I am beginning my term as ANA Idaho president at an exciting time for the association and for nursing in Idaho. ANA Idaho (ANAI) has a new board that is very enthusiastic, and we have established new relationships with other Idaho-based professional nursing organizations as a participating organization in the newly formed Idaho Center for Nursing.

The board of directors has been working on relocating the office for ANA Idaho back within the state for almost one year. ANAI was formerly named the Idaho Nurses Association (INA), and this remains the legal name filed with the Idaho Secretary of State and the association articles of incorporation. The long history of having a physical office in Idaho, primarily Boise, began in 1922, when having a license to practice as a nurse in Idaho and maintaining an inventory of qualified nurses was delegated to the nurses’ association by the state government.

They hired a part-time secretary and established an office to achieve this task. In 2008, when Executive Director Judy Murray, PhD, RN, retired, there was not sufficient funding to hire a new executive director and maintain an office. An external membership organization management company was hired to represent the INA business. The location of that organization was in Georgia, and although they managed the association within budget constraints, many long-time Idaho nurses who were INA members, were not happy and dropped their memberships. Other rural western states also experienced the same situation of low membership and low revenues. The ANA national office interceded to help mitigate the situation by forming the Western Multi-state Consortium.

This came to be managed by the Arizona Nurses Association until July 2016. Because of increased memberships in the western states due to the ANA value pricing project for membership dues, the members of the multistate consortium attained a sufficient financial base to again have state based support offices, and they decided to disband the consortium. Thus, in 2017, ANAI began looking at possibilities to have an office in Boise again.

The goal was achieved when the ANAI board entered into discussions with the board of directors for the Idaho Alliance of Leaders in Nursing (IALN), which is a 501c3 non-profit organization that does not have members, but has a mission to conduct nursing workforce research and to build a diverse nursing workforce.

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promote the activities identified in the Institute of Medicine report on the “Future of Nursing” that promote professional practice, academic progression and advocate for nursing and healthcare issues. IALN had in place an office operation, stable financial accounting relationships, and effective systems within Idaho that were being used to support the management of other nursing professional organizations, specifically the Nurse Leaders of Idaho (NL) and the Nurse Practitioners of Idaho (NP). After some strategy sessions and a discussion of how conflicts of interest between organizations could be managed, the decision was made to affiliate with IALN and bring a physical ANAI office back to Idaho.

At the same time, Idaho nursing organizations discussed the formation of a new collaborative organization, the Idaho Center for Nursing, which would be composed of independent nursing membership organizations working with IALN using a common business operations manager and common executive director (see Executive Director’s report). The ANAI affiliation became effective July 1, 2018, and the first few months have seen much work move with the new office, establishing a new website and establishing the business systems.

Our goal is to more actively represent and engage nurses in Idaho from a home-state perspective. ANAI continues to maintain its strong relationship as a state affiliate organization of the American Nurses Association.

The annual goals for the ANAI Board of Directors include: (1) improving effectiveness of membership engagement, (2) developing mechanisms that promote communication and meetings throughout Idaho, (3) offering an informative and educational program, and (4) collaborating with other nursing professions through participation in the Idaho Center for Nursing. (5) protecting the financial viability of the association, and (6) continuing to inform Idaho nurses of professional events, news and scholarly work through RN/Idaho.

Beyond the move or office back to Idaho, there are many other activities that ANAI is engaging in to benefit nursing and support healthcare for citizens of Idaho from a nursing perspective. We are participating and supporting the work of ANA on developing policies for the nursing profession that can provide guidance to nurses. Two of our key goals are to manage the impact of secondary exposure to opioid misuse, and the ethical role of nursing in caring for and aiding the dying patient.

The financial stability of ANAI is important. Thanks to the increased membership that has resulted from Idaho’s participation in the Value Pricing Project (VPP), which decreased annual dues and has stimulated increased membership, we were able to establish a physical presence in Idaho again. Without a doubt, membership dues are the backbone of ANAI funding. Membership is important for many reasons including professional development, collegiality, forward growth of the profession, and to provide professional guidance by developing policies and guidelines that become elements of state law.

All of this work is possible because of membership. I am hopeful that each Idaho nurse who is a current ANAI member will continue that membership, renew their annual membership, and encourage their nurse friends and colleagues to consider joining if they are not already a member. The annual conference is the second most important financial support for our association. This year it is being planned for February 2019, and the theme is in line with the ANA theme of “Nurses as Advocates”.

Legislative advocacy remains a priority. We continue to engage in partnership with NLN, the services of a professional nurse lobbyist, Michael McGraw, MSN, RN. He participated in the ANA sponsored legislative session for all state-based lobbying groups in Washington D.C. in September.

Student engagement is important to ANA Idaho. There has been a long and positive relationship with the Idaho Nursing Student Association (ISNA). We are discussing ways that we can improve this engagement both for basic and graduate students. Additionally, the Idaho Nurses Foundation (INF) continues to exist, although it has been inactive for several years. We can expect an update on the INF at the annual meeting in January.

In summary, there are many new opportunities for ANAI and for Idaho nurses to participate. We are hopeful that more nurses will select the option of membership and become active. It has been proven that there is influence in numbers and in having strong professional relationships within the nursing profession and with other stakeholders. We are thrilled that we managed to establish a physical office back in Idaho and that ANAI has entered into a collaborative relationship with other Idaho nursing organizations through the Idaho Center for Nursing.

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ANAI Idaho Welcomes New & Returning Members

July 2018 - September 2018

Athol
Christine Nichols
Kathy Knupp
Boise
Nikela Harris
Monika Katz
Tracey Price
Maureen Elia
Savannah Sigl
Jill Rolfson
Samuel Gallo
Joyce Hickerson
Bovill
Shannon Malloy

Caldwell
Cynthia
Darnell

Coeur D’Alene
Christa Hogan
Moriah Cason

Emmett
Karen Carley

Garden City
Ruth Tretter

Hansen
Ariel Pilin

Idaho Falls
Tammy Coffel

Kuna
Baily Bartome
Laura Curran

Meridian
Benjamin Carey
Sapi Purcell
Sydney Allen
Esperanza Ward

Mountain Home
Kathleen Johns
Mandy David

Nampa
Cherese Tarter
Lorena Espinagracia
Kennedy Search

Post Falls
Joanna Townsend
Shannon Cetlanino

Rathdrum
Pamela Tale

Rexburg
Susan Lundquist

Rigby
Michelle Merrill
Twin Falls
Lawrence Hayden

Weiser
Andrea Wheeler

Worley
Monty Henderson

Page 2 • RN Idaho

ANAI Idaho President Report continued from page 1

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Email: info@idahnurses.org
Website: www.idahnurses.org

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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.
Efforts to train RNs Assisting with Critical Care Transports continued on page 4

**LETTER FROM THE EDITOR**

Sydney Parker, MSN, RN  
Email: seaparker@lssc.edu

Hello fellow Idaho nurses! As the summer season nears, as we move from summer to fall, I am reflective of how life is full of transition. As you are aware, the EMS Bureau, lead by the visionary Caroline Mcgrane, has been developing the Idaho Air Transport Education (IATE) program for the past two years. Beginning in the current edition of RN Idaho, multiples seasons of transition are upon us, from the changing of board members and nurse leaders in organizations throughout the state to the development of the new Idaho Center for Nursing (ICN) as ANA Idaho moves back to Idaho leadership. As with all times of transition, there is often excitement and uncertainty. As editor, I am eager to see the growing opportunities these changes present to increase collaboration, communication, and collegiality statewide in our profession.

Until next time,  
Sydney

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**EXECUTIVE DIRECTOR REPORT**

Idaho Nursing Organizations form the Idaho Center for Nursing

Randall Hudspeth,  
PhD, MBA, MS, APRN-CNP, FAANP  
Executive Director, Idaho Center for Nursing  
Email: randhuds8@msn.com

The ICN provides new opportunities for nursing organizations to increase their voice through authorship and editorial board membership of RN Idaho. We hope to see nurses engage in a state professional organization to stay connected with other nurses, hear about professional practice issues and upcoming events.

Here at RN Idaho, we are excited about several new sections of the publications focusing on increasing communication regarding events and opportunities for participation throughout the state: 1) “Save the Dates” will highlight conferences and events that nurses are welcome to attend and 2) “Student Spotlights” will feature notable student nurse contributions and highlights from schools of nursing. We hope you will send the dates for your special events, as well as share student and faculty contributions, awards, and events with us. We look forward to continuing to foster growth, connection, and the ongoing celebration of your accomplishments and dedication to the profession.

Discussions between the organizations will be facilitated by an ICN steering committee, composed of two representatives from each participating organization, one being the president and the second selected by their board of directors. Representatives from each organization are selected to help define the goals and vision of the ICN. Members of the ICN steering committee have additionally been invited to join the RN Idaho editorial board.

The value to the organizations, and to nursing in Idaho as a whole, is the concept of a collective voice and common representation. There is strength in numbers and although the ICN cannot say it represents every nurse in Idaho, it can say that it does have some influence on every nurse in Idaho through its publications, websites, practice policy influence, interface with nursing education, continuing education offerings and RN Idaho. We are looking forward to the time when testimony is being offered at the Idaho Legislature and we can open with the comment, “we represent the concerns and influence of 27,000 plus nurses in Idaho who are voters.”

The initial members of the ICN include Idaho Alliance of Leaders in Nursing (AILN), American Nurses Association Idaho (ANA), Nurse Leaders of Idaho (NLI), Idaho Association of Nurse Anesthetists (IDANA), Nurse Practitioners of Idaho (NPI), and the Idaho Nursing Action Coalition (INAC). You will be hearing more from the ICN in the future.

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**Ambulance Based Clinician Course**

To meet the training needs of RNs who only occasionally or rarely accompany ambulance personnel on a critical care transport to another hospital must complete the **Ambulance Based Clinician (ABC)** offered by the Idaho EMS Bureau. This easy to use on-line course can be coordinated with the local EMS agency. Not every RN needs to be ABC qualified, only those who would be selected as part of hospital staff to accompany critical patients when flight or ground critical care transport is not available.

Section 400 of the Rules of the Idaho Board of Nursing (RIN 01-004-2015) states, “All members of the ABC course are required to determine what is within a nurse’s legal scope of practice.

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Section 400 of the Rules of the Idaho Board of Nursing (RIN 01-004-2015) states, “All members of the ABC course are required to determine what is within a nurse’s legal scope of practice.
The Idaho Association of Nurse Anesthetists (IDANA) is excited to join the Idaho Center for Nursing and be represented in RN Idaho. IDANA was founded in 1956 and currently represents approximately 300 Certified Registered Nurse Anesthetists (CRNAs) throughout Idaho. CRNAs have enjoyed independent practice to the full extent of our training for many years in Idaho in thanks to the advocacy of many colleagues over the years. IDANA continues to build on our current, strong relationships and strives to look for new ways to engage and serve members. In addition, IDANA is excited to build new connections with all of its nursing colleagues via the Idaho Center for Nursing.

Over the past year, IDANA has had multiple discussions with other APRN groups. It is very apparent that we share many colleagues over the years. IDANA continues to build our membership and with external forces. IDANA realizes that advocating for our profession is an ongoing effort requiring vigilance, energy and collaboration. The power of numbers should not be minimized. My hope is that future discussions will solidify common ground across all groups and ultimately lead to unity. Leadership and communication will be key elements as our goals are set and accomplished.

The healthcare landscape continues to change, and professional nursing organizations need to be represented in public forums where policies impacting both patients and professional practice exist. Nursing needs to be the “go-to” resource for legislators, administrators, and businesses when matters that pertain to each nursing specialty are discussed. Regardless of education level or practice environment, CRNAs and other APRNs fill a vital role in healthcare. We should continue to embrace our autonomy and maximize our roles for the facilities where we provide care. Whether our setting is urban or rural, a large group or small group, our goal is to continue to deliver high quality care that highlights our background and training.

In conclusion, it is an honor to represent IDANA and CRNAs. I believe our future is bright in Idaho!

Many issues affect the health of rural women and newborns in the United States. Rural women are more likely to have poorer health outcomes compared to urban women and have less access to care. Rural pregnant women have lower rates of 1st trimester initiation of prenatal care and have less access to care. Rural pregnant women have lower rates of 1st trimester initiation of prenatal care, have less access to care, and are more likely to have an unintended pregnancy. Rural pregnant women have lower rates of 1st trimester initiation of prenatal care, have less access to care, and are more likely to have an unintended pregnancy. American Indian/Alaska Native and Hispanics have rates of preterm births higher than 9%, indicating a racial disparity in Idaho births (March of Dimes, 2017). American Indian/Alaska Native and Hispanics have rates of preterm births higher than 9%, indicating a racial disparity in Idaho births (March of Dimes, 2017). There is a need for further research into how to combat preterm births, as well successful strategies to improve the overall health outcomes of rural women and newborns in Idaho.

References

To ensure that nurses providing critical care transports are adequately trained and qualified to work with EMS in the ambulance environment, the Board of Nursing has determined that nurses who perform critical care transports must meet the requirements of the EMS Bureau for ambulance staffing and complete the ABC course, including minimal skills competency. Completion of this course is a standard for nurses functioning on ambulances in the State of Idaho. This fall, meetings will be held with Critical Access Hospitals and community emergency agencies throughout the state to explain the need and work on developing agreements for critical care transfers. This effort is being supported through a grant by the Idaho Office of Rural Health.

References

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If you are interested in participating in the ANA Idaho Legislative Committee, please contact Anna Rostock GN, RN, legislative committee chair at postocka@slhs.org. We meet monthly in October, November, and December and bi-monthly in January, February, and March to plan the ANA Idaho Lobby Day. We meet in-person and via Skype.

Call for Action
We welcome any Idaho member! No legislative or political background required – this is a great way for members to engage in and learn about the legislative process!

November, December 2018, January 2019
Requirements for RNs Assisting with Critical Care Transports continued from page 3
(2011). Included is a requirement that the nurse successfully complete additional education and demonstrated competency, and that the practice is authorized by their employer and within the accepted standard of care. Section 402 requires nurses practicing in a specialty area to conform to recognized standards for practice of the specialty.

In conclusion, it is an honor to represent IDANA and CRNAs. I believe our future is bright in Idaho!
Maternal mortality rate/ratio (MMR) is a significant indicator of the overall quality of health care (MacDorman, Declercq, Cabral, & Morton, 2016). While MMR is declining globally, the United States is one of only eight countries where MMR continues to rise (Centers for Disease Control and Prevention, 2017). Scores were further evaluated to guide a tiered educational follow up plan. Simulation driven learning platform was implemented (Clarke, 2013). Individualized learning paths were created within the platform based on proficiency scores (Advanced Practice Strategies, 2017). Scores were further evaluated to guide a tiered educational follow up plan. Simulation objectives and educational toolkits were focused on practice area gaps. The purpose of this educational innovation was to determine if blending existing educational strategies with the use of an online, assessment-driven learning platform would improve perinatal outcomes.

The Kirkpatrick Model for training evaluation provided a structure for this performance improvement project (Kirkpatrick Partners, 2009-2017). Outcome evaluation was further supported by the Institute for Healthcare Improvement’s (IHI) Model for Improvement (2017). To determine if the change had resulted in improvement, rates per 1,000 deliveries were calculated for obstetrical hemorrhage, massive transfusion (>4 units pRBCs), and maternal intensive care unit admission. Baseline data was collected from October 1, 2016 through March 31, 2017. The performance period was identified from April 1, 2017 through March 31, 2018. Improvements in perinatal outcomes with reduction in maternal morbidity were noted following implementation of the e-learning platform for obstetric emergencies. A 3% decrease in the average rate of obstetrical hemorrhage was realized. Tighter control limits were noted during the performance period indicating less variation and a more reliable process. A downward shift was identified in massive transfusion rates (>4 units red blood cells) with zero events recorded for 5 consecutive months. Average massive transfusion rates decreased by 8% while the median rate decreased by 35%. Similarly, the average rate of maternal intensive care unit admission decreased by 48% while the median rate decreased by 77%. A downward shift was supported with zero intensive care unit admissions for six of the last seven months. An estimated savings of $182,626 was realized for nursing education hours within the first two years.

Tracking clinical outcomes validated the effectiveness of the e-learning program within a blended learning environment. Data-driven education reduced waste by right-sizing the training for providers and nurses. The intentional focus on closing gaps in knowledge and training in obstetric emergencies for nurses and providers may help reduce maternal morbidity and mortality moving forward.

References
What is your Role in Empowering Nurses to Implement Best Practice?

Carlaana Coogler, MSN, RN, CEN
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Today’s nurses must all play a part in implementing best practices no matter what patient population they are serving. No matter what your role in nursing currently is, it is imperative to know and understand what best practice means, and if a change in practice is needed, you are equipped with the knowledge and skills to implement and sustain that change. Melnyk & Fineout-O’Holt (2015) lay the framework for the steps to evidence-based practice. The first step in the journey is to start with a question. All good things start with a question, whether you are the chief nursing officer, a mental health nurse, a home health care nurse, or anywhere in between, practice change never happens unless someone is bold enough to ask. Therefore, nurses’ need to challenge each other, help each other think outside the box, read journals, watch webinars, and be active in the nursing profession. The second step is to prioritize the topic. This means no more silo thinking; invite key stakeholders who may have an interest in your topic or whose job may be impacted by the change you are seeking to implement. Remember, getting others inspired and passionate about your passions is an important step. Practice change only happens if there is buy-in; you may come to a halting stop. The second theme is to analyze the evidence. This takes time and resources, it is important to have access to databases, and articles. If your institution has a librarian, ask for their assistance.

Evidence Based Testing Policies to Maximize Student Potential

Erin Bennion, PhD, RN
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A multidatabase literature review was conducted for the purpose of addressing department concerns regarding HESI testing policies. Key search terms were: Nursing, HESI, progression policies, ATI, NCLEX, baccalaureate nursing programs, early indicators, success, high stakes testing, and remediation. Review dates were within 10 years. Articles were excluded if they were commentary, conference proceedings, a product of HESI or Elsevier, or dissertations. Three themes emerged from the literature review. The first theme was the importance of emphasizing early remediation within a nursing program. Many universities did this by implementing a remediation course taught by faculty and emphasizing important academic and non-academic skills (Reinhart et al., 2012; Pennington & Spurlock, 2013). Academic skills include test taking strategies, practice questions, reading skills, and content review. Non-academic skills include addressing self-esteem, stress management, and time management. A key factor in remediation was that students were responsible for identifying their own weak areas and making detailed remediation plans. Faculty were encouraged to identify students at risk for not graduating or failing the NCLEX-RN exam early within the program (Pabst, Strom, & Reiss, 2010; Homard, 2013). However, there was a strong emphasis for the need to use a broader view of assessment when evaluating a student’s progress (Nibert et al., 2006; Pennington & Spurlock, 2006; Harding, 2010). Using a student portfolio to view the student’s entire performance will give educators an accurate depiction of how the student will perform on the NCLEX-RN.

The final theme that was evident in the literature review was that certain HESI exams are important indicators to passing the NCLEX-RN. These exams are Fundamentals, Pediatrics, Medical/Surgical, and Maternity Nursing (Kuhn, 2013; Uyehara et al., 2007; Sanderson et al., 2017; Ukpabi, 2008). These exams should be used along with a cyclical evaluation within the curriculum, including information based on factual and measurable student data (Davis et al., 2011; Homard, 2013). However, there was a strong emphasis for the need to use a broader view of assessment when evaluating a student’s progress (Nibert et al., 2006; Pennington & Spurlock, 2006; Harding, 2010). Using a student portfolio to view the student’s entire performance will give educators an accurate depiction of how the student will perform on the NCLEX-RN.

References

“Distinguished Lifetime Career in Nursing” Award

I am ending my first year as president of these associations and much has happened to support nursing in Idaho. IALN, which is a nursing philanthropic organization, has three operational areas including: (1) the Idaho Nursing Workforce Center, (2) impacting the implementation of the Institute of Medicine Future of Nursing recommendations, and (3) promoting nursing scholarship and supporting nursing organization.

A major IALN focus has been the completion of the 2018 Idaho Nursing Workforce report, and engaging with schools of nursing, hospitals, community care, and the future needs of nursing. This has resulted in the publication of the report, supporting the expansion of the Idaho State University second-degree program into Idaho Falls, which will be in addition to the programs already at the Meridian campus, and promoting additional LPN education in southwest Idaho. IALN supported the expansion of the concurrent enrollment program for associate degree program students to be also completing credits towards a BSN at Lewis Clark State College.

Nurse Leaders of Idaho (NLI) honored Idaho State University President Norah Renn with their most prestigious award in a ceremony on September 13 in Boise. Her career at ISU spans several decades, and her colleagues are quick to share how the impact of her leadership can be seen not just in Pocatello and Meridian, but across the state as well. Each year, NLI hosts an annual fall conference and a “Celebrate Nursing Dinner,” where recognition awards are given to Idaho nurses who are nominated by their respective institutions. As a highlight of the recognition ceremony, a nurse who has impacted nursing and the healthcare of Idaho citizens over the course of a career is also recognized. The honor is not limited to one nurse in any single year, but this year only Nancy Renn was recognized.

Nurse Leaders of Idaho (NLI) honored Idaho State University (ISU) College of Nursing Interim Dean Nancy Renn with their most prestigious award in a ceremony on September 13 in Boise. Her career at ISU spans several decades, and her colleagues are quick to share how the impact of her leadership can be seen not just in Pocatello and Meridian, but across the state as well. Each year, NLI hosts an annual fall conference and a “Celebrate Nursing Dinner,” where recognition awards are given to Idaho nurses who are nominated by their respective institutions. As a highlight of the recognition ceremony, a nurse who has impacted nursing and the healthcare of Idaho citizens over the course of a career is also recognized. The honor is not limited to one nurse in any single year, but this year only Nancy Renn was recognized.

Karen Neill, PhD, RN, NLI president and an ISU nursing professor says, “Dr. Renn has served as an advocate and leader for nursing and nursing education throughout her career... Dr. Renn has been instrumental in advancing nursing education in Idaho, and in the teaching of competent and caring nurses for practice, scholarship, and service.”

“In addition to her long career at ISU and the impact that she has had on a generation of nurses who have graduated from the ISU School of Nursing [now College of Nursing], her impact as a nurse leader and her last few years as the interim dean have reached beyond ISU. Her efforts have impacted relationships between all of the schools in Idaho, and she has facilitated academic progression in nursing by focused work on articulation agreements, creative tuition payment methods, online education, nursing research and cooperative programs between universities. More than once she has met the need for school leadership at ISU and served as a dean demonstrating stable, thoughtful and common-sense leadership. We are pleased to recognize her this year for her distinguished career,” says Randall Hudspheth, PhD, RN, NLI’s executive director.

Renn grew up in Pocatello, Idaho and graduated from the ISU Department of Nursing in 1980. Renn says it has been her great pleasure to spend her career working in local health facilities and at ISU. She worked as a staff nurse at the Bannock Memorial Hospital and later served on the Board of Directors for Bannock and Portneuf Medical Center. She worked at the South Idaho Public Health department as a home health nurse and as a public health administrator. Renn says, “My last and some of my best work was done at ISU where I have worked diligently to assure quality nursing education is provided to community students. I truly believe all of the work I have done over my career has not been work completed by one person, but work completed by many great colleagues who have worked side-by-side with me along the way. I would like to say thank you to the many good people who helped me accomplish the work that needed to be done.”

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) motto “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 well-being, self-care strategies, healthy work environments, or any other topic you think may be of interest to other nurses. We look forward to hearing your stories!

References:

Karen Neill

President, NLI and IALN
Email: neilkare@isu.edu

MSN, RN, to continue as our lobbyist. Based on nursing workforce data that shows the majority of Idaho nurses have a BSN degree, NLI and IALN wrote to the Board of Nursing to seek a change to the Idaho Nurse Practice Act (NPA) to alter the educational requirements of board members. Since 1998, the Board of Nursing had specific degree requirements for composition. NLI and IALN proposed removing the degree requirements and allowing any RN to be considered for board membership. The Board of Nursing utilized this opportunity to evaluate and consider other alternatives, and this year the Idaho Legislature amended the NPA so that any RN can apply to be a board member. Both NLI and IALN were supportive of this and we offered testimony to the Health and Welfare Committees of the Legislature in support.

NLI is supportive of Proposition 2 which calls for closing the Medicaid gap in Idaho (see “Proposition 2” article). We are engaged with “Vitalahors for Healthcare” and looking forward to the legislative session and monitoring how this new will be managed. Representatives for NLI are engaged with the Idaho Medical Association and the Idaho Hospital Association, as well as serving on the workgroup “Doctors and Nurses Support Healthcare” to promote legislative support of Medicaid gap closures.

A big initiative for IALN and NLI has been facilitating the establishment of the new Idaho Center for Nursing (ICN). With the return of the American Nurses Association of Idaho (ANAI) to having a physical office back in Idaho, and being able to now jointly share an office, many of our common goals for the forward growth of nursing in general can be managed more efficiently. This has evolved into being able to establish relationships with the Nurse Practitioners of Idaho and also the Idaho Association of Nurse Anesthetists as members of the Idaho Center for Nursing.

In July, using the 501c3 designated tax status of IALN, we were able to support sustaining a cost-effective production and mailing of RV Idaho. IALN has more options available in terms of governmental regulations than the membership organizations, and thus working with ANAI to transfer sponsorship of the publication to IALN resulted in a win-win situation for everyone as licensed practical nurses in Idaho can continue to receive RV Idaho for free.

Both IALN and NLI will continue to promote nursing in Idaho. The engagement at the Board of Nursing, and nurses across the state in programs that are offered has resulted in a robust and growing NLI. We continue to see more interest in our collective work with other associations and participation from nurses because, as one nurse leader summed it up, “Everyone wants to be on a winning team!”

IALN & NLI UPDATES

Karen Neill, PhD, RN, SANE-A, DF-IAFN
President, NLI and IALN
Email: neilkare@isu.edu

We have an immediate need for the following Full Time positions:
- Operating Room – Registered Nurses
  - 3 openings

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Nurses from across Idaho were recognized at the September 13, 2018, Nurse Leaders of Idaho (NLI) seventh annual “Celebrate Nursing Dinner” held in Boise. This event serves to celebrate the accomplishments and efforts of all nurses in Idaho and this year individual organizations were invited to select their own nurse recipients for recognition. In addition to the two traditional categories of “Aspiring Nurse Leaders” that focuses on nurses who have been identified as early leaders in their careers, and “Outstanding Nurse Leaders” that focuses on more established career nurses, there were other recognitions for notable awards such as the Daisy Award, which focuses on extraordinary nursing care and ongoing recognition. A highlight of the evening was Dr. Nancy Renn, PhD, RN, being honored with the prestigious “Distinguished Lifetime Career in Nursing” award (see full article).

The change in how nurses are now recognized by individual organizations and featured at this dinner provides an opportunity for organizations to showcase the attributes of nurses throughout the year and to come together annually for recognition. Highlighted below are the award recipients recognized in 2018.

**CATEGORY: “ASPIRING NURSE LEADER”**

- **Debbie Larson, MSN, RN, NE-BC**
  St. Luke’s Health System
  Aspiring Nurse Leader Clinician

- **Elizabeth Pena, BSN, RN**
  West Valley Medical Center
  Aspiring Nurse Leader in Clinical Practice

- **Kayla Ingram, BSN, RN, NE-BC**
  St. Luke’s Health System
  Aspiring Nurse Leader Clinician

- **Jared Burch, BSN, RN**
  Valor Health
  Aspiring Nurse Leader Clinician

- **Melody Weaver, PhD, MSN**
  Idaho State University
  College of Nursing
  Aspiring Nurse Leader Educator

- **Sydney Parker, MSN, RN**
  Lewis Clark State College
  Aspiring Nurse Leader in Education

- **Ashlee Dean, BSN, RN, CCRN**
  St. Luke’s Health System
  Aspiring Nurse Leader

- **D’Layne Benson, RN**
  St. Luke’s Health System
  Aspiring Nurse Leader

- **Gina McCloskey, BSN, RN**
  Kootenai Health
  Aspiring Nurse Leader

- **Wendy Deblaquire, BSN, RN**
  Kootenai Health
  Aspiring Nurse Leader

**CATEGORY: “OUTSTANDING NURSE LEADER”**

- **Jennifer Collins, BSN, RN**
  Kootenai Health
  Aspiring Nurse Leader

- **Greta Van Dyke, BSN, RN, CDE**
  West Valley Medical Center
  Outstanding Nurse Leader Educator

- **Karen Belleman, RNC**
  St. Luke’s Health System
  Outstanding Nurse Leader Clinician

- **Anna Quon, MBA, RN**
  St. Luke’s Health System
  Outstanding Nurse Leader in Transitions in Care

- **Katherine Kerner, RN**
  St. Luke’s Health System
  Outstanding Nurse Leader Educator

- **Danika Severe, MSN, RN**
  St. Luke’s Health System
  Outstanding Leader in Innovation
OTHER RECOGNITIONS AND ACCOMPLISHMENTS

Elizabeth Scarano, MSN, RN
Lewis Clark State College
Outstanding Nurse Leader Educator

Sarah Phipps, MSN, BSN
Valor Health
Outstanding Nurse Leader Clinician

Cathy Arvidson, PhD, FNP-BC, APRN, FAANP
Idaho State University
College of Nursing
Outstanding Educator

Pam Strohfus, DNP, MSN, BSN
Boise State University
School of Nursing
Outstanding Nurse Educator

Chanette Fretwell, MSN, RN
St. Luke’s Health System
Outstanding Nurse Leader Clinician

Debra Ketchum
St. Luke’s Health System
Outstanding in Innovation

Kim Hanna, MSN, RN, CEN, TCRN
Kootenai Health
Daisy Award

Meghan Smith, CNML, RNC-OB, C-EFM
Valor Health
Outstanding Nurse
Clinician

Nurse Practitioners of Idaho state recognitions

Bill Sable, FNP
Idaho Award for Excellence in Practice

Michelle Anderson, DNP, FNP
Idaho NP Advocate of the Year Award

Carlana Coogle, MSN, RN, CEN
Kootenai Health

Wendy Ferguson, BSN, RN, CEN
Kootenai Health

Saint Alphonsus Regional Medical Center, Trauma Response Team

OTHER RECOGNITIONS AND ACCOMPLISHMENTS

Becky Bunderson, MSN, BSN
Boise State University
School of Nursing
Nursing Pathfinder Award

Jane Grassley, PhD
Boise State University
School of Nursing
Transformational Mentor Award

Cathy Arvidson, PhD, FNP-BC, APRN, FAANP
Idaho State University
College of Nursing
Outstanding Educator

Pam Strohfus, DNP, MSN, BSN
Boise State University
School of Nursing
Outstanding Nurse Educator

Chanette Fretwell, MSN, RN
St. Luke’s Health System
Outstanding Nurse Leader Clinician

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UPDATE FROM THE BOARD OF NURSING

At the close of each year, the Board reviews our progress over the previous twelve-month period and sets the direction for the coming year. Highlights of FY 2018 included:

- Renewals of 17,026 RN and 2,129 APRN licenses, supported by a three-month extension of the deadline to renew to accommodate software issues with the Idaho Nurse Portal;
- Implementation of the "enhanced" Nurse Licensure Compact (NLC), replacing the previous NLC adopted in 2001, and successfully grandfathering all Idaho nurses with multistate licenses under terms and conditions of the new NLC;
- Implementation of requirements for demonstrated continued professional development and lifelong learning for LPNs and RNs renewing in 2018 and beyond;
- Partnering with the Idaho Office of Drug Policy and Idaho Department of Health and Welfare, Division of Behavioral Health to develop strategies to address the opioid abuse crisis in Idaho;
- Monitoring approximately 70 nurses participating in the Board’s two alternative to discipline programs, the Program for Recovering Nurses (PRN) and the Practice Remediation Program;
- Revising administrative Rules of the Board allowing inter-professional non-nurse faculty to teach non-clinical nursing education courses; and clarifying requirements for APRN faculty and administrators;
- Partnering with the Idaho Alliance of Leaders in Nursing (IALN) in their continued progress toward implementation of the Institute of Medicine (IOM) 2010 recommendations for the future of nursing in America; and
- Surveying licensees and the public regarding the Board’s effectiveness in protecting the public as part of the Lieutenant Governor’s 2017 Executive Order, the “Freedom of Licensing Act” (thank you to the over 2,000 nurses who responded to the Board’s web-based survey).

Most recently, the Board of Nursing met July 26-27, 2018 in Boise for the conduct of regular business. At that meeting, Board members Vicki Allen, RN, Pocatello; Chair; Carrie Nutsch, LPN, Jerome, Vice Chair; Jennifer Hines-Josephson, RN, Rathdrum; Whitney Hunter, Consumer, Boise; Jan Mosley, RN, Coeur d’Alene; Rebecca Peese, LPN, Post Falls; Clay Sanders, APRN, CRNA, Boise; Memrieil Stevenson, RN, Wendell; and Renel Watson, RN, Boise, reviewed correspondence and reports of external meetings relative to various initiatives of the Board, including the national APRN Roundtable held in Chicago; the NLC Interstate Commission meetings by teleconference; and the National Council of State Boards of Nursing (NCSBN)-hosted Discipline Case Management Conference in Denver and APRN World Café in Kohler, Wi.

The Board formally adopted the revised draft proposed administrative rules and set them for rule-making for consideration by the 2019 Idaho Legislature. Proposed rules, both recommended by constituents, address:

- Changes in required criteria for PRN prescriptions; and
- Clarification of the approval term for nurse apprentices following graduation from their nursing education programs;

- Appointed Jessica Guimond, APRN, CNS, Middleton; Marylynn Hippe, APRN, CNS, Middleton; and Helen Peu, APRN-CNM, Meridian, to three-year terms on the Board’s APRN Advisory Committee.

- Accepted reports and recommendations from the Board’s APRN and PRN Advisory Committees;

- Included officers for FY2019: Vicki Allen, RN, Pocatello, Chair; Carrie Nutsch, LPN, Jerome, Vice Chair; and Jennifer Hines-Josephson, RN, Rathdrum, Member-at-Large to the Governance Committee; and appointed Jan Mosley, RN, Coeur d’Alene as Chair of the Program for Recovering Nurses (PRN) Advisory Committee;

- Took formal action to revoke the license of an APRN based on failure to comply with terms and conditions of monitoring through the PRN;

- Adopted the Board’s Education Philosophy Statement as revised;

- Granted full approval to the Adult-Gerontology Nurse Practitioner Program administered by Boise State University for the period ending 2026; and

- Granted initial approval to Stevens-Henager College, Idaho Falls, to offer a nursing assistant training program.

In addition, the Board set tentative meeting dates for the coming year:

- January 31-February 1, 2019
- April 25-26, 2019
- July 11-12, 2019
- October 10-11, 2019

Meetings are generally held in Boise at a location to be announced prior to the meeting and include an open forum on the second morning of each meeting. During the open forum, the public is provided the opportunity to dialogue with the Board on issues of interest that are not necessarily included on the published agenda. The Board will not take action on issues introduced during the forum, but may choose to address them at a later scheduled Board meeting. The Board encourages nurses enrolled in Nursys eNotify®, an innovative nurse notification system available at no charge. Nursys eNotify® allows nurses and employers to receive automated license expiration reminders and status updates for all licenses issued by states (including Idaho) that report to Nursys. The centralized automated licensure verification system administered by the National Council of State Boards of Nursing. Go to the Idaho Nurse Portal www.idaho.gov/nursing/careers and nursys.com to apply.

As always, the Board welcomes your comments and suggestions and invites you to attend all or portions of scheduled meetings of the Board. The Board’s next meeting is scheduled for 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.
On Tuesday, November 6th, voters had an opportunity to approve Proposition 2, the initiative to expand Medicaid for Idaho’s 62,000 working adults who find themselves caught in Idaho’s healthcare coverage gap. They voted too much to qualify for Medicaid and too little to be eligible for financial assistance to help them afford coverage through Idaho’s health insurance exchange. These are Idahoans who are making up to $27,000 a year individually or up to $59,000 a year to support a family of three.

Many of these Idahoans work part time or for small employers who do not provide health coverage. Health insurance on the individual market can be as much as $500 per month, or $6,000 per year for an individual. For a family, this translates to $13,000 per year or more. The Idaho Commission on Medicaid Expansion is tasked with balancing the cost of health insurance with the cost of housing, groceries, transportation to work, or even day-care, which makes health coverage simply unaffordable for many.

They voted in favor of Proposition 2, hoping to get caught in an emergency which pushes them to medical bankruptcy. They also go without their prescriptions or routine care when needed, including chronic conditions such as diabetes care.

**ANA Idaho and Nurse Leaders of Idaho** have been advocates for access to affordable healthcare for many years. By extending Medicaid coverage to these 62,000 Idahoans, Proposition 2 will make it possible for those who cannot afford insurance to obtain healthcare and seek the help they need without fear of losing everything they have.

**Next Steps**

Presuming voters favor Proposition 2 on Election Day, it will become law once the Board of Canvassers (Secretary of State, State Treasurer, and State Controller) certify the results. That will happen on November 23rd, 2018, and the new law becomes immediately effective upon certification.

**How did we get here?**

Medicaid is a joint Federal/State program to provide coverage for the poor. Under the Affordable Care Act that was passed by Congress and signed into law in 2010 and became effective in January 2014, initially 100% of the cost to expand Medicaid would come from the federal government, an amount that would gradually decline to the standard 90/10 match the state currently receives. As the ACA was originally designed, those caught in the gap between traditional Medicaid and qualify for subsidies to purchase coverage on the insurance exchange would have received Medicaid benefits. Those who qualify for premium tax credits to purchase coverage on the exchange on a sliding scale. However, Idaho, along with 27 other states, sued the federal government to challenge the ACA’s expansion of Medicaid. In 2012, the Supreme Court heard three consolidated cases, deciding 5 – 4 that the federal government had exceeded its authority by coercing states into “transformative changes” to their Medicaid programs by threatening to revoke Medicaid funding if they did not expand Medicaid. For the Idaho Legislature, this ruling was seen as a major states’ rights victory over the federal government.

Several efforts to provide some coverage for the “gap” population over the past six legislative sessions have failed. Legislators have considered “waivers” that would shift those with the highest costs out of the private insurance market and onto Medicaid and then allow some to access tax credits to purchase insurance on the exchange. They have also considered programs that provide limited levels of primary care combined with health and lifestyle coaching. They have hoped for block grants from the federal government that would allow states to determine how federal money is used. To pay for some of these proposals, they have considered using money from the Millennium fund, money the state receives from the historic tobacco settlement. Fundamentally, the majority of Idaho Legislators values state rights, individual independence, and self-reliance. Therefore, most of them view Medicaid as an entitlement program for those unwilling to work which forces dependence upon the state and encourages overutilization of healthcare.

A recent study by Milliman, an independent firm commissioned by the Idaho Department of Health and Welfare, concluded that expanding Medicaid and would save the state and counties $15 million and additionally bring $700 million back into the state in federal funding and economic benefit including 5,000 new jobs. Currently, Idaho counties cover the initial $11,000 of health costs for the indigent, those who have no other resources. The state’s catastrophic fund covers the remainder. However, these funds only cover “catastrophic” care, not routine or primary care that, if sought early, could actually prevent more expensive hospitalization.

The Legislature convenes in January; Proposition 2 gives the Idaho Legislature another opportunity, with the mandate from the voters, to close the gap. With the November election, nearly two-thirds of the Idaho House and Senate will be new faces. Many influential Senators and Representatives have already pledged to support Medicaid expansion along with Idaho’s next Governor, who vowed to uphold the will of the people.
Dorothy Marie Abbott Witmer, EdD, RN, passed away on August 20, 2018, after a life described by her daughter as "enormous." Dorothy was born in Philadelphia, Pennsylvania, on May 18, 1929, to Frank Asbury and Mary Josephine Abbott. Dorothy was the fifth daughter and the ninth child in the family.

Dorothy’s nursing career began in 1947 following her graduation as the class Salutatorian from Clifton Heights High School. She enrolled in the Philadelphia General Hospital (PGH) School of Nursing. Dorothy’s three-year nursing education and experiences at PGH prepared her for entry into the United States Air Force in 1951. In 1953, she was assigned to the 801st Medical Air Evacuation Squadron (MAES). She was stationed in Tachikawa, Japan, as a Flight Nurse participating in the evacuation of South Korean soldiers during the Korean War. Dorothy wrote (p. 446), "...I cannot adequately express how meaningful this experience was. There is no other like it."

Following the war, Dorothy returned to the U.S. and enrolled in nursing school at Villanova University where she graduated in 1957. She immediately applied to graduate school at the Community Health Nursing at Catholic University in Washington, D.C. and was offered a position in the Idaho Division of Vocational Education as Health Occupations Supervisor (p. 449) for vocational programs throughout the State of Idaho. Under her tenure, the Health Occupations programs increased by nearly 700% and she was involved in developing more than 30 health occupations curricula. Dorothy was a member of the State’s summer conference, worked on various committees, and worked closely with the State Board of Nursing. She served as Boise State University (BSU) Outreach Division Instructor Development Course that taught students how to teach. In 1996, Dorothy retired from the Division to start her own consulting business, Healthcare Education and Training. She developed leadership and management courses and training programs for nursing directors, activity directors, social workers assistants, nursing home administrators, and licensed nurses from assisted living facilities. She engaged in this work and research projects for St. Luke’s Hospital in Boise because she had a “great passion for the elderly…” and “in hopes that the quality of care will continue to improve” (p. 455).

The remainder of Dorothy’s career included a position on the Board of Directors of the Professional-Technical Education Foundation, raising money to offer scholarships to students and teachers to work on their skills, and guiding the state legislature in their appropriations by educating them on the needs around the state.

Dorothy’s contributions also included writing grants for charitable organizations such as the St. Vincent de Paul Society and FreeMed Program. Her final contribution was the establishment and coordination of the St. John’s Parish Society and FreeMed Program. Dorothy was also responsible for selecting the current hospital’s location on Curtis Road in Boise, ensuring the resulting construction, and moving the entire hospital from its original 1894 downtown location.

After the successful opening of the new Saint Alphonsus Hospital, Sister Patricia became the Regional Superintendant for the Saint Alphonsus Regional Medical Center in 2000 and served another 12 years in its healing mission. During this tenure, Sister Patricia established the palliative care program and was engaged in the hospital renovation.

Sister Patricia was always interested in nursing activities and was a mentor, reader, editor, and content advisor during the writing of the book Charting Idaho Nursing History. She earned many awards including the Idaho Hospital Association’s Star Garnet Award for promoting healthcare in Idaho, the Saint Alphonsus Distinguished Citizen Award, and the Woman of Today and Tomorrow Award from the local Girl Scouts of America Council for her visionary leadership and attributes as a role model for young women.

Generations of Idaho nurses were impacted by Sister Patricia Mulvaney. She was always a champion of nursing, helping the underserved, and ensuring the best quality outcomes of every effort. At age 80, she reflected, “I never wanted to be in any other life except the one I chose.” We will miss Sister Patricia and all of her compassion, forward thinking, and major contributions to healthcare in Idaho.
What is your Role in Empowering Nurses to Implement Best Practice? continued from page 6

you don't have access to libraries or library resources, Idaho residents can take advantage of the IdahoLibraries.org free database for all Idahoans provided by the Idaho Commission for Libraries. Another opportunity is to utilize PubMed or explore the databases for your professional organization memberships.

Once the query is identified through the published bibilography, the next step is to gather the evidence. This is done by accessing the literature database or finding the evidence within the regular EBM process.
study in 2006 found little difference in this rate. A replicated abuse rate of 10% among nurse anesthetists. A replicated cited in Wright et al., (2012), the researchers found a substance a 1999 seminal study by Bell, Donough, Ellison, & Fitzhughs (as factor and others can place CRNAs at risk of drug diversion. In of insusceptibility to the ill effects of medication tendencies. This Wright et al. (2012), CRNAs have been shown to exhibit feelings of drug abuse and addiction, but none more so than Certified Registered Nurse Anesthetists (CRNAs). CRNAs select and administer drugs in relative privacy. This privacy may tempt some CRNAs to divert drugs for personal use. According to drug diversion. In a 1999 seminal study by Bell, Donough, Ellison, & Fitzhughs (as cited in Wright et al., 2012), the researchers found a substance abuse rate of 10% among nurse anesthetists. A replicated study in 2006 found little difference in this rate.

Impetus for Change
In 2002, Jan Stewart, a 50-year-old who was a past president of the American Association of Nurse Anesthetists (AANA), died following an accidental self-administered overdose of sufentanil, an opioid analgesic. Jan’s death was a high-profile event (AANAs, n.d.). When the truth was finally published, CRNAs across the nation resolved to take action. But what? Jan’s daughter provided an answer when she appeared in an AANA produced documentary video (AANAb, 2010). She believed CRNAs should communicate candidly about abuse/addiction, and called upon CRNAs to talk about addiction’s powerful impact in order to make something positive out of her mom’s tragedy. She said:

“If we talk about it while someone is using drugs, perhaps we can get them help so they do not die. And if we talk about it after they die, unfortunately like I’m doing, we can learn the realities of what drug abuse does to families, individuals, and how easily death comes.” (AANAb, 2010)

The shock of Jan’s death, and the power of her daughter’s admonition prompted further action.

AANA’s Wellness Program
In 2005, after much discussion, AANA established a multifaceted Wellness Program predicated on open communication and the belief that stress makes some people resort to drugs. The hope was that by providing people a platform for discussion and the means to reduce stress, there would be a reduction in addiction and its effects. The Wellness Program began by initiating an annual invited lecture series, the Jan Stewart Wellness Lecture, which has been held during the AANA Annual Meetings. Lecturers have spoken on such topics as aging, stress management, substance abuse, and workplace issues. The Wellness Program also commissioned monthly articles entitled, “Wellness Milestones,” that appeared in the AANA News Bulletin. The articles addressed a broad range of topics not usually found in professional journals. Some were intangible, like harmony, compassion, fatigue, and the spiritual dimensions of wellness. In 2012, 20 evidence-based learning modules on the effects of stress entered the nurse anesthesiology curriculum (Koch, B. 2014). Today the Wellness Program offers CRNAs many other ways to deal with stress-related illness (AANA, 2018; Tunajek, 2007).

We still don’t fully understand the physiology of drug misuse and addiction. We also do not know what impact the AANA Wellness Program has had, other than that it continues to be very popular among CRNAs. But by keeping wellness in the minds of more CRNAs, we hope to prevent stress from bringing an early death to any more of our colleagues.

References

Issues Facing Nursing continued from page 11

- "Registered Veterinary Nurse"
- Effort by group of veterinary technicians to retitle to "Registered Veterinary Nurse"
- Strongly opposed by ANA
- Most states do not protect the title "nurse," however Idaho law does

- Occupational Licensing Deregulation
- Effort across states, including Idaho, to reduce the need for occupational licenses
- Initiated in Obama administration
- Oregon & Louisiana - "certified professions" vs licensure - many issues with certification
- Louisiana move to put all licensure under state department of labor vs. nursing board

- Opioid Epidemic
- HR 6 CARA-Opioid Bill - Allow APRNs with appropriate education to prescribe Medication Assisted Treatments
- Drug take-back programs
- Time limited prescribing of Opioids (duration based on projected need, example 5 days vs. 30 days)
- Provider education for safe opioid prescribing standards and regulations
- Rx partial fill laws that allow pharmacies to separate the number of pills dispensed and still be under one co-pay
- Allow continued treatment in jail
- Treatment allowed in ERs
- Alternative therapies for pain - evaluate new payment strategies

- Medical Marijuana
- NCBOA, Journal of Regulation, "Guidelines for Medical Marijuana"
- Connected Health - Telemedicine
  - Licensure where states, including Idaho, require licensure at the location of the patient rather than the location of the nurse
  - Nurses who provide telehealth faced with having multiple licenses
  - Not all states have adopted the compact

- Violence against Nurses
  - Need for cultural change, nurses and employers, to encourage reporting of violent events.
  - Nurses continue to be afraid to report
  - One method to collect data is through Department of Labor Workman’s Comp claims
  - Home Health, Emergency and Mental Health Nurses at greatest risk for violence
  - Public awareness - Nurses need to tell their story
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