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Mark Your Calendars
• February 26, 2019:
Nurses Day at the Legislature
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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The President’s Corner

Dave Tyrell, BSN, RN
President, Nevada Nurses Association (2016-2018)

As I prepare to hand over the leadership reigns of the Nevada Nurses Association I am reminded of one of my favorite quotes;

“Service to others is the rent you pay for your room here on earth.” Muhammad Ali

It has been my greatest honor these past two years to serve the nurses of Nevada as president of NNA. I look forward to continuing to be an active member of NNA by finding a place at the table and staying off of the menu.

I owe a great deal of gratitude to District 1, District 3 and the State Board members for all of their selfless dedication to building and supporting NNA towards being a meaningful and influential nurses organization here in Nevada and across the nation. In addition, my deepest gratitude and respect go out to Margaret Curley, retiring Executive Director for NNA. Without her dedication and full commitment NNA would not be the vibrant, growing organization that it is today.

Thank you all for putting your faith and trust in me to lead this organization over the past two years and always remember, if you’re not at the table, you will probably be on the menu.

See you at the table,
Dave

---

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Can I come in to the office to submit a paper application and payment?

No, all applications must be submitted via the Nevada Nurse Portal.

When should I create my account?

Initial applicants must create their account to apply for licensure. Renewal applicants are encouraged to create their account well before their renewal date to ensure that the renewal application is received prior to expiration. You can renew up to 60 days prior to your license/certificate expiration.

I didn’t get the verification email?

The verification email is valid for 24 hours only. If it has been over 24 hours you must begin the process again. If it is within 24 hours please check your spam, junk and trash folders in your email. Many work/school email addresses have privacy settings that will not allow the verification email to be received. You are strongly encouraged to use a personal email address that you will have continuous access to and check regularly. If you are using a personal email address and have checked all your folders, you can click into the Nurse Portal and request to “Resend Verification Email”. If you have completed all these steps and still have not received your verification email, please contact the Board at 888-590-6726 for additional assistance.

I received “The profile information is associated to an existing license” message when I tried to create my account

This message appears when you have or have had a license/certificate with Nevada and you did not select “yes” to the question “Do you or have you ever held a license/certificate with the Nevada State Board of Nursing?” You must click cancel, restart the registration processes and answer that question correctly. It is recommended that when you are completing this process that you search for your information by your license/certificate number.

I received a “Finger Print value is not valid” error when making the payment.

If you received the above error while attempting to submit your payment the payment processor has denied your transaction for mismatched information. The error could be that your address does not match the address you have with your credit card provider or the account number and/or security code are incorrect. You must close your browser, return to your nurse portal account and click on “make payment” again.

Can I submit my application on my mobile device?

No, the Nevada Nurse Portal only works on a laptop or desktop and it works best in Internet Explorer 11.

My payment was processed but my application was not submitted.

If you did not click on “continue” after your payment was approved your application was not submitted. You will need to contact the Board office at 888-590-6726 and speak to accounting to confirm that your payment was received. Once your payment is confirmed staff will direct you how to submit your application without being required to remit payment again.

Do I need to request a fingerprint card?

If you are fingerprinting in Nevada, you are strongly encouraged to submit your fingerprints via electronic submission and will not need a fingerprint card from the Board. A list of fingerprinting locations can be found on our website under important links. If you are fingerprinting in another state, you can request that a fingerprint card be mailed to you during the application process.

I am submitting my renewal application but the education in my account is incorrect.

Please send a copy of your nursing diploma or transcripts via the message center. Once we received the required documentation staff will correct your account. You may continue your renewal application prior to the information being updated.

I have been selected to fingerprint on renewal, but I have already finger printed within the previous 5 years.

I have been selected to fingerprint on renewal, but I have already finger printed within the previous 5 years. Once staff confirms that you have fingerprinted within the previous five years your account will be updated and if all other requirements are met you will be given a full renewal.

Why do I have to add my employment information for my renewal?

Employment information is gathered for statistical purposes only. The information in this step is not related to your requirements for renewal or your renewal application. The information gathered is used for workforce studies which are critical to evaluating and ensuring a safe and effective nursing system.

Can I get a copy of my license/certificate?

The Board of Nursing does not issue hard card licenses/certificates. You can verify your license/certificate status in your Nevada Nurse Portal account or through the online verification system. You can print a report of your licensure/certificate status from the online verification system.

NursingALD.com can point you right to that perfect NURSING JOB!
Nurses in the News

By Tracey Long PhD, RN

Nurses continue to stay in the news. One nurse at a time can bring about healing and compassion, but when nurses band together they can change a community, culture and even legislation. Led by the Massachusetts Nurses Association President Donna Kelley-Williams, nurses banded together to create and lobby for a proposal to impose nurse staffing requirements at hospitals. Voters will decide on the law to limit nurse to patient ratios for departments and specialty units. Spokeswoman Kate Norton for the Committee to Ensure Safe Patient Care said, “It’s crazy to think that there are no limits on the number of patients that managers can assign to a nurse at one time, and the negative consequences are so clear.”

Like any ballot issue, there are two sides to the issue and hospitals claim that by mandating a firm nurse to patient ratio, there will be a nursing shortage of 6,000 beyond what already exists, which will cost the hospital industry almost $1 million annually. Spokesperson for the hospital coalition Dance Cense stated, “Nurses know that providing great care is not as simple as a rigid ratio, and that staffing must be based on the dynamic needs of each individual patient.” This November Massachusetts could lead the nation in establishing a legal precedence, but regardless of the outcome, the conversation about appropriate nurse to patient ratios is becoming visible to the general public.

School is in, and bullying is out, or so hope school faculty and staff. Positive “Be Kind” campaigns are promising for children, but what about bullying education for nurses? International attention was given after a Welsh nurse committed suicide in March 2018 after declaring she had been bullied at work and bullied” in the weeks before she died, creating a further nursing shortage and financial burden of rehiring and training to start the cycle anew of “nurses eating their young.” The first step in breaking the cycle is recognizing and admitting there is a problem, and it may even be you. Having a zero-tolerance policy, like many public schools, requires managers to step up and create a kinder culture on their units. Individual kindness and patience with coworkers and even patients begins with you on your next shift. Go to American Nurses Association’s recent campaign to end bullying and violence in the workplace for more information and strategies.

A picture of 150 nurses and hospital staff standing in a line extending down a long hospital corridor honoring an organ donor went viral in August 2018. When a simple dinner turned to a respiratory arrest from choking, Cletus Schneider III became an organ donor that saved three lives and helped 50 other people needing a donor’s tissues. The Facebook post from his wife with the picture brought national attention to the important need for organ donation. Currently over 114,000 people are on an organ transplant waiting list and one person is added to the competitive list every 10 minutes. Nurses can help teach the general public of the simple method of registering as an organ donor when they register at the local DMV. To learn more about organ donation, visit organdonor.gov.

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Afraid, hurt or ill. Humans can also be injured by bites each year. 27,000 plastic surgery repairs occur from dog bites each year. Moreover, an estimated 400,000 Americans are bitten by dogs each year with nearly 885,000 seeking medical care. In addition, there are annually about 400,000 cat bites with roughly 66,000 emergency department visits. An estimated 27,000 plastic surgery repairs occur from dog bites each year.

Figure 1. The human-animal bond. Animals often bite in response to being afraid, hurt or ill. Humans can also be injured unintentionally from pets when they break open skin while scratching or nipping during play. Most of these wounds are minor injuries and go unreported because patients self-administer first aid and often do not seek medical attention. Types of wounds from animal bites range from abrasions, lacerations, punctures, and additional injuries from mauling (avulsion, crush, fracture, dislocation, or amputation). Infection with bacteria can manifest as an acute, intense, localized inflammatory response. If left untreated, it can progress to severe sequelae, including sepsis. Latent sequelae from an animal bite can include disfigurement, functional disability, and mental health and infectious complications.

Various injuries occur from different mammalian bites. Dogs have strong jaws and blunt broad teeth that together cause injury by crushing and shearing resulting in fine puncture wounds that can entrap bacteria and mild-to-deep lacerations. A cat’s teeth can efficiently inoculate pathogens into small joint spaces, deep tissues, or tendon sheaths of the hand. These wounds appear initially benign but then develop hidden infection. A ferret’s teeth are also small and sharp, and their style of attack is rapid fire bites. It is common to have to pry the ferret from their victim. In addition to care for puncture wounds and lacerations, the major concern is infection. Bacteria in bite wounds reflects the oral flora of the biting animal, both their own normal flora and that of their food source including ingested prey. In a few cases, pathogenic bacteria can come from a victim’s own skin or from the physical environment at the time of the injury. Dog bite wounds are polymicrobial, with a broad combination of aerobic and anaerobic microorganisms. The most common aerobic bacteria genera isolated in dog bite wounds are Pasteurella, Streptococcus, Staphylococcus, Neisseria, whereas the most common anaerobic bacteria include Fusobacterium, Porphyromonas, Prevotella, and Propionibacterium. Pure anaerobic bacterial growth is rare in dog bites and is almost always accompanied by aerobic organisms. Cat-bite wounds have similar microbiology for infections with additional concerns. Cats are the main reservoir of Pasteurella tularensis resulting in tularemia.

The most notorious infection transmitted through animal bites is rabies, which is usually always lethal without appropriate and timely postexposure treatment. Sadly, about 59,000 people die of rabies every year around the world, primarily from infected dog bites. Although rabies infection is rare, it occurs in the United States with only about 1 or 2 cases per year in people who fail to seek medical assistance, usually because they were unaware of their exposure. According to the U.S. Centers for Disease Control, properly administered post-exposure prophylaxis has proven nearly 100% successful. Because of the severity of the disease, and the public health implications for transmission, laws are in place for the reporting of animal bites.

Vulnerable Populations
Children: The largest percentage of victims of dog bites are children. Boys are more likely to receive a dog bite than girls. The risk of injury to the head and neck is greater in children than in adults, leading to increased severity with a necessity for medical treatment, and higher death rates. Many children are emotionally traumatized by an animal bite and need timely professional mental health care.

Chronic Conditions including Persons with Diabetes
Patients with chronic conditions that may affect the immune system, such as alcohol or drug dependency, asplenia, rheumatoid arthritis and diabetes mellitus, have a higher risk for developing infections from animal bites. Patients with peripheral circulatory disorders, such as diabetic peripheral neuropathy, are particularly vulnerable because the scratch or bite may go unnoticed or ignored leading to delayed presentations for care and complications.

Pets: Transmission of rabies and other infections from one infected animal to another animal can occur from bites, scratches and bodily fluid exchange (e.g. saliva) between the animals. According to the CDC “Any animal bitten or scratched by a wild, carnivorous mammal or a bat that is not available for testing should be regarded as having been exposed to rabies.”

International Travelers: According to the World Health Organization, dog bites account for more than 50% of animal-related injuries in people who are travelling. The second most common bite injury to tourists is from monkeys!

Nursing Care
General Medical Care
First aid for an animal bite includes controlling the bleeding, cleansing, covering and elevating the wound. Also, identifying and having access to the animal increases quarantine and testing is indicated. Medical care for the victim is recommended. If the presenting patient is unstable, priority is to maintain airway, breathing, and circulation by managing any profuse bleeding from a wound or amputation. General nursing care...
of most animal bite wounds begins with emotional support to the victim, obtaining a detailed account of the incident, description of the wound, proper localized care of the wound, followed by possible administration of a tetanus toxoid booster, and discharge education for any prophylaxis antibiotics and signs of developing infection. The bite wound should be washed vigorously and irrigated with water, normal saline, or dilute povidone-iodine solution for adequate cleaning to reduce inoculation of the oral flora from the biting animal (check your agency’s protocol). Medical examination will determine if debridement or closure/suturing of the wound is indicated. Closure should only be considered in wounds that are well cleansed. Bite wounds with a delay in presentation of over 8-12 hours, or in immunocompromised victims, generally are left open or have a delayed closure. Examination is also indicated for neurological injuries that could lead to functional disability and disfigurement. Diagnostic X-rays often indicated for patients with bone or joint involvement. Moreover, gram stain and wound cultures are not indicated for every bite; however, cultures are helpful in diagnosing and treating infection during follow-up care. Inpatient admission is rare (<10%), however, usually half of patients will require closure of an animal-bite laceration.

Wounds of the Hand & Forearm

Overall, the hands are the most common injury site for victims of animal bites, especially non-dog and cat bites. Because the hands are hosts to many bacteria they are at high risk for developing a post-bite infection. About 50% of hand bites from dogs become infected, whereas up to 80% of hand cat bites develop infections.

Wounds of the Head & Face

The most prevalent site >50% of dog bites occur on the head and neck. Facial wounds have a low risk of infection even when closed primarily due to their increased blood supply.

Emotional Supportive Care

Animal bites affect patients physically and emotionally. It is common for them to have anxiety, fears and even nightmares after an animal attack. Research has found that most children display emotional signs and symptoms (acute stress reaction, depression, anxiety) within days following a significant mutilating injury. Like other traumas, parents may not recognize the emotional distress signs in their children. Therefore, it is imperative to include assessment and if necessary referral for mental health counseling for victims of animal bites, regardless of their age.

Animal Bites in Nevada

In Nevada, (NRS 441A.120) the definition of “animal bite” means breaking of the skin by the teeth of an animal. Between 2015-2017, there were 4,554 reported animal bites from rabies-susceptible animals in Nevada excluding Clark County (data were unavailable). The most reported number of animal bites came from healthcare practitioners in Washoe County and Carson City, with the lowest number reported from the rural Nevada counties of Lincoln, Mineral and Storey.

Bats are the primary reservoir for rabies in Nevada. Data from testing bats in Washoe County during 1998-2012 found that 12-18% of the bats were positive for rabies. Infected bats may not show any symptoms (acute stress reaction, depression, anxiety) within days following a significant mutilating injury. Like other traumas, parents may not recognize the emotional distress signs in their children. Therefore, it is imperative to include assessment and if necessary referral for mental health counseling for victims of animal bites, regardless of their age.

Reporting is our Duty

Despite current Nevada law and the public health impact of animal bites these injuries are underreported. In Nevada, by law, all animal-to-human bites from a rabies-susceptible animal must be reported. In Nevada Administrative Code 441A.225 “report of animal rabies or an animal bite by a rabies-susceptible animal must be made to the health authority or to the rabies control authority, if designated by the health authority, within 24 hours after identifying the case. The report must be made by telephone if it is made during the regular business hours of the health authority or rabies control authority, as applicable, or using the after-hours reporting system if the report is made at any other time.” NAC 441A.155 defines a rabies-susceptible animal as “any mammal, including, but not limited to, a bat, cat, dog, cow, horse, ferret, cougar, coyote, fox, skunk and raccoon, and any wild or exotic carnivorous mammal.”

Nurses can play a key role in assuring that animal bites are reported to public health authorities and follow county-specific protocols that may also include notifying animal-control authorities. We can’t know the extent of the problem if it is not reported and tracked. Nurses can advocate for animal-bite victims and the public at large.

References & Resources

Another critical role for nurses is to support and advocate for animal-bite victims and the public at large. Nurses can play a key role in assuring that animal bites are reported to public health authorities and follow county-specific protocols that may also include notifying animal-control authorities. We can’t know the extent of the problem if it is not reported and tracked. Nurses can advocate for animal-bite victims and the public at large.

U.S. Centers for Disease Control: https://www.cdc.gov/rabies/index.html
Abrahamian FM, Goldstein EJ. Microbiology of Animal Bite Wound Infections. Clinical Microbiology Reviews Apr 2011, 24 (2) 231-246.

The Authors

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References:

Abrahamian FM, Goldstein EJ. Microbiology of Animal Bite Wound Infections. Clinical Microbiology Reviews Apr 2011, 24 (2) 231-246.

The Authors

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Chair of NNA’s Environmental Health Committee
Emerita Professor at the Orvis School of Nursing, UNR

5 Tips to Avoid a Dog Bite

“I can be your best friend, but sometimes when I’m angry or scared I might bite!”

1. Don’t disturb me or frighten me, particularly when I am eating, with my toys, tied up, in a car, with my puppies, ill or asleep.
2. Keep away from me when I am angry or scared.
3. Don’t move if I approach you when I am not on a leash. Stand still.
4. A large dog may not know you are a child. Ask for proof of ownership.
5. If I bite you – act quickly. If you fall over, curl up, protect and stay still. Wash the wound with soap & water and seek medical care.

Reference: Adapted from WHO’s prevent dog bites resources
It’s been an active time for District one members. On August 2nd, a breakfast meeting was held in Reno at the Black Bear Diner where attendees were presented with an enlightening discourse on the strides being made in diabetes management. Dr. Jean Lyon, PhD, APRN and nurse educators presented this topic.

The Rural Health Symposium hosted by the NNA Rural Nursing Committee was held on August 18, 2018. Heartfelt thanks go out to Heidi Johnson, DNP and all those who participated in planning and organizing a successful CEU event. Heidi was able to secure the campus theater at Great Basin College in Elko, which provided attendees with a perfect venue.

The day began with a riveting presentation from Dr. Teresa Kerns, who is the current substance abuse/law enforcement coordinator for the NV Attorney General’s Office. She spoke on the topic of the opioid crisis as a public health emergency, and how it impacts our practice. Attendees were also provided with a train-the-trainer’s course on the “Stop the Bleed” initiative by an American Medical Response (AMR) team from Flying ICU, of Las Vegas.

Dr. Scott Lamprecht, DNP, APRN engaged, entertained and educated the crowd on the topics of Sepsis and Sudden Cardiac Arrest in the pediatric population. Disaster management and preparedness were discussed by both Chris Lake from the Nevada Hospital Association relating to the Las Vegas shooting tragedy, and Daniel Lipparelly, LSW from the Red Cross, who shared her experiences in “Psychological 1st Aid/Stress Management” after disasters. Dr. Julie Wagner, PhD, MSN, RN was able to assist attendees on “Starting the Conversation: End of Life Discussion, Understanding Care Options and Nevada POLST.” SANE Nurse Norah Lusk, BSN, RN provided an impactful discussion and provided the opportunity for members to “Take the Pledge” to “Start by Believing” (when someone reports they were raped or sexually assaulted).

The Rise of Men in Nursing

By Tracey Long PhD, RN, MS, CDE, CNE, CCRN

"Patients basically think I'm the doctor, just because I'm a man" stated one male nurse who admittedly wasn't too concerned about the upgrade in perceived title. Male nurses represent approximately 10% of the nursing workforce in the United States, according to the American Nurses Association. This number has tripled since 1970, when nurses were traditionally all women and some nursing schools actually refused to admit men. The rise of men in nursing has begun.

Men became more attracted to nursing in the past decade during the national recession for several reasons, including the persistent nursing shortage and competitive salaries, flexible working conditions, and expanding job opportunities. In a 2011 report by the U.S. Census Bureau, 78% of employed nurses were Registered Nurses, 19% were LPNs, 3% were nurse practitioners and 1% were nurse anesthetists. Forty-one percent of male nurse anesthetists were male and earned $163,000/year. The general salary range for a Registered Nurse in the United States is approximately $61,000/year. The majority of male nurses become Registered Nurses and move into specialty areas such as critical care or management.

Approximately 12% of Nevada’s nurses are men, ranking in the top five states with the highest percent of male nurses, according to the Kaiser Family Foundation. Nursing schools are also seeing a rise in male admissions to nursing school, which has climbed from 2% in 1975 to 11% in 2018, according to Roseman College admissions.

Helpful insights for female nurses about men in nursing come from a series of questions asked to a male nursing student, a male nurse in the emergency room (ER), and a high-level male nurse executive.

What is the biggest challenge of being a man in nursing?

Nursing student: The stigma from a female dominated industry, and the idea that I may not have what it takes or not be smart enough to accomplish what women have done extremely well since the beginning of nursing.

ER Nurse: I wanted to work in the ER as a nurse after I had been a paramedic for many years. I wanted more challenging skills and that was nursing.

Nurse Executive: I liked the potential for flexibility and opportunity in the medical field without having to go to years of medical school.

What is the best thing about being a man in nursing?

Nursing student: Relating to other men. I feel that some female nurses don’t truly empathize with male patients. Men are the biggest babies when they’re sick and I feel their insecurities play a part in how male patients act. The role reversal can be taxing on the caregiver regardless of gender.

ER Nurse: A male nurse can demonstrate both caring and compassion like women, but when it comes to being strong with the patients, it’s always good to have a man around! I like being a part of the pioneering spirit of changing the face of nursing.

Nurse Executive: I have my doctorate, so I can be a Doctor Nurse. I actually married a female doctor, and everyone thinks I’m the medical doctor and she’s the nurse. I love the irony.

How is nursing different due to more men now in nursing?

Nursing student: I feel that nursing needs men just as the workforce needs women. Diversity isn’t such a bad thing when it remains unbiased.

ER Nurse: Men add different insights and ways of thinking in emergency situations and medicine and when combined with the way women think, the team is stronger. I’ll always be grateful for working with such talented and smart women in nursing. They’ve taught me a lot.

Nurse Executive: Men add a new dimension to the field of nursing because we think differently and that can be helpful in discussing new ways of doing things.

What advice do you have for men in nursing?

Nursing student: Some older female nurses will dismiss you based on your gender. Keep that in mind and focus on what you need to accomplish. Remember that you’re not there to please other nurses, you’re there to care for people (not patients, people).

ER Nurse: Come join the party because we need more men in nursing. It’s a great profession and you get to work with a lot of great women.

Nurse Executive: Don’t be afraid of being around so many smart and beautiful women!

What do you wish women knew about male nurses?

Student Nurse: Don’t be so quick to judge or stereotype us. Not all male nurses are gay or trying to sleep with you or are in this profession for the money. Most of us have decided to join such a diverse profession because we either have a healing gift or because of the longevity of a career as a nurse. There are so many options and still more roads being paved. We are not more or less qualified, but we are equals here to assist in offering a different approach or perspective to the field of nursing.

ER Nurse: We’re not all jerks. Just because we’re men, we can still be compassionate and tender with patients. Nursing is a good fit for the modern male who isn’t afraid to show that side. It’s also a great blend of science and technology in a human profession. We didn’t choose nursing because we couldn’t get into medical school.

Nurse Executive: Even though women and men should be paid the same for the same work, recognize that we have different inherent talents. Be your best selves and we’ll all be stronger together.
The mission of the NNA Rural and Frontier Nursing Committee is to be a unifying body to connect rural nurses by promoting networking and mentorship through the sharing of resources, skills, and knowledge. In August of this year, the committee along with NNA Districts 1 and 3, offered a one-day symposium at Great Basin College in Elko.

Nurses and EMS providers from Reno, Las Vegas, and rural Nevada attended this training, which had outstanding expert speakers from across the state. Topics presented included disaster response, the opioid crisis, bleeding control, pediatric issues, end-of-life discussion, and Sexual Assault Nurse Examiner (SANE) nursing.

The proceeds from this symposium go towards the Nevada Rural and Frontier Nurse Scholarship awarded through the Nevada Nurses Foundation.

Thank you to all the speakers who traveled to Elko to present, sponsors of the event, the planning committee, and everyone who attended to make this first Rural and Frontier Health Care Symposium a success!

UNLV faculty, Janelle Willis and Necole Leland are featured in this edition of Research and EBP Corner for their work in providing evidence indicating the need to teach communication skills to pre-licensure students. Perhaps you did not have a communications course in your pre-licensure program, and maybe there was no need when you attended school; however, with the increased use of social media shortcuts in communications for many of today’s undergraduate nursing students, the need was identified and to be consistent with the Quality and Safety in Nursing Education (QSEN) goals and intervention was developed. Data from this quality improvement project have thus far been presented at two national nursing conferences and locally at the inaugural Research & Scholarship Empowerment Day sponsored by the Research and Evidence-based Practice Council at University Medical Center (UMC). The Willis and Leland abstract is presented below.

Title: An Innovative Approach to Incorporate QSEN’s Communication Goals via Simulation in a Pre-licensure Program

Background: The goal of QSEN’s knowledge, skills, and attitudes (KSA) is to improve quality and safety in healthcare. Communication is an essential key element of this goal.

Intervention: We found that the majority of our pre-licensure students had limited experience utilizing confident and assertive communication skills with patients and physicians; therefore we developed communication simulation scenarios to address this need. Data were analyzed pre and post to determine change following the simulations.

Results: Students reported increase self-perceived confidence. The majority met performance expectations including active listening, voice tone, calmness, and resolution. High levels of student satisfaction were also reported.
Antibiotic Stewardship

THINK GLOBALLY – ACT LOCALLY #2

By Norman Wright, RN, MS, IP

I am writing this while flying to Ireland. The total flight time from Las Vegas to Dublin is 11 hours and just that quickly Carbapenem Resistant Enterobacter (CRE) can travel across the Atlantic, and I could be the transmission host.

Why? Because there have been a number of CRE infected patients where I work and I could be colonized. If you think you are different than me, think again because the CRE / KPC that is in my facility came from various other hospitals and nursing homes that you may work at.

One thing in common that many who are reading this article has with me is that we travel today allows a pathogen to traverse from one hemisphere to another - in less than a day.

Addressing the problem locally - unfortunately the woman with the PDRO from India died but if she survived she would have been a carrier of the pan-resistant Klebsiella and she would have had the ability to cross-contaminate anyone. In a nutshell this is one reason why it is vital that we communicate the MDRO/PDRO history of our patients.

The August 2018 edition of RNformation (page 9) contained a Technical Bulletin from the Nevada Department of Public and Behavioral Health (DPBH) that alerts us to the growing threat of CRE in Nevada. It established reporting of CRE / KPC and requires that a patient who is infected, or colonized, with CRE is communicated to the receiving facility. Since June the Nevada Department of Informatics and Epidemiology (OPHIE) has been documenting individual cases of CRE producing organisms in Nevada. The Technical Bulletin can be found on the resource webpage of the Nevada Antimicrobial Stewardship Program. (1)

Although the number of documented cases is alarming, let’s not panic but rather explore what we can do to stop the spread. The May 31st Nevada DPBH Technical Bulletin contains specific information on actions to combat the spread of this “Superbug” that has been described as “The Nightmare Bacteria” and additional information can be obtained from the Nevada DPBH.

Communication of the MDRO status is essential to ensure that proper precautions are implemented, and appropriate treatment is given. Use of the Infection Prevention Transfer Form is promoted to achieve this. It frustrates me that this must, again, be repeated - but the primary and elementary action is to ensure that everyone performs hands hygiene. This basic nursing 101 intervention dates back to Florence Nightingale but unfortunately many nurses, physicians, and other health care practitioners still do not comply. In this case the “act locally” action is simple – you must do proper hand hygiene and wear appropriate PPE. Also, if your co-workers do not, and this includes physicians, your nursing buddies, and everyone else, call them out.

There is hope. Antibiotic resistance is here because our society has not managed antibiotics appropriately. To combat this crisis, antimicrobial stewardship is required. Antibiotic stewardship encompasses developing a program to ensure that antibiotics are not used inappropriately which brings us to some resources that we have here in Nevada. The Nevada Antimicrobial Stewardship Program (www. NVASP.net) is a consortium of physicians, nurses, pharmacists and others that is developing interventions to tackle antibiotic resistant threats that are specific to Nevada. Another Nevada resource is HealthInsight, a community health care collaborative and quality improvement organization operating in the state. HealthInsight has been tasked by CMS to provide technical aid to implement stewardship programs across care settings, including the implementation of CDC’s Core Elements. HealthInsight is working closely with the Nevada DPBH, HAI Program and the Nevada Antimicrobial Stewardship Program to educate about, and improve, communication for stewardship programs and appropriate communication when infectious patients are transferred.

The Nevada Hospital Association has also been working along with the Nevada DPBH - OPHIE and just concluded a yearlong program called “STRIVE” (States Targeting Reduction in Infections Via Engagement). (2) STRIVE, funded by the Centers for Disease Control and Prevention, brought...
the Nevada DPBH and the Nevada Hospital Association together with long-term acute care hospitals to promote and improve infection prevention and control initiatives. The aims of the program were to reduce health care-associated infections including Clostridium difficile infections (CDI), Central line-associated bloodstream infections (CLABSI), Catheter-associated urinary tract infections (CAUTI) and Methicillin-resistant Staphylococcus aureus (MRSA) bacteremia. To provide background and context, a brief history of antimicrobial resistance will be reviewed:

- Although the first antibiotic, Penicillin, was discovered in 1928 it was not mass produced until 1941 and widespread use only began during World War Two. By 1962 Staph aureus developed resistance to the Penicillin derivative Methicillin. This is called MRSA. Vancomycin was developed in 1972 and in 1988 Enterococcus developed resistance and the term Vancomycin Resistant Enterococcus (VRE) was coined. During this time numerous other antibiotics were developed, some were new classifications of antibiotics and others were derivatives, known as second, third, fourth, etc. generation amnesticrinals.

- In the 1990’s a new type of antimicrobial resistance, known as Extended-Spectrum Beta-Lactamases (ESBL’s) became a rapidly evolving group of beta-lactamases that have the ability to share genetic material that hydrolyze third-generation Cephalosporins and Aztreonam making them ineffective. ESBL’s are more concerning than MRSA or VRE because they have the ability to share genetic mutations between different strains of bacteria, making them resistant to antibiotics via a process known as bacterial conjugation. In example E coli can share genetic material with numerous other gram negative bacteria including Klebsiella pneumonia, Pseudomonas aeruginosa, Proteus mirabilis, Enterobacter and others.

- Initially Carbapenems were the treatment of choice for infections caused by ESBL-producing organisms, but true to form carbapenem-resistant isolates evolved, creating a new classification of antibiotic resistant organisms known as Carbapenem Resistant Enterobacteriaceae, or CRE. Some strains of CRE resistant bacteria are now resistant to all classification groups of antibiotics and these are known as Pan Drug Resistant Organisms, or PDRO.

Looking at the progression of antimicrobial resistance, we have advanced from Multi-Drug Resistant Organisms (MDRO) which are resistant to three different classifications of antibiotics, to Extremely Drug Resistant Organisms (XDRO) which are resistant to five or more different classifications of antibiotics, and now on to PDRO’s - resistant to all antibiotics.

This article “Think Globally – Act Locally” begins with the words, “I am writing this while flying to Ireland.” It concludes now, after my tour of Ireland ended on September 5th. While sitting in Dublin Airport, I opened Ireland’s largest-selling daily newspaper, The Ireland Independent, to read this headline “Hospital Hit by Trolley Crisis Now Battling New Type of Superbug” (note a “trolley” in an Irish hospital is a gurney).

The article reviewed the fact that there was an overcrowding crisis in Irish hospitals and this was contributing to an outbreak of CRE, that they call CPE. In part the article states:

“The country’s most overcrowded hospital has been struck with a new form of virulent superbug that is highly infectious . . . The hospital said that “this type of CPE produces the OXA48 enzyme and not the KPC enzyme more common in the midwest”. . . . CPE is particularly resistant as it produces the enzyme carbapenemase, which renders drugs ineffective.” The article goes on to state that Ireland is sending letters to 5,000 other patients who may have been exposed. (3)

I am not in any way advocating that we send similar letters here in Nevada and I hope we never get to that point, but we must recognize it is not just people coming from India who may have a PDRO that we must be concerned about, but also from Ireland, and most likely from all parts of the world, including those who are already colonized or infected with CRE here in Nevada. This brings us round-robin back to the “Act Locally” actions that we must take.

Last winter our Las Vegas hospitals were packed with patients, in part because of the flu. Empiric data from then showed there was a large increase in the number of patients who were being transferred to Long Term Acute Care Hospitals who tested positive for CRE. This influx of patients testing positive for CRE appears to have decreased recently, but this does not mean the crisis is resolved. Rather, perhaps it is just in remission since last winter’s crowding in our hospitals has subsided.

We must applaud the actions of the Nevada Division of Public and Behavioral Health – OPHIE that is now documenting patients who are infected, or colonized with, Carbapenem Resistant Bacteria. Creating this database is an important step in stopping its spread.

But more is needed. Patients must be educated not to demand an antibiotic for a viral infection and physicians and nurse practitioners who prescribe antibiotics must develop new prescribing patterns that reduce their use of antibiotics. Antibiotic time outs and review of culture and sensitivity reports for antibiotics that are prescribed empirically must be reviewed and the antibiotic changed, or discontinued as appropriate. Antimicrobial treatment for colonization must be stopped and excessive culturing of urine, sputum, wounds and blood ended unless clinical symptoms are evident.

Flu season is about to begin and we must encourage all to become vaccinated. And yes, we must go back to basics, do your hand hygiene, wear your PPE and when you see a co-worker, whether they be a physician, fellow nurse, an EVS worker or anyone, call them out. Those who break protocols are not only potentially infecting your patients; they could contribute to you, or your family becoming infected.

Protect your patients, protect yourself. Think Globally and Act Locally.

Citations:
#1 https://www.nvasp.net/resources/
#2 http://www.hret.org/quality/projects/strive.shtml
#3 https://www.pressreader.com/ireland/irish-independent/20180905/281517932001604

Additional Resources:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4378521/
https://www.jointcommission.org/assets/1/6/New_Antimicrobial_Stewardship_Standard.pdf
https://healthinsight.org/nevada

Photo “bacterial conjugation” by Charles Brinton “Courtesy of the National Library of Medicine.”
Creating and Implementing a Veteran to BSN Pathway: Supporting Veterans Seeking a Bachelor of Science Degree in Nursing

It is estimated that 300,000 service members will leave the military over the next several years, resulting in approximately 1.5 million people entering the workforce and looking to start a new career (U.S. Department of Labor, 2012a). The profession of nursing is a viable career option for these returning veterans, especially given the current and anticipated future high demand for bachelor prepared registered nurses. To plan and prepare for this influx of interested students, the College of Nursing at Roseman University of Health Sciences applied for, and received, a Human Resources and Services Administration (HRSA) grant that targets veterans interested in the profession of nursing. The intent of this grant is to increase the enrollment, progression, and graduation of veterans in a Bachelor of Science in Nursing program.

The goals of Roseman’s College of Nursing Veteran to BSN (VBSN) Pathway are to: increase the number of veterans admitted to the College of Nursing; develop a replicable model that assesses veteran’s competency to award nursing academic credit for education and experiences attained during service; enhance faculty’s ability to provide an educational environment and culture of respect that addresses the physical, emotional, and environmental issues affecting veterans; ensure that veteran graduates secure employment within 1-6 months after passing the NCLEX exam, thereby helping to meet the national demand for BSN prepared registered nurses; and increase the number of veteran graduates employed in facilities that provide care for medically underserved populations. To address the identified goals of the pathway, the following activities were undertaken:

- Request and receipt of approval from the Nevada State Board of Nursing to offer the VBSN pathway
- Formation of a committee within the University to ensure alignment with University policies
- Integration of military topics into the appropriate identified courses
- Acquiring collaborations and partnerships with internal and external constituents
- Offering of educational and career workshops for veteran students, faculty, and staff
- Designation of a lead faculty contact who has a military service background

Additionally, policies were developed or updated regarding the articulation of credit, the awarding of credit, and the transfer of credit for prerequisite requirements that would support the veteran population. Part of this process allowed veterans an opportunity to report military education and experiences in medicine and possibly qualify to “test out” of approved selected courses. If veterans qualify for this testing out process, upper division nursing credits may be awarded for their military education and experiences. The eligibility for this testing out process is determined based on: the student’s admission status, the student’s request to be reviewed for this process, appropriate Healthcare Specialist rating or comparable military occupation within the past five years as indicated on the DD-214 form, and experience, training and/or occupational description as documented on an official military transcript. These documents are evaluated by the VBSN personnel and a recommendation is made regarding the eligibility for testing out. The possible courses that eligible veterans may test out of include health assessment, nursing fundamentals didactic, pharmacology. Currently we have had three veterans who have successfully tested out of one or more of these courses.

Since the inception of this pathway, resources have been sought out to provide a supportive environment to the veteran students from the point of inquiry through graduation and beyond. This has included providing academic, professional, and personal resources that our students may seek out and request. One of the resources developed was the creation of a Veteran’s Lounge. This provides a designated space for the veterans to study, meet, and have various members of the faculty, staff, and students that address veteran needs and career development. In terms of lessons learned during this process, it is important to remember that although workshops have been provided to faculty and staff regarding the military culture and veteran experiences, not all veterans have been through the same events.

By the end of the third year, the VBSN pathway had admitted 32 veteran students from all branches of the military, and 17 have graduated. The VBSN pathway is entering the fourth year of existence and we are continually refining and reevaluating the policies, procedures, recruitment efforts, and processes to ensure the retention and success of the veterans admitted to the pathway. This includes addressing and reducing barriers that veteran students may face when returning to higher education. The creation and implementation of the VBSN pathway, has developed an awareness of being part of something that is larger than the individual self, and has provided the ability to acknowledge the service and sacrifice of our veterans.

Reference:

*This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UF1HP28516, Nurse Education, Practice, Quality and Retention-Veterans’ Bachelor of Science in Nursing Program, for $1,030,000. This information or content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.
Check It Out!
Honoring Our Veterans

Kathy Ryan, RN

In August, I had the opportunity to travel to the Solomon Islands. The highlight of my trip to Guadalcanal was meeting and spending time with Lee Springer, a United States Navy corpsman stationed on Guadalcanal in 1943 and 1944. Here’s his story...

In the 1930’s, the Empire of Japan aspired to encircle the Pacific Rim to create the Greater East Asia Co-Prosperity Sphere. Given the sometimes violent acquisition and occupation of territories and the increase in anti-Western sentiment, the United States contemplated the possibility of war.

In 1939, the United States Navy’s Bureau of Medicine and Surgery identified the future need for prefabricated hospitals that could be easily transported and assembled, and independently maintained. Hospital staff arrived in the field, established temporary quarters, and then constructed and outfitted the hospital as it arrived. Most often field or mobile hospitals provided 200 – 250 beds, and were staffed by up to approximately 55 medical officers, 5 dental officers, 5 hospital corpsman officers, and 500 corpsmen.

In the meantime, Lee Springer grew up in Kansas, with the goal of becoming a Doctor of Veterinary Medicine. When war in the Pacific became an ugly reality, Lee searched for opportunities in medical services, wisely believing this would serve his future education and career. So rather than being “pulled in,” Lee volunteered as a corpsman in the United States Navy. In 1943, Lee’s patients arrived from distant battlefields. Their treatment for combat injuries, including “war neuroses” was complicated by dehydration, malnutrition, fatigue, heat, and conditions unique to jungle travel. While natural sources of water slaked the thirst of parched men, they also carried gastroenteritis and fungal infections. Slow moving and standing water became breeding grounds for the mosquitoes whose bites caused malaria. Given the scarcity of quinine, malaria produced five times the casualties of combat, and was considered a critical influence in the decreasing effectiveness of the war effort.

Lee described his duties on the night shift as “hum-drum.” He “wandered the wards” measuring vital signs, changing dressings and bandages, and giving medications to ailing men. Patients were treated and evacuated fairly quickly.

Like so many other health care providers, Lee remembered the patients who concerned or saddened him. One patient was determined to leave combat behind so claimed a back injury, stating “they can’t prove it.” Another patient suffered a neurological injury that produced pain with every touch.

Lee also recalled the footsteps of the mental health patients making for the perimeter and perceived safety, and those of their pursuers who would save them from themselves. Lee painted a picture of war as “frightening”…most people “have no idea what war is like.” Perhaps these experiences influenced Lee’s decision to become a psychologist and life-long teacher.

Lee served 18 months on Guadalcanal. How did he relieve his stress? with walks to the nearby peaceful sea, hunts for artifacts, “oh, and fudge...I ate a lot of fudge!”

This Veteran’s Day, and every day, please remember our active and reserve duty service members and our Veterans. We may never know what they have endured to secure our freedom and protect our peace, but it is our duty to care for them and honor them – we can do no less.

References available on request.

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The Solomon Islands, northeast of Australia, are known as the Hapi Isles. A country of “9”s, there are more than 990 islands, 9 provinces, and 90 local languages.

Solomon Island history begins with the Melanesian voyagers who sparsely settled coastal, jungle, and mountain regions more than 4000 years ago. Tribal or village tradition considered all community members as family, and wealth was defined as the ability to contribute to the well-being of the village and those in need. Birth attendants and traditional healers practiced “Kastom” medicine, which utilized botanical practices and remedies. Commonly treated ailments included asthma, constipation and diarrhea, hepatitis, pneumonia, and the tropical diseases malaria and yellow fever.

These days Solomon Island healthcare follows a tiered system that begins in remote villages with Nurse Aid Posts, and progresses to Rural Health Clinics, Area Health Centers, Provincial Hospitals, and finally the National Referral Hospital in Honiara, on Guadalcanal. Each tier provides both clinical and public health services. In Nurse Aid Posts, public health services include counseling and education, immunizations, environmental and infection control measures, and vector-borne disease control. Rural Health Clinics add on sexually transmitted infection surveillance, testing, and treatment, and programs aimed at reducing alcohol, drug, and tobacco abuse.

Betty Maesua, RN, is the Emergency Nurse Unit Manager at the National Referral Hospital in Honiara, on Guadalcanal. (Affectionately known as “Number 9,” the National Referral Hospital retains its wartime designation.) Betty kindly shared her time during

Check It Out!
Healthcare in the Hapi Isles

In low doses, this effect mimics caffeine or nicotine. In high doses, this effect mimics cocaine. They chew the nuts and then spit out the juice. The sidewalks and roads are decorated with the red juice that resembles blood spatters.)

The National Referral Hospital hosts visiting specialist teams who provide cardiac and vascular surgery, plastic surgery, and more. Difficult cases may travel to partnering St. Vincent Hospital in Sydney, Australia, at the government’s expense.

The Solomon Islands have several nursing schools for preparing nurse aids and nurses. Education for nurse aids varies from local village experiences to formal programs which may include one to three years of education and six months of supervised practice. Many clinical services usually reserved for registered nurses are provided by nurse aids in remote villages, and often without access to – or communication with – higher level-of-care practitioners.

Registered nurses typically complete three year diploma programs but may pursue a BSN in the Solomon Islands or Fiji Islands. Nurse practitioner studies may be sponsored in Australia. Continuing education is often provided by visitors from Australian Volunteers International, or through travel to neighboring islands.

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As a nurse, I provide the best, personalized care to our Nation’s heroes.
a busy clinical rotation and described some of the challenges they face. In a country experiencing rapid urbanization there are two broad categories of patients seeking care, “medical and trauma.”

Medical patients present with conditions well known to the West: “cancer, cardiac issues, high blood pressure, diabetes, and obesity.” Emerging public health issues relate to water purification, sewage, and waste disposal. Malaria remains a leading cause of morbidity and mortality and accounts for one half to one third of acute cases. In recent years, the incidence of Dengue Fever has risen sharply and may progress to Dengue Hemorrhagic Fever with its attendant shock and death.

Trauma patients include “traffic accident” victims, and “other” (my label). Regarding traffic: not once did I see a traffic light or crosswalk. Traffic does not slow if you appear as a target in its path. And I can tell you from more than one close call, in Honiara pedestrians run for their lives! “Other” is an interesting mix reflecting natural and man-made events. Tropical storms, typhoons, and tsunamis trouble the Pacific, and damage to lives and property can be extreme. (The Office of Natural Disaster communicates warnings and updates via radio, television, and Facebook.) Those involved in logging, and those developing land for farming and ranching unearth rusting equipment, weapons, and live ammunition, and prosthetics are not readily available for most victims. Finally, in a country disarmed following political tensions, self-defense against wild animals, including crocodiles, is difficult at best. Encounters in the wild and resulting traumatic injuries are concerning.

Betty reported that the National Referral Hospital can accommodate three patients in the resuscitation room and 20 patients in the emergency room. The goal is a stay of less than 12 hours, but often patients remain one to two weeks. Perhaps 30-40 patients each night are candidates for admission to the 300+ bed hospital, but a chronic shortage of beds and nurses precludes this.

The Solomon Islands provide free healthcare for all, easy access to medication (no prescription required), and international access for advanced interventions. A recent National Health Strategic Plan established key indicators for healthcare goals; reaching these goals is the next great challenge.

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Activities around the election and legislative session preparation are buzzing. Bill draft requests (BDRs) have been released. At this time, over 400 BDRs have been released. Last session, there was 1251 BDRs release so we are still a ways from the total BDRs we can expect to see for the upcoming session.

Democrats continue to increase their registration and widen the gap. Third-party and nonpartisan voter registration saw the greatest increase in registered voters. Here is some press from the Las Vegas Sun about voter registration. Tight races remain between Senator Heller and Rep. Jacky Rosen for the US Senate seat, as well as the race between AG Adam Laxalt and Commissioner Sisolak for governor. Other big races to follow are CD3 between Cresent Hardy and Steven Horsford, lieutenant governor between Michael Roberson and Kate Marshall, and AG between Danny Tarkanian and Susie Lee, CD4 governor. Other big races to follow are CD3 between Cresent Hardy and Steven Horsford, lieutenant governor between Michael Roberson and Kate Marshall, and AG between Wes Dunan and Aaron Ford.

Health Care Related Press

Physician numbers are on the rise, though Nevada still well below the national average [1]. Nevada's health care system is innovating for the Latino community [2].

Meeting Summaries

Healthcare Options in Nevada (Sprinklecare) Townhall | July 10, 2018

Assemblyman Sprinkle, Division of Healthcare Financing and Policy (Medicaid) and the Silver State Insurance Exchange explained Assemblyman Sprinkle's "Sprinklecare" plan proposed during last session, now dubbed the Nevada Care Plan. The coverage and services will be modeled after Medicaid and will operate under Medicaid but will not be a Medicaid for all. While Sprinkle aspires for the plan be available for everyone, they are looking to target a subpopulation to make it more feasible. Some proposed population examples included the following: state employees, PEBP, Medicaid expansion population, incarcerated population, rural or urban specific, small businesses or non-profits. They are working with providers, hospitals and the state to find a feasible plan. The cost will be determined by the targeted population. The intent is to provide stability to the market, not for insurance companies to go out of business. Eventually, the plan could be offered on the same platform as the exchange. Other ideas included partnership with economic development efforts in the state; employers can offer this as a benefits package to employees coming to the state.

The audience, comprised of mostly lobbyist and state officials, were asked for their input. People asked for mental health services including preventative services be included. Someone suggested dental and vision be included as well. In response to a question, Sprinkle said the intent is not to be another inexpensive but high deductible plan; the high deductibles can turn patients away from seeking preventative measures. The cost will be just the cost of the services; they will seek no profit. This meeting was one of a series Assemblyman Sprinkle held across the state.

Governor's School Safety Taskforce | July 13, 2018

The Governor's Taskforce on School Safety met July 13. This was a taskforce convened to look for policy resolutions to improve school safety in light of the recent school shootings. Working groups proposed their first set of recommendations to the Governor with a full set of recommendations coming later this year. One of the recommendations included an Executive Order from the governor asking for licensing boards of physicians, PAs and APRNs to require 2 hrs. of CE on gun safety, self-harm and harm-to-others risk reduction. This is a one-time CE to be completed in the first two years from being initially licensed. Current licensed professionals must complete in their next licensing period.

Interim Health Care Committee | July 17, 2018

Network adequacy

The Nevada State Medical Association (NSMA) opened their testimony stating that networks remain inadequate. Nevada
physicians are the 3rd most overworked physicians in the country and nurses are the 9th most over worked nurses in the nation. The limited networks and shortages impact the quality of time given the patients.

Opioid Abuse
The Nevada Statewide Coalition Partnership comprised of the members provided a presentation on opioid abuse prevention. They don’t provide services but gather partners to look for prevention solutions. They provide the following prevention initiatives: messaging, education, training, early intervention/ referral and evidence-based programing. Eighty percent of their funds go to community programs as grants.

The state also talked about their efforts. They outlined the following issue and priority areas: Alcohol among youth, marijuana among all ages, pregnant women who use alcohol and drugs, suicide ideation, opioid abuse among all ages, stimulants and fentanyl. They maintain general fund and block grant funding for their efforts.

Regulations
The committee had no questions on R062-18 from the State Board of Nursing. The regulation outlines suicide prevention continuing education requirements for APRNs. R062-18 from the State Board of Nursing.

The Nevada State Board of Nursing, Regulation Workshop | August 8, 2018
The Nevada State Board of Nursing heard R062-18, the regulation regarding CE for suicide prevention and opioid abuse. Original language submitted to LCB was not quite as complex as what the board got in return. In the proposed language, suicide prevention and opioid abuse CE may go towards the credits necessary for an APRN license, regardless of whether there are in the nurse’s population of focus. APRNs with the authorization to prescribed controlled substances must complete the two hours of CE for their license. There were no public comments on the regulation. The regulation will be heard before the board at their scheduled September meeting and public comment regarding the regulation is welcomed.

Interim Health Care Committee | August 27, 2018
The following legislative changes were approved to move forward as Bill Draft Requests from the Interim Health Care Committee for next session:

- Amend NRS 640E.260 to authorize a dietician to recommend a therapeutic diet without consulting a patient’s physician
- Appropriate $12M over 2019-21 Biennium to the Account for Family Planning (SB122 in 2017); Authorize the use of funds in the Account by local governments to contract with the state for community health nurses and other family planning health care providers in addition to the entities currently eligible for funding pursuant to NR 442.715; Prohibit the administrator from discriminating against any contraceptive method when awarding grants (Senator Hardy opposed)
- Develop and disseminate a clarification or technical assistance advisory bulletin to help clarify the intent of AB474, the prescription drug abuse bill from 2017, clarify which drugs may or may not be affected by the legislation
- Appropriate $500,000 per annum to DHHS to provide monthly vouchers in the amount of $25 per Women, Infants, and Children participants with children up to three years of age to support the purchase of diapers for families with limited financial resources on a first come, first-served basis; Appropriate $250,000 per annum to support training, technical-assistances, and stipends to enable child care providers to offer high-quality, nutritious foods and ample opportunities for physical activity, including; Authorize physicians to issue a standing order for asthma medication, such as albuterol inhalers and/or nebulizers for students with asthma (modeling Sen. Smith’s EpIPen legislation from 2013); Amend NRS 442.700 to reflect current standards of the Council of State and Territorial Epidemiologists to improve data collected when children are tests for lead in order to identify at-risk populations and communities
- Changes to the Commission for the Deaf, Hard of Hearing or Speech Impaired (Details in document)

The Committee also approved to send letters to various parties supporting the following issues:

- Support for FQHC and maintain or increasing $500,000 per annum appropriation from tobacco settlement revenue to fund Health Center Incubator Project for expanded access of care, which was made during 2017 session; Encouraging review of opportunities to partner with FQHC to leverage state funding to receive matching fed. dollars to increase satellite sites, possibly through school-based clinics
- Increased reimbursement rates for Medicaid to improve provider participation and expand access to services; The development of a "Diversity Plan of Action" to demonstrate Nevada Medicaid contracted MCO’s strategies for recruiting and retaining providers from underrepresented ethnic, cultural and religious groups
- Encouraging continued funding to support the Mobile Dental Van Pilot Project in rural Nevada
- Encouraging the evaluation of Medicaid rules and reimbursement rates to ensure that rates cover the costs of business for family planning providers (Sen. Hardy opposed)
- Encouraging Medicaid to allow community health centers to bill Medicaid for services provided by community health workers
- Support for the following legislation: increase funding for tobacco control; regulate and tax e-cigarettes and other vapor products; implement tougher fee-based tobacco retail licensing requirements
- Encouraging professional and occupational licensing boards that regulate providers who prescribe them to host best practices workshops and offer continuing medical education to providers for attendance (this could be done via webinar, conference call, or in-person) and host and advertise virtual townhall meetings to allow providers and patients opportunities to share their input and feedback about their experiences with AB474
- Support for providing funding and/or assistance to ensure safe detoxification facilities are available across the state
- Examine the cost of providing CHIP health insurance to all immigrant children residing in Nevada. (Due to federal laws, the funds would have to come solely from the state’s General Fund)
- Support for having backup inhalers and/or nebulizers at schools encouraging Nevada’s school districts to pursue opportunities to provide access to backup inhalers and/or nebulizers at school (model Sen. Smith’s 2013 EpIPen legislation)
- Encouraging Senate and Assembly education and health committees to develop a joint study regarding barriers to, and strategies to best provide, intervention services for children with autism, including the impact of the following: raising the reimbursement rates for registered behavioral technicians so employers can raise wages; changing the compulsory education law to allow children diagnosed with autism to attend school half-day so they can receive intensive 1:1 applied behavioral analysis services in their homes during the day; mandating in-school access to insurance funding RBTs for eligible children; allowing Medicaid to reimburse for technicians who are in training; and creating a statewide magnet school program to product RBTs. The joint committee will also investigate the allocation of resources from the 2015 session to improve autism care in the state.
- Support for funding to maintain the service delivery infrastructure created to provide victim services and resources to assist individuals affected by the Oct. 1, 2017 mass shooting in Las Vegas

The final Interim Committee on Health Care will take place on September 24th.
and learned how the hospital offers both specially trained TCM Physicians and nurses. They were taught lectures on TCM by herbal teas, Tuina massage and even learned acupuncture, auricular pressure, moxibustion, departments and personally experienced team received extensive tours of the hospital founded thousands of years ago. At Hebei the capital of China, they traveled to the about Chinese history and culture in Beijing, learning first-hand about TCM. After learning Las Vegas, Nevada spent ten days in China balance naturally.

Twelve nurses and nursing students from Las Vegas, Nevada spent ten days in China learning first-hand about TCM. After learning about Chinese history and culture in Beijing, the capital of China, they traveled to the modern city of Shijiazhuang, where TCM was founded thousands of years ago. At Hebei University of Traditional Chinese Medicine, the team received extensive tours of the hospital departments and personally experienced acupuncture, auricular pressure, moxibustion, herbal teas, Tuina massage and even learned Tai Chi. They were taught lectures on TCM by specially trained TCM Physicians and nurses and learned how the hospital offers both western and TCM for medical conditions. They were taught the art of diagnosis by the three-finger pulse method and tongue assessment.

In 1973, Nevada was the first state to legalize acupuncture and Chinese medicine in the United States. Prior to this date, practitioners of TCM in Nevada and all states, had to practice in the “grey areas” without licensure. The real breakthrough happened when a Democratic Senator asked Dr. Ye Kung Lok, the original TCM clinician in Nevada, for an acupuncture treatment for his chronic shoulder pain that had been unrelieved from western pharmaceuticals. The next day the Senator declared he felt so much better and even showed off his physical improvements in the Carson City Legislative building. After his successful relief of pain, another Assemblyman and lawmaker followed with acupuncture and found great relief. Twenty more legislators requested acupuncture for various ailments from a 20-year sinus allergy to back pain and ulcers and all found satisfying and lasting relief. The legislative conversation changed from skepticism to conversion and legal approval.

The American team also got to share with the TCM nurses and found that although training and practices may be different, they all were unified in their desires to serve people. Cat Boone, an NSC nursing student shared, “I loved talking to the other nurses because even though we’re from different cultures, the nursing experience seems similar.” A Las Vegas ICU nurse Lindsay Somerhald stated, “I loved seeing the team approach that focused on whatever the patient needed to get better.” The team’s highlight was actually receiving the treatments instead of just observing. It’s one thing to learn about a treatment, but so much richer to experience acupuncture, moxibustion, cupping, Tuina and herbal drinks first-hand. “Now with this experience, we can better understand our Chinese patients who do use TCM,” concluded Kaynen Brown RN, an emergency room nurse. Learning about TCM was a highlight, but additionally, learning more about Chinese lifestyle helped the team members strengthen their cultural competence with Chinese people.

By Tracey Long PhD, RN, MS, CDE, CNE, CCRN

Dragon versus snake sounds like a mystical fantasy video game, but it’s really the symbols for Eastern and Western medicine. Many people associate China with the dragon and when compared to Western medicine, one could say it’s a competition against the dragon and the snake. The snake twisted around the caduceus is a familiar medical sign for western medicine and is often placed on pharmaceutical labels and medical products. The snake is essentially the symbol of our allopathic medical practice. However, it is not the only approach to health and healing. Across the world, medical treatments vary widely in practice and are often based on millennia of folk traditions. Traditional Chinese medicine is one such medical approach and is over 2100 years old.

Traditional Chinese Medicine (TCM) includes acupuncture, acupressure, herbal remedies, Tuina massage, cupping, moxibustion, auricular acupuncture, body movement (qigong), and dietary therapy. The core belief is the balance of energy, known as chi. Chi is divided into two opposing energies known as yin and yang and is found in the balance of the elements of wood, fire, earth, metal and water. According to TCM, disease is caused by an imbalance of chi and all the modalities and treatments have the goal of restoring inner balance naturally.

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Nevada Nursing team in dark green shirts: Top row left to right: Kaynen Brown RN, Tracey Long RN, Brooke Johns SN Bottom row left to right: Lindsay Somerhald RN, Abby Mangubat SN, Samantha Altergott SN, Samantha Altergott SN, Jillian Goodart SN, Carlisa Caso SN, Brittany Panter, Ramona Panter RN and Cat Boone SN

Dragon vs. Snake

Las Vegas nurses and students from Nevada State College (NSC) and College of Southern Nevada (CSN) learned from the Yellow Emperor’s canon about the philosophical foundation of TCM. An example to better understand the theoretical difference between the dragon vs. snake approaches is describing the human body as a forest. Symbolically, if there is a mushroom growing in the forest, it is as a tumor growing in the body. Western medicine would surgically just cut out the mushroom/tumor, but if the environment of the forest doesn’t change, it may grow back again. A Traditional Chinese Medicine approach would be to destroy the mushroom naturally while changing the surrounding environment of the forest with herbal remedies and holistic modalities to support the healthy forest, so another mushroom won’t grow back. “Through this trip to China, we learned to become more open-minded as the Chinese clinicians and nurses were so open to us” stated Ramona Panter, a nursing Instructor at CSN. “I learned to encourage patients to have balance in their health whether it comes from TCM or Western approaches. As nurses we can educate our patients to find better holistic balance for health like is taught in TCM,” summarized Victoria Maracle, a student nurse from NSC.

Team member receiving “cupping” treatment.

Nevada RNformation November, December 2018, January 2019

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Abby Mangubat, a NSC nursing student, smiled as she said, “I loved seeing the culture and the people in the streets and with the food. Now I can better understand where our Chinese patients come from culturally and better care for them.”

Other activities for the Las Vegas team included taking a middle school group on a field trip to a cultural landmark and creating a Teddy Bear Hospital for kindergarteners to learn about the process of taking a sick teddy bear to be seen by doctors and nurses and learning it isn’t so scary. Becoming culturally competent is a lifelong journey and not a single task to check off. This cultural exchange trip to China helped the team on that journey of becoming more culturally sensitive and open to people of a different culture. Perhaps the battle between dragon and snake doesn’t have to have a winner and a loser. They both have their own strengths we can benefit from.

To learn more about Dr. Tracey Long’s annual medical mission and cultural exchange trips for nurses contact her at longforhome@gmail.com.

Teddy Bear Clinic: Brooke Johns SN and Abby Mangubat

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