to provide our members and non-members with future in nursing in Nevada.

and strive with new unique and creative ways for the time to step back and let new, young ideas thrive “Nor should they,” for you are the leader. one will care about the organization as you do and stay with me as a “truth”: in your term in office no colleagues. I did find an interesting concept that will profound pleasure to include many as friends and invested worth their commitment. It has been a their expectation and found the time and efforts so many nurses throughout the district and state. A leadership journey has many facets; one of the best is the networking opportunities with blending of talents, involvement and commitment. The Nevada Nurses Association, in collaboration with the Nevada Association of Nurse Leaders, the Nevada Nursing Education and Practice Alliance, the Zeta Kappa Chapter of Sigma Theta Tau International, and the Nevada Student Nurses Association, offered the event.

**Governor Thanks Nurses for their Service**

On May 13, a Professional Awards Dinner/Dance was held at the Sun Coast Hotel and Casino in Las Vegas to honor nurses who had advanced their careers within the last year through additional education or through attainment of national certification. Founding presidents and current presidents of Nevada nursing organizations were also recognized. The Nevada Nurses Association, in collaboration with the Nevada Association of Nurse Leaders, the Nevada Nursing Education and Practice Alliance, the Zeta Kappa Chapter of Sigma Theta Tau International, and the Nevada Student Nurses Association, offered the event.

May was a month of festivities and events throughout the state in recognition of “National Nurses Week” honoring the birthday of Florence Nightingale and the contributions nursing provides for safe and high

**Top Stories**

- District 3 announces new nursing scholarship criteria
- Does Nursing Have an Image Problem?
- Ethics in Action: What Would You Do?
- Federal Legislation on RN Staffing
- Is acid suppression beneficial?
- Joint Commission requirements for language access to patients
- Legislative Update
- Meet Nevada’s Senior Nurses
- MRC Needs Volunteers
- National Health Service Corps
- Nevada Health Care Sector Council to deliver 10-year strategic plan to develop Nevada’s health care workforce
- Quest for Knowledge
- Primary Screening for Cervical Cancer
- Second Annual Student Nurse Competition
- The Profession of Nursing
- Why does Nevada need legislative change to meet the growing healthcare needs of our citizens?
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If you wish to contact the author of an article published in RNFormation, please email us and we will be happy to forward your comments.

www.nvnurses.org

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NNA Mission Statement

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

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By the time you read this, the Nevada legislative session will have ended and the interim sessions will have begun. The Nevada 76th legislative session began February 7 and officially ended June 7 at 1 am. During those four months important issues were discussed, deals made, and bills were either killed or passed. This session was particularly unpredictable since some of the most emotionally charged issues, the state budget and reapportionments, were debated in a senate and assembly heavy with new legislators. Often issues were scheduled for hearings with only a few days notice, if that, so responses to proposed bills were brief and intense. The Nevada Nurses Association’s major initiative during this session was the RN Safe Staffing Act, endorsed by the American Nurses Association and the Nevada Nurses Association, has been introduced into the 2011-2012 Nevada Legislative session. The staffing levels would be developed by committees consisting of at least 55% direct care nurses, and would be based on each unit’s characteristics and needs. It would also require hospitals to publically report staffing information on a daily basis, which would hold hospitals accountable for investigation of complaints, provide for civil monetary penalties for known violations of the staffing guidelines, and provide whistle-blower protections for RNs and others who file complaints.

RNs are encouraged to contact their Senators and Congresspersons to express their opinions on these bills. If you do not know who your representatives are, an easy way to determine it is to go to the Nevada Legislative Home Page, select Who’s My Legislator from the menu on the right side of the page, and put in your address and zip code. This will provide information on both your state and federal representatives including phone numbers, mailing addresses, and email addresses.

Reference


Federal Legislation on RN Staffing

Wallace J. Henkelman, EdD, MSN, RN
Assistant Professor, Touro University Nevada

The RN Safe Staffing Act, endorsed by the ANA, has been introduced into the 2011-2012 Legislature as S. 58 and H.R. 876. It would hold Medicare-participating hospitals accountable for implementation of valid, reliable nurse staffing plans for each nursing unit. The staffing levels would be developed by committees consisting of at least 55% direct care nurses, and would be based on each unit’s characteristics and needs.

It would also require hospitals to publically report staffing information on a daily basis, which would hold hospitals accountable for investigation of complaints, provide for civil monetary penalties for known violations of the staffing guidelines, and provide whistle-blower protections for RNs and others who file complaints.

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Overview

The 2011 Legislative session presented many challenges, some which were solved and some not. Opening on February 7, the session completed its work in the allotted time and concluded at 1:00am on June 7. Over that time, there were 1,318 bill drafts requested. Of those, 1,159 bills were considered by this legislature. As expected, term limits created major challenges and opportunities with 31 Legislators new to the house in which they served this session. The recession and resulting budget deficit also created a large issue to be resolved. As these things generally do, both sides compromised, and a balanced budget was passed and funded.

Redistricting, however, did not see such compromise. The Democrats produced two different plans, both of which were vetoed by the Governor. The Republicans also produced a plan but it did not receive a vote up or down. All of these will be discussed and, somehow, settled by the District Court, perhaps with help from the Nevada Supreme Court. This is a first for Nevada’s redistricting process and we look forward to seeing how it may be resolved.

Key Priorities for Nursing

Licensure and Nursing Practice

Advanced Practice Nursing received another boost with the passage of SB205 which provides a requirement for national certification for advanced practice nurses in Nevada. This bill becomes effective July 1, 2014 allowing time for nursing students pursuing an APN to become nationally certified. It also includes a provision to grandfather those APNs who are licensed before the act’s effective date. However, should an APN allow a license to lapse, reactivation would require national certification so APNs without certification are encouraged to keep their licenses active.

Patient Safety and Hospitals

Each licensed healthcare provider must attest that he/she has knowledge of safe injection practices under the new rules created by SB419. Section 26 contains the language pertaining to nursing. The bill is effective October 1, 2011.

Hospitals will develop patient safety checklists, somewhat like a preflight checklist used by pilots. These lists will be developed according to the instructions contained within AB280 and include all of the staff within a hospital whose actions may impact a patient’s health. The lists will be developed by the various treatment protocols and must be reviewed by a patient safety committee at least annually. The bill is effective July 1, 2011.

SB209 provides public notification, by website, of sentinel events at hospitals. The bill allows the public to compare sentinel event rates between hospitals and make an informed choice about which hospital to use. The bill is effective July 1, 2011.

(Continued on page 19)
AURORA, Ohio, March 15, 2011 | The American Board of Nursing Specialties (ABNS) Awards and Recognition Committee announced at its Spring Assembly meeting that it has selected three institutions to receive honorable mentions for the 2011 Award for Nursing Certification Advocacy. ABNS recognized Main Line Health in Bryn Mawr, PA; Sierra Surgery Hospital Nursing Department in Carson City, NV; and the Virginia Commonwealth University Health System in Richmond, VA as strong advocates of specialty nursing certification.

“We received the highest number of applications on record for the Advocacy Award this year and all of the applicants strongly demonstrated their commitment to specialty nursing certification,” Judy Lentz, Chair of the ABNS Awards and Recognition Committee, said. “These honorable mention recipients have developed programs and strategies that help to create an organizational culture supportive of specialty nursing certification.”

Among the criteria necessary to receive ABNS’s Advocacy Award, the organization must document the total number of direct patient care RNs and nursing managers and the number and percentage who are certified in specialty nursing. The honorable mention recipients report the following percentages:

- Main Line Health—30 percent of direct care nurses and nearly 95 percent of nurse managers are certified in their specialty.
- Sierra Surgery Hospital Nursing Department—46 percent of direct care nurses and 100 percent of nurse managers hold a specialty certification.
- Virginia Commonwealth University Health System—nearly 23 percent of direct care nurses and 64 percent of nurse managers have specialty certification.

Other award criteria include how the organization supports those nurses interested in seeking certification. While each of the institutions supports certification in a variety of ways, the common element is their focus on encouraging the nursing staff to earn certification and continue their education throughout their careers.

The Sierra Surgery Hospital Nursing Department provides a five percent increase in the nurse’s base pay for earning a specialty certification. The increase remains in place as long as the nurse remains certified. Additionally, if the nurse earns a second certification that is job related, they receive an additional five percent increase on their base pay. In addition to financial support, the hospital also took out a quarter page ad in the local newspaper titled, “Sierra Surgery Hospital Salutes our Board Certified Nurses” to recognize the achievement of certified nurses in a consumer-driven publication.

The American Board of Nursing Specialties (ABNS) is a membership organization whose mission is to promote the value of specialty nursing certification to all stakeholders. Currently, 32 ABNS Regular Members represent nearly half a million specialty certified registered nurses. Its 12 Affiliate Members include providers of key certification-related testing products and services. One Public Member represents the consumer’s perspectives on issues about specialty nursing certification. For further information about ABNS, visit www.nursingcertification.org or email Bonnie Niederer, MS, RN, CAE, Chief Executive Officer, at bniederer@nursingcertification.org.

Main Line Health, the Sierra Surgery Hospital Nursing Department and the Virginia Commonwealth University Health System, the ABNS Vision—Specialty nursing care is THE standard by which the public recognizes quality nursing care—will be achieved. For more information on the requirements of the award, visit www.nursingcertification.org.
Extraordinary Nurses Recognized at Sierra Surgery Hospital

May 12, 2011 (Carson City, Nevada)—Nurses at Sierra Surgery Hospital are being honored with The DAISY Award For Extraordinary Nurses. The award is part of the DAISY Foundation’s program to recognize the super-human efforts nurses perform everyday.

The first award recipients are Kyle Wegner, RN and Chris Lytle, RN. They are being recognized for the following:

- Personalizing the healthcare experience for each patient,
- Being a patient advocate,
- Going “Beyond Expectations” by improving the work experience,
- Always treating patients, families and co-workers with kindness, concern and dignity,
- Doing exemplary community service.

The not-for-profit DAISY Foundation is based in Glen Ellen, CA, and was established by family members in memory of J. Patrick Barnes. Patrick died at the age of 33 in late 1999 from complications of Idiopathic Thrombocytopenic Purpura (ITP), a little known but not uncommon auto-immune disease.

The care Patrick and his family received from nurses while he was ill inspired this unique means of thanking nurses for making a profound difference in the lives of their patients and patient families.

Twice a year, two nurses are selected by Sierra Surgery Hospital’s Nursing Leadership Council to receive The DAISY Award. At a presentation given in front of the nurses’ colleagues, physicians, patients, and visitors, the honorees receive a certificate commending them for being an “Extraordinary Nurse.” The certificate reads: “In deep appreciation of all you do, who you are, and the incredibly meaningful difference you make in the lives of so many people.” The honorees also are given a beautiful and meaningful sculpture called A Healer’s Touch, hand-carved by artists of the Shona Tribe in Zimbabwe, Africa.

One day while Pat was in the hospital, he asked his family to bring him a Cinnabon® cinnamon roll plus enough for all the nurses in his unit. With the help of Cinnabon’s parent company, FOCUS Brands, The DAISY Foundation carries on this tradition by serving Cinnabons to all the nurses within the facility in thanks for everything they do for their patients and families.

Said Bonnie Barnes, President and Co-Founder of The DAISY Foundation, “When Patrick was critically ill, our family experienced first-hand the remarkable skill and care nurses provide patients every day and night. Yet these unsung heroes are seldom recognized for the super-human work they do. The kind of work the nurses at Sierra Surgery Hospital are called on to do every day epitomizes the purpose of The DAISY Award.”

Said Chief Nursing Officer Jean Lyon, Ph.D., RN, “We are proud to be among the hospitals participating in the DAISY Award Program. Nurses are heroes everyday. It’s important that our nurses know their work is highly valued, and The DAISY Foundation provides a way for us to do that.”

2011 Nurses of Achievement Winners

Pictured left to right—Teena Thomas – Nursing Education (Renown Regional Medical Center); Megan Pratt - Patient Advocacy (Renown Regional Medical Center); Bobbi Gillis – Office/Outpatient (Renown Regional Medical Center); Dawn Dollarhide - Critical Care (Renown Regional Medical Center); Bridget Tuma - Medical/Surgical/Maternal Child (Renown Regional Medical Center); Elizabeth Cogan – Nursing Innovation (Renown Regional Medical Center); Doreen Begley - Community Health (UNR – Early Head Start); Gayle Wiltshire - Lifetime Achievement (UNR – Orvis School of Nursing); Jean Lyon - Leadership (Sierra Surgery Hospital); Sandra Ryan - Licensed Practical Nurse (GL Consultants); Lisa Dunkelberg - Rural Health (Carson Valley Medical Center); Erika Clizer - Long Term/Rehabilitation (VA Sierra Nevada Health Care System); Teri Kozik - Advanced Practice (Saint Mary’s Regional Medical Center)

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Fax Resumes to 775-945-0732
ATTN: MGGH HR Dept.

Contact Dr. Judith Cordia at 775 445-3295 or apply online after September 1st at www.wnc.edu/jobs.

Western Nevada College

SEEKING FULL-TIME INSTRUCTOR

PEDIATRIC NURSING

Western Nevada College is seeking to fill a full-time pediatric nursing faculty position for spring 2012. A full position description will be posted on the Western Nevada College website starting September 1st, 2011.

Required Qualifications:

- Master’s degree in nursing from a regionally accredited college or university.
- Competency in current pediatric nursing practice.
- Minimum of 3 years pediatric clinical practice within the past 6 years.
- Current licensure as a RN in Nevada or eligibility for such licensure.

Contact Dr. Judith Cordia at 775-445-3295 or apply online after September 1st at www.wnc.edu/jobs.

Western Nevada College is guided by principles of affirmative action and an equal opportunity employer.

August, September, October 2011

Black Article Published

Congratulations to Lisa Black, PhD, RN, CNE. Her article, "Turning Tragedy into Policy—A Quantitative Study," was published in the June, 2011, issue of the American Journal of Nursing. The study that supported the research was funded by the Nevada Nurses Association in 2008 and supported whistleblower legislation that was passed by the Nevada Legislature in 2009. A podcast with the editor and Dr. Black is posted online. You can listen to the podcast at http://journals.lww.com/ajnonline/pages/currenttoc.aspx. Click on the Table of Contents, then follow the link to Podcasts.

Dr. Black is an Assistant Professor at Orvis School of Nursing, University of Nevada, Reno.

Governor Thanks Nurses

(Continued from page 1)

quality health care services. Southern Nevada had the IFNN Professional Progression award celebration and the northern segment of Nevada had the Nurse of Achievement award gala dinner. While charting a new course for a healthy Nevada was the main focus for nursing statewide there was an innovative first time ever video conference for nurses with the speakers from around the country presenting on Women’s Health Issues. The video conference provided an outstanding program to 14 sites around the state with a special focus on the rural health care providers. The highlight of the month was the Governor’s signing of the “National Nurses Week” proclamation while representatives from Nevada Nurses Association and student nurses observed.

NNA had been informed that we would have a limited time for the short meeting with the Governor for a photo op while he signed a “Nurse Week” proclamation. What we received was a 35 minute visit with Governor Sandoval, who was gracious and welcoming and provided nurses an opportunity to hear his passion for our state’s history, and his admission of those who preceded him in his office. We felt that he enjoyed this opportunity to share his enthusiasm with us. He thanked nurses all over Nevada for “The critical work they do on the front lines of healthcare.” Working together, we will bring better care and better health to all Nevadans.
Every child has their dreams of what they want to be when they grow up; I can honestly say that being a nurse wasn’t always my number one choice. My dreams varied from owning my own day care center to a whale trainer at Sea World. It wasn’t until I was involved in a life-threatening accident that I realized nursing was where my heart was. At the age of 17, I decided that medical school was the direction I was going. I began taking college classes in my junior year of high school in order to start working towards that goal. The summer before my senior year I was spending the day with friends riding dirt bikes and quads when I flipped the quad I was riding. I was quickly transported to a California hospital where I spent multiple days as a patient with a broken pelvis, a broken collarbone, multiple broken ribs, a concussion, and the fear of internal bleeding. During my hospitalization my nurses respected me, they helped me learn how to cope, and helped me take my first steps as I learned to walk again. I quickly discovered they were the ones who made the difference in my life, not the doctors.

After recovering from my accident I received my CNA license and began working on my pre-requisite classes for the nursing program. I entered the program in the Fall of 2009 and was the youngest in my class. I was blessed to receive a job internship at Saint Mary’s Hospital, which included extra clinical hours and experience before graduating. Now a year and a half later, I am a TMCC Nursing Student graduate! I have been offered and accepted a job at Saint Mary’s Hospital and can’t wait to start my career as a nurse. I will always remember the nurses who helped me during the hardest time in my life, and I am anxious to be able to pay it forward. Thank you to the Nevada Nurses Association for providing me with a scholarship to help me achieve my goal of nursing.

Why I Became a Nurse
By Marge Adams, RN
The year was 1948 and I was told that the career I had planned for myself for many years was not going to be possible financially, so as a graduating senior it seemed that my future would be a bit of a question mark. I would need to keep working as a nurse’s aide at our local hospital until I could rethink my options. Three of my friends were driving to a nearby city to take entrance exams for nurses training and they asked me to come with them. I said, “Not on your life, I’m not going to become a nurse and take orders from these doctors.” My friends kept asking me to go and since I had no other plans (and the university where they were going had some real hunks on their football team, so I thought I could at least enjoy the scenery), I finally agreed to go.

All my high school courses had prepared me for a career as a secretary and I had taken no courses in anatomy, biology, or any of the sciences. My plans were to observe the “hunks,” take the test and fail it, then continue home and plan my future.

Wow, miracles do happen! I passed the test, the hunks weren’t nearly so great up close, and the director of nursing where I worked had a scholarship for me, so two weeks after graduation I moved into the nurse’s dorm and began training to become a nurse.

I had an instructor who told me repeatedly, “Miss Corley, Miss Corley, you will never be a nurse.” Now I am Scotch/Irish, Welsh, and German/Dutch so that hunch wasn’t nearly so great up close, and the director of nursing where I worked had a scholarship for me, so two weeks after graduation I moved into the nurse’s dorm and began training to become a nurse.

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Time Brings Change
Deloris Middlebrooks, RN, BSN, MSN, EdD
Recently several “senior” nurses were asked “what has changed since you began your nursing career umpteen years ago?” The immediate response was “Technology.” Later on reflecting on this question I thought about all of the other things that have changed as I too have also changed over the years.

Last year in a speech I presented at Truckee Meadows Community College Student’s pinning ceremony I stated they should know their learning process was not over and they would experience many changes. Some changes we have chosen while others are thrust upon us either by local or world events, such as how one goes through extensive security at the airport as a result of the events on September 11, 2001.

My life and my nursing career were influenced by being born during the great depression, World War II and nursing’s struggle to be a true profession. I entered nursing school in October, 1948 after working in a hospital diet kitchen during the high school years. My nursing instructor, even while we were still “Probies” (on probation), impressed upon us that it was important to be members of the Nurses Association on graduation. Consequently I have been an ANA member every year since I graduated. My membership in ANA included membership in Iowa and the Nevada Nurses Associations. Membership in the nursing associations has allowed me the benefit of meeting nurses all over the states.

(Continued on page 14)
The conference, “Collaborating to Promote Women’s Health: Tools & Strategies that Work,” offered a free conference for nurses and other health care professionals presented by the Nevada Nurses Association in recognition of National Nurses Week and National Women’s Health Week, took place on May 10, 2011 at various locations in the state. A multidisciplinary group, with not just nurses but substance abuse counselors, social workers, and health educators, all of whom have an important role to play in build partnerships within their groups and their communities and commit to helping to promote the health of women in their communities. Frances Ash-Greens described the most problematic issues affecting women in our country and evidence-based strategies that health care professionals can use to address them. Dr. John Packham described the status of the health of Nevada women. Citing statistics from the Federal Office on Women’s Health and Mortality Chartbook, he stated, that “Nevada’s female population numbers almost 1.3 million. Non-Hispanic White women comprise 26 percent and Hispanic women 25 percent of that total. Rates of death from lung cancer, colorectal cancer, chronic lower respiratory diseases, and suicide continue to be almost the worst in the nation; however, the state has one of the best records in its relatively low death rates for diabetes. Additionally, females of all represented races have achieved the Healthy People 2010 target for coronary heart disease. Non-Hispanic Black women and American Indian/Alaskan Native (AI/AN) women die from diabetes at much higher rates than do non-Hispanic White women. In health risk factors, Nevada’s women fare the best in not smoking during pregnancy and obesity but the worse in leisure-time physical activity and smoking. In six measures of preventive care, Nevada ranks near the bottom: it ranks #47 in Pap smears and #49 in routine check-ups. Only 76 percent have health insurance, which merits a rank of #49. Less than 50 percent of Hispanic women are insured, the lowest of all groups.”

Dr. Mary Bondmaas showed participants where to go for evidence-based interventions and how to use that information to guide practice. She talked about evidence-based strategies that can make the best use of the limited healthcare resources. Martha Drohobytscher discussed the management of the most common mental health problems that affect women. Dr. Flides talked about brief intervention for tobacco use and the Nevada Tobacco User’s Helpline. Ali Hall focused on the use of motivational interviewing and coaching strategies to help Nevada women make healthy lifestyle choices that go to the root of some of the troubling health problems they face. Despite some technical difficulties, the majority of the participants were grateful for the conference. Dr. Flides concluded with what the Centers of Excellence found when it comes to promoting the Health of Nevada women; it comes down to individuals and their personal excellence and commitment. Each health care professional can make a difference in the health of Nevada women.

If you provide primary health care to underserved Nevadans and meet the following criteria, your practice might be eligible to be a NHSC approved site:
- Located in a Health Professional Shortage Area (HPSA)
- Provide services on a discount fee schedule
- Accept patients covered by Medicare, Medicaid, and the Children’s Health Insurance Program
- Can document sound fiscal management
- Have capacity to maintain a competitive salary, benefits, and malpractice coverage package for clinicians

For further information, visit the National Health Service Corp website at www.nhsc.hrsa.gov or contact Barbara Heywood at the Nevada Primary Care Office at (775) 684-4047 or bheywood@health.nv.gov.

Collaborating to Promote Women’s Health: Tools & Strategies that Work

Elizabeth Flides, EdD, RN, CNE, CARN-AP
Touro University Nevada

National Health Service Corps
Barbara Heywood
Nevada Primary Care Office

The National Health Service Corps (NHSC) provides clinicians with financial support in the form of loan repayment and scholarships. If you are looking for a job opportunity in primary care or would like to further your career, please visit the NHSC website (http://nhsc.hrsa.gov) for a listing of the 79 NHSC approved sites in Nevada for job opportunities available for the following professions:

- Nurse Practitioners (adult, family, geriatrics, pediatrics, psychiatric, women’s health, and certified nurse midwives)
- Physician Assistants (primary care)
- Dental professionals (general, pediatric and geriatric dentists and dental hygienists)
- Mental health professionals (Psychologists, Licensed Clinical Social Workers, Marriage and Family Therapists, Professional Counselor and Psychiatric Nurse Specialists)
- Physicians (MDs or DOs specializing in pediatrics, geriatrics, psychiatry, family or internal medicine, and obstetrics and gynecology)

If you provide primary health care to underserved Nevadans and meet the following criteria, your practice might be eligible to be a NHSC approved site:
- Located in a Health Professional Shortage Area (HPSA)
- Provide services on a discount fee schedule
- Accept patients covered by Medicare, Medicaid, and the Children’s Health Insurance Program
- Can document sound fiscal management
- Have capacity to maintain a competitive salary, benefits, and malpractice coverage package for clinicians

For further information, visit the National Health Service Corp website at http://nhsc.hrsa.gov or contact Barbara Heywood at the Nevada Primary Care Office at (775) 684-4047 or bheywood@health.nv.gov.

Southern Nevada, Washoe County and Western Nevada
MRC Units

A huge thank you to the 75 volunteers that participated in May 12th Mass Antibiotic Dispensing Exercise at the senior center in Carson City. We recognize all of your efforts and especially appreciate the feedback that we received at the debriefing. There are plans underway for the school based Influenza vaccination campaign for the 2011-2012 season. If you are interested in assisting, please SAVE THE DATE: September 19 through the 23rd we will be going to the Carson City Schools and giving immunizations. We will need a lot of nurses (with current license) and also non-medical administrative support as well. The hours will be from 7:30 a.m. until 1:30 p.m. all week. If you are interested in helping, e-mail or call Kathi Haynie at 775-283-7906, khaynie@carson.org. It should be lots of fun! Thanks.

Medical and Non-Medical Volunteers Needed for MRC

On May 22nd, 2011, a massive tornado blasted its way across southwestern Missouri, flattening several blocks of homes and businesses in Joplin and leaving residents frantically scrambling through the wreckage. Windows were blown out of St. John’s Regional Medical Center and only a few moments notice gave staff time to hustle patients into hallways before the tornado struck the multi-story building. All were quickly evacuated into the parking lot to be moved to other hospitals in the region. Hundreds of volunteers arrived in an effort to assist during this disaster. Is our community prepared? Could we handle this?

You can help prepare for disasters such as the devastating tornados in Joplin, Missouri and many more by becoming a member of the Medical Reserve Corps. The Medical Reserve Corps (MRC) is a national network of volunteers committed to improving the health, safety and resiliency of their communities. MRC volunteers include medical and public health professionals, as well as non-medical personnel. We would like to give an opportunity to make a difference in the community. Sign up or find more information at www.mrcnevada.com

August, September, October 2011
Award presentations included the following doctoral degree recipients: Dr. Alona Alegre, Dr. Judith Carrion, Dr. Wallace Henkelman, Dr. Jene Hurbut, Dr. Jodie Lane, Dr. Nerie Jamison, Dr. Ludy Liasus, Dr. Carrie O'Reilly, Dr. Lisa Sprue, Dr. Rhigel Tan, and Dr. Annie Matthews. Dr. Mable Smith was recognized for completing the Robert Woods Johnson Executive Nurse Fellowship, as were Sue Witt, PhD and Kevin Gulliver, MSN, who completed national certification.

Honorees celebrated with friends and coworkers. We are grateful to the following sponsors and supporters, who helped to make this event possible: Arthur L. Davis Publishing Agency, Inc, Nevada State College, St. Rose Pediatrics, University of Southern Nevada, UNLV, Touro Nevada University, Mi Peru South American Grill, Alternatives for Women, Cedax, Heart Center of Nevada, Nevada Career Institute, Health Care Education & Training, Las Isla Uniforms, Nevada Tobacco User’s Helpline, Desert View Hospital, Sigma Theta Tau, American Association of Critical Care Nurses, NNA APN SPG, NONL, NSBN, Philippine Nurses Association.

The event was very well attended by nurse administrators, nurse educators, staff nurses, retired nurses, and recent nursing school graduates. It consisted of a silent auction of donated items, a dinner, and dance.

The event was successful in the goal of raising funds. Plans are to offer five $500 scholarships to students enrolled in their next academic degree program, book scholarships in amounts yet to be determined for nurses returning to school, and certification expenses up to $150. The criteria and process for the awards are in the development stage. The date for next year’s event has been set for May 12th, so save the date.

Letters to the Editor

Jeanine Clancy RN, BSN, MEd, NCSN
President of the Nevada State Association of School Nurses

For more information on this issue, visit the website at http://www.theamericanurse.org/?p=1231.

Hi, there. Just a note to tell you how much I enjoy reading your newspaper. I am a LPN but really get a lot out of the articles that you publish. I especially liked the article written by Michael Cribbin in your last issue. The article was in the Student Nurses Corner about the philosophy of nursing. It was great and thank you to Michael for all the good facts about nursing. I work in a long term facility here in Nevada and it is so hard for the older nurses to meet the new challenges of nursing. I find it very hard to spend the quality of time with the patient and continue to get all the paper work done by the end of my shift. Thank you again for a great written paper by wonderful nurses.

Joelene Smith LPN

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Regardless of their work environment, nurses are faced with situations that involve using their ethical knowledge to make decisions. The critical questions involved with ethical knowing include “Is this right?” and “Is this responsible?” Keep in mind that our primary purpose is to do no harm while remaining committed to the patient whether an individual, family group, or community. The following case presentation illustrates an ethical dilemma and is cause for reflection on what you would do.

During a review of Mr. J.’s social history, he reveals that he smokes 2-3 packs of cigarettes a day with no desire to quit. To deal with the “stress” he consumes at least a pint of vodka daily, sometimes more. He has no primary care provider and has not been married since 1960. He has diabetes, is obese, and has not been seen for a physical exam in the past 3 years. He does state that although he consumes daily alcohol, he does not “get drunk” from drinking. He appears slightly disheveled and shaky during the interview. In light of the dangers of smoking with the use of oxygen and the possible impairment of his thought processes secondary to the chronic use of alcohol, He tells you, “but you don’t understand, I need to have this completed today.” Without speaking, you begin to think about the possible dangers that could occur with his parents because of his smoking and drinking habits. He refuses any evaluations for alcohol abuse and does not feel he needs to refrain from drinking.

He continues to be adamant about the fact he is just being seen for a physical and to have the papers signed so he can start being paid for taking care of his parents since they are disabled. He does not wish to discuss his social history any further and insists on having a physical exam.

What would you do? Who are you responsible for? Knowing Mr. J.’s social history and lack of interest in addressing tobacco and alcohol abuse, how would you proceed? Are his parents any of your concern or simply the physical exam? Would you complete the physical exam and make appropriate referrals for Mr. J.? Would you refuse to conduct the physical and refer him to another provider?

Time Brings Change

(Continued from page 6)

My progress in nursing school had been in bits and pieces, out for a while and then back in and finally graduating in 1956. At that time I began employment in a large State Mental Hospital with 3000 patients and 6 RNs; most of the staff were psychiatric aides. These were the days before Thorazine; since those days psychiatric nursing has seen tremendous changes. I have stayed in this field for over 50 years. Nursing notes have included the patient’s current smoking status. The patient is an ADN graduate, had an uneventful transition to the BSN program. The new curriculum was based on using lab tests that aided in diagnosis. MRI and CAT scan were developed in addition to x-rays. Now even PET scans are used in mental health. Nurses no longer roll huge O2 tanks around as O2 and suction are now piped in above the patients’ beds. Patients don’t stay for weeks at a time; OB ladies go home in 24 hours rather than 5-6 days (1960s) or 10 days (1930). Nursing notes are now on a computer. But now we don’t stay for weeks at a time; OB ladies go home in 24 hours rather than 5-6 days (1960s) or 10 days (1930). Nursing notes are now on a computer.

What would you do? Who are you responsible for? Knowing Mr. J.’s social history and lack of interest in addressing tobacco and alcohol abuse, how would you proceed? Are his parents any of your concern or simply the physical exam? Would you complete the physical exam and make appropriate referrals for Mr. J.? Would you refuse to conduct the physical and refer him to another provider?

Would you be concerned enough to contact adult protective services and do you feel obligated to do so? According to the ANA Guide to the Code of Ethics for Nurses, in our professional relationships we should practice with compassion and respect, which involves the inherent dignity, worth, and uniqueness of every individual. Our practice should be unrestricted by social or economic status, personal attributes, or the nature of health problems. Given the dialogue, care must be balanced with a concern for justice and rules must be used in the context of doing the least harm or benefiting people in one way. Nursing as a profession requires ethical knowledge to guide practice. Nurses, regardless of setting, bring to practice the heritage of their own moral development and understandings as well as knowledge of ethical and moral practice obtained through formal education. With this background, as we practice and reflect on our practice, we should be asking questions such as, “Is this right?” and “Is this responsible?” These questions assist to clarify our values. Without such questioning, we would be unable to make day-to-day moral/ethical decisions. As we work within the everyday world, our values are challenged every day whether we realize it or not. What would you do?

References


The study included the logical answer of "interested in something important." However, the adults were being happy in the job, making a difference, a secure, stable job, and a good salary. The top five for nurses saw nursing as providing those benefits. It was rated highly as motivators, but less than a third of respondents saw nursing as providing those benefits.

The top five motivators for students being happy in the job, the sense of making a difference, having a good salary, and work schedule flexibility were rated highly as motivators, but less than a third of students and 33% of adults thought that nursing provided that. For the subset of adults who were interested in nursing, a good salary and work schedule flexibility were rated highly as motivators, but less than a third of respondents saw nursing as providing those benefits.

Deterrents to choosing nursing as a career identified in the study included the logical answer of "interested in another career," but also included "Unappealing responsibilities/performing menial/cleanup tasks" and, especially for adults, that additional education and educational time is needed. Only 39% of students described nurses as critical thinkers and problem-solvers. Only 29% of adults thought that nurses are becoming more respected and appreciated. Very few in either group believed that nurses had salaries of more than $45,000 (the national average is $71,874 and the Nevada average about $67,000).

An interesting finding was that among those interested in nursing, only 10% of students and 8% of adults had spoken to someone about the profession. The study strongly implies that we, as nurses, need to do more to educate potential nurses about who we are and what we do. Speaking engagements at elementary and high schools could only help our image and help to attract more applicants to nursing programs. That, of course, does not address the problems of providing qualified nursing instructors or increasing nursing school enrollments.

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Why Does Nevada Need Legislative Changes to Meet the Growing Healthcare Needs of Our Citizens?

Diane McGinnis, DNP, APN-FNP, NP-C

The Institute of Medicine, in its recent report on the “Future of Nursing” (2010), encourages all healthcare providers: to be utilized to the full extent of their education and training; to achieve higher levels of education and training through a seamless academic progression; to be full partners with physicians and other health professionals; and to create effective workforce planning and policy making by using data collection and information infrastructure.

Since the United States of America values individual State’s rights, many states have very different regulations pertaining to nursing care, and the regulations pertaining to advanced practice nursing are very inconsistent. This incongruence seems to be a key roadblock to fully utilizing advance practice nurses to the extent of their education and training.

In the case of the Advanced Practice Nurse, it is important to standardize certain language across our nation to create a better understanding by consumers, nurses, and other healthcare providers regarding the title APRN. It is essential to identify the differences between an advanced practice nurse (APRN) and a nurse who does not have advanced practice training but may have a graduate degree.

In 2008, a group of close to 50 nursing and other health profession leaders published the APRN Consensus document. This was a landmark event since there are many different types of nursing practice. The “consensus” of the group was that standardized language and regulation across state lines would provide for a better understanding of the “licensure, accreditation, certification and education (LACE)” of advanced practice nurses.

The Nevada State Board of Nursing’s (NSBN) agenda is to protect the public by ensuring safe practice of all nurses by interpreting and enforcing current statute and regulations. These statutes and regulations are unique to Nevada, and need revising to meet the APRN Consensus Model regulation suggestions.

A step in this mission was the passage of Senate Bill 205, during the 2011 Nevada legislative session. The bill will make it a requirement for all new APRN licensees in the State of Nevada to hold a national certification in one of four specific areas: Certified Nurse Midwife (CNM), Certified Nurse Practitioner (CNP), Certified Nurse Anesthetist (CRNA), and Certified Nurse Specialist-CNS. This “title protection” is important to standardize certain language across our nation to create a better understanding by consumers, nurses, and other healthcare providers regarding the title APRN. It is essential to identify the differences between an advanced practice nurse (APRN) and a nurse who does not have advanced practice training but may have a graduate degree.

The APRN, can utilize advance practice techniques such as prescribing medications, treatments, or radiological/laboratory interventions, and thus practices a level beyond what a Registered Nurse can do. These expanded scopes of practice are what prepare the APRN to be part of the team of primary care providers that will be needed as health care reform is enacted. It has been anticipated, by many, that there will be a population of people who have been postponing medical care, possibly due to the high cost for the uninsured, who will enter the healthcare system with healthcare reform.

How can you as a nurse make a difference in the goal of a National Consensus?

Nevada Nurses can play a significant role in providing evidence and information that legislators need:

- To guide and make decisions
- To impact policies, legislation and regulations
- To build consensus on important issues

Political nursing advocacy is key to achieve intended goals through various activities:

- Mobilizing members and building legislative coalitions
- Writing press releases, making phone calls or providing testimony
- Contacting and/or seeking elected officials endorsements
- Monitoring public opinion

Please choose to become involved in your state’s legislative process to ensure that nursing is a safe and strong profession and is available to meet the growing healthcare needs of Nevada citizens.

A copy of the APRN Consensus document can be found at the following link: http://www.aacn.nche.edu/Education/pdf/APRNReport.pdf (41 pages).

The author is the Nevada State Representative for the American Academy of Nurse Practitioners (AANP). The opinions in this article are of the individual, and not necessarily of the AANP. Please feel free to contact the author at: mcginnisFNP@gmail.com

References


Nevada State College is a young, rapidly growing 4-year college, with an enrollment of nearly 3000 students. Our students learn from the best teachers, using the latest technology, in a small personal environment.

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District 3 Announces Nursing Scholarship Criteria

Sue Witt PhD, RN-BC, CCRN, CNE
Rosemary Witt PhD, CNE

Due to the responsiveness of organizations and individuals, the IFFN dinner raised sufficient funds to offer scholarships for the 2011-2012 academic year. The scholarships will be offered in three formats, all of which support the idea of supporting educational progression among nurses. The scholarships are competitive and an application must be submitted to the Scholarship Committee of District 3. Since the emphasis is on progression, the funds will be awarded to nurses pursuing a second degree or professional advancement. For example the ADN graduate continuing for a bachelor’s degree, or the baccalaureate degree pursing graduate education in nursing. The educational scholarship requires that the student achieve a minimum 3.25 GPA average and that the student be in the second semester of the program. This decision was reached after discussion that a student may sample a program, and then during or at the end of the first semester decides not to continue. The scholarship committee believed that enrollment in the follow-up semester indicated a commitment to continue. The educational scholarship may be up to $500. The second type of scholarship is the “book scholarship.” Recognizing that textbooks have become very expensive, following the completion of a semester an applicant can present an invoice indicating payment of text books and be reimbursed up to $300, which will then be available for the upcoming semester. Again the application will be competitive in nature, and the evaluation will be based on number of credits completed and grades. And lastly, nurses who choose to pursue certification in their specialty, can, when successful, apply for a “certification” scholarship. The award will be up to $300. The final specifics have not yet been developed, but interested individuals should contact Sue Witt sue.witt@unlv.edu, Treasurer and member of the scholarship committee.

NNA Continuing Education Committee Announces Second Annual Nevada Student Nurses Competition

Tracy Singh, RN

The Nevada Nurses Association, Continuing Education Committee is very excited to present the Second Annual NNA Student Nurse Competition, a unique opportunity for all Nevada RN Students. We look forward to seeing your school's team at the finals. The purpose of this competition is to encourage Nevada's Nursing Students to become engaged in the Nursing Legislative process and to learn how they can be part of the solution to the challenges they will face as Nursing Professionals.

This competition is open to all ADN & BSN RN Students. (LPN, Masters and bridge programs for licensed RNs are not eligible to enter the competition.) Participating schools will select one team of 3 to 5 students to compete in the finals. Each team will present an issue currently faced by Nevada Nurses with their proposed solution in 10 minutes or less.

The deadline to submit your school's INTENT TO ENTER without a fee is July 1, 2011. School entering after July 1, 2011 through August 29, 2011 will be assessed a fee of $10.00 per person or $30.00 minimum per team. No school or team may enter the competition after August 29, 2011. To submit your intent to enter, simply reply to this email or send a message to tsingh@tlsinghlaw.com with your name, the name and location of your school and a brief note indicating that your school intends to participate and we will reserve a spot for your school's team in the competition. Upon receipt of your school's notice of intent, you will receive additional documents to submit with your team's video. The competing teams will be judged on their professionalism, the quality of the issue selected and the feasibility of the solution presented. All submissions must be presented by video on a DVD disc. The presentations will be judged anonymously by a panel of Nursing Professionals. Team members & school identity will remain anonymous until all judging is complete and the winning team is selected.

The winning team will have their presentation shown to the Nevada State Board of Nursing and will be featured in the RNFormation quarterly publication, News You Can Use E-Newsletter and the Nevada Nurses Association’s website.

We look forward to seeing your students at the finals and we wish your school the best of luck in the Second Annual NNA Student Nurse Competition!
A Quest for Knowledge—The New Beginning After Graduation

Barbara St. Pierre Schneider, DNSc, RN
Associate Dean for Research and Associate Professor
University of Nevada, Las Vegas
School of Nursing and School of Allied Health Sciences

One age-old theme of graduation commencements is “Today begins anew.” The end, as many keynote speakers have voiced, is merely the beginning.

However, the beginning that should be noted is not the one traditionally spoken of focusing on “career” goals, but one aspiration that should decide every future life decision—a quest for knowledge. Knowledge is the center-piece to aiding those around you, as I have seen more than once in my own nursing student experience.

During my first clinical rotation as a nursing student, I met Debbie, who at the time was a registered nurse employed by oncologists to administer chemotherapy, teach patients about their chemotherapy, and provide emotional support to patients. During that same time, I was assigned to an elderly woman diagnosed with late-stage cervical cancer—my first patient.

Immediately, I was impressed with Debbie’s ability to explain the immunological side-effects of chemotherapy to both the patient and me. I could tell that Debbie’s clinical expertise and knowledge had earned her the respect of the staff nurses and oncologists. It was apparent how Debbie’s knowledge made a difference to the patient, allowing the patient to be less stressed about her condition. Debbie’s knowledge also made a difference in showing me the value of a bedside nurse.

Two years later, while completing an externship as a nursing student, I had the privilege to work alongside hospital oncology clinical nurse specialist, Cathy. Much like Debbie, Cathy was a wealth of information for her patients, staff nurses, physicians, and me. While shadowing Cathy, I observed her influence on patient care, her technical knowledge, and her desire to know and inform others about the latest research findings.

From Cathy, I also learned the value of knowledge derived from research. Not only was it evident that her knowledge aided physicians to identify the best course of action for patients’ symptoms, this knowledge also helped educate staff nurses about the potential side-effects their patients might experience. But most importantly, it was Cathy’s ability to comfort patients using knowledge that revealed her most significant contributions as a nurse.

Yet my quest for knowledge would have never started if not for one more mentor in my career, Babs. Babs was a professor I encountered during my last year of nursing school, an instructor whose contribution to my future was verbalized in one line during her summary of what we would learn in her class. She stated, “Some of you will go on and obtain your PhD.” When Babs said this, I was oblivious of the influence those few words would have on my life. Because being a nurse scientist who discovers knowledge was not on my radar.

But Babs’ words foretold the path that I would take. Although I loved being a bedside nurse on medical-surgical and oncology units, witnessing patients experiencing illness in various ways, I tired of the more experienced nurses telling me that that’s the way we have always done things—things being nursing interventions. I began a path of discovering knowledge so that I could give the next generation of nurses a scientific basis for their interventions.

Each spring at commencement time, the next generation of nurses is trying to decide what their path will be. Some will become a bedside nurse, while others will find their calling to be a nurse scientist. But all should focus on one goal—following the insatiable, sleep-depriving, yet also euphoric and exhilarating, quest for knowledge to improve the health of the world’s people.

Once this path is taken, all other “career” goals will fall into place.

Acknowledgment
The author would like to thank Jeff Kurnus for his insights and editing assistance.

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foundation for growth that we could build upon for the rest of our lives. I am so grateful for their commitment to excellence in learning.

I graduated three years later, in June of 1951, with my RN. Two weeks after graduation I married my high school sweetheart and we moved to Tennessee. I went to work in an old converted Southern mansion, which was the only hospital in this small town. We carried our own syringes, needles, thermometers, scissors, and hemostats. We scrubbed and sterilized them at the start of every shift, then cleaned and sharpened all our needles at the end of our shift. We worked for 75 cents an hour for eight-hour shifts. Later I did private duty in homes and hospitals and then worked in a pediatrician's office. We finally worked up to one dollar an hour.

My husband was employed by the Atomic Energy Commission so we moved frequently. I worked private duty to Las Vegas. Following the births of our two daughters, I began work in the old Las Vegas Hospital and did labor and delivery. Following the births of our two daughters, I began work in the old Las Vegas Hospital and did labor and delivery. We carried our own syringes, needles, thermometers, scissors, and room duties. I worked for an hour for eight-hour shifts. Later I did private duty in homes and hospitals and then worked in a pediatrician's office. We finally worked up to one dollar an hour.

In 1969, Washoe Medical Center became what would be my home for the next 16 and a half years. I did a little of everything, except psychiatry, cardiac, OR and ER.

I joined the Nevada Nurses Association upon my arrival in Reno. When we began our first Oncology Unit at WMC, I was privileged to help open that, and stayed there almost seven years. Utilization Review filled my final years there and I retired for yet another move. This relocation was to a very small mining community where my husband would pastor the only church. The nearest hospital was 96 miles away, so I gave away my uniforms and thought, "No more nursing for me!" WRONG!

As the only licensed medical person for many, many miles, I soon found myself as a volunteer Community Health Nurse. I rode the ambulance (from a town 30 miles away) and answered dispatch calls which originated 120 miles from our village for car accidents, domestic violence, murder, hostage situations, mine accidents, BB's in ears and faces, and most anything else of an emergency nature.

While in our wee mountain hideaway, I was appointed, and later elected, to serve as liaison member to the Central Nevada Rural Health Consortium Board.

I also worked for a Home Health Agency in a neighboring county and drove 79 miles to work each day and then 79 miles home at night. This is retirement? I called it "re-tread-ment."

My husband’s declining health status brought us back to suburban life here in Elko. I had read an article about Parish Nursing in one of my nursing publications and thought, “Wow, I’d love to do that some time.” At the age of 65, I graduated from a course in Parish Nursing and began a new phase of my life. What a great experience this has been. While not hands-on nursing, it provided the opportunity to draw on my many years of nursing experience to provide leadership, direction, education, and support to the congregants of the church where I served as a volunteer Parish Nurse for over 10 years. Parish Nursing is a ministry of health education, personal health counseling, training of laypersons to serve as visitors, and as liaison to community health organizations, finally clarifying the close relationship between faith and health.

I feel that all my prior years in nursing were truly a preparation for this final blending of my nursing career and my deep faith in God into a ministry of wholeness for the members of my faith community.

Why did I become a nurse? I thought it was just an accident occurring when an adolescent, boy-crazy girl took a test she was in no way prepared for and passed it. I am now convinced that God allowed my boy-crazy streak to draw me to the career He had planned for me since my creation. It has been a challenging, fulfilling, service centered, educationally stretching, extremely satisfying career spanning 64 years... so far! “Miss Corley, Miss Corley, you will always be a nurse!”

Gloria Castillo, RN

(Cont’d from page 6)
The Profession Of Nursing

Traci Hart MSN, RNC

The definition of a profession is that it requires specialized knowledge, training and education. Well, I have all three as a nurse so by definition I am a professional. Nursing as a profession. A vocation on the other hand is defined as steady employment. Nursing may have started out as a vocation but we have moved so far beyond that. I think of myself as a professional but it goes beyond my credentials. It is not just the skills I perform but the change, no matter how small, I make in a patient’s day or their life. So nursing is my profession, vocation, avocation and passion. There is nothing as rewarding or sometimes exasperating but I wouldn’t do anything else.

The profession of nursing has given me more books than I will ever need and some I refuse to part with. Nursing has given me friends, colleagues and knowledge I could never have obtained anywhere else. I learn every day and that is a wonderful thing. My profession has also given me the privilege to teach students and usher them into this wonderful field. No price can be put on my career, I am a professional. Those who have been told in your career that you are “just a nurse,” don’t take it as a negative. Tell yourself that yes, I am and I am proud of myself, my achievements and my profession. Florence would be proud of what we have become and what we will be in the future.

Health care is uncertain right now but the one constant is nursing. We have a strong voice and are a formidable presence in the health care facilities and in the lives of our patients and their families. We need to realize that we are a profession and should hold that responsibility with pride. We are not handmaids but caregivers. We do not sit back and watch the drama play out. We are not on the sidelines. We are not just nurses, we are nurses. We are not just watchers, we are doers. We are the ones that are there in the trenches day in and day out. The nurse who can see what the problem is can see the solution. It is the nurse who can see the problem and make it feel welcome. Gone are the days of “nurses eat their young.” We are nurturing by nature and need to extend that to each other. This begins with our new nurses. We need to keep them in our profession so they may reap the same benefits and blessings that we have been privileged to. They learn by example and as professionals we need to set the bar at its highest point. No matter the initials behind your name you are a nurse. Remember the decision that originally set you on this path. It may have been a family member, a nurse who cared for you or in my case a television show that showed an independent woman who helped people. Don’t let the feeling stop after Nurse’s Week. Keep it with you always. It is a part of you. Show your pride. Wear your scrubs to the grocery store with your name tag on, remember that your bad back was worth it. Know that your family understands that you had to work nights and holidays and most of all that your dedication means something to another and that, in itself, is priceless.

The Profession Of Nursing

Traci Hart MSN, RNC

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During the 2009 Legislature, Senate Bill 239 was passed, establishing Nevada’s Health Care Sector Council (NHCSC). The council’s mission was to identify job training and education programs to best meet regional economic development goals. Due to a lack of focus and funding, the council was idle.

Last summer, the council found non-traditional funding and purpose thru the Affordable Care Act State Health Care Workforce Development Planning grant from the Health Resources and Services Administration (HRSA). The $150,000 grant activated the council, which has since been working on formulating a plan to expand Nevada’s primary care Full Time Equivalent (FTE) health care workforce between 10 and 25 percent over the next 10 years. This increase would meet—not exceed—the demand for health care services in the Silver State.

The plan, set for completion early this summer, will identify changes in the health care industry that will make the most impact. NHCSC is charged with informing the Governor’s Workforce Investment Board of health care organizations that will have the greatest likelihood of meeting the regional workforce development and economic goals. The Southern Nevada Medical Industry Coalition, an incumbent training provider for Workforce Connections, is expected to be a leader in the roll-out of these training programs.

“Having the program directly identify the specific issues is going to help tremendously,” said Dr. Maurizio Trevisan, executive vice chancellor and chief operating officer of the University of Nevada Health Sciences System, NHCSC member and SNMCC board member. “We want to make sure that we do have an impact and keep health care graduates employed in Nevada.”

The council is made up of more than 20 health care professionals as well as additional subcommittee members. NHCSC members represent the Nevada Hospital Association, Culinary Workers Health Fund, Nevada Health Care Association, nursing licensing, Black Nurses Association, AARP, College of Southern Nevada, St. Rose Dominican and Spring Valley hospitals, University of Nevada School of Medicine, Nevada State Medical Association, the State of Nevada, Lovu Ruvo Brain Institute, Nevada System of Higher Education, SNHVD, Nevada Department of Education, University of Nevada, Reno Division of Health Sciences and Center for Research Design and Analysis, Keep Our Doctors in Nevada and Nevada Rural Hospital Partners.

Bringing together representatives from every facet of the health care industry was vital to serving the council’s general purpose, Trevisan said.

“The health care industry is the ultimate source of employment. They need to be engaged in this process,” Trevisan added. “It’s important the strategies are agreed upon and everyone is on the same page.”

The plan is a first for the state, and what comes from it will be focused on overall health care improvement and training to ensure a healthier future.

“The goal is to increase the volume of professionals and decrease the ratios,” said Doug Geinzer, CEO of the Southern Nevada Medical Industry Coalition (SNMCC), and member of the NHCSC. “For the first time, Nevada is working on a plan to identify the future of Nevada’s health care industry, and the energy and impact the plan generates will affect Nevadans for decades.”

Nevada ranks 51st in the United States in the percentage of the population employed in health care occupations; 49th in the number of registered nurses per capita; 46th in regards to the number of active primary and patient care physicians per capita; 47th in the number of hospital beds per 100,000 people; 49th in the list of wealthiest states; and, 49th for having positive determinants that can lead to healthier outcomes for Nevada’s citizens.

“This is crucial. The State of Nevada has poor health indicators,” Trevisan said. “(But) it’s not only important for the health of the people but for the economic engine.”

“Part of the health care industry was vital to serving the council’s focus and funding, the council was idle.

August, September, October 2011

Is Acid-Suppression Beneficial?

Wallace J. Henkelman, EdD, MSN, RN Assistant Professor, Touro University Nevada

Patients admitted to hospitals for medical conditions are very frequently placed on acid-suppression medications such as proton pump inhibitors (Pilosec, Zegerid, Nexium, Protonix) or histamine-2 receptor blockers (Tagamet, Zantac). Estimates that are 40% to 70% of medical inpatients are so medicated. For most patients these prescriptions are not related to any medical diagnosis, but are intended to be prophylactic for gastrointestinal (GI) bleeding. This use of the medications seems to be based on extrapolation from results obtained in critically ill, intensive care unit patients, in which such benefits have been documented, but research on non-ICU patients has been limited (Herzog et al., 2011).

In a study by Herzog et al. (2011) involving 78,394 admissions, the incidence of gastrointestinal bleeding was analyzed in patients exposed to acid-suppression drugs and those not exposed. Although acid-suppression did lower the odds ratio for development of GI bleeds by 37%, a primary finding of the study was that the incidence of gastrointestinal bleeding was overall very low (0.23% of admissions). They calculated that, as a result, 7,770 patients would need to be treated with acid-suppressants to prevent one nosocomial GI bleed and that 834 patients would need to be treated to prevent one clinically significant GI bleed (Herzog et al., 2011).

In addition to the unnecessary costs associated with these treatments, there are studies showing that acid-suppressant drug therapy is associated with increases in the incidence of Clostridium difficile infections (Aseeri, Schroeder, Kramer, & Zackula, 2008; Dial, Alraeads, Manorukian, Huang, & Menzies, 2004; Howell, Novack, & Grunich, 2010) and hospital-acquired pneumonias (Herzog, Howell, Ngo, & Marcantono, 2009). Routine use of these medications may well be harmful rather than beneficial to our patients and their routine use needs to be questioned. Non-ICU nurses should question physicians about the need for such prescriptions and APN’s should look at their prescribing practices for inpatients.

References
Primary Screening for Cervical Cancer Screening: Incorporating New Guidelines and Technologies into Clinical Practice

Mary Lauren Lemieux
Journal for Nurse Practitioners 2010; 6(6):425-426
Reviewed by Denise Rowe, MSN, APRN, FNP, BC

This article reviews the latest guidelines for cervical cancer screening published in 2009 by the American College of Obstetricians and Gynecologists (ACOG).

Between 1955 and 1992, deaths from cervical cancer decreased by 74% due to the successful introduction of the papanicolaou (pap) test used to screen for cervical cancer. The age-adjusted incidence rate for cervical cancer in 2008 was 8.4 cases per 100,000 women with a lifetime risk of 0.69% of developing cervical cancer. The median age for diagnosis of cervical cancer is 57. Cervical cancer has a five year survival of near 100% for pre-invasive lesions and near 92% for lesions at the early stage. Squamous cell cervical cancer follows a predictable course from initial exposure to the Human papillomavirus (HPV), its primary cause, to premalignant cellular changes, and then to cancer. The process takes an average of 9 to 15 years.

Therefore, the goal of cervical cancer screening is to identify pre-invasive and early invasive lesions which could stop disease progression. Over 50 years, the annual Pap test had been the norm for most women. However, over the years new evidence has emerged to support starting cervical cancer screenings later, and screening low-risk women less frequently. National practice guidelines support lengthening the intervals between pap screening, including testing for human papillomavirus, and completely stopping testing for some women if appropriate. Consequently, the American Cancer Society (ACS) and the US Preventative Services Task Force (USPSTF) revised their clinical practice guidelines for cervical cancer screening in 2002 and 2003 respectively. Despite, the ACS and USPSTF guidelines, there were wide variations in how cervical cancer screenings were performed by healthcare practitioners. Studies showed that clinicians found the guidelines confusing and continued to significantly over screen for cervical cancer with only about 22% of internists, family practice physicians and obstetricians and midwives following the screening protocols.

The ACOG evidence-based guidelines for cervical cancer screenings are as follows:

1) Initial screening should begin at age 21
2) Screening intervals:
   a) Between age 21 to 29, screen every 2 years
   b) At age 30 and older, screen every 3 years if 3 consecutive pap tests are negative
3) Testing for HPV plus pap test
   a) Is recommended for women age 30 and older;
   b) It is not recommended in women age 21 to 29 or as a test for sexually transmitted infection (STI) due to high rates of HPV and false positive results in this age group. HPV DNA testing can however be used to triage a pap result of Atypical Squamous Cells of Undetermined Significance (ASC-US)
4) In cases of hysterectomy with removal of the cervix, and no past history of high grade cervical intraepithelial neoplasia (CIN), routine screenings should be discontinued
5) Stop routine screening between age 65 and 70, if 3 consecutive screenings are negative

I agree with the author, that the latest guidelines from ACOG clear up the confusion on when to start or stop cervical cancer screenings. It specifies how often to screen, and when it is appropriate to test for HPV, based on age and risk factors.

References:
Dear Colleague:

The Nevada Nurses Association is organizing a delegation to visit Cuba for the purpose of researching the education and role of nurses in Cuba. As Vice President of NNA, I am honored to have been selected to lead this delegation and invite you to join me in this unique opportunity.

This delegation will support NNA’s organizational goal of advocating for and monitoring the evolving role of the professional nurse. The Cuban Nurses Association recently held their annual Convention, electing new officers and moving toward promotion of the role of professional nursing in Cuba. NNA believes that building relationships and cooperation with our colleagues in Cuba will benefit nursing. Our anticipated outcomes for this delegation include:

1) increased understanding of the role of nursing in the delivery of quality patient care
2) mutual understanding of the challenges and opportunities faced by nurses and nursing associations in both countries
3) exploration of issues facing nursing education and practice in both countries
4) identification of future opportunities for collaboration.

As you may know, travel to Cuba is restricted by the Office of Foreign Assets Control (OFAC) of the United States Treasury Department. This delegation will be travelling under OFAC regulation 31 CFR §515.564 General license for professional research. This license supports our access to the highest level professionals in Cuba.

Each member of the delegation must be in compliance with the General License issued by the Office of Foreign Assets Control authorizing full-time professionals to conduct a full-time schedule of research activities in Cuba with the likelihood that this research will be publicly disseminated. To ensure compliance, each participant in the program will be required to provide a resume and sign an affidavit attesting to their status as a full-time professional, paid or unpaid, in the field. During travel, each delegation member will be given a copy of the regulation that will serve as the license to travel authorized by the Office of Foreign Assets Control.

Travel services will be provided by Professionals Abroad, a division of Academic Travel Abroad. The 60-year-old organization handles the logistical arrangements for prestigious organizations, such as National Geographic, The Smithsonian, The American Museum of Natural History and many top professional associations and universities. Academic Travel Abroad is licensed by the OFAC as a Travel Services Provider for US travel to Cuba.

This delegation will convene in Miami, Florida on November 27, 2011 at which time we will depart for Cuba. We will return to the United States on December 2, 2011. Those who wish to may opt to extend their stay in the Matanzas province for an additional 3 days, returning to Miami on December 5. Delegates will participate in professional meetings and site visits each day; the specific meetings and topics for discussion will be determined by the research interests and composition of the team.

The estimated cost per delegation member is $3,995 U.S.D. This cost includes roundtrip international air arrangements between Miami and Havana, group transportation, meetings, accommodations in double occupancy rooms, most meals, and essentially all other costs associated with participation, as outlined in the final schedule of activities.

For U.S. citizens, expenses associated with this program may be tax deductible as an ordinary and necessary business expense. We suggest that you consult with a tax advisor to determine if tax deductibility is applicable to your situation.

Due to the extensive planning and communication involved in coordinating a program of this nature, I ask that you respond with your intentions regarding this invitation as soon as possible. Please call Denise Ogletree-McGuinn, APN at 1-877-298-9677 or via the web at www.professionalsabroad.org. A $500 deposit is required to reserve your space. In the event that you are unable to accept this invitation, an alternate delegate candidate will be invited. You may also recommend a colleague as your alternate for the program. I look forward to hearing from you regarding your participation.

If you have any questions regarding the delegation, I encourage you to contact our Program Representative at Professionals Abroad, at 1-877-298-9677. For additional program details, or to recommend a colleague to be invited please visit www.professionalsabroad.org.

I am pleased to be involved in this exciting opportunity and hope that you will strongly consider participating in the delegation to Cuba.

Sincerely,

Denise Ogletree-McGuinn, APN
Vice-President, Nevada Nurses Association

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SB264 requires hospitals to report by category using the 50 most frequent diagnoses those patients readmitted for an event that was presumably preventable. At this writing, the Governor has not yet signed this bill. Should it become law, it will be effective July 1, 2011.

Infection control received a great deal of scrutiny this session, including that in SB339 which specifically focused on hospital acquired infections. It requires notification of the patient and his/her family no later than 5 days of the diagnosis of the HAI. It also requires hospitals to have an infection control officer. This is another bill which will await the Governor’s signature. Should he sign it, it will become effective immediately to create regulations, on October 1, 2011 for patient notifications and on January 1, 2012 for the remainder of the provisions.

Nursing homes and other long term care facilities received a new type of licensed employee with the passage of SB411, which allows the licensure by the Nevada State Board of Nursing of Medication Aides-Certified (MACs). Testimony noted that including these personnel improves nursing care by allowing nurses to focus on patient care rather than passing medications. There is evidence of better medication delivery with fewer interruptions. The NSBN supported this bill and actually helped in the drafting of the language. We believe this new type of practice will be closely monitored by the NSBN.

Secondary Priority Bills

Prescribing

Pharmacy and its resulting prescribers received much scrutiny this session too. SB329 provides that patients must be notified that a prescriber will place the diagnosis for each prescription and notify the pharmacist in doing so that the medication or use of each medication must be included on the prescription label. This is entirely a patient’s choice; however, healthcare providers must notify their patients that it is an option. The bill is effective October 1, 2011 if the Governor signs it.

AB537 makes a disciplinary event to write a prescription for a use other than one that is FDA approved unless the prescription is filled at a retail pharmacy. Section 3.1(f) contains the language that addresses the bill’s requirements with respect to off label prescribing by nurses.

SB278 provides additional time to object to an insurer’s modification of fee schedules.
reimbursement rates. The current time period, 30 days, will be extended to 45 days. If it is signed by the Governor, it will be effective July 1, 2011.

SB440 creates the State Silver Health Insurance Exchange, the state based exchange required under the Affordable Healthcare Act of 2010. Even though the state is contesting provisions of the Act, this is an important component, should the Act be found Constitutional and this bill provides for its creation.

Another result of federal legislation, SB43, provides for creation of a statewide health insurance exchange, essentially, electronic records for Nevada’s patients. Funded entirely by federal dollars through the American Recovery and Reinvestment Act, the bill will become effective on passage and approval should the Governor sign it.

SB471 requires counties to either pay an assessment to contract with the State Board of Health to provide several types of inspections including Infectious Diseases, Recycling Programs, Food Establishments and Meat, Fish, Poultry and Egg Inspections or to create a plan to regulate these at the county level. This could be important as counties are stretched tighter by budget constraints.

AB199 provides for collaborative practice between a physician and a pharmacist for either facility or home based care for a specific patient and allows the pharmacist, under a specific protocol, to change the prescription. This bill, if it is signed, will become effective October 1, 2011.

Bills That Did Not Pass

Although the bill itself passed, an amendment offered by NNA to SB294 failed when the section of the bill was amended out during the last few days. We attempted to remedy an existing piece of statute that included supervisory language for nurses during the administration of chemotherapy.

SB294 addresses Medical Assistants and places their authorizing language in both the Physician and Osteopaths statutes.

SB387 would have required posting of credentials by all healthcare providers in each patient treatment room. Having passed the Senate, the bill failed to advance in the Assembly.

Various so called Freedom of Healthcare Choice bills failed to advance from their houses of origin. SB310, AB369 and AB411 contained nearly identical language that reacted to passage of the Affordable Healthcare Act and required the state to allow choices for its citizenry with respect to healthcare rather than following the dictates of AHA as far as individual mandates go. Only one of these even received a hearing (SB310) and it failed in its originating committee on a do pass motion.

Summary

Nevada’s citizens benefit significantly from transparency improvements in our healthcare system. They will be able to make informed choices as to providers as well as hospitals. We hope that these choices also bring improved healthcare delivery for Nevada. Overall, the Nevada Nurses Association enjoyed success in this session. We have formulated a plan for the interim and will be bringing you additional information as it develops.

Future

Term limits have had an amazing impact on the Nevada Legislature. They will again impact the houses but not nearly so much as this session. The impacts of a court-directed redistricting will also have an impact that remains to be seen. Healthcare is changing nationally and in Nevada. Nurses remain the most trusted healthcare provider in every public poll. To ensure nursing’s voice is heard, it is important that you get and stay involved politically. Contact your regional Legislative Chair (Martha Drohobyczyk in southern Nevada and Teresa Serratt in the north) to share your opinions and guide our work. Telephone meetings are monthly on the third Wednesday at 6:00pm. Please join us.

Nevada Substance Abuse Prevention and Treatment Agency (SAPTA)

The mission of SAPTA is to reduce the impact of substance abuse in Nevada.

SAPTA funds services with private non-profit treatment organizations, community prevention organizations in all 17 Nevada counties, and governmental agencies statewide.

Treatment Services Offered

• Detoxification
• Residential treatment services
• Outpatient counseling
• Opioid maintenance therapy
• Comprehensive treatment program admission or interim services to pregnant women:
• Pregnant injection drug users
• Pregnant non-injection drug users
• Non-pregnant injection drug users

Prevention Services Provided

• Provide Federal and State funding to local and regional coalitions who fund community level direct service providers to provide evidence-based programs, practices, and policies, on identified substance abuse and related factors in communities.
• Provide Federal and State funding to local and regional coalitions to provide environmental strategies to change community norms.
• Provide training and technical assistance.

For questions or resources contact SAPTA at:
 Carson City: 775-684-4190 Las Vegas: 702-486-8250
 Website: http://mhds.nv.gov

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These children are described as “Awesome kids.” They say the most important house rule in their foster home is to “Be Respectful.”

Brandon likes to eat pizza, ice cream, and steak. He says he likes all sports, and describes himself as having a “big heart.”

Jared says he is “smart.” He also enjoys steak as well as fruit and chocolate chip ice cream. Football is his favorite sport.

Kaylie likes school and playing with dolls. Her favorite food is rice with soy sauce. Coloring and jumping on the trampoline occupies her spare time. She also likes to sing to the American Idol video game with her older brothers.

Breylin just loves hugs, cuddling, and being with family.

If you would like to know more about Jared, Kaylie, Brandon, and Breylin, or any of our “Awesome Kids,” please contact us for more information:

Washoe County Department of Social Services
775-337-4510, or by email: Adoption_Recruitment@washoecounty.us