurses Association) in an advocacy partnership whereby Mike McGrane serves as our joint lobbyist to the Idaho Legislature. Each year, NLI partners with the Council of Nurse Education Leaders (CNEL) to produce an annual education conference known as the Leaders in Education and Practice (LEAP) conference, and an annual nurse recognition dinner held during the conference.

The refresher program is targeted to update nurses who have been out of practice and have a lapsed license, as well as currently licensed non-practicing nurses, to have both didactic and clinical time that enables them to apply to their board of nursing for an active license. These programs are approved by the Idaho Board of Nursing, and thus are also approved through joint recognition by other state boards of nursing. In 2017, more than 30 nurses completed the program. Currently, 30-40 nurses are at varying stages of the refresher program and close to completion.

The residency program for new nurses has been very successful at Bonner General Hospital in Sandpoint. NLI is currently evaluating program expansion for new resident nurses, especially those who are transitioning to practice in rural hospitals.

The Nurse Leadership CE-approved courses offered through NLI have been completed by 156 nurse managers. The comprehensive 5-day program caused concern for rural hospitals who could not spare their nurse leaders for the week. The program changed this year to a 3-day "Fundamentals of Nursing Leadership" targeted toward new nurse leaders. In May, the 3-day program was held at the College of Eastern Idaho and attended by 14 nurses. The current plan is to offer the 3-day program in October of 2018 and Spring of 2019. The 2-day "Advanced Nursing Leadership" program will be held in Boise in November of 2018, and again in the Spring of 2019. More information on these programs will be available on the NLI website: www.nurseleaders.org/.

The LEAP conference will be held at the Riverside Hotel in Boise September 13-15. The 2018 theme is "Moving the Dial: Advancing Nursing Through Education, Scholarship, and Informed Practice." The LEAP conference has a packed agenda with multiple break-out sessions from the many abstracts accepted from Idaho nurses. Registration for the conference is also available on the NLI website. We are in the final planning process of hosting a pre-conference on September 13th focused on TRAUMA INFORMED CARE.

A big change this year will be the "Celebrate Nursing Dinner." The goal is to broaden the recognition of nurses across Idaho. Individual sponsoring agencies are invited to select their own outstanding nurses for recognition. All nominees will then be recognized at the dinner. Agencies that employ nurses are encouraged to recognize their staff in the categories that apply to their settings. Recognition is for (1) Aspiring Clinical Nurse, (2) Aspiring Educator, (3) Outstanding Nurse Leader in Innovation, (4) Outstanding Educator, (5) Outstanding Clinician and (6) Outstanding Nurse Leader in Transitions in Care. http://www.nurseleaders.org/celebrate-nursing-dinner/.

We also want to broaden our audience beyond nurses. Now employers, family and friends are invited to participate. This year the keynote speaker will be Alex Wubbels, BSN, RN, from the University of Utah. She gained national attention when she was arrested because she advocated for her unconscious patient when the police wanted to draw a blood alcohol without proper authorization. [You Tube: https://www.youtube.com/watch?v=-GRrtLLDikM]. She has taken that experience and made it positive by focusing on patient rights and advocacy.

NLI continues to be very engaged with nursing and nurse leaders in Idaho in all settings. The programs offered are continuing education approved, high quality and targeted to promote the profession and nursing leadership. NLI thanks nurses for the continuing support of NLI programs and is looking forward to your attendance at the LEAP Conference.

Licensure for Laboratory Professionals

Debbie Shell, BS, MLS(ASCP)^{CM} SM,DLM
dmshell1707@gmail.com

National certification for laboratory professionals has been around since the 1930's, when The American Society of Clinical Pathologists first administered an exam for Medical Technologists, with successful candidates earning the designation MT(ASCP). A variety of other certification agencies developed national certification exams over the years, with varied qualifications to sit for their exams, ranging from a high school diploma to a Bachelor's degree. Some healthcare facilities required that laboratory professionals be nationally certified in order to be employed, while others did not. Because of the confusion about qualifications, certifications, and requirements for certification, some states decided to license laboratory professionals.

Currently, just eleven states and Puerto Rico require that laboratory professionals hold a license to practice laboratory medicine. A handful of states, including Idaho, have tried over the last several years to get licensing legislation passed, but none have been successful. The current environment in many states is to decrease the amount of regulation. However, most laboratory professionals feel strongly that patient safety and outcomes can be critically impacted by laboratory test results, and that it is important that the quality of test results be the highest possible. High quality results are most often attributed to education, training and experience.

Many hospitals in Idaho have made the decision to hire only nationally certified (or certification-eligible) laboratory professionals. However, many laboratory tests are performed in small hospitals and clinic/physician office settings that do not hold to this standard and allow uneducated and untrained staff to perform laboratory testing. Our greatest concern, and the primary reason licensure is desirable, is that the results produced by uneducated and untrained staff are often faulty and pose a great risk to patient safety and quality outcomes.

Medical laboratory scientists and medical laboratory technicians are responsible for as much as 70% of the diagnostic information healthcare providers use to diagnose and treat their patients. If this laboratory information is inaccurate, patients may receive the wrong diagnosis and/or the wrong treatment, resulting in a poor outcome. Although statistical data is difficult to obtain, anecdotal information is abundant. The impact of incorrect laboratory test results ranges from the necessity of having testing repeated in a facility that employs qualified laboratorians (adding to healthcare costs) to serious morbidity and mortality. Many experienced laboratorians have encountered situations where patients have endured invasive procedures that were not necessary (e.g., bone marrow aspirates) or the stress of believing they have a terminal diagnosis when they did not, all based on faulty laboratory testing performed by uneducated and untrained laboratory staff.

Medical laboratory professionals are key members of the healthcare team, supporting direct care providers with much of the information they need to care for their patients. Without standards in place to ensure that laboratory test results are produced only by those that are educated and trained in the proper performance of this testing, patient health and safety are in great jeopardy. State licensure would require that minimum educational and training standards are met before any individual could practice laboratory medicine, ensuring high quality laboratory test results and better outcomes for patients.

For further reading about this issue:

Committee on Quality of Health Care in America. Institute of Medicine. Crossing the quality chasm: a new health system for the 21st century. Washington DC: National Academy Press; 2001.

Plebani, M. The detection and prevention of errors in laboratory medicine. Ann Clin Biochem 2010 Mar; 47:101-110.

http://asclsidaho.org/idaho-licensure-information/draft-bill/

https://www.elsevier.com/connect/almost-anyone-can-perform-your-medical-laboratory-tests-wait-what

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Idaho Board of Nursing Update

Sandra Evans, M.A.Ed, RN
Executive Director
Sandra.Evans@ibn.idaho.gov

One of the many pleasures of living in Idaho is that one can count on the arrival of spring following every winter! Then, just as predicted, summer shows up right on schedule, followed by fall and then again, winter. How very fortunate we are in this beautiful state to experience each of four seasons. The Idaho Board of Nursing meets at least quarterly for the conduct of business, meaning they meet during each season. The Board's spring meeting was held April 19-20 in Boise, two beautiful spring days in this city.

Spring is traditionally thought of as the season of new life, of renewal, of wakening after a cold and sometimes arduous winter. Likewise, the annual spring meeting of the Board of Nursing is characterized by rejuvenation and revitalization. It is when ideas for potential legislation and rule changes for the next Legislative Session emerge. It is the meeting when the Board's strategic plan is updated and refined to reflect strategies and benchmarks for the next four-year period. Finally, it is the meeting during which the nine governor-appointed members assess their own performance as a Board over the past twelve months to assure they indeed are:

- Accomplishing the Board's mission of public protection;
- Adhering to their core values and philosophical beliefs;
- Striving to achieve the vision to "regulate nursing with collaboration, innovation and strategic leadership to ensure the nursing workforce meets the changing needs of Idahoans" (Idaho Board of Nursing, 2018, p. 4); and
- Working toward accomplishment of their six strategic goals to:
  1. License qualified persons for practice.
  2. Receive and investigate alleged violations of the Nursing Practice and Administrative Rules and initiate appropriate disciplinary actions and alternatives to discipline.
  3. Determine, communicate and enforce standards for educational programs preparing individuals for practice at all levels.
  4. Cultivate a governance framework and culture that sustains Board relevance and supports accomplishment of vision, mission and goals.
  5. Foster communication between the Board, its colleagues, internal and external stakeholders and the public.
  6. Support an organizational infrastructure necessary to accomplish the vision, mission and goals (Idaho Board of Nursing, 2018).

In addition to conducting their own annual self-assessment, at their meeting on April 19-20, Board members Vicki Allen, RN, Pocatello, Chair; Carrie Nutsch, LPN, Jerome, Vice Chair; Jennifer Hines-Josephson, RN, Rathdrum; Whitney Hunter, Consumer, Boise; Jan Moseley, RN, Coeur d'Alene; Rebecca Reese, LPN, Post Falls; Clay Sanders, APRN, CRNA, Boise; Merrilee Stevenson, RN, Wendell; and Reneé Watson, RN, Boise, accomplished other necessary business of the Board. They:

- Reviewed correspondence and reports of external meetings attended by both members and staff, as well as update reports from staff relative to various initiatives of the Board;
- Thanked retiring members of the Board's APRN advisory committee, including Ann Burgess, MD, Allie Gooding, APRN-CNS, and Adam Reynolds, MD; appointed two members to additional 3-year terms on the committee, including Charlotte Salinas Wilkes, APRN-CNM and Betty Brosch Schoenecker, APRN-CRNA (Note: Ms. Salinas Wilkes has since declined her reappointment);
- Accepted reports and recommendations from the Board's APRN and PRN Advisory Committees;
- Received an update on Idaho's nursing workforce from Randy Hudspeth, Executive Director of the Idaho Alliance of Leaders in Nursing (IALN) and Nurse Leaders of Idaho (NLI);
- In closed session, reviewed the National Council of State Boards of Nursing (NCSBN) draft 2019 NCLEX®-RN Test Plan and provided comments to the NCSBN Examination Committee as requested;
- Approved proposed revisions to the Board's current Strategic Plan to be incorporated into the Board's fiscal year 2019-2022 plan along with related benchmarks; and
- Took formal action to:
  - Revoke the licenses of two RNs based on violations of standards of practice and conduct;
  - Deny one application for practical nurse licensure by endorsement;
  - Deny one petition for reinstatement of LPN licensure following previous disciplinary action; and
  - Grant the petition for reinstatement of a previously disciplined LPN license having determined the applicant's successful completion of requirements for reinstatement as defined in the original discipline order.

In addition, the Board considered ideas for revision of Board administrative rules suggested by constituents over the past year and approved initiation of proposed rulemaking. Suggestions relate to two separate sections: 1) rules clarifying the period of time following graduation from their nursing education program that individuals may continue to be employed as a nurse apprentice; and 2) rules clarifying information to be included on prescriptions written by APRNs. Proposed changes will be presented at the July 26-27, 2018 Board meeting for further discussion before they are published and the period for public comment is announced.

In keeping with the spirit of spring, the Board held their annual Board Business Retreat on May 18th in Boise. The retreat affords the Board an opportunity to meet in a less formal setting to engage in dialogue about a key topic or topics of importance to the Board. This year's retreat focused on emerging trends and changes in healthcare policy with Board members and staff teamed up to showcase parliamentary process, telehealth, legalized marijuana, nurse delegation, cybersecurity, and evolving practices (e.g. the role of nurses in Botox administration, aesthetic procedures, management of ketamine and propophol administration, etc).

The next meetings of the Board are tentatively scheduled for July 26-27 and November 1-2, 2018 in Boise at a location to be determined. For further information, visit the Board's website or contact the Board office at 208.577.2476. As always, the Board invites the public to attend scheduled Board meetings and participate in the Open Forum held on the second day of each meeting. The Open Forum provides the opportunity to dialogue with the Board on issues of interest that are not necessarily included on the published agenda. The Board will not take action on issues introduced during the Forum, but may choose to address them at a later scheduled Board meeting.

In response to a request from the National Transportation Safety Board, the Board of Nursing encourages licensed nurses and other health care providers to routinely discuss with patients the effect their diagnosed medical conditions or recommended/prescribed drugs may have on their ability to safely operate a vehicle in any mode of transportation. To learn more, visit https://www.ntsb.gov/safety/safety-studies/Documents/SS1401.pdf.

Has your name or address changed lately?

Rules of the Board of Nursing, IDAPA 23.01.01.008, require licensees to immediately notify the Board of any change of name and/or address. Notification is easy: Access your Idaho Nurse Portal account and click on "Manage Profile" under the Demographic Section and follow instructions.

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Idaho Board of Nursing (2018). Idaho board of nursing: Strategic plan. Retrieved from https://dfm.idaho.gov/publications/bb/strategicplans/economic/stratplan_nursing.pdf

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- **October 16-18 and November 6 & 7 (Advanced):** ***Foundations in Nursing Excellence Leadership Courses***

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Advocacy in Action

Anna Rostock, RN, BSN, NE-BC, CPN
rostock@slhs.org

Are you ready for voting this fall? As nurses in Idaho, are we ready and willing to speak up for our patients outside the hospital by stepping into the world of politics and policy making? With national politics consistently in the spotlight, more attention is being given to local elections this year. Contested seats for Congress, Governor, Lt. Governor, and other legislative seats means Idaho's more than 24,000 nurses have been given an excellent opportunity to affect change. If we aren't speaking for the healthcare and community changes our patients so desperately need, who is?

First and foremost, if you aren't registered to vote, you need to be. No one is wanting to tell you how to vote, just that you NEED to vote. Registering to vote is easy and can be done online at https://idahovotes.gov/ or use this link for in-person or mail-in registration options. For those of us that end up working on Election Day, there are easy to follow absentee ballot instructions, as well as instructions for how to vote if you're a military nurse stationed out of state or deployed.

We are nurses and we understand the needs of the patients we see every day! Our opinion not only matters, it's highly respected. Nursing is, for the 15th year in a row, the most trusted profession in the United States. Our lawmakers trust us and need to hear what we think about staff and patient safety in the workplace and our opinions on the needs of the communities we serve. As our state candidates are campaigning this late summer/early fall, remember how much of an impact you can have on your District Representatives. If you're unsure who your current Legislator is, you can find them by using this link: https://legislature.idaho.gov/legislators/whosmylegislator/ .

If you're interested in learning more about what the American Nurses Association is working on please visit https://www.nursingworld.org/practice-policy/advocacy/ to read in more detail about the initiatives listed below.

ANA's areas of political interest this year are:

- Safe Staffing for Nurse and Patient Safety (H.R. 5052/S. 2446)
- Title VIII Grant refunding – Federal Funding for Nursing Education Grants
- Addiction Treatment Access Improvement Act of 2017 (S. 2317/H.R. 3692)

Opportunities for involvement locally:

- ANA-Idaho's Legislative Committee meets monthly from October – January and bi-monthly from January – March. Please email info@idahonurses.org if you're interested in getting involved
- ANA-Idaho Nursing Lobby Day is held annually in the month of February (CEU's available)

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Medical Reserve Corps Activities Summary

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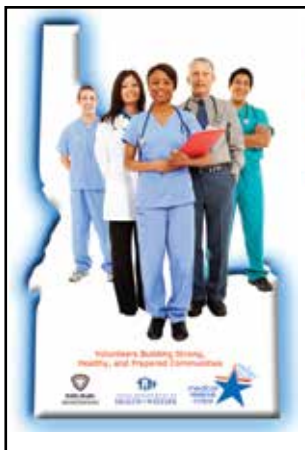
The Medical Reserve Corps (MRC) Units are coordinated through the seven local public health districts in Idaho. MRC members are both medical and non-medical community members who volunteer their time and skills in preparing our communities to be more resilient and prepared in case of individual or large-scale emergencies. The seven Idaho MRC Units have been involved in a variety of emergency preparedness and public health activities throughout the state since August 2017. Some of the highlights include:

- Two first aid stations for Solar Eclipse viewers in Blaine County;
- Assisting with "Point in Time" Homelessness surveys;
- Two medical shelter exercises in northern Idaho;
- Performing moulage and playing mock victims to support a multi-agency mass casualty exercise in rural Idaho;
- Teen heart screenings at a high school in northern Idaho;
- A meningococcal vaccination clinic at the University of Idaho, new student orientation;
- "Stop the Bleed" training and demonstrations at health fairs;
- First aid stations at the Seaport River Run in Lewiston, Idaho.

Anyone interested in joining in the activities is invited to contact their local MRC Unit Coordinator and/or register at www.volunteeridaho.com.



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When Disaster Strikes: Are RNs prepared for a Mass Casualty Incident (MCI)?

Cara Gallegos, PhD, RN[1]
Cat Ostrem[2]
Sarah Lew, BS[2]
Taylor Beckman[2]
Alanna Belz[2]

Mass casualty incidents (MCI), such as bombings and shootings, as well as catastrophic epidemics and natural disasters, like hurricanes and wildfires, are prevalent in the US (Matzo, Ziegler, & Ziegler, 2009). However, many acute care nurses do not have adequate training to care for these patients (Whitty & Burnett, 2009). In fact, Idaho as whole only achieved 50% of the indicators deemed necessary for health emergency preparedness as of December 2017 (Segal, Lieberman, May, & Warren, 2017). Furthermore, there are no Level I trauma centers in Idaho or surrounding areas to treat the volume of serious injuries associated with MCIs, such as violent terrorism and natural disasters, or the mental health resources to help victims and healthcare workers cope with the psychological aftermath (American Trauma Society, n.d.).

The purpose of this paper is to examine the current evidence on whether providing mass casualty incident education improves knowledge, confidence, and skills in baccalaureate nursing students (BSNs) or registered nurses (RNs) in the event of a MCI.

Methods

The PICO(T) format was used to develop the following question: In BSN students and practicing nurses (P), does providing mass casualty incident education (I) improve knowledge, confidence, and skills (O) in the event of a MCI (T)? The databases, Medline-EBSCO, PubMed, CQ Researcher, and Nursing & Allied Health Database, were searched (2005 to present) using the following keywords: emergency room, nursing preparedness, emergency nursing, mass casualty incidents. Of the 48 articles that were identified, 15 were found to be relevant and leveled using Melnyk & Fineout-Overholt (2015).

Results

Overall, the level of evidence was low, with the majority of evidence rated as clinical expertise. However, the evidence clearly suggests that the majority of nurses do not have adequate training to deal with these situations (Whitty & Burnett, 2009). In addition, over 90% of emergency physicians do not believe their health systems are fully prepared to deal with large-scale emergencies with only 49% believing their system is even moderately prepared (Baldyga, 2018). MCIs require an "all hands on deck" mentality, bringing together healthcare workers from all jurisdictions, including those who may be unfamiliar with emergency or trauma nursing skills, to address the influx of critical patients (Culley & Effken, 2010).

Discussion

Prioritizing and critical thinking are two major components that can improve patient outcomes in MCIs (Fletcher, Justice, & Rohrig, 2015; Martin, Furr, Lane, & Bramlett, 2016). Increasing confidence levels for nurses in the event of a MCI involves more training and research, including the best teaching methods to establish preparedness (Whitty & Burnett, 2009). Disaster planning and training is key when preparing for and responding to MCIs (Culley & Effken, 2010; Martin, Furr, Lane, & Bramlett, 2016; Whitty, & Burnett, 2009).

Licensed nurses should be trained by professionals that are knowledgeable and experienced in MCIs (Whitty & Burnett, 2009). Hospital training should include preparation for: incident command, communications, triage, patient flow, drugs, consumables stock, reporting, and security (Mehtam, 2006). Nurses in all clinical settings must be involved in planning and training for emergencies. Since research is scarce, healthcare providers should use anecdotal evidence as a key component in preparation for future MCIs (Culley, & Effken, 2010). Responding to a MCI is stressful for all staff and has the potential for negative psychological sequelae. Critical incident stress management should be incorporated into support programs for first responders and hospital staff (Murphy, 2018).

Competencies in MCIs at the baccalaureate level can be achieved by implementation of training into nursing curriculums (Whitty & Burnett, 2009). Implementing simulations in BSN programs is an effective way to reinforce the didactic content of MCIs (Fletcher, Justice, & Rohrig, 2015). MCI training focuses on familiarizing student nurses with patients of all acuity, ranging from medical/surgical, community, psychiatric nursing, to critical patients (Fletcher, Justice, & Rohrig, 2015). Triage nursing is a substantial component of MCI training, where MCI simulations allow students to learn, practice, and proficiently apply critical care concepts and prioritization to patients of various complications and levels of acuity (Fletcher, Justice, & Rohrig, 2015).

Conclusion

Metropolitan trauma centers are more likely to have appropriate training and equipment to respond to large-scale disasters without overwhelming their systems; whereas, rural communities with fewer medical resources are more likely to have more negative outcomes with less severe events (Stein, 2008). Implementing additional training benefits hospitals, healthcare providers, and patients by equipping the staff with the essential tools and competencies they need when a crisis occurs.

When Disaster Strikes continued on page 11

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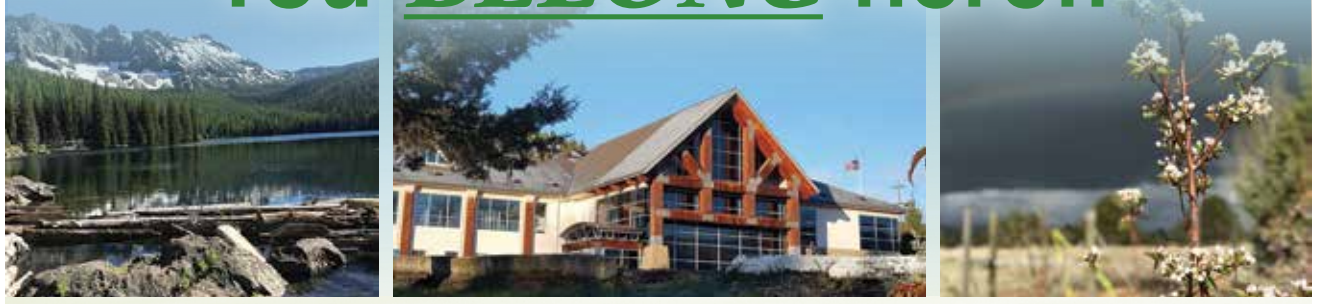

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"See Me as a Person"

Shelly Jensen, MHA, BSN, RN, NEA-BC
Shellyj@slhs.org

Shelly Jensen, MHA, BSN, RN, NEA-BC

As a nurse and a nurse leader, I find the topic of diversity and inclusion fascinating. I oversee the Maternal Child inpatient-areas for my hospital and we often care for diverse couples and families (Lesbian, Gay, Bisexual, Transgender – LGBT). From my perspective, it seems natural to accept whomever comes through the door just as they are. However, as I really began looking inward and examining my own feelings, I found a few judgments I didn't recognize I had. If we truly want to provide compassionate care, we must put our beliefs and judgments aside.

As nurses, learning to remove or put aside any personal bias is critical. We work for the patients and families. Putting bias aside helps us care for our patients and to see them as they are – how they want to be seen – and where they are, in this moment of care.

I recently attended the "LGBT Healthcare Conference" in New York City. I heard lectures from many hospitals and clinics across the US (including neighboring Salt Lake City). We are struggling as a nation as to how we address and include the LGBT population into the healthcare system. Their own fear of how they will be treated often keeps them from seeking care, especially the transgender population. No one should ever feel afraid to seek out care. Fear of discrimination in healthcare is only one concern. Sadly, "30% of gay youth attempt suicide near the age of 15…and gays and lesbians are two to six times more likely to suicide than heterosexual youth" (SexualDiversity.org, 2017). We must learn to provide neutral and compassionate care to all.

There are roughly nine million LGBT people in the United States. There are more than 650,000 same-sex couples, but only 19% of them are raising children (SexualDiversity.org, 2017). Young adults aged 18-36 are the most likely to self-identify as members of the LGBT community. By contrast, Americans aged 52 and older are least likely to identify (Brown, 2017). Regardless of whether a patient discloses their LGBT status or not, they must still receive the best care.

As nurses, we have a responsibility to help all people. How can we ensure this happens? I challenge all of us to examine who and where we are personally with bias. It starts with us. We must recognize the bias within us; we all have some. Knowledge is power. When we understand ourselves, we can respond. Learn how to let those beliefs go or put them to the side when you are in your work setting. Take time to see your patients for who they are. Respect their choices, respect their identity (it's not all choice after all), and be sure to ask them how they want to be addressed. I assure you, whether they say it or not, LGBT patients are asking their health care teams to "see me as a person." Treat them like the person they are. Healthcare isn't just about caring, it's about preserving dignity and humanity. It is more than just duty, it is our obligation. Ask yourself, what would you want?

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Sexual Diversity (2017). LGBT Facts and Statistics. Retrieved from https://www.sexualdiversity.org/edu/stats/

Brown, A. (2017). 5 Key Findings about LGBT Americans. Retrieved from www.pewresearch.org/fact-tank/2017/06/13/5-key-findings-about-lgbt-americans/

Telephone Triage: A Unique Nursing Challenge

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Telephone triage is a nursing role that is often underestimated or unidentified. The American Academy of Ambulatory Care Nursing (AAACN) published the 6th edition of "Scope and Standards of Practice for Professional Telehealth Nursing" in 2018. The AAACN (2018) defines telephone triage as "an interactive process between nurse and client that occurs over the telephone and involves identifying the nature and urgency of client health care needs and determining the appropriate disposition" (p. 50). It further states, "due to the level of sophistication necessary for safe management of symptom-based calls, triage is performed exclusively by RNs" (2018, p.18). It is essential that clinic staff are aware of this recommendation. Symptom-based calls may arrive at a clinic or call center masquerading as medication refills or appointment requests. For example, a patient calling in for a refill of their albuterol inhaler who is audibly short of breath may need more than just a refill. They need to be examined in order to plan the most appropriate treatment which may include antibiotics and steroids. If clinic staff answering the phone do not forward the patient to the RN or provider, the care they need may be delayed and, as a result, they may experience a more severe illness or outcome.

Although many in healthcare assume that telephone calls carry less risk than face-to-face care, Rutenberg and Greenberg (2012) claim that this is "one of the most sophisticated and potentially high risk forms of nursing practiced today" (p. 9). Imagine hearing a shout, "Help, nurse!" You sprint down the hall to check on your patient. Instantly you note the color of their skin, whether they are diaphoretic, bleeding, or are on the floor. You call out to colleagues for assistance and check vital signs. Now imagine managing that scenario wearing a blindfold with your hands tied behind your back - you are working alone and without any medical equipment. You are a telephone triage nurse. Does it still feel like "just a phone call?" The nurse and their employer do not have reduced liability if a problem is missed and a bad outcome results. They only have fewer resources available. If the caregiver advising the caller does not do an adequate assessment, provide correct and complete advice, or ensure the patient understands the advice, the RN and their employer could be found negligent.

In a survey of telephone triage nurses, concern has been expressed that assessing and advising patients by telephone requires a specialized skill set (Purc-Stephenson & Thrasher, 2010). Many telephone nurses report stress due the level of autonomous decision making involved. These skills are not acquired in general nursing education, nor learned through experience in face-to-face practice (Purc-Stephenson & Thrasher, 2010). Experts recommend preparation for telephone triage roles should include formal training specific to telephone triage purpose and standards, communications skills, assessment and documentation, use of decision support tools, and risk management (Rutenberg & Greenberg, 2012; Laughlin, 2013). If you are currently practicing or managing telephone triage practice and have not completed education on these topics, study resources are available on the AAACN website.

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"He said WHAT?" Helping Nurses Address Inappropriate Sexual Behavior

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Recently, inappropriate sexual behavior (ISB) is getting a great deal of attention. While much of this behavior is avoidable, some is not. We are not talking about a nurse harassing a nursing assistant or a sales representative making inappropriate remarks, we definitely know what to do about those. We are referring to clients, especially elderly clients with dementia and impaired judgement, who are sexually-harassing or assaulting nursing staff.

Inappropriate sexual comments, requests, and actions such as touching are very common in long-term care settings (De Giorgi & Series, 2016). As a nurse in gerontology, ISB can include a resident asking a nurse to sit on his lap, a female resident grabbing a nursing assistant's genitals, a client asking a bath aide for sex, or a resident who tells off-color jokes. Nurses and nursing aides working with the elderly face these situations nearly every day. Dementia, different norms, gender roles, and providing personal care create a 'perfect storm' for ISB. It is so common that we sometimes forget how serious it can be.

While nurses and nursing assistants in elder care should expect some ISB, we need to be serious about how we address it. As a nurse leader in our facility, I provide tools to help nursing staff stand up for themselves, while helping maintain the dignity of our clients. For our care staff and nurses, I have begun addressing ISB from our residents in three ways.

- ***Communicate.*** I want our nurses to know I hear them and I care when these situations arise. Nurses complete a brief summary about the incident and we have a private discussion. For some staff, ISB may be a trigger that deeply affects them, for other staff it is less impactful.
- ***Change the situation.*** You have many possible options that include providing same-gender care and two-person care, limiting contact with genitals, or removal of clothing if possible. Encourage staff to come up with small solutions. And, by all means, do not send a deeply affected staff member back to provide subsequent care for the resident.
- ***Say NO!*** Have you ever been in a surprising situation and later thought, "Why didn't I say…?" With nursing staff, I practice short phrases that help stop ISB in its tracks. Even a momentary, re-orientation can stop the situation. This may seem simple, but in the midst of the situation, staff don't know what to say. We try really short simple phrases such as: "No, thank you." "I don't like that." or "That's not appropriate." When we remember that most ISB incidents with the elderly come from confusion about the situation, use of these simple phrases can help provide the resident with clarity and quickly end a difficult situation.

As society begins to address the impact of ISB, nurse leaders can take steps to both limit its frequency and impacts on nursing staff working in gerontology. We can work together to provide useful tools to help nursing assistants and nurses cope with ISB in their clients.

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Self Care Corner…

It is often said by nurses that we are better caring for others than ourselves. In an effort to promote the health of Idaho caregivers and model the goals of the American Nurses Association (ANA), "Healthy Nurse, Healthy Nation™", the *RN Idaho* Editorial Board would like to encourage all nurses to consider submissions to the "Self-Care Corner." Our readers are continually interested in how other nurses practice health and wellness as advocates of our profession. These submissions may include mental and/or physical health, self-care strategies, healthy work environments, or any other topic you think may be of interest to other nurses. For details on how to make a submission, see the "Updated *RN Idaho* Authorship Submission Guidelines" which are located on page 3. We look forward to hearing your stories!

References:

American Nurses Association (2017). Healthy nurse, healthy nation. Retrieved from https://www.nursingworld.org/practice-policy/work-environment/health-safety/healthy-nurse-healthy-nation/

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Identity Theft – Part 1

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http://www.trustedfinancialadvisorboise.com/

Computer hacking has become big business, from WikiLeaks to large corporations being targeted. Identity theft has increased over 100% since 2010. Identity thieves impersonate 35,000 people daily, wreaking havoc on the finances and credit of 13 million victims annually. The average loss experienced per identity theft is $5,130. Statistic Brain Research Institute (2017) reports the breakdown of identity theft into the following categories:

- 64.1% misuse of credit card
- 35% misuse of existing bank accounts
- 14.2% misuse of personal information

People have flocked to credit monitoring services for a sense of security. Yet they let you know when you have become a victim – after the fact. There are basic steps that can build a protective wall around your identity. Good news – you don't have to be a computer geek to accomplish these steps.

Since credit card fraud has the highest incidence of identity theft, let's start there with basic protective actions.

- **Choose a credit card company wisely.** Javelin Strategy and Research (n.d.) ranked 20 credit card issuers based on the security measures they offer to prevent, detect and resolve fraud. Example: My business credit card has been compromised twice. Once I was alerted to large purchases being made that were out of character - $800 of janitorial supplies in Florida and a set of silverware in New York while I resided in Idaho.
- **Review your credit card statement** immediately and closely when you receive it. Be sure you recognize every charge on your account – no matter how small. Thieves are testing a card with small purchases before becoming more active with it. *Example:* Using my own detective work, I noticed a charge I didn't recognize. When I called the company, it was selling supplements in Mexico, not my purchase. Both times I went through the painful process of closing the account and opening a new account with a new card.
- **Stop pre-approved credit card offers** Credit card applications are also a source of identity theft. Offers come in the mail that may be siphoned out along the way. To stop pre-approved credit card offers call 1-888-5-optout (567-8688) or go online to www.optoutprescreen.com.

Other steps you can take to help protect your identity include:

- **Only use secure online websites.** Online shopping is a big part of our culture. Make sure you are only making purchases on websites with https://. The "s" stands for secured.
- **Shred all personal information** including credit card applications. Use a **micro-shredder** that makes confetti out of documents. Software exists that can reconstruct shredding done in strips.
- **Never give personal information over the phone** – even if they claim to be your bank. Hang up and call the bank directly to handle any questions or issues. Remember, the IRS and the Social Security Administration will never call you. They correspond by mail. It gives them a paper trail if it is needed later.

Stay tuned for more actions that you can take to protect your identity.

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In Memoriam

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

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

Acorda, Eleanor McMillan Hanna, 03/17/2018. Eleanor was born in Northern Ireland and was the youngest of five children. She completed nurses training at Mansfield General Hospital, Nottingham, England, and became a certified nurse midwife in 1955. She practiced midwifery at the Royal Maternity Hospital in Belfast, Ireland, until 1959 and then worked in Canada. In 1960, after moving to Boise, Eleanor worked at St. Luke's Hospital for one year and then served for 20 years as the office nurse for Dr. G. Baker, until her retirement in 1986. She is remembered as a caring and compassionate nurse who enjoyed playing the piano and possessed a keen enthusiasm for reciting English and Irish poetry. She touched the hearts and lives of many friends in her Basque community and her family.

Atwell, Marvella Zeller, 5/11/2018. Marvella was born in South Dakota. She attended school in Garfield and moved to Troy, Idaho, in 1948. She worked as an obstetrics nurse at Gritman Hospital in Moscow, Idaho, and with Dr. Reiber. Marvella enjoyed many activities and her family. She is remembered for her caring spirit.

Bangert, Jean Marie, 2/27/2018. Jean was born Jean Marie Schooler on March 23, 1924, at Genesee, Idaho. Her family was part of the early settlers. She graduated from Genesee High School in 1942 and completed her registered nurse training at Sacred Heart Hospital in Spokane, Washington, from 1942 to 1945. In 1964, she moved to Payette, Idaho, where she was employed as a nurse in a doctor's office. In 1967, the family moved to Lewiston where Jean worked as a surgical nurse at St. Joseph Regional Medical Center, as a first aid nurse at Potlatch Forests Inc., and as the nurse director of student health services at Lewis-Clark State College for the last 11 years before retirement in 1975. Jean enjoyed multiple hobbies, the outdoors, and traveling. Her many contributions and dedication to promoting health will be her legacy.

Devereaux, Dorothy Ann, 02/06/2018. Dorothy passed away unexpectedly and peacefully at her home. She worked for over 42 years as a registered nurse in labor and delivery. Prior to retirement, she was a nurse case manager. Dorothy is remembered for her humor, compassion, knowledge, and love for others. She will be greatly missed by her family and friends.

Dillion, Wilda Ruth Collier, 04/29/2018. Wilda was the second of six siblings born in Pendleton, Oregon. She graduated from Boise State University in 1978 and worked as a registered nurse at Saint Alphonsus Hospital until her retirement in 1992. Concurrently with her nursing career, Wilda engaged in genealogy research. Her genealogy research and knowledge were published in two books. Wilda volunteered at the Public Archives and Research Library at the Idaho State Historical Society. She is remembered for her intelligence and good humor and will be greatly missed by all who knew her.

Engle, Dee, 3/24/2018. Dee was born on 2/8/1939 in Boise, Idaho, lived in Lewiston and 'snow birded' in Yuma, Arizona. She attended nurses' training as a young woman and continued a life that was caring for others. She helped to establish the Pregnancy Care Center of Lewiston, and volunteered with hospice programs. She and her husband were foster parents. Dee was a master gardener. According to her husband, "We did all the things we wanted to do during our life together." Dee will be greatly missed by all whose lives she touched.

Funderburg, Deanna S., 05/25/2018. "Dee" passed away at 94 years in Salt Lake City, Utah. She was the eldest child of a loving family from Moreland, Idaho. She attended nursing school in Pocatello, Idaho, and worked as a registered nurse and hospital supervisor. She then transitioned to a teaching career in early childhood development. Dee loved nature and the beauty of the Sawtooth Mountains in Idaho. She was a passionate musician and shared her talent with her child, grandchildren, and great-grandchildren. She is remembered for her creativity, curiosity, and valuing of education. Her compassion for others will be greatly missed.

Herrera, Mary Katherine, 04/22/2018. Mary was born in Los Angeles, California, in 1926. Her crowning achievement, other than her five children, was her completion of nursing school and becoming an LPN at age 52. She retired at age 65 from her nursing work at Saint Alphonsus Hospital in Boise, and then retired at 72 from her work as a hospital clerk. Her dedication to hard work, her profession, and the care of others will be remembered.

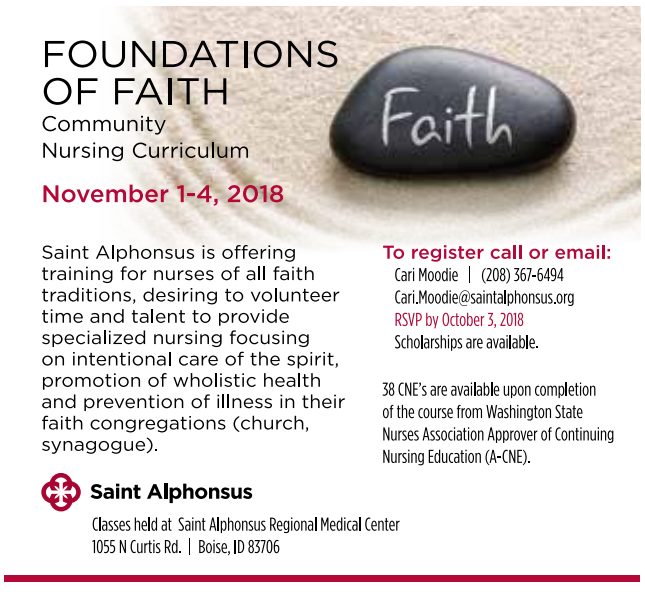
Hertling, Norma Marie Bresnahan, 03/28/2018. Norma was born in Hailey, Idaho, in 1921, and enjoyed family life in Shoshone and Mountain Home, Idaho. She completed nursing school in 1943 at Saint Alphonsus School of Nursing. She had great pride in her nursing career and the lifelong friendships of her nursing school classmates, "the Rabbit Club." Norma worked in the nursery at Saint Alphonsus Hospital and then served as the head nurse at the newly formed St. Luke's Intensive Care Unit caring for premature infants. She was president of the local council of the National Association of Catholic Nurses USA in Idaho. Norma was devoted to her church and enjoyed China painting. She touched the hearts and lives of many and will be greatly missed.

Hufford, Edith W., 06/01/2018. In 1922, Edith was born on her parents' homestead near Plentywood, Montana. She attended nurses' training in Bozeman, Montana, and completed a nursing internship at the Veterans Administration (VA) Hospital in Boise, Idaho. Edith worked as a nurse in Montana hospitals, the Great Falls Stock Car Racing Association, and the Montana State Fair Board. She later volunteered for various charity organizations including the Boise VA Hospital where she cared for returning veterans. Her volunteer efforts were recognized by the governor of Idaho. Edith is lovingly remembered by her family and friends.

Schroeder, Lucille Bernice 4/6/2018. Lucille was born Oct. 30, 1920, in St. Anthony, Idaho. She pursued her registered nurse degree from St. Luke's Hospital and Training School in Boise between 1941 and 1944. She served in Oakland, California, as a staff nurse in the U.S. Naval Hospital Oak Knoll during World War II with the rank of an ensign from April 1945 to November 1945. Lucille took a job as a nurse at the original Las Vegas Hospital, retiring in 1982 after working for 20 years for an ophthalmologist. She relocated to Clarkston, Washington, in 1984 until her death. Her dedication to nursing and serving her country will be remembered.

Smith, Ysidora Regina Mendieta, 03/31/2018. "Dora" was born in 1925 and was educated in Boise, Idaho. She completed nursing school via Gonzaga University's Sacred Heart Hospital program in Spokane, Washington. She then worked at St. Luke's Hospital in Boise in the nursery caring for newborn infants. Dora later joined the U.S. Air Force and retired after 20 years at the rank of Major. Dora and her husband loved to travel. She is remembered for her generosity, commitment to her family, and her volunteerism at the VA Hospital and St. Luke's Hospital.

Zintek, Janet, 3/13/2018. Janet was born Sept. 28, 1933, at St. Joseph's Hospital in Lewiston. She later moved to Moline, Illinois, and returned to Genesee, Idaho, in 1942. Janet graduated from Genesee High School in 1941 and attended St. Joseph School of Nursing in Lewiston, Idaho, until it closed. She then transferred to Sacred Heart School of Nursing in Spokane, Washington, where she received her nursing degree in 1954. Janet worked as the assistant safety director - "Queen of the Splinters" (first aid nurse) - at Potlatch Forests Inc., and at St. Joseph Hospital in Lewiston, Idaho. After she married her husband, she moved to Reno, Nevada, in 1963, where she resided until her death. Janet worked at Washoe Medical Center in Reno and received her Bachelor of Science degree from the University of Nevada, Reno, in 1985. She traveled to Ireland with a group which was examining psychiatric nursing. Janet is remembered for her work with mentally ill patients until her retirement and for her generosity and kindness toward others.



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Essential Information

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Date of Birth

Gender: Male/Female

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Email address

County

Current Employment Status: (eg: full-time nurse)

Professional Information

Current Position Title: (eg: staff nurse)

Employer

Required: What is your primary role in nursing (position description)?

☐ Clinical Nurse/Staff Nurse
☐ Nurse Manager/Nurse Executive (including Director/CNO)
☐ Nurse Educator or Professor
☐ Not currently working in nursing
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When Disaster Strikes continued from page 7

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