



These organizations are members of the Idaho Center for Nursing.

ANA IDAHO PRESIDENTIAL REPORT

Responding to Members...

Brie Sandow, MSN, RN, NEA-BC
ANA Idaho President
 Email: president@idahonurses.org



Brie Sandow

It seems that often our issues get lost in the endless number of emails that arrive, but I want to use this time to respond to some requests that have come from the membership.

In February, we posted a survey in *RN Idaho* asking for input. Members responded and took the opportunity to pose questions on the website, <https://idahonurses.nursingnetwork.com>. Here are samples of the questions and what can be done about them. Not everything has an easy solution and truthfully, questions were asked about issues that the board and staff have already been dealing with. Here are the questions and my responses.

- **What can be done about the print for *RN Idaho*? It is hard to read.** The historical print size was 9, but we worked with the publisher/printer and got the size increased to 10.5. That change is effective with the May edition. I will be happy to hear if this change made the publication easier to read.
- **I don't want to receive *RN Idaho*, can I be taken off the mailing list?** No. You cannot be taken off the mailing list if you are a licensed nurse. The mailing list is directly from the board of nursing to the printer who mails the publication. The Board of Nursing (BON) is required to inform every licensed nurse

about BON activities, and the mechanism to do that is through *RN Idaho*.

- **Can I only receive a digital copy of *RN Idaho*?** No. The BON does not collect email addresses. Only members and followers of American Nurses Association of Idaho (ANAI) through the organization website are receiving a digital copy as a membership benefit. Members and followers also receive a print copy.
- **Can the ANAI conferences be held in other parts of the state than Boise?** Yes, in the future. Historically ANAI, formerly INA, did host in north Idaho and eastern Idaho on a rotational basis. The cost was more expensive, and the attendance was no larger. Until we have a track record of greater attendance, we cannot afford to have conferences outside of Boise.
- **Why don't we have conferences in downtown Boise?** The only option for ANAI is the Grove, and that would involve paid parking downtown which is about \$12 daily. Nurses stated that they did not want to pay for parking.
- **How is the conference registration fee determined?** Usually, the fee is based on the number of CNE offered, at a rate of \$10 per CNE hour, plus the cost of food and audio-visual services.
- **What is the future plan for conferences and providing CNE?** ANAI has joined with Nurse Leaders of Idaho (NLI)/Council of Nurse Educator Leaders (CNEL) to jointly sponsor a conference November 3rd – 4th

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- 2019, in Boise at the Riverside Hotel. The goal is to share the plenary sessions and have breakout sessions for clinical nurses, students, nurse leaders and nurse educators.
- **Will CNE offered by ANAI meet the new Board of Nursing continued competency requirements?** Yes, CNE is one method of documenting continued competency and CNE offered by ANAI meets ANCC requirements.
 - **Will students continue to be invited to ANAI events?** Yes, but we do not expect them to be the majority of attendees. We want students to participate because they want interactions with nurses outside of clinical areas and they are the future of the organization.
 - **What are the activities that ANAI has focused on during the past six months?** The majority of our activity has been to re-establish a physical presence back in Idaho with an office, executive director, and to produce the Legislative Day and Annual

Conference. In addition, ANAI has been integral in helping to establish the Idaho Center for Nursing (ICN).

- **What is the best way to get my ideas heard?** Becoming an active member is the best way, but if you have an issue or concern, you can contact us by going to the website and using the "CONTACT US" link at the bottom of the left hand column.

We appreciate the participation we received in this initial membership survey and will continue to respond to questions, concerns, or suggestions as they are received. ANAI belongs to its members. The Board of Directors are elected volunteers that are committed to supporting the growth and development of nursing in Idaho. We recognize that there is a wealth of opportunity to expand the membership and activities available for Idaho nurses, but we cannot do it alone. If you are interested in hosting an ANAI event at your organization or in your town, we would love to hear from you! Together, we can ensure that nurses in Idaho have an influential presence in our communities, as well as at the state and national level.

LETTER FROM THE EDITOR

Sydney Parker, MSN, RNC-OB
 Email: separker@lcsc.edu



Sydney Parker

Hello fellow Idaho nurses! The month of May is a time of great joy and celebration for our profession. It is the time to recognize and thank you for your tireless efforts to provide compassionate and quality patient care. We have been highlighting your contributions to the profession over the last few editions and will continue to do so in an effort to celebrate your accomplishments. We look forward to hearing more of your achievements in the coming year.

Please see a special tribute to you in this edition under "Unsung Heroes."

RN Idaho is happy to announce it has entered into a content licensing relationship with EBSCO. The full text of RN Idaho will soon be available on EBSCO's databases. This means that submissions have met a high criterion for quality and content and will appear in searches in the EBSCO host databases. Have you been pondering submitting your research, quality improvement or evidence-based practice projects? Now is the time to submit to a peer-reviewed publication and increase your exposure. We look forward to your submissions to rnidaho@idahonurses.org.

Happy (Belated) Nurses Week to each one of you! Sydney



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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 or e-mail. Please call the ANA Idaho office if you have any questions.

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Membership application

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ANA Idaho Welcomes New & Returning Members

December 2018 - March 2019

Boise

- Jamie Blenker
- Julie Carr
- Christina Ortiz
- Melissa Berry
- Sally Packard
- Corey Albertson
- Matthew Silvers
- Olivia Vines
- Megan Reichle
- Patricia O'Shea
- Luciana Nolasco
- Bonnie Bergeson
- Rachel Rudeen
- Amos Haley
- Darcy Evans
- Hillary O'Kelley

Caldwell

- Michelle Hunt
- Dawn Simmons

Clearwater

- Dorrieane Hunt

Eagle

- Tina Foster
- Monica Bachman
- Rebecca Barnes

Ellis

- Shannon Gydesen

Garden City

- Kathleen Sullivan
- Angela Harrison

Hailey

- Barbara Landrum

Hayden

- Jennifer Collins

Jerome

- Trevor Churchman

Kimberly

- Katie Rolsma

Kuna

- Brenda Bynum

Lewiston

- Beverly Kloepfer
- Kaylee Callister
- Amanda Walker
- Doris Ziegeldorf

Meridian

- Collette Roland
- Anna Quon
- Anita Travis
- Ronald Cruz

Moscow

- Denice Davis

Mountain Home

- Morgan Wussow

Nampa

- Victor Dimbi
- Kellie Northam
- Safina Renzi
- Tonya Kardas
- Tarrill Jones

Parma

- Cheri Ross

Pocatello

- Patty Ackerman

Post Falls

- Dawn Philp
- Christine Brewer
- Denise Fowler
- Rosie Willy
- Marirose Apolinarski

Rathdrum

- Rochelle Wiedenhoff

Shelley

- Celynn Merrill

Saint Maries

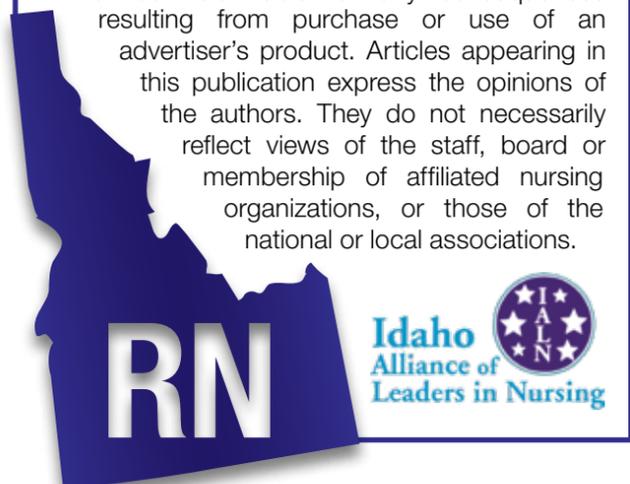
- Rebekah Myers
- Katherine Gamble

Star

- Maria Sims

Twin Falls

- Ginger Hanchett
- Christiana Sipe
- Serrah West



WELCOME NEW *RN IDAHO* EDITORIAL BOARD MEMBERS

RN Idaho welcomes the following new Editorial Board members:

- Sandra Evans, MAEd, RN, Retired Executive Director of the Idaho Board of Nursing
- Michelle Anderson, DNP, FNP, a nurse practitioner from North Idaho who represents the Nurse Practitioner of Idaho (NPI) organization
- Karen Neill, PhD, RN, SANE-A, DF-IAFN, Interim Dean and Professor, College of Nursing Idaho State University
- Laura J. Tivis, PhD, CCRP, Director of Nursing Research, St. Luke's Health System

Sandy Evans, RN, MAEd, is excited to be joining the *RN Idaho* Editorial Board, following her retirement from public service, where she most recently served as executive director of the Idaho Board of Nursing. After nearly 50 years of working as a staff nurse, staff development coordinator, nursing



Sandy Evans

program faculty and state agency administrator, Sandy is now re-discovering the concept of "time." She currently serves on the Editorial Advisory Board for the *Journal of Nursing*

Regulation, a publication of the National Council of State Boards of Nursing, and the advisory panel for the NCSBN Global Licensure and Regulatory Excellence (GLARE) initiative.



Michelle Anderson

Michelle Anderson DNP, FNP is a member of Nurse Practitioners of Idaho and the representative for Region 1, as well as being the chairperson for the Media/Marketing/Membership committee. She strongly believes in sharing of nursing experiences to better the outcome of patient care. Dissemination of research is one amazing way to do this and why she wanted to be part of this editorial board. Michelle owns and manages Pend Oreille Healthcare in rural Idaho where she carries a volume of 2,200 patients. Her favorite past time is reading and spending time with her family (husband and two kids). She is also an avid sports fan, mostly the cheer section for her children.

Dr. Karen Neill is Interim Dean and Professor, College of Nursing Idaho State University. Dr. Neill specializes in forensic nursing and trauma informed care. She has authored articles in peer-reviewed journals, and enjoys mentoring

aspiring authors from idea to publication. Dr. Neill served as Associate Editor for the *Journal of Forensic Nursing*. Research and scholarship emphases include forensic nursing practice, outcome measurement, evidence based and interprofessional approaches, and leadership as these relate to program development and evaluation, collaborative service delivery, and informed response.



Karen Neill



Laura Tivis

Laura J. Tivis, PhD, CCRP, enjoys coaching nurses in the art of writing for publication. She is excited to join the board of *RN Idaho* to promote it as a potential venue for nurses to share their professional experiences and insights for practice improvement. She has 30 years' experience in human subjects' research including over \$2 million in research funding, and numerous publications in peer-reviewed professional journals. In her spare time, she enjoys working to improve her equestrian skills and spending time with family and friends.

FEATURE

Idaho Survey: Personal Preferences at End of Life (2018)

Kim Martz, PhD, RN, Associate Professor, Boise State University School of Nursing;
Sara Toevs, PhD, Professor and Director, Center for the Study of Aging;
Lydney Winters Juel, Honoring Choices Idaho
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Advanced care planning is critical to ensuring that patients' goals and needs are met (Institute of Medicine, 2015). Significant efforts to promote advance care planning conversations have been made both nationally and statewide. Two national examples of public engagement and system-changing initiatives include The Conversation Project and the Honoring Choices® National Network.

In 2006, an Idaho statewide survey was conducted assessing a wide range of issues related to end of life. The results demonstrated that although many people in Idaho are willing to thoughtfully consider these issues, significantly fewer people in Idaho had taken steps to formalize wishes for end-of-life care.

As a result of a collaboration between Patient Centered Outcomes Research Institute (PCORI) Pipeline to Proposal award, Honoring Choices Idaho and the Center for the Study of Aging at Boise State University, an Advance Care Planning Community Advisory Board was established which engaged community partners in developing research ideas and processes. Through the guidance of the Advisory Board and others, it was decided to replicate the 2006 Idaho Statewide End-of-Life Survey in 2018 to create a current picture of attitudes, beliefs, experiences, and behavior related to end-of-life preferences and planning as well as to examine change over time.

The results of this survey reveal "a glass half full, half empty" perspective on individual preferences

for conversations and care at the end of life (see Figure 2). Although Idahoans are comfortable talking about death and wish to engage in advance care planning, few have done so — few have completed a living will, and even fewer have identified a health care agent or spoken with their health care provider about wishes for care. The results in 2018 are not much different than those in 2006 (see Figure 1).

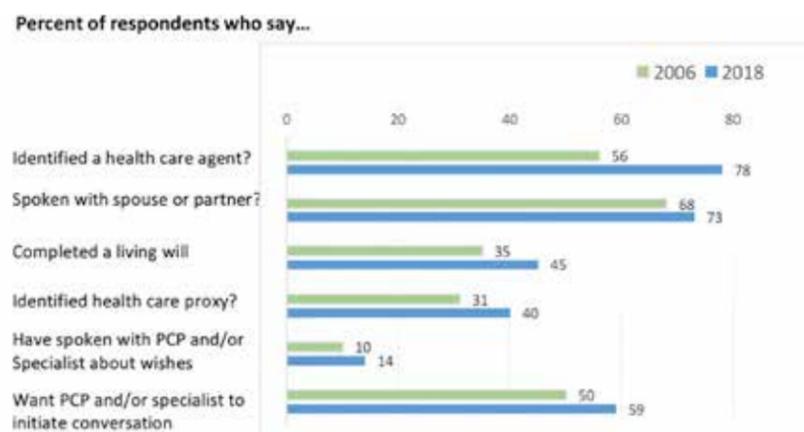
One indicator of a change in readiness to have conversations about end-of-life wishes in Idaho from the surveys was that more than 75% of respondents in 2018 were comfortable with identifying a health care agent as compared to 56% in 2006. While this may indicate a greater level of awareness, only 40% of respondents in 2018 had identified a health care agent suggesting that barriers to taking action exist.

Positive outcomes for Idahoans are at stake if the gaps between what they say they want, what actions they take, and the care they ultimately receive are not addressed. Idaho currently lacks a systemic and systematic approach to advance care planning (ACP), palliative care and caregiver support, however there is current work in Idaho that can be leveraged to address these gaps.

Launched in 2015, Honoring Choices® Idaho (HCI) began a partnership with health systems

Idaho Survey Continued on page 5

Figure 1



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FEATURE

Advocacy for Paternal Leave: A Nursing Perspective

Matthew Day, Student Nurse
Idaho State University
Email: daymatt@isu.edu

No parent expects their newborn to be admitted to the Neonatal Intensive Care Unit (NICU), but unfortunately, admission rates are continuing to increase. Currently, 78 per 1,000 live births are admitted to the NICU annually (Harrison & Goodman, 2015). This is a demanding time for parents and compounding this difficult situation, many parents still have to work and financially support the family. A 2018 study found that 45% of parents of NICU infants experience depression, anxiety, and stress during this period (Soghier et al., 2018). One way to help reduce the level of stress these parents are feeling is to ensure that both parents are able to take paid leave. Many employers provide leave for mothers, but this is often not the case for fathers. A recent follow-up study of fathers in the NICU showed that fathers play a large role in taking care of the child and participate in activities which include participating in the daily care of the child and managing the child's medical needs (Clarkson, Hearn, & Day, 2019). The study also showed that many fathers wanted leave from work during their child's hospital stay but were unable to take paternity leave (Clarkson, Hearn, & Day, 2019). The Family and Medical Leave Act may provide time away from work but does not give families financial support (United States Department of Labor, n.d.). Employer-provided paid paternity leave would allow for more time for fathers to be with their infants. Parental involvement has been correlated with improved infant outcomes for the new infant (Johnston, 2018; Kim, 2018). With more time off, fathers would be able to have more face to face time with providers, nurses, and other health care staff in order to learn infant care and to be more prepared to help take care of the infant after discharge. Numerous studies support the idea that paternity leave is beneficial. Access to paid parental leave increases primary care visits and reduces delayed medical attention and emergency department visits for children (Asfaw & Colopy, 2017; Clemans-Cope, Perry, Kenney, Pelletier, & Pantell, 2008). Another study found that the implementation of parental leave in the United States could reduce infant mortality by over 850 fewer deaths per year (Patton, Costich, & Lidströmer, 2017).

Parents want to spend as much time as they can with their newborn while they are in the NICU but unfortunately this can be difficult if they must continue their other time commitments, including work. Providing fathers with paid paternal leave during their infant's NICU stay would allow for more involvement with the child as well as help support the other primary caregiver. Clarkson, Hearn, and Day (2019) found many families have to juggle multiple responsibilities including work, children, and

higher education which were overwhelming with an infant in the NICU.

Many infants have follow-up appointments with different specialists after discharge from the NICU, and while it is important for at least one parent to be able to take the infant, many times this is the mother; fathers may be unable to take time off from work (Pohlman, 2005). It is important that both parents get quality education and information about their child's progress during these visits (Ignell Mode, Mard, Nyqvist, & Blomqvist, 2014; Yogman, Garfield, & Health, 2016).

Nurses have the unique opportunity to assist these families and advocate for policy change. The American Nurses Association (ANA) believes that advocacy is a pillar of nursing, and nurses have a key voice in ongoing efforts to improve public health by influencing the policymakers and agencies whose decisions will affect patients and those who care for them (2019). Currently, no legislation exists in the state of Idaho to promote changes in paid family leave but many bills on the national level are beginning to gain momentum (Idaho State Legislature, 2019). Nurse professionals can learn about future bills on paid family leave at the national level by using the legislation search tool on the [Congress.gov](https://www.congress.gov/) website: <https://www.congress.gov/>.

The author certifies they have NO affiliations with or involvement in any organization or entity with any financial interest, or non-financial interest in the subject matter or materials discussed in this manuscript.

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SAVE

THE DATES

Nurse Leaders of Idaho and Idaho Alliance of Leaders in Nursing

National Forum of State Nursing Workforce Centers annual meeting, June 12-14, Denver, CO

Idaho Hospital Association Convention, October 5-8, Sun Valley, ID

NLI Luncheon October 7

LEAP and ANAI annual meeting, November 4-5, Boise Riverside Hotel

American Nurses Association-Idaho

ANA Delegate Assembly, June 21-22, Alexandria, VA

ANA Idaho and LEAP 2019 annual meeting, November 4-5, Boise Riverside Hotel

Nurse Practitioners of Idaho

AANP annual meeting, June 18-23, Indianapolis, IN

NPI annual clinical conference, October 18-19, Boise Center

Idaho Association of Nurse Anesthetists

AANA Annual Congress, August 9-13, Chicago

IDANA Fall Conference, September 6-8, Silver Mountain Resort, Kellogg, ID

Idaho Board of Nursing

Summer Quarterly Meeting, July 11-12, Boise



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Idaho Survey Continued from page 3

and community organizations that established a framework for wide-spread adoption of sustainable, evidence-based practices in ACP. HCI and committed partners are all working towards the ultimate goal: *Idahoans expect their health care to align with their individual priorities and goals wherever they seek care and that health care providers will know and honor those priorities.*

The 2018 survey report provides a call to action to leaders and practitioners in the healthcare and public health arena. Specific recommendations include:

- Establish a sustainable source of funding for HCI and continued integration of evidence-based ACP practices statewide;
- Establish the infrastructure and technology to support a web-based document registry to ensure that documented ACP documents are available wherever and whenever individuals and health care providers need them;
- Encourage implementation of palliative care education and licensure/re-licensure standards that assure the delivery of high quality, patient-centered services;
- Implement quality measures and fiscal support needed to assure delivery of palliative care in a variety of settings;
- Integrate evidenced-based practices for coordination of care across systems and community through support of Idaho Health Continuum of Care Alliance (IHCCA) and similar organizations;
- Integrate evidence-based ACP practices in community-based organizations;
- Recognize and support family caregivers in the continuum of care.

The significance of communication about end of life wishes was captured in the sentiment recognized as important by almost all respondents, “not being able to communicate my wishes and/or needs to family and friends is worse than death.” Idaho must continue to work toward building systems of care that assure communication and accessibility to advance care planning documents wherever and whenever individuals and health care providers need them.

For access to the full report, visit: <https://www.boisestate.edu/csa/idaho-survey-personal-preferences-at-end-of-life-2018/>.

Figure 2

Idaho Personal Preferences at End of Life, 2018
Survey Highlights

People in Idaho have strong preferences about their own end-of-life care

- 92% want to die in their own home
- 60% are concerned they will be a financial burden to family or friends
- 72% are concerned they will experience a financial burden paying for medicine or medical care
- 80% say it is very important to not be a physical burden to loved ones.



GLASS HALF FULL:

People in Idaho are comfortable talking about death . . .

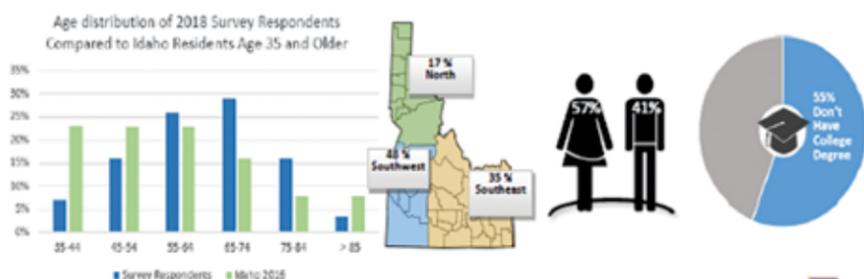
- 84% are comfortable with writing their own living will concerning healthcare decisions
- 50% are very comfortable with appointing a health care agent who would act on their behalf if they were unable to communicate
- 73% have spoken with their spouse or partner about advanced directives for care at the end of life
- 69% say not being able to communicate wishes and/or needs would be worse than death

GLASS HALF EMPTY:

BUT often they have not had key end-of-life conversations . . .

- 45% have completed a living will or written instructions concerning healthcare decisions
- 40% have identified a health care agent who would act on their behalf if they were unable to communicate
- 14% have talked about wishes for care at end of life with their primary care physician and/or specialist
- 59% want their primary care physician and/or specialist to initiate the conversation

Who responded to the Idaho Personal Preferences at End of Life Survey in 2018?



SOURCE: Idaho Survey: Personal Preferences at End of Life, 2018 (7/2018)
For more information contact Kim Martz, kimmartz@boisestate.edu or Sarah Toevs, stoevs@boisestate.edu

References

Institute of Medicine (2015). Committee on approaching death: Addressing key end-of-life issues. *Dying in America: Improving quality and honoring individual preferences near the end of life*. Washington, D.C.: The National Academies Press.

Self Care Corner...

Be Mindful, Be Present: Part 2

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In the February 2019 edition, mindfulness and being present were discussed. Techniques on how to ensure mindfulness were also presented, however, these were more focused on things that you can do at home. As nurses, we also need to explore mindfulness techniques that we can do at work. When we are able to be present in the workplace, we are able to put patient safety first.

You may not notice at first that you are having difficulty being present at work. One way to recognize that you need to bring yourself back to the present is, for example, not remembering the labs you recently checked on your patient or being unable to remember if you read your patient's H&P. It is easy to go on autopilot, but when we do this, our brain has checked out. Therefore, we need to bring our minds back to the present moment.

Techniques

When you have found you need to bring yourself back to the present, there are a few ways to do this at work. An easy thing to do is to stop what you are doing and perform intentional breathing, i.e. take a deep breath and focus on breathing in through your nose and out through your mouth (Mayo Clinic, 2018). As you are doing this, thoughts may come in to your mind and that is ok. You should acknowledge this thought, do not give it life, but know that it is there and then return your mind to focus on your breathing. This will help clear your mind, remove stress, and pull you back to the present time. This can take some time to get used to and we can often become uncomfortable acknowledging our thoughts, so it is perfectly acceptable to try this at home and then incorporate this in to your work day.

Practice

If you feel that you want a little more guidance and would like to practice at home before implementing this at work, here is a way to get started. You can either lay on your back or sit in a chair with feet flat on the ground, place your hands in your lap and your back straight against the chair. Then all you need to do is breathe. Feel each breath move in and out. As thoughts come into your mind, acknowledge their presence and then come back to focus on your breathing (Mayo Clinic, 2018). This too will help pull you back to the present moment.

If sitting and focusing on your breathing is not your cup of tea that is ok. You can also incorporate the following technique into your daily life at home and at work. Simply pay attention to what you are doing. For example: if you are eating, take time to enjoy your meal (I know as nurses this is difficult). While you are eating, focus on the taste of each bite and truly enjoy your food (Mayo Clinic, 2018). As we train our minds to focus on what we are doing at that very moment, we will begin to do this automatically and be able to be more focused in our lives. Remember the more you practice these techniques and are aware of the need to be present the easier it will be to be in the moment.

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Advocacy in Action



2019 Idaho Legislative Session Wrap-up

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The 2019 legislative session began with the inauguration of a new Governor, Brad Little, and a new quarter of the legislature. Overall, this session was somewhat quieter in terms of the number of bills heard and the tone of both the House and Senate. The last week of March brought out the most controversy with Medicaid Expansion and restrictions to the Voter Initiative process. The session, which was planned to end on March 25th, will go into April. Gun rights, immunizations, and abortion were the other hot topics that had their share of attention, but to a lesser extent than in previous years.

Medicaid Expansion

Proposition 2 became law in November when 61% of the voters approved the voter initiative to Expand Medicaid to cover those in the Gap who are between 100% and 138% of the federal poverty level and are not covered under Medicaid or qualify for subsidies to purchase health insurance on the state Exchange. In late January, the Idaho Supreme Court heard a challenge to Proposition 2 brought forth by the Freedom Foundation. The Court decided that Proposition 2 was valid and reinforced the voter's decision to pass Medicaid Expansion in November.

Several proposals by the legislature to set "sideboards" or restrictions on Medicaid Expansion were considered but failed. These included items such as: work requirements, reducing retroactive eligibility from 90 days to 30 days, requiring those who can qualify for the Exchange to remain on the Exchange, limiting reproductive services, and repealing Medicaid Expansion outright should the federal government reduce the 90%/10% federal/state cost sharing for the program. Public testimony was overwhelmingly supportive of Medicaid Expansion without "sideboards" or unnecessary restrictions. The single remaining proposal at the end of March would allow those qualifying for Medicaid who are on the Exchange to choose between Medicaid or the Exchange, provide job training and support no job requirement, allow Medicaid payment for behavioral health, provide substance abuse screening and referral, and allow the legislature to reconsider options should federal funding change. Funding for the first six months for Medicaid Expansion for FY 2020 was approved.

A Legislative Interim Committee on Medicaid Expansion Funding will meet throughout the summer to consider using County Indigency Funds and the State Catastrophic Fund as ongoing sources of money to fund Medicaid Expansion. The overall cost to expand Medicaid Expansion is estimated to be \$400M with the state's share being \$40M. The counties currently cover the initial cost of medical care for those unable to pay and the state picks up the remaining cost with both totaling about \$40M per year. If the legislature takes no action, expansion as approved by the voters will become effective January 1, 2020 without any additional requirements or limitations.

Governor's Executive Orders

Red Tape Reduction Act

Administrative agencies must identify two administrative rules to repeal for every new rule proposed, and agencies must designate a rule review officer who would search for obsolete or burdensome rules to eliminate.

Licensing Freedom Act

This executive order follows the recommendations of a statewide review of

occupational licensing requirements conducted in 2018. It will reduce the number of required occupational licenses and set sunrise and sunset time limits on licensure requirements.

Suicide Prevention

Governor Little has committed \$1M in suicide prevention funding with a goal of reducing suicides by 20% by 2025. In 2017, suicide claimed the lives of 393 Idahoans. The Legislature committed to making suicide prevention the #1 budget priority for 2020.

Administrative Rules

(Rules become effective at the end of the legislative session)

Board of Nursing Administrative Rule – Passed Change Definition of "Nurse Apprentice"

This will allow recent nursing program graduates who are employed as CNA's to continue to work in an unlicensed capacity for three months beyond completion of the nursing program. Nurse Apprentice should not be confused with Graduate Nurse or Nursing Residency.

Remove a Section of the Rules Addressing Multistate Licensure

Since adoption of the Enhanced Interstate Nursing Compact, language in the rules is obsolete and is removed.

Prescriptions Written by APRN's

This changes current rules that require information to be provided by APRN's ordering prescriptions that are not required of other providers authorized to write prescriptions. The rule revision removes those additional requirements to align with those of other providers.

Restraint & Seclusion Rules – Passed

The change to the Department of Health and Welfare Hospital Licensing Rules will allow Nurse Practitioners to order restraints and seclusion. Previously, only a physician was authorized to order restraints. These changes align with CMS requirements and were done to protect the safety of patients and staff. ANA-Idaho/Nurse Leaders of Idaho worked alongside Disability Rights Idaho and the Department to draft the new rules.

Rules Requiring Insurance Coverage for Children's Hearing Aids and Speech Therapy – Passed

Immunization Form – Passed

The form used for parents to decline immunizations for their children became a hot topic during the 2018 legislative session. Over the past summer, with the input of parents, the Department of Health and Welfare drafted rules to allow parents to use a modified form posted on the Department's website, a form developed by the school, or any form produced by the parent to decline immunizations. Previously students would not be allowed to attend school without having immunizations except under limited circumstances. The only requirements for the new form are that it includes the child's name and birthdate and the parent/guardian signature. Several parents who oppose immunizations testified against the requirements.

Meningitis Immunizations – Passed

Another rule change requires high school seniors to receive a meningitis vaccination booster prior to graduation. Immunizations are very controversial for those who see it as an intrusion on personal liberty. As with other vaccinations, parents have the option of declining the vaccination.

There were several parents who testified against vaccinations in general and against any requirement that students receive a vaccination even if the parents could opt-out. An attempt to reject the rule failed.

Bills

HCR 4 – Reject Immunization Rules – Held without action

Representative Giddings of White Bird introduced a bill to reject the Department of Health and Welfare Meningitis Immunization rule that requires high school graduates receive the second immunization.

H 133 – Immunization Exemptions – Held without action

The bill passed the House but did not get a hearing in the Senate. The bill introduced by Representative Giddings would have required daycare facilities and schools provide immunization exemption forms to parents and guardians.

H 64 – Changes to the Complications of Abortion Reporting Law – Signed by Governor, becomes Law

The controversial law was passed in 2018 to require healthcare providers to report any complications of abortion, including divulging patient information. The law also directs the Board of Nursing to take license action against nurses who fail to report. The law is being challenged in federal court as it requires the reporting of confidential patient information protected under federal law. The changes presented by Representative Greg Chaney of Caldwell is meant to address legal concerns by clarifying legislative intent and replacing the requirement to report any complication with a requirement to only report treatments that are, within the medical provider's judgement, the result of having had an abortion.

H 109 – Maternal Mortality Review Committee (MMRC) – Signed by the Governor, becomes Law

Idaho's maternal death rate is 27.1 per 100,000 live births. The US has a maternal death rate of 26.4 compared with Canada at 7.3, UK 9.2, Germany 9, France 7.8, Spain 5.6, Italy 4.2 and Finland 3.8. The bill creates a Maternal Mortality Review Committee within the Department of Health and Welfare. Composition of the committee includes physicians, one midwife, a nurse midwife and one labor and delivery nurse. The committee will study the causes of death and provide recommendations to reduce the death rate. Funding will be entirely covered through a CDC grant.

H 180 – Syringe and Needle Exchange Act – Signed by Governor, becomes Law

The bill allows groups to offer syringe and needle exchange programs.

H 181 – Definition of "Abused" in the Child Protection Act – Signed by the Governor, becomes Law

This bill, proposed by a nurse and member of ANA-Idaho passed unanimously in both the House and Senate. The bill expands the definition of "Abused" in the Child Protection Act by replacing "subdural hematoma" with "head injury." The current definition lists several physical signs including bruising, bleeding, fractures, etc. that when inflicted intentionally would suggest abuse. Included in the list is "subdural hematoma," which is a specific diagnosis. The definition does not include other diagnoses or symptoms of altered consciousness or head injury that can be the result of Shaken Baby Syndrome or other forms of child abuse.

H 182 – Pharmacist Prescribing – Signed by the Governor, becomes Law

The new law broadens the ability of pharmacists to prescribe without the specific authorization by the Board of Pharmacy, so long as the practice conforms to the following criteria:

- Does not require a new diagnosis;
- Is for a minor or self-limiting illness;
- Has a CLIA waived test to support a diagnosis, or
- The patient's health and safety may be threatened if not provided immediately.

S 1099a – Adolescent Residential Treatment – Passed Senate, to House Health and Welfare Committee

The bill seeks a waiver to Department of Health and Welfare rules that prohibits adolescent residential treatment programs for substance abuse. In Idaho, adolescents do not have access to crisis centers or adult treatment programs. This bill would allow centers who segregate adolescents to provide residential drug treatment with parental approval.

H 143 – Occupational Licensing Reform Act – Passed House Business Committee, to House floor

Reduces barriers to licensing, accepts relevant military education and training and expedites licensure for members of the military, their spouses and veterans.

H 116 – Rape Kit Testing – Signed by the Governor, becomes Law

The bill requires the processing of rape kits, clarifies the procurement and retaining of kits and the submission of DNA results to a national database. Sexual assault kits will be processed by the Idaho State Laboratory.

Religious Exemption to the Child Protection Act

A draft bill was circulated early in the session that would have limited the religious exemption to the Child Protection Act in cases where serious illness,

disability or the child's life is in danger. A bill was never introduced. There was no action this year to address children who die by not having medical care.

H 9 – Physician and PA Licensing – Signed by the Governor, becomes Law

The Medical Practice Act was last updated in 1997. The bill simplifies licensing requirements.

H 12 – Opioid Antagonists – Signed by the Governor, becomes Law

The new law becomes effective in July and will allow access to naloxone to anyone without a prescription. Naloxone is a very safe drug, and this bill will put it in the hands of families and friends of those at risk of opioid overdose.

H 59 – Age for Organ Donation – Signed by Governor, becomes Law

The bill lowers the age for organ donation to 15.

HJM 1 – 611 Crisis Hotline – Adopted

Introduced by Representative Caroline Troy, this bill establishes "611" as the Crisis Hotline focused on mental health, domestic violence and suicide.

S 1034a – Oral Chemotherapy – Passed Senate, to House Health and Welfare Committee

The bill would require insurance coverage for oral chemotherapy, the same as IV or injectable chemotherapy. Amended to reset the implementation date to January 1, 2020.

S 1028 – First Responder Workers Compensation Coverage for PTSD – Signed by the Governor, becomes Law

Under current law, Posttraumatic Stress Disorder (PTSD) is covered only if it is also associated with physical injury. The bill now allows Workers Compensation coverage for PTSD alone for first responders, EMS, Fire, Law Enforcement.

Idaho Association of Nurse Anesthetists (IDANA) Update

Viewing Leadership as a Priority

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As healthcare evolves at a rapid pace, we need to continue our push to develop leaders for the future. CRNAs are highly trained professionals and truly enjoy the clinical aspect of anesthesia. However, when a clinically focused person assumes a leadership role, unforeseen challenges arise and success as a leader/manager can be complicated and elusive. This same scenario happens in our volunteer professional organizations. Whether it is stepping up to assume a Chief CRNA role or serving as an officer on a state board, many people do it out of obligation or sense of duty, not because they are a qualified leader. Professional clinical excellence does not necessarily translate into positive leadership abilities.



Gus Powell

Quality leadership contains components that are sometimes difficult to classify. Although effective leadership will yield positive results in performance and morale, the "soft skills," such as handling staff conflicts, activating intrinsic motivation, and inspiring vision cannot be measured on paper. These strengths are not as concrete as the hard science skills learned in our training as APRNs. Martens, Motz, and Stump (2018) looked at CRNAs and their transitions to the role of manager. They found that 56% of their participants agreed that "soft skills" are the most important skills to have during a transition to management. These leadership skills are not honed overnight or from a weekend conference. The multitude of interpersonal issues that a leader encounters cannot be quickly summarized. Time, mentoring, and seeking advice from colleagues go a long way in building up internal resources to navigate this new career path. A perspective gap often occurs between front line clinical staff and administration. Speaking as a professional who has been on both sides, I believe it is safe to say that clinical professionals can view leadership positions as opposing to or disconnected from real world environments.

A phenomenon highlighted in the study by Martens, Motz, and Stump (2018) surrounds the "hybrid manager." This phenomenon relates to the many professionals who split their time between clinical work and management/leadership duties. A misperception can occur from the clinical side that time spent doing managerial work may be less important because it's not as visible or beneficial to direct patient care. The perception of equal distribution of the workload is often critiqued. However, when many of the variables mentioned above occur, burnout and frustration can set in on both sides.

One way to combat this challenge is through the education and development of leaders. Stanley (2003) writes that in leadership, success is succession. We all need to build up others and keep the mindset that our professions and

organizations are bigger than we are as individuals. This requires humility from our current leaders. Regardless of our position or title, we need to think and develop our own leadership skills, as well as those around us.

I encourage all those serving in leadership positions of any type to continue to reach out, develop, and raise up the next generation of nursing leaders. Let's all be proactive in this venture. Our professional future depends on it.

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“Unsung Heroes”

Sydney Parker, MSN, RNC-OB
Assistant Professor, Lewis Clark State College
and RN Idaho Editor
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Dear Nurses,

In May, some may ask, “Why do you get a week?”
 “Why celebrate you, do you kick up your feet?”
 You’ll have to forgive them, for they don’t understand,
 Why this week is important, why we give you a hand.

See nurses work tirelessly, by day and by night
 On weekends and holidays, for patients they fight.
 They fight for the man who is losing his wife,
 You see, cancer is trying to take another life.

They fight for the preemie so fragile and small,
 and parents who feel they know nothing at all.
 They educate and care for this new little one,
 and don’t think twice of themselves until the work is done.

They fight for their community’s health,
 They fight for all those without wealth.
 They fight for your right to affordable care,
 They fight for your loved ones when you can’t be there.

They share in your joys and share in your sorrow,
 And show up ready to fight today and tomorrow.
 Nurses are advocates, comforters, leaders,
 Innovators, researchers, joy-givers, healers.

Not many get witness what they actually do,
 They would be amazed if they really knew.
 So to you nurses, who ask in return for zero,
 We honor you this week, the unsung hero.

EXECUTIVE DIRECTOR’S REPORT

The Idaho Nursing Workforce-2019 Update

Randall Hudspeth, PhD, APRN, FRE, FAANP
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Every two years, the Idaho Alliance of Leaders in Nursing (IALN), which is the Idaho state representative to the National Forum for State Nursing Workforce Centers (NFSNWF), publishes a status report on nurses working in Idaho. The comprehensive report was published in November 2018, and is available on-line at <https://nurseleadersidaho.nursingnetwork.com/page/77021-nursing-workforce-biennial-report-for-2018>. In February we completed a quarterly update.



Randall Hudspeth

The report data is separated into three components: supply, demand and educational data. Supply data uses aggregate information obtained from the Idaho Board of Nursing nurse license database for LPNs, RNs and APRNs. Demand data uses information from agencies in Idaho that employ nurses and that represent various healthcare sectors such as hospitals, long term care, assisted living, public health, home health and hospice. Educational data is reported by schools of nursing about the numbers and qualifications of faculty and the numbers of currently enrolled students. It also details the program’s accreditation status, affiliation and the first time pass rate for graduates taking the licensing examinations.

Information in each of the three components is based on the NFSNWF’s minimum data sets. Using nationally vetted data set standards allows the data to be compared and reported against other states’ data reports. Nationally, data is analyzed and reported as a projection of what can be expected in the upcoming four years. On a national level we know three outcomes based on the latest reports: (1) There will be an estimated 100,000 nursing jobs available which is more than any other profession; (2) By 2022, 500,000 current RNs are expected to retire; (3) Based on an aging population, life length expectations and population migration, the U.S. needs to produce 1.13 million new RNs to meet future demands and to replace existing RNs who will retire.

Idaho will be impacted by a nursing shortage because the fastest population growth and the greatest demand for nursing care in the U.S. is in the Pacific Northwest, where growth is projected at 11% annually through 2022. The slowest growth areas are the Northeast and the Midwest.

Idaho has these specific issues. A nurse shortage will be impacted by continued population growth demands and increasing numbers of nurse retirements. The U.S. Census Bureau identified Idaho as having a 2.1% population increase in 2018, making Idaho and Nevada the two fastest growing states. Idaho continues to have a maldistribution of the nursing workforce, with 48% of nurses living in southwest Idaho and low numbers living in rural communities across the remainder of the state. There are 3,700 LPNs and the LPN retirement demographic mirrors the RNs.

RN supply data analysis shows that there are approximately 27,000 licensed nurses, but many do not live in Idaho. These nurses hold Idaho licenses because they often work for insurance companies or provider systems that have patients who live in Idaho, and thus the nurse must hold an Idaho license to provide any level of care. The resident RN workforce is 18,998. Of those residents, approximately 1,000 do not work as nurses. Another 2,700 are also licensed as APRNs, and 420 are in government service. This yields an effective employable nursing workforce of 14,878. The national standard for the number of nurses per 1,000 population is 9-10 nurses. Idaho has 9.03 RNs per 1,000 population, which is at the lower end of the standard.

Today, 38.4% of Idaho nurses are age 55 or older, and 12% of them are 65 or older. Because retirement age is 66+ years, we can expect to see many of those age 65 or older retire within the next three years.

Projections for the near-term nursing workforce are not good, but schools have already begun to implement mitigation strategies to expand classroom space, increase faculty and facilitate better clinical placement utilization. These efforts will allow schools to increase enrollments. To effectively mitigate the shortage, each school needs to increase its number of graduates by 40 per year on average. Not all schools will be able to accomplish this, so other strategies are also needed. Nurse retention in the workplace is a major effort that can help relieve the shortage. Nurse recognition efforts can impact retention. Trying to decrease the out-migration of nurses to surrounding states can help. Currently Idaho has about 200 new graduates annually that leave Idaho after graduation. However, that will be a challenge because Oregon, Washington and Nevada all project significant shortages in the next five years.

Salary is always an issue, but Idaho has achieved significant progress in terms of salaries. In 2015, Idaho ranked seventh of the surrounding states and by 2018, Idaho had improved salaries and ranks third.

The demographic of nursing students has changed. Today in Idaho, the majority of nursing students are in their early to mid-20’s, compared to 50% being in their 40’s a decade ago. The academic preparation of our nurses has also changed. Idaho is a national leader in terms of the number of RNs who have a bachelor’s degree in nursing (BSN). Compared to much of the nation that has a BSN rate of 55% to 60%, Idaho has a 71% BSN workforce. Much of this success in attempting to achieve the Institute of Medicine recommendation of an 80% BSN workforce by 2020 is due to the effective cooperation and articulation agreements between Idaho schools of nursing, thus allowing a seamless transition between two-year community colleges and four-year institutions.

Advanced practice nurses will also present a challenge for Idaho’s future nursing workforce. Of the four APRN roles, Certified Nurse Practitioner (CNP), Certified Registered Nurse Anesthetist (CRNA), Certified Nurse Midwife (CNM) and Clinical Nurse Specialist (CNS), Idaho produces only Nurse Practitioners. Idaho relies on in-migration or supporting Idaho students to seek out-of-state education for the other three roles. The age demographic of APRNs mirrors the general RN population. Anesthesia services, especially in rural hospitals, and access to primary care provided by CNPs is at risk. Currently, of Idaho’s 1,468 CNPs, 1,132 identify themselves as primary care providers; roughly one-third of all primary care providers in Idaho are CNPs. Three rural communities in Idaho rely on a CNP as the sole primary provider.

Fortunately, Idaho stakeholders are acutely aware of these issues. Representatives from education, government, employers and the profession are meeting regularly to implement a strategy that can positively impact future nursing workforce issues. IALN will work to update the workforce report on a regular basis and to communicate its status to Idaho nurses and stakeholders.

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IALN AND NLI UPDATES

Leading Idaho Nursing...It takes a TEAM!

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We know that we accomplish more when we work together, and usually the outcomes from our efforts are better for it. One aspect of a team is having a common bond. Last year, Idaho nurses formed the Idaho Center for Nursing (ICN). The goal of the ICN is to be a bond between all of the professional nursing organizations that already exist in Idaho. The ICN steering committee is composed of the President or appointed representative and one other member from each participating organization. The organizations that currently participate in the ICN include: ANA-Idaho, Nurse Leaders of Idaho, Idaho Association of Nurse Anesthetists, Nurse Practitioners of Idaho, and the nurse philanthropy Idaho Alliance of Leaders in Nursing. Participants in the ICN are independent membership organizations that have their own affiliations with their respective national organizations, such as the American Association of Nurse Executives, American Nurses Association, American Association of Nurse Practitioners and the American Association of Nurse Anesthetists.



Karen Neill

The ICN steering committee meets quarterly. NLI has been represented by Joan Agee, president-elect and Tracy Watt, Region 3 Representative. The ICN group has been able to effectively discuss varying viewpoints on legislation and has been in a position to share where each association stands on issues. One of the effective strategies for success in teamwork has been to learn that if you don't support something, that does not necessarily mean that you have to be against it. Having these discussions has helped to make nursing in Idaho more unified. Sometimes the best approach to manage opposite viewpoints

is to be silent and not outwardly non-supportive, especially when an outcome would have minimal impact on one stakeholder while having a greater impact on another.

In February, NLI teamed with ANA-Idaho to co-sponsor the Nurses' Day at the Capitol. Over 125 nurses and students participated. Nurses had the opportunity to speak with Governor Little and many legislators and to view sessions of both the Senate and House. Most of the healthcare related issues that concerned nurses had already passed, but nurses did have time to talk about nurse faculty salaries, Medicaid funding issues and access to care for rural Idahoans.

IALN sponsored a statewide Nursing Workforce Stakeholder meeting in Boise to review the results of the 2018 Nursing Workforce Report and to plan mitigation strategies to impact nursing shortages. The work accomplished since the February 2018 meeting was reviewed. Attendees included 51 educators and employers from across Idaho.

The NLI Board of Directors revised the strategic plan and are focused on how to better include rural and Critical Access Hospitals in organizational programs. NLI is committed to offering the Fundamentals of Nursing Leadership program and is exploring the development of a statewide Nursing Preceptor Training Program.

As an organization, NLI enjoys a robust membership of nursing leaders including Chief Nursing Officers and other nursing administrators or directors, nurse educators, and almost 100% of hospital participation as organizational members. The CNEL president is now on the NLI Board of Directors and each school of nursing is an educational organization member.

NLI represents nurses in all practice areas and works collaboratively with the other professional nursing organizations in the state through the ICN. In a rural state it does take a team to effectively represent and continue the forward growth and impact of the nursing profession. The ICN tagline says it all, "A Healthy Idaho Begins with Nurses."

NURSE PRACTITIONERS OF IDAHO (NPI) UPDATE

Melanie Nash, DNP, APRN
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The Nurse Practitioners of Idaho (NPI) have had a busy winter. The Executive Board met for review of achieved goals for 2018 and strategic planning and goals for 2019.

A few highlights:

1. NPI has completed a website/webmaster change, making the site more accessible and user-friendly. It can be viewed at the following link: <https://npidaho.enpnetwork.com/>.
2. The 2019 NPI Annual Fall Conference is scheduled for October 18th and 19th at the Boise Centre. Christine Kessler MN, ANP-C, CNS, BC-ADM, CDTC, FAANP, an award-winning Nurse Practitioner, national and international speaker, prolific author, and editor is the keynote speaker. She will share her expertise as a clinical consultant specializing in Endocrinology and Metabolic Medicine, speaking on new theories and treatments in gut health—fairly cutting edge.
3. NPI is exploring Nurse Practitioner (NP) student concerns regarding clinical site and preceptor availability. The local practicum site competition between NP, PA, medical and DO students and medical residents is at the breaking point. One option to consider is exploring a tax incentive for NPs who share their time and expertise with NP students.
4. NPI Legislative Advocacy Day in February gave NPI the opportunity to meet with our senators and representatives. We are looking for opportunities to educate legislators and the general public regarding



Melanie Nash

the important health care role of Idaho's Nurse Practitioners. Idaho NPs have been Licensed Independent Providers since 2004. Idaho NPs provide 48% of all Idahoans' primary (basic) health care.

5. The NPI Legislative arm is actively providing key data and education to Idaho insurers and Medicaid to underscore the important role of NP providers in care delivery to Idaho's burgeoning population.
6. NPI invites all Idaho NPs and NP students to support their professional organization by becoming a member (see above website).
7. NPI's annual scholarship application cycle will open in early May. There are four scholarships available to two NPs and two DNP/PhD students. Please watch the website for details.

May is Better Speech and Hearing Month!

Every year in Idaho –

- An estimated 70 babies are born with some degree of hearing loss.
- About 1 in every 10 babies who do not pass the newborn hearing screen are found to have a hearing loss.

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IDAHO NURSING AWARDS AND RECOGNITIONS

Sandra Evans, MAEd, RN, Retires After 28 years at the Idaho Board of Nursing

In December 2018, the Idaho Board of Nursing (BON) announced the retirement of Sandra Evans, who had served as Executive Director for 22 years and had been the Associate Executive Director for six years before that. Sandra Evans was the longest serving Executive Director of the Board of Nursing in Idaho history. During her tenure at the BON, she oversaw many advancements in nursing practice and regulation. The number of licensed RNs grew from 10,000 to over 25,000 during her tenure.



Sandy Evans

Ms. Evans graduated from Idaho State University with a BSN and went on to obtain a Master's degree from the Idaho State University College of Education at a time when Idaho did not have a graduate nursing program. After graduation she worked as a RN in Boston, MA before returning to Idaho. She was the Director of Nursing Education at St. Anthony Hospital in Pocatello before beginning a career with the State of Idaho.

She joined the BON staff in 1990 and was hired to be the Executive Director in 1996. She was heavily involved in the major 1998 revision

of the Idaho Nurse Practice Act. That revision was significant in that it recognized all categories of APRNs, and it placed the responsibility for regulating APRNs solely with the BON. Five years later, she was involved with the Practice Act change that removed language requiring physician supervision for APRNs and giving Idaho APRNs full practice authority.

Under her guidance, in 2001 Idaho became the 13th state to adopt the Nurse License Compact for RNs and LPNs, and later it adopted the updated enhanced Nurse License Compact. She served as the national chairman of the Nurse License Compact administrator group for the National Council of State Boards of Nursing (NCSBN).

She was active on a national level with NCSBN, and served two terms as the NCSBN Treasurer, as well as serving on multiple committees over the years. She encouraged members of the Idaho BON to be active on a national level and to increase their knowledge about nursing regulation. Two board members went on to serve on the NCSBN Board of Directors and one was the national chairman for the candidate selection committee.

Ms. Evans received multiple recognitions during her career. The Nurse Practitioner of Idaho Association recognized her twice for being the state advocate for Nurse Practitioners. The NCSBN awarded her the Meritorious Service Award in 2008 and the prestigious R. Louise McManus Award, the highest NCSBN recognition, in 2012. In 2017, the Nurse Leaders of Idaho recognized her as having a Distinguished Career in Nursing.

Nursing regulation in Idaho enjoyed many years of stability and leadership and was recognized nationally as a leader in nursing regulation during her time as Executive Director. Nurses across Idaho thank her for her service and wish her the best for a well-deserved and enjoyable retirement.

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Recognition is Important 2019 Activities

Recognition Celebration Dinner is Monday, November 4, 2019

Evidence supports that when people are recognized for the work they do, their self esteem increases, work productivity is enhanced, job satisfaction is improved, and they remain employed longer. Employers benefit by having a happier and more productive workforce and less turnover.

Nurse Leaders of Idaho announces the 2019 Recognition Celebration Dinner to be held on Monday, November 4, 2019, at the Riverside Hotel in Boise beginning at 5:30PM.

Employers and nurses are encouraged to submit the names of nurses to be recognized. Categories for the types of recognitions are not limited. Employers and nurses from all practice settings can be included for recognition at the event.

Here are some ideas of recognition types, but nurses are not restricted to these categories.

- Daisy Award
- Excellence in Clinical Practice
- Clinical Nurse Educator Excellence
- Academic Nurse Educator Excellence
- Emerging Nurse Leader
- Senior Nurse Leader
- Preceptor Excellence
- Leadership in Innovation
- Excellence in Program Development
- Excellence in Specialty Practice
- Excellence in Long Term Care and Gerontology
- Outstanding Nurse Manager
- Excellence in Advanced Practice Nursing (NP, CRNA, Midwife, CNS)

To learn more about the Recognition Celebration Dinner and to obtain the nomination forms, visit the **Event Section** of the Nurse Leader of Idaho website at: <https://idahonurses.nursingnetwork.com/>

Nominating a Distinguished Career Achievement Recognition recipient is also a possibility. If you know a nurse who has made significant contributions throughout their nursing career in Idaho and who is retiring or has retired, consider contacting the Idaho Center for Nursing to submit their name, at kiuliano@nurseleaders.org.

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IDAHO NURSING AWARDS AND RECOGNITIONS

Dori Healey New ANA Idaho President-elect

Dori Healey, MSN, RN, MBA-HA, is pleased to have been chosen as the ANA-Idaho president-elect effective immediately. Dori began her nursing career as an LPN for 13 years and has been a Registered Nurse for the past five years. Dori currently holds credential as a Certified Professional in Patient Safety (CPPS) at St. Luke's Health System and is actively pursuing certification in Healthcare Quality (CPHQ). Working in clinics throughout the Treasure Valley has provided Dori with a profound understanding of population health, accountable care, and functioning in a health organization that is striving to achieve high reliability. Growing up in rural Idaho as a third generation nurse has provided her with an unique perspective of Idaho's healthcare needs. Dori is very excited to combine her love for nursing, networking, and political science to help grow ANA-Idaho.



Dori Healey

Away from nursing, Dori is a married mother of two active children ages six and three. She participates enthusiastically in two non-profit organizations and is passionate about both. She is also scout leader for her son's Boy Scout troop. When time allows, Dori enjoys quilting, baking, gardening, and camping with her family in the great outdoors of Idaho.

Dori welcomes any feedback, comments, concerns, or questions and can be reached at dori.healey@gmail.com.

Dr. Joan Agee Awarded 2019 ISU Professional Achievement Award

Lindsay Taylor and Lee Ann Hancock
 ISU College of Nursing Career Path Intern and Director of Divisional Marketing & Communications
 Email: hanclee@isu.edu

Joan Agee, DNP, RN, a Class of 2000 Master of Science in Nursing Administration graduate of the Idaho State University College of Nursing, has accepted the 2019 Professional Achievement Award at Idaho State University (ISU). The Professional Achievement Award is an annual award that recognizes alumni who have demonstrated significant success in their field of expertise, and have made valuable contributions to ISU. A recipient is selected by the ISU Alumni Association each year, in conjunction with each of ISU's nine colleges, and Joan Agee was honored with this distinction for the College of Nursing in March. She will be recognized at a ceremony sponsored by ISU's Kasiska Division of Health Sciences in May, for her dedication and work within the field of nursing.



Joan Agee

"Dr. Joan Agee represents the outcomes desired for nurses earning the Master of Science in nursing degree, and that is in making critical contributions in the health care system, demonstrating flexible, innovative, and exemplary leadership for improving outcomes and elevating care. I have worked with Joan as President of Nurse Leaders of Idaho [for which she is President Elect], and the Idaho Center for Nursing - she is energetic, vibrant, and professional," stated Dr. Karen Neill.

Nursing Recognitions

The following nurses have been recognized for their notable contributions:



Celeste Benedict

Nampa ICU nurse Celeste Benedict has been nominated for Idaho's Brightest Stars award after she created a program to provide clothing to low-income patients upon discharge. Benedict developed the Clothes Closet program in response to a growing problem at the Nampa hospital.

Southwest District Health WIC has recognized Cindi Faith Bennett, MN, RN, IBCLC, lead lactation consultant at St. Luke's Nampa, for her dedication and support of breastfeeding. Bennett received a certificate at a celebration in August at the St. Luke's Nampa Family Birth Center and Newborn Intensive Care Unit during National Breastfeeding Month.



Cindi Bennett

Amanda Erickson, a registered nurse in the St. Luke's Nampa Family Birth Center, has been selected for the National Association of Neonatal Nurses (NANN) 2018 Emerging Leader Fellowship Program. Erickson is one of five people chosen for the nationally competitive program.



Amanda Erickson

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STUDENT SPOTLIGHT

New Practical Nursing Program at the College of Western Idaho

Joan Weddington, PhD, RN
 College of Western Idaho
 Email: joanweddington@cwidaho.cc

In January 2019 the College of Western Idaho (CWI) launched a practical nursing program in response to community need. According to the Occupational and Industry Projections (released 2018), by 2026 Southwest Idaho will need almost 1,500 practical nurses (and over 3,000 will be needed statewide). Less than three years after discussions with Treasure Valley healthcare organizations and the Idaho Department of Labor, the College of Western Idaho was granted approval to begin the one calendar year certificate granting program by the Board of Education, the Northwest Commission on Colleges and Universities, and the Idaho Board of Nursing. "The College of Western Idaho is deeply committed to serving the needs of the community and we are well positioned to respond to those needs," offered Allison Baker, Department Chair, CWI Nursing Program. "Admitting a cohort of PN students in less than three years of being approached by key industry and regulatory agencies reflects our agility."

The College of Western Idaho offered a practical nursing program until 2012; however, based on the continuously changing landscape of healthcare, the college made the decision to suspend it until need dictated its reactivation. "After listening to what the community wanted and needed, we completely revised the curriculum." For example, the PN program was designed with working students in mind. As a result, whenever possible, classes are held in the evenings and weekends. Graduates of the program are eligible to take the NCLEX-PN. Due to the urgent need to educate practical nurses, CWI chose to not seek to develop a PN to RN "bridge program" at this time; however, Baker has not ruled out such a program for the future. "As always, we will continue to be attentive to what our community and state needs," she said.

References

- A. Baker (March 1, 2019). Personal communication.
- Idaho Department of Labor, Communications and Research Division. (2018). *Occupation and industry projections*.

Idaho State University College of Nursing PhD Student Awarded 2018 Sigma Theta Tau Grant

Lindsay Taylor and Lee Ann Hancock
 ISU College of Nursing Career Path Intern and Director of Divisional Marketing & Communications
 Email: hanclee@isu.edu

Tanna Woods is a third year PhD Candidate in the College of Nursing. She was recently awarded the 2018 Sigma Theta Tau International (STTI)/Chamberlain College of Nursing Research Grant in the amount of \$7500 for her dissertation research titled "Health Belief Model factors as predictors of parental misclassification of the weight of their preschool child." Tanna's research focuses on childhood obesity and how parents see their children. Tanna is the very first PhD student in the College of Nursing to receive an external research grant.



Tanna Woods

Sigma Theta Tau International (Sigma) is an honor society for nurses and a non-profit organization. This research grant will be used to buy supplies and get the necessary equipment for her research. Tanna's research could bring to attention things that factor into the increase in childhood obesity. This is an issue all over the world, especially in the United States. Woods states, "The goal is to get a better idea of how parents see their children, understand their view of health risks and weight, and see if there are modifiable factors that need to be addressed with future interventions and programs." This research will be taking place in pre-schools and daycares in Utah.

As a home care nurse Tanna saw many people who would have episodes from acute exacerbation from different illnesses. She knew that if people had the right education and resources these episodes would be easier to manage. She says, "By the time we become adults, we are set in our ways and if we can teach children how to manage their weight early on then they will know how to take better care of themselves."

She adds, "Obesity is relatively new to its classification as a chronic illness. With this issue and my demographic of children, parents are critical. Parents are the ones who care for children and teach them. Parents model behavior and influence all of the choices kids have from eating to physical activity. Therefore, we need to involve them and understand their perspective so we can help children."

Wood's research stands to impact many lives and could lead to a decrease in US obesity rates and possibly a healthier future for everyone. This grant will allow Tanna to accomplish great things within her area of research.

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¹ Wycherley TP, et al. Self-reported facilitators of, and impediments to maintenance of healthy lifestyle behaviours following a supervised research-based lifestyle intervention programme in patients with type 2 diabetes. *Diabet Med* 2012;29:632-9

* Fresh meats were defined in the study as requiring no further preservation or processing beyond refrigeration or freezing; they are not cured, salted or smoked or include chemical preservatives.



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UPDATE FROM THE BOARD OF NURSING

Susan Odom, Interim Executive Director
Idaho Board of Nursing
 Email: susan.odom@ibn.idaho.gov

Your Board of Nursing members include: Judy Taylor RN, Boise (Chair); Carrie Nutsch LPN, Jerome (vice-Chair); Merrilee Stevenson RN, Wendell; Whitney Hunter Consumer member, Boise; Renee Watson RN Boise; Clay Sanders CRNA, Boise; Jan Moseley RN, Coeur d'Alene; Jennifer Hines-Josephson RN, Rathdrum; and Rebecca Reese LPN, Post Falls.

The mission of the Idaho Board of Nursing is to regulate nursing practice and education for the purpose of safeguarding the public health, safety and welfare. In the continuous effort to achieve its mission, the Board's strategic plan includes seven key areas with goals and performance measures for each area. At each board meeting the nine-member board considers issues, trends, benchmarks, and reports relative to each strategic plan initiative.

The seven strategic areas are licensure, practice, education, discipline, communication, governance, and organization.

At its January 31-February 1, 2019 meeting the Board considered the following issues, trends and reports:

Licensure

- Non routine licensure applications report
- Staff report of Licensure strategic plan benchmark achievement
- Denied license reinstatement for one RN
- Denied license renewal for one RN

Practice

- Staff report of Practice strategic plan benchmark achievement
- APRN Advisory Committee meeting report by Dr. Cathy Arvidson, Chair
- Reviewed trends in practice related phone calls and emails
- Discussed trends identified at the New and Emerging Practices meeting held on 1/7/19 with nine practice and education leaders

Education

- Approved NIC adjunct instructor
- Reviewed BYU-I RN-BSN track closure
- Staff report of Education strategic plan benchmark achievement
- Reviewed trends in education related phone calls and emails
- Reviewed the status of approved nursing education programs in Idaho, NCLEX pass rates and Board approval status
- Received a report of curricular changes at ISU ADN College of Technology from Ms. Jenn Briggs and Ms. Jennie Brumfield, including an update on the Vet to LPN program

Discipline

- Staff report of Discipline and Alternatives to Discipline strategic plan benchmark achievement
- Program for Recovering Nurses Advisory Committee report by Jan Moseley, Chair, PRN-AC
- Revoked licenses for two RNs
- Report of Federation of Regulatory Boards meeting by Deputy Attorney General Karen Sheehan
- Report of Anti-trust and Regulation Forum meeting by Karen Sheehan

Communication

- Approved past Board meeting minutes
- Reviewed flyer on Continued Competence rules
- Reviewed letter from NCSBN president Julie George
- Staff report on Communication strategic plan benchmark achievement
- Conducted Open Forum for any issues brought before the Board. No action can be taken on Open Forum items, but issues may be placed on a future Board meeting agenda

Organization / Governance

- Reports of in-state and NCSBN regulation meetings attendance
- Reports of NCSBN special projects and initiatives
- Board development – Leading with Intent: The Culture of Board Meetings
- Emergency Medical System report to the Board, Mike McGrane RN, MS
- Staff reports on Governance and Organization strategic plan benchmark achievement
- Board quarterly Finance report
- Quarterly operational statistics
- Approved travel for upcoming out-of-state meetings
- Reviewed Business Systems update
- Update on pending rules promulgation regarding APRN prescribing practices, Nurse Apprentices and deletion of previous Nurse Licensure Compact rules – new Compact rules in place since January 2018
- RN and LPN Refresher Courses approval
- Policy updates
- Conducted executive session regarding pending litigation
- Executive Director Search Committee progress
- Reviewed security and safety measures during Board meetings
- Conducted executive session regarding the 2020 NCLEX-PN Test Plan

Other Business

- The Board Governance Committee met to review plans for Executive Officer evaluation and Board Business Retreat
- Review of Board meeting evaluation from Nov 1-2 Board meeting
- The next meeting of the Board of Nursing will be April 25-26 at the Springhill Suites, Boise

Update on the Nurse Licensure Compact:

If eligible, all ID licensed nurses who have a multi-state license would be allowed to work in any of the other 30 Compact states without additional licensure. To be eligible, the Idaho nurse must meet uniform licensure requirements. These are the essential prerequisites for multi-state licensure:

- Meet Idaho's qualifications for licensure or renewal of licensure, as well as all other applicable state laws
- Graduation or eligibility to graduate from a Board approved RN or LPN/VN program, or graduation from a foreign RN or LPN/VN program that has been approved by the accrediting body in the applicable country and has been verified by an independent credentials review agency as comparable to a licensing board-approved pre-licensure education program
- Has passed an English proficiency exam that includes reading, speaking, writing and listening if a graduate of a foreign pre-licensure program not taught in English
- Has passed the NCLEX-RN or NCLEX-PN® or recognized predecessor
- Is eligible for or holds an active, unencumbered license
- Has submitted an application for initial licensure or licensure by endorsement, fingerprints or other biometric data for the purpose of obtaining criminal history record information from the FBI and the agency responsible for retaining the state's criminal records
- Has not been convicted or found guilty or has entered into an agreed disposition of a felony offense under applicable state or federal criminal law
- Has not been convicted or found guilty or entered into an agreed disposition of a misdemeanor offense related to the practice of nursing as determined on a case-by-case basis
- Is not currently enrolled in an Alternative to Discipline Program
- Is subject to self-disclosure requirements regarding current participation in an Alternative Program
- Has a valid US Social Security Number

Board meetings are held in Boise at locations announced prior to the meeting. The public is always invited to the open meeting of the Board. The meetings include an open forum where the public is invited to bring issues of interest to the Board. The Board cannot take action on issues introduced at the open forum since they are not on the published agenda. The Board may bring the issue to a future Board meeting for possible action. Your comments are always welcome. You may also visit the Board's website at www.ibn.idaho.gov or call the Board office at 208-577-2476.

If you are interested in a position on the Board, please see the Governor's website for an online application for appointment to the State Board of Nursing. In April 2019, the Board will have three available positions: an RN position for a new or ongoing board member; an APRN position for a new or ongoing board member; and an LPN position for a new member.



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IN MEMORIAM

RN Idaho is pleased to honor Registered and Licensed Practical Nurses, now deceased, who graduated from Idaho nursing programs and/or served in Idaho during their nursing careers. Information published will include the date when deceased and the Idaho nursing program from which they graduated.

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

Arima, Molly, 1927-2018, Homedale. Molly grew up in Priest River. She attended Gonzaga University School of Nursing in Spokane, Washington and graduated as a Registered Nurse in 1948. She then worked as an RN in the perinatal department of Sacred Heart Hospital in Spokane before moving to the Marsing and Homedale, Idaho area in 1956.

Billings, Charles E., Lewiston. Charlie was born in Portland, Oregon. He earned a BS degree in pre-physical therapy from the University of Montana. He married in 1982 and earned a Master's degree in Nursing from University of Portland. He then worked as a Nurse Practitioner for the Veterans Administration in Portland, Oregon. In 1994, he moved to Lewiston, Idaho. He worked for Clearwater Medical Clinic and was one of first Nurse Practitioners to practice in this rural clinic. Charlie was an athlete who competed in swimming and running during his life. He loved the outdoors and passed that passion onto his family. He battled cancer for 22 years with grace and dignity.

Bolen, Darlene Ruth, 1938-2019, Boise. Darlene graduated from the Saint Alphonsus Hospital School of Nursing in 1959. She worked in the surgery department at St. Luke's Hospital in Boise for 45 years, holding various titles and positions within the unit. She developed strong professional relationships with the staff and the surgeons, and was respected for her leadership, her kindness and compassion, and her no-nonsense work ethic. In 1968, Darlene was part of the first open heart surgery in Idaho, assisting Dr. Rodney Herr. She also contributed to many improvements at St. Luke's throughout the years, earning a plaque on the donor wall in the hospital lobby. She donated her time, talent, devotion and financial support to the hospital she loved.

Byrne, Catherine Josephine, 1932-2019, Boise. She obtained a BSN degree in 1953 and began working at St. Luke's Hospital in Boise.

Courchaine, Evelyn Harriett, 1930-2019, Swan Valley. After graduation from Idaho Falls High School, she completed the registered nursing program at Sacred Heart Hospital in Idaho Falls where she continued to work as an RN.

Daily, Cheryl Lee, 1943-2019, Boise. Cheryl graduated from Casper College with an ASN. She worked as an RN in labor and delivery and neonatal care for 35 years. As a traveling nurse she worked at over 47 hospitals around the U.S. She was a unique soul that enjoyed adapting to new hospital environments and staff. She will be greatly missed.

Elder, Alissa, 1978-2019, Idaho Falls. She attended both BYU and ISU. She worked as an RN in women's health, labor and delivery and neonatal intensive care.

Eno, Frances Edna, 1935-2019, Boise. She graduated from Boise State University with a BSN in 1984.

Freeberg, Marge Ann. Marge was born August 1941 in Salmon, Idaho, and earned a nursing degree from Walla Walla Community College in 1985. She loved to play golf and was a member of Clarkston Country Club. She enjoyed hosting friends, playing cards, watching football, Gonzaga basketball and Joel Dahmen's golf career.

Grant, Vivian K., 1924-2018, Coeur d'Alene. After receiving her ASN degree, she worked as an office RN until she retired in 1975.

Heaton, Betty Jean, 1941-2019, Boise. After high school, she attended St. Francis School of Nursing in Peoria, Illinois, and graduated in 1964. She began her nursing career in labor and delivery and later moved to the emergency department and became a certified trauma nurse. Betty worked in the emergency department at Saint Alphonsus. She retired to take care of her husband who was diagnosed with cancer and passed in 1992. She maintained her status as an RN throughout her life.

Howlett, Afton, 1925-2019, Idaho Falls. After graduation from Idaho Falls High School, she attended St. Joseph Hospital School of Nursing in Lewiston. She worked as an RN in Clarkston, Washington and at Sacred Heart Hospital in Idaho Falls. She was the Director of the renal dialysis unit.

James, Genevieve, 1928-2019, Boise. She passed at age 90. She graduated in 1946 and worked as a nurse for many years in Idaho.

Jones, Junaita Therese, 1942-2018, Boise. After graduating from Shoshone High School, she attended nursing school at Saint Alphonsus in Boise.

Jones, Karen Thorp Sbona, 1944-2018, Boise. She graduated from Boise State University with a BSN in 1991. While a nursing student, she worked at St. Luke's Hospital as a unit clerk and continued her employment there as an RN for 10 years. She then moved to St. Luke's Women's Clinic where she worked an additional 10 years until retirement.

Jones, Kathryn Willie, 1922-2018, Soda Springs. In 1957, she moved to Soda Springs where she attended the LPN program. She worked her career in that community.

Jones, LaVerne Roberta "Bobbi," 1944-2019, Boise. After graduating high school in Minnesota, she attended Boise State University School of Nursing. She worked her career at Saint Alphonsus Hospital in Boise and retired.

Markham, Jean, 1923-2019, Mountain Home. Jean graduated from Bliss High School in 1941 and after graduation, she attended St. Joseph Hospital School of Nursing in Lewiston, Idaho, as a cadet nurse. After graduation, she practiced at Madigan General Hospital at Fort Lewis, Washington where she cared for GI's who had been wounded overseas during World War II. After the war, she married and settled in Mountain Home where she worked as an office RN.

Martz, Alma Marie, 1930-2018, Boise. After graduating from Pottsville Catholic School in 1947, she studied nursing at Fitzgerald Mercy Hospital in Philadelphia, PA and graduated in 1950. She worked as a RN for over 40 years. She was a Red Cross volunteer for blood drives and a member of the state nurses association.

Mavencamp, Glenna Geane, 1934-2018, Boise, CRNA. After attending nursing school and working as a RN, she returned to school and became a nurse anesthetist. She worked for Anesthesia Associates until she retired in 1996.

Moreno, Janet Anita Bradley White. Janet was born on March 19, 1939 in Spokane, Washington. She attended nursing school at Sacred Heart Nursing School in Spokane, WA. Part way through her education she married her husband. Eventually, she completed her nursing degree at Minot State College. She worked at Royal Plaza Care Home in Lewiston, Idaho.

Olsen, Lois Christiansen, 1927-2019, Blackfoot. After graduation from Moreland High School she attended nursing school in Idaho Falls.

Otter, Barbara Joane, 1937-2019, Caldwell. After graduation from Caldwell High School she attended Boise Junior College and obtained her ADN. She worked as a RN for over 40 years and retired in 1999.

Phillips, Eleanora "Ellie," 1930-2018, Idaho Falls. She worked as a nurse her entire career in Idaho Falls.

Piquet, Lena, 1929-2019, Teton Valley. She completed the LPN program in Idaho Falls and worked at Idaho Falls LDS Hospital.

Renzi, Arlena Rae, 1933-2018, Boise. After graduation from Nampa High School in 1952, she attended St. Luke's Hospital School of Nursing and graduated in 1955. She worked as an RN until she retired in 1993.

Sievers, Sandra Lee, 1944-2019, Chubbuck. She was born in Pocatello and attended Ricks College and graduated from Weber State University School of Nursing. She worked as a RN in NICU and on the IV team.

Stark, Frances Ellen, 1927-2018, Challis. She graduated from Sacramento State College of Nursing in 1949. She worked many years as an RN moving to Idaho 1974. She worked as an RN until she retired in 2003.

Thornton, Shirly A. (McKeehan), Lewiston. Shirly was born in Lewiston, Idaho. She attended Sacred Heart Nursing School and graduated in 1961. She worked at St. Joseph Hospital in the emergency room, and for Dr. Johnson and Dr. Shaperio until she retired in 1996. She enjoyed baking, sewing, and working in her yard. Shirly enjoyed the music of Conway Twitty and attended many of his concerts. She will be deeply missed by her family and friends.

Todeschi, Bonna J. "Bonnie," 1925-2019, Nampa. Bonnie graduated high school in 1942 and attended St. Michael's School of Nursing in Grand Forks, North Dakota, graduating in 1946. She was recruited with her fellow nurses to Ogden, Utah where she worked at the new St. Benedict's Hospital. In 1948 she moved to Nampa where she worked as an RN until she retired from nursing.

Van Orden, Linda Thompson, 1952-2019, Blackfoot. After graduation from Marsh Valley High School, she graduated from Idaho State University with her BS in Nursing. She worked at State Hospital South as a RN for 26 years.

VonSteen, Joan Gail Romer, 1934-2019, Meridian. After graduation from Nampa High School in 1952, she attended St. Luke's Hospital School of Nursing and graduated in 1956. She worked there in the operating room and was an active member of the Association of Operating Room Nurses. She worked at St. Luke's until her retirement.

Idaho Breastfeeding Coalition: Working to Improve Breastfeeding in Idaho

Carrie Anstrand, MA, BSN, RN, IBCLC
Email: anstraca@slhs.org

According to the American Academy of Pediatrics (AAP), six months is the recommended length of exclusive breastfeeding with the addition of solid foods and then breastfeeding thereafter to at least one year of age (2012).

This drop in breastfeeding rates has multiple causes, but can be associated with the challenges faced when women breastfeed in public and when pumping breast milk where they work or carry out their daily activities. When a woman is placed in a position of shame, rejection or is inconvenienced in order to feed her baby, it causes an undue burden on her as she cares for her child. This in turn, impacts outcomes of breastfeeding duration. Women return to work and begin to have supply issues because they were not supported with a non-bathroom space to express their milk at their work place. If milk is not removed properly, the body does not replace it, resulting in an overall decreased milk supply. In addition, women in Idaho have been asked to leave businesses and restaurants in order to feed their young (A. Cavener, personal communication, August 22, 2017). If we are to be a community supportive of women's freedom to feed their children, this simply should not be happening. In fact, the AAP (2012) states in its most recent report that, "infant feeding should not be considered as a

lifestyle choice but rather as a basic health issue." As such, let us support women and their right to feed their young by creating positive environments that provide for the needs of breastfeeding women where they work and in social settings. Encourage your local businesses to adopt a breastfeeding friendly attitude and environment.

The Idaho Breastfeeding Coalition is a group dedicated to improving the environment for breastfeeding in Idaho. Last year we helped pass HB 448 to protect breastfeeding mothers from the indecent exposure statute (Cavener, 2018).

This year, we are helping local business identify their support for breastfeeding mothers by awarding them an insignia after completing a brief survey about their breastfeeding friendliness. If you own a business or want to encourage another business to apply for this special designation, please visit <https://www.idahobreastfeeding.org/business>. As a breastfeeding friendly designated business, you may have your business listed on our website. Help us make Idaho a breastfeeding friendly place to work and play!

Do you know a champion for breastfeeding that has impacted your community? Consider nominating them for the Jane Grassley Breastfeeding Award of Excellence! Forms are found on our website and the winner will be announced at this year's **Idaho Breastfeeding Coalition Summit being held on June 27th and 28th** in Fort Hall, ID at the Shoshone Bannick Event Center. We would love to see you there! Register online at <https://www.idahobreastfeeding.org>. Want to join the IBC? It's free and easy! Become a member by emailing us at idahobreastfeeding@gmail.com.

References

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- Cavener, A. (May, June, July, 2018). Every mother has the freedom to feed her baby. *RN Idaho*, 41(1), 4.
- Centers for Disease Control and Prevention (2018). Breastfeeding report card. Retrieved from <https://www.cdc.gov/breastfeeding/data/reportcard.html>



Is your workplace supportive of your breastfeeding goals? Are there local businesses that have shown support for breastfeeding families? While most of us think of Idaho as a friendly state, we cannot assume that all Idahoans or Idaho business are friendly toward breastfeeding mothers. There are often many barriers placed on breastfeeding families that make achieving their breastfeeding goals difficult. The Idaho state breastfeeding records demonstrate that Idaho has a high initiation of breastfeeding at 90.1%, but fall short with duration of breastfeeding, dropping to only 28.4% exclusively breastfeeding at six months (CDC, 2018).



"The rising tide raises all ships..." Engaging with your professional organization has many benefits for both you and the professional as a whole. No one is expected to join every organization but choose the one that best meets your professional needs and join it. Membership is important and it sustains the organizations which in turn benefits every professional nurse and helps promote and benefit the profession as a whole.

Joining is easy! It can be accomplished on the organization website. Visit the website HOME PAGE of the association you want to support and follow the instructions how to join. All of the nursing organizations listed below participate in the Idaho Center for Nursing.



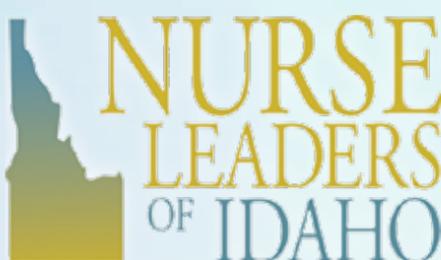
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Program for Recovering Nurses

Addiction Intervention and Recovery Services for Nursing Professionals

Do you know a nurse or a colleague who needs help for drugs/alcohol or mental health problems? Please contact us for assistance. This program is an alternative to disciplinary action offered by the BON.

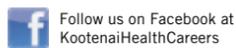
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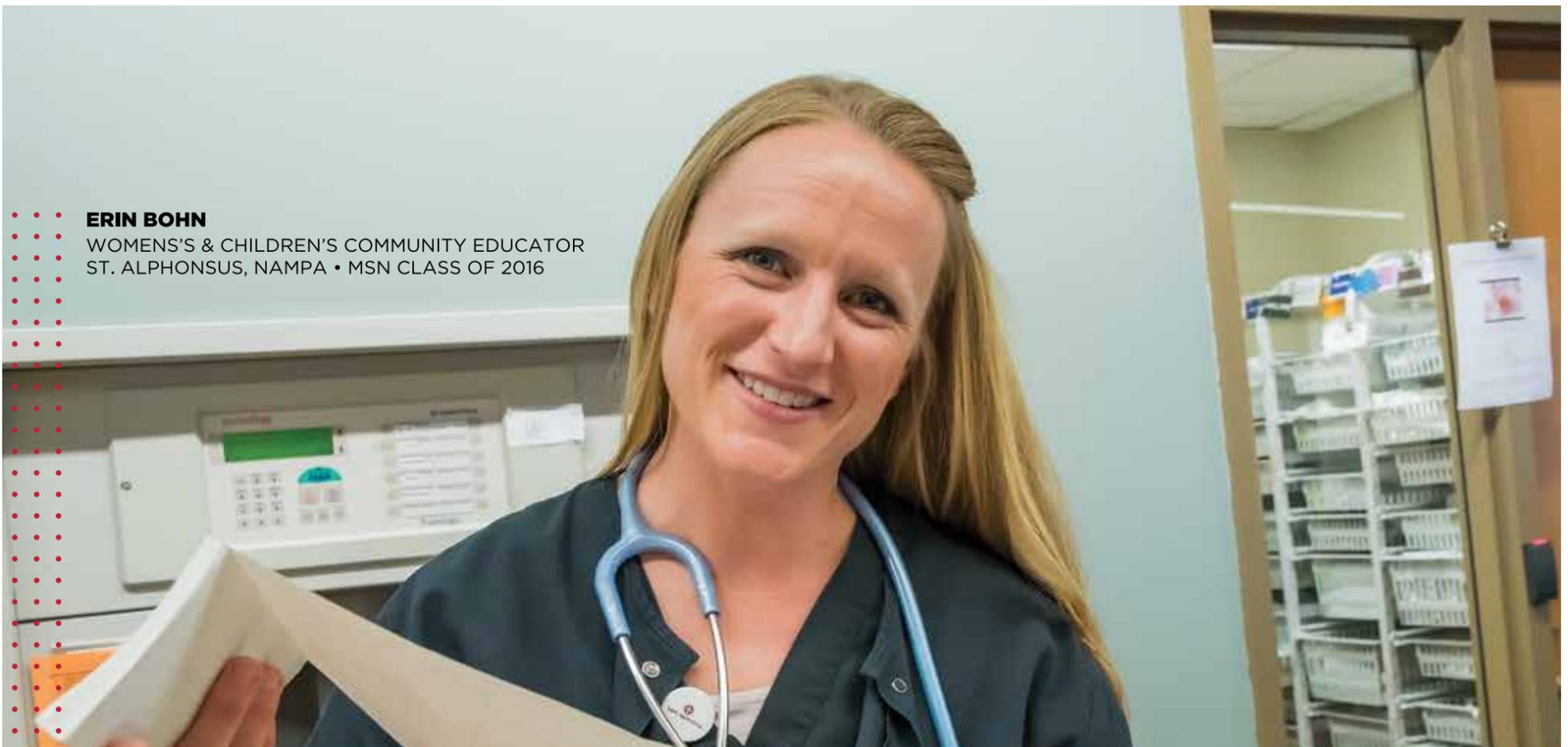


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